

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 8/9/13

Tax Matters

From: James Rooney

Phone Ext. 454

(Department Head - please type)

Department Head Signature *James Rooney*

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:

8/27/13

Agenda Title: SECURED ROLL CORRECTIONS

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 REQUEST FOR APPROVAL OF ROLL CORRECTIONS WHICH EXCEED 50% OF THE ORIGINAL VALUE OR A DECREASE OF \$150,000 OR MORE. APN's 012-110-024-000; 036-260-009-000; 044-230-012-000.

Recommendation/Requested Action:

APPROVE

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments: _____

Request Reviewed by:

Chairman _____

Counsel GG

Auditor EGJ

GSA Director HP

CAO Q

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date

August 27, 2013

Time

9 a.m.

Item #

2A

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes: _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

Distributed on _____

A new ATF is required from _____

Department

Completed by _____

For meeting

of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____

Clerk or Deputy Board Clerk

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt 012-110-024-000 Tax Year 2013 R/C # A0154 Roll Type A Fee Parcel 012-110-024-000 Originating Asmt 012-110-024-000 From TRA 052-046 New TRA 052-046

R&T 1 4986 R&T 2 Value History Y Taxroll Asmt Only N Taxability Code

Roll Value	New Value	Sup From Net	Sup To Net	Suppl Info
Land 331,500				10 % PP Penalty N
Structure				Restricted N
Growing				Timber Preserve N
PP MH				5151 Interest N
Fixtures R/P				506 Interest N
Fixtures				Event From/Thru Dates
Personal Property				Ownership From/Thru Dates
HOX				506/5151 From/Thru Dates
Other Exemptions				From 1 From 2 Thru

Owner UNITED STATE OF AMERICA DEPT OF AGRICULTURE
Mailing Address 3422 W HAMMER LN STE C STOCKTON CA 95219

506/5151 From/Thru Dates

CODE Net Change -331,500

TaxBill Days Aug 6, 2013
R/C Date TM
Created By

Print R/C Wks C
Print R/C Letter C
R/C Completed C

Appraiser _____ Date _____
Supv Appr _____ Date _____
Chief Appr _____ Date _____

Asmt Clerk _____ Date _____
Off Mgr _____ Date _____

Situs

Bill Comments NON TAXABLE ENTITY

Assessor Signature _____ Date 8/9/14
Auditor Signature _____ Date 8/14/13
County Counsel Signature _____ Date _____

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt	036-260-009-000	Tax Year	2013	R/C #	A0101	Roll Type	A	Fee Parcel	036-260-009-000	Originating Asmt	036-260-009-000	From TRA	052-058	New TRA	052-058
R&T 1	4831B	R&T 2		Taxroll Asmt Only	N	Value History	Y	Taxability Code							

Roll Value	New Value	Sup From Net	Sup To Net	Suppl Info
Land	105,781			10 % PP Penalty N
Structure	33,784			Restricted N
Growing				Timber Preserve N
PP MH				5151 Interest N
Fixtures R/P				506 Interest N
Fixtures				Event From/Thru Dates From 1 [] Thru []
Personal Property				Ownership From/Thru Dates 506/5151 From/Thru Dates From 1 [] Thru []
HOX				
Other Exemptions				

Owner: HERNANDEZ ANTONIO M & KARLYN
Mailing Address: 21380 GOLD NUGGET CT, PINE GROVE CA 95665

Net Change	-84,565	Suppl Change	
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Situs: 21380 GOLD NUGGET CT

Bill Comments: PROPERTY QUALIFIES FOR PROP 8 REDUCTION

Appraiser	Initials	Date	Asmt Clerk	Initials	Date
Supv Appr	Initials	Date	Off Mgr	Initials	Date
Chief Appr	Initials	Date			

Assessor Signature: *[Signature]* Date: 7/26/13

Auditor Signature: *[Signature]* Date: 8/13/13

County Counsel Signature: *[Signature]* Date: _____

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt Tax Year R/C # Roll Type Fee Parcel Originating Asmt From TRA New TRA

R&T 1 R&T 2 Taxroll Asmt Only Value History Taxability Code

Roll Value	New Value	Sup From Net	Sup To Net	Suppl Info
Land	136,200			10 % PP Penalty <input type="text" value="N"/>
Structure	40,000			Restricted <input type="text" value="N"/>
Growing				Timber Preserve <input type="text" value="N"/>
PP MH				5151 Interest <input type="text" value="N"/>
Fixtures R/P				506 Interest <input type="text" value="N"/>
Fixtures				Event From/Thru Dates <input type="text"/>
Personal Property				Ownership From/Thru Dates <input type="text"/>
HOX				506/5151 From/Thru Dates <input type="text"/>
Other Exemptions				From 1 <input type="text"/> From 2 <input type="text"/> Thru <input type="text"/>
CODE <input type="text"/>	Net Change			

Owner HOOVER M FRED & EILEEN M
Mailing Address PO BOX 430
SAN ANDREAS CA 95249

TaxBill Days Print R/C Wks
R/C Date Print R/C Letter
Created By R/C Completed

Situs 16875 AUBRY LN

Bill Comments PROP 8 REDUCTION


Appraiser Initials Date

Supv Appr Initials Date


Chief Appr Initials Date

Asmt Clerk Initials Date

Off Mgr Initials Date

Assessor  Signature Date

Auditor Signature Date

County Counsel  Signature Date

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 8/21/13

From: James Rooney
(Department Head - please type)

Phone Ext. 454

Department Head Signature James Rooney

- | | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Regular Agenda |
| <input checked="" type="checkbox"/> | Consent Agenda |
| <input type="checkbox"/> | Blue Slip |
| <input type="checkbox"/> | Closed Session |

Meeting Date Requested:

8/27/13

Agenda Title: SECURED ROLL CORRECTIONS

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 REQUEST FOR APPROVAL OF ROLL CORRECTIONS WHICH EXCEED 50% OF THE ORIGINAL VALUE OR A DECREASE OF \$150,000 OR MORE. APN's 032-470-008-000; 044-470-036-000

Recommendation/Requested Action:

APPROVE

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____

Counsel CG

Auditor EDL

GSA Director HP

CAO h

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date August 27, 2013 Time 9 a.m. Item # 2B

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department _____

ATTEST: _____

For meeting _____

Clerk or Deputy Board Clerk

of _____

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt Tax Year R/C # Roll Type Fee Parcel Originating Asmt From TRA New TRA

R&T 1 R&T 2 Value History Y Taxroll Asmt Only N

Roll Value	New Value	Sup From Net	Sup To Net
Land	125,000		
Structure	60,000		
Growing			
PP MH			
Fixtures R/P			
Fixtures			
Personal Property			
HOX			
Other Exemptions			
CODE	Net Change	Supl Change	
	-65,000		

Owner TOMA MATTHEW M & STACY A FAMILY TRUST-2001
Mailing Address 315 WATER ST
JACKSON CA 95642

Situs 15410 GINALYNN CT

Bill Comments PROP 8 ADJUSTMENT

Supl Info

10 % PP Penalty	<input type="text"/>	Event From/Thru Dates	<input type="text"/>
Restricted	<input type="text"/>		
Timber Preserve	<input type="text"/>	Ownership From/Thru Dates	<input type="text"/>
5151 Interest	<input type="text"/>		
506 Interest	<input type="text"/>		

506/5151 From/Thru Dates
From 1 From 2 Thru

TaxBill Days

R/C Date

Created By

Print R/C Wks	<input type="text" value="C"/>
Print R/C Letter	<input type="text" value="C"/>
R/C Completed	<input type="text" value="C"/>

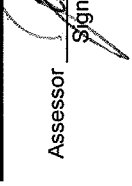
Appraiser Initials Date

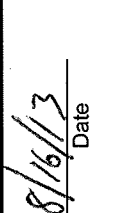
Supv Appr Initials Date


Chief Appr Initials Date

Asmt Clerk Initials Date

Off Mgr Initials Date

Assessor  Signature Date

Auditor  Signature Date

County Counsel  Signature Date

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt	Tax Year	R/C #	Roll Type	Fee Parcel	Originating Asmt	From TRA	New TRA
032-470-008-000	2013	A0195	A	032-470-008-000	032-470-008-000	052-086	052-086
R&T 1	4831B	R&T 2	N	Y	Value History	Taxability Code	

Roll Value	New Value	Sup From Net	Sup To Net
Land	155,364		
Structure	70,000		
Growing			
PP MH			
Fixtures R/P			
Fixtures			
Personal Property			
HOX			
Other Exemptions			
CODE	Net Change		Supl Change
	-85,364		

Owner WADELLE TIM W & LAURELEE J
Mailing Address 14645 E TOKAY COLONY RD
LODI CA 95240

Situs	
Bill Comments	PROPERTY QUALIFIES FOR PROP 8 REDUCTION

Supl Info

10 % PP Penalty	N
Restricted	N
Timber Preserve	N
5151 Interest	N
506 Interest	N

Event From/Thru Dates: [] []

Ownership From/Thru Dates: [] []

506/5151 From/Thru Dates: From 1 [] Thru []

TaxBill Days	Print R/C Wks	C
R/C Date	Print R/C Letter	C
Created By	R/C Completed	C
Aug 16, 2013		
TM		

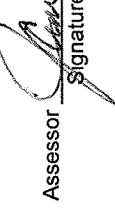
Appraiser: [] [] [] Date: [] [] []

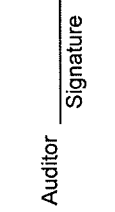
Supv Appr: [] [] [] Date: [] [] []

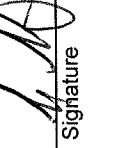
Chief Appr: [] [] [] Date: [] [] []

Asmt Clerk: [] [] [] Date: [] [] []

Off Mgr: [] [] [] Date: [] [] []

Assessor Signature:  Date: 8/16/13

Auditor Signature:  Date: [] [] []

County Counsel Signature:  Date: 8/21/13

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
08/27/13	

To: **Board of Supervisors**

Date: August 12, 2013

From: Susan Grijalva
 (Department Head - please type)

Resol

Phone Ext. x380

Department Head Signature Susan C Grijalva

Agenda Title: Building Department: Agreement to Limit Uses of Agricultural Structure for Gary & Joan Hawkins

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Gary & Joan Hawkins have submitted an application for an Agricultural Exemption and have provided all of the necessary documents including a signed "AGREEMENT TO LIMIT USES OF AGRICULTURAL STRUCTURE" (attached) for recording as required by County Code Section 15.04.040. Subject property is located at 17000 Latrobe Rd., being APN 008-080-017-000.

Recommendation/Requested Action:
Authorize Chairman to sign the Agreement.

Fiscal Impacts (attach budget transfer form if appropriate) _____

Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? Name _____ N/A
 Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel CG

Auditor EGJ _____ GSA Director Hop

CAO JB _____ Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
 When Agreement is signed, return to Building Dept. w/certified Resolution & Acknowledgment of the Chairman's signature.

FOR CLERK USE ONLY

Meeting Date August 27, 2013 Time 9 a.m. Item # 3A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

Completed by _____

A new ATF is required from _____ Department For meeting of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____
 Clerk or Deputy Board Clerk

Recording requested by:
BOARD OF SUPERVISORS

When recorded send to:
BUILDING DEPARTMENT

BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA

IN THE MATTER OF:

RESOLUTION AUTHORIZING RECORDATION OF)
AGREEMENT TO LIMIT USES OF AGRICULTURAL) RESOLUTION NO. 13-xxx
STRUCTURE – GARY L. HAWKINS AND JOAN HAWKINS)

WHEREAS, Gary L. Hawkins and Joan Hawkins (“Owner”) desire to construct an agricultural structure on their Property and have applied for an Agricultural Building Permit Exemption; and

WHEREAS, Owner has applied for a Agricultural Building Permit Exemption and has complied satisfactorily with all other conditions of the Application for the Permit; and

WHEREAS, an Agreement to Limit Uses of Agricultural Structure for Permit #AG01015 is required by Amador County Code Section 15.04.040 and was authorized by the Board of Supervisors at their August 27, 2013 meeting; and

WHEREAS, Owner understands and agrees that the exempted agricultural structure can only be used as provided in said Amador County Code Section 15.04.040 and that any violation of the conditions under which the Agricultural Building Permit was granted may void the exemption.

THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Amador that said Board does hereby approve the Agreement to limit uses of an exempt agricultural structure for Building Permit #AG01015 by and between the County of Amador and Gary L. Hawkins and Joan Hawkins, on the terms and conditions contained therein as it relates to the Building Permit #AG01015.

BE IT FURTHER RESOLVED that the Chairman of said Board is hereby authorized to sign, execute and record said Agreement on behalf of the County of Amador.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on the 27th day of August, 2013 by the following vote:

AYES:

NOES:

ABSENT:

Richard Forster
Chairman, Board of Supervisors

ATTEST:

JENNIFER BURNS, Clerk of
the Board of Supervisors,
Amador County, California

By: _____
Deputy

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Amador County Building Department
810 Court Street
Jackson, CA 95642

APN: 008-080-017-000
Agricultural Building Permit Exemption No:AG01015

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AGREEMENT TO LIMIT USES OF AGRICULTURAL STRUCTURE

This Agreement is entered into as of August 27, 2013 by and between the COUNTY OF AMADOR, a political subdivision of the State of California (the "County") and Gary L. Hawkins and Joan Hawkins, ("Owner").

RECITALS

A. Owner owns certain real property (the "Property") situated in the unincorporated area of the County of Amador, State of California, described as follows:

Legal Description:

THE NORTH ½ OF THE SOUTHEAST ¼ , SOUTHWEST ¼ OF THE SOUTHEAST ¼ OF SECTION 18, TOWNSHIP 7 NORTH, RANGE 10 EAST , M.D.B.&M.

EXCEPT that portion of the Northwest ¼ of the Southeast ¼ of Section 18, Township 7 North, Range 10 East, M.D.B.&M., particularly described as follows:

Beginning at a ¾ inch pipe set on the East line of the County Road as "La Trobe Road" from which a fence corner post at the Southwest corner of the Tim Wait Ranch marking the approximate center of Section 18, Township 7 North, Range 10 East, M.D.B.&M., bears North 0° 30' West, 714.5 feet distant;

Thence, (1) South 0° 54' East, 499.5 feet along a fence on the East line of said County Road to a stake set at a fence corner post;

Thence, (2) North 83° 52' East, 500.0 feet along a fence to a 1 inch diameter iron bar set to mark the Southeast corner of the land herein described;

Thence, (3) North 11° 56' West, 500.0 feet to a 5/8 inch diameter iron pipe set to mark the Northeast corner of the land herein described;

Thence, (4) South 83° 52' West, 404.0 feet to the point of beginning.

ALSO EXCEPTING THEREFROM that certain parcel of land described in deed executed by Harry L. Collins, et ux, to Jess A. Avila, et ux, recorded December 7, 1966 in Book "160", Page 192 Official Records of Amador County.

ALSO EXCEPTING THEREFROM that certain parcel of land described in deed executed by Harry L. Collins, et ux, to Samuel G. Laughlin, Jr., et ux, recorded March 15, 1968 in Book "172", Page 114, Official Records of Amador County.

ALSO EXCEPTING THEREFROM that certain parcel of land described in deed executed by Harry L. Collins, et ux, to Dennis J. Friedenbloom, et ux, recorded August 16, 1974 in Book "262", Page 315, Official Records of Amador County.

ALSO EXCEPTING THEREFROM that certain parcel shown and delineated on Record of Survey Proposed Boundary Line Adjustment between Aletha Rabb Collins and Walter F. Dickenson, being a portion of the SE ¼ section 18, T7N, R10E, M.D.M., filed for record on June 6, 1977 in Book 28 of Maps and Plats, Page 33 Records of Amador County.

APN 008-080-017-000

B. Owner desires to construct an agricultural structure on the Property and has applied for an Agricultural Building Permit Exemption.

C. Owner understands and agrees that the exempted agricultural structure can only be used as provided in Amador County Code Section 15.04.40 and that any violation of the conditions under which the Agricultural Building Permit was granted may void the exemption.

D. As a condition of issuance of the Agricultural Building Permit Exemption, the County requires that the restrictions on the use of the structure and all further obligations of Owner set forth in this Agreement run with the land and be made a matter of public record so that any future purchasers of the Property will be made aware of them.

E. Owner is aware and agrees that this agreement will be recorded in the Amador County Recorder's Office.

NOW, THEREFORE, the parties agree as follows:

1. Recitals. The parties acknowledge the truth of the recitals set forth above, which are incorporated into this Agreement.

2. Restriction on Use of Agricultural Structure. Owner agrees that in no event shall the exempted agricultural structure be used for any purpose other than to house farm implements, hay, grain, poultry, livestock or horticultural products. The structure shall not be a place of human habitation or a place of employment where agricultural products are processed, treated, or packaged. Employees may only enter the structure on an occasional basis to store or remove equipment or otherwise perform tasks of a limited duration that require infrequent access to the structure. The structure shall not be a place used by the public.

3. Additional Obligations of Owner.

3.1 Owner understands and agrees that despite an exemption from obtaining a permit, the exempted agricultural structure shall be constructed in compliance with Chapter 15 of the Amador County Code, and all other applicable laws of Amador County, the State of California and any federal laws that may apply.

3.2 Owner understands and agrees that any violation of this Agreement or other condition under which the Agricultural Building Permit Exemption was granted may, at the County's sole discretion, void the exemption.

3.3 Owner acknowledges that if the Agricultural Building Permit Exemption becomes void, Owner shall be required to remove the structure or fully permit the structure (building permit application, plan check, inspection process, etc.) and pay all fees then in effect.

3.4 Owner agrees to indemnify the County of Amador and its agents, officers and employees from any claim, action or proceeding against the County or its agents, officers and employees arising from performance or non performance of the its obligations under this Agreement.

4. County's Remedies Upon Default. Owner acknowledges that any violation of this Agreement shall constitute a public nuisance. Upon any violation of this Agreement, the County may pursue any remedies provided by statute or ordinance. In addition to all other remedies provided by law, Owner further agrees that the County or any governmental entity having jurisdiction may obtain immediate injunctive relief against any use of the agricultural structure that is inconsistent with this Agreement.

5. Covenant Running with the Land. Owner agrees that the restrictions and obligations of Owner set forth in this Agreement shall be perpetual and run with the land, binding future owners of the Property, unless and until the exempted agricultural structure is either (i) removed from the property, or (ii) fully permitted by the County.

6. No Waiver of Remedies. Failure to exercise any remedy provided for in this Agreement shall not, under any circumstances, be construed as a waiver of the remedy.

7. Entire Agreement. This Agreement contains the entire agreement of the parties respecting its subject matter, and supersedes any and all prior discussions, representations, and oral or written agreements, if any, between the parties.

COUNTY:

OWNER:

BY: _____
Richard Forster
Chairman, Board of Supervisors

BY: _____
Gary L.Hawkins

BY: _____
Joan Hawkins

APPROVED AS TO FORM:
GREGORY GILLOTT,
AMADOR COUNTY COUNSEL

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY: _____

BY: _____
Deputy

[PARTY SIGNATURES MUST BE ACKNOWLEDGED]

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 08/15/2013

From: James Foley, Director of HHS

(Department Head - please type)

Phone Ext. 412

Department Head Signature [Signature] for Jim Foley

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>08/27/2013</u>	

Resol
&
Agmt

Agenda Title: Mental Health Services Act (MHSA) Annual Update and Expenditure plan for Fiscal year 2012-2013

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve the Mental Health Services Act Annual Update and Expenditure Plan for Fiscal year 2012-2013.

This update, reports progress made on all approved MHSA plans. This annual update has been developed with participation of stakeholders.

This update was posted for a 30 day public comment period on May 18, 2012 and was presented at a public hearing on June 20, 2012, where it received approval from the Mental Health Advisory Board.

Recommendation/Requested Action:
Approval of the plan and Resolution

Fiscal Impacts (attach budget transfer form if appropriate) <u>None</u>	Staffing Impacts <u>None</u>
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Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: _____

Request Reviewed by:

Chairman _____	Counsel <u>BB</u>
Auditor <u>[Signature]</u>	GSA Director <u>[Signature]</u>
CAO <u>[Signature]</u>	Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Please return two certified Resolutions to Angie Grau in Behavioral Health.

FOR CLERK USE ONLY

Meeting Date <u>August 27, 2013</u>	Time <u>9 am.</u>	Item # <u>3B</u>
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Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____	For meeting of _____	

Save

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION APPROVING THE MENTAL) RESOLUTION NO. 13-XXX
HEALTH SERVICES ACT (MHSA))
ANNUAL UPDATE FY 2012/2013)
WITH AMADOR COUNTY)

WHEREAS, the Mental Health Services Act Annual Update is required by the California Mental Health Oversight and Accountability Commission and developed with the participation of stakeholders, it is accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2012/2013 annual update was circulated for 30 days for public comment period on May 18, 2012. It was presented at a public hearing held on June 20, 2012, where it received approval from the Mental Health Advisory Board so that it may be presented to the Amador County Board of Supervisors for approval; and

WHEREAS, this annual update provides a description of all MHSA related activities preformed in Fiscal year 2010/2011 and a description of proposed changes to MHSA programs for Fiscal year 2012/2013; and

WHEREAS, due to stakeholders interest in collecting baseline data on the processes and outcomes of Amador County's Behavioral Health Systems of Care, this annual update includes a report on Community Perceptions of Mental Illness and Stigma and a report on the Extent of Amador County Efforts towards integrating Primary and Behavioral Healthcare;

BE IT RESOLVED that the Amador County Board of Supervisors does hereby approve the Amador County Behavioral Health Department Mental Health Services Act Annual Update for FY 2012/2013.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on the 27th day of August, 2013, by the following vote:

AYES:
NOES:
ABSENT:

Chairman, Board of Supervisors

ATTEST:

JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California

Deputy

BEHAVIORAL HEALTH DEPARTMENT

10877 Conductor Boulevard, Suite 300 • Sutter Creek, CA 95685 •
Phone (209) 223-6412 • Fax (209) 223-0920 • Toll Free Number (888) 310-6555



MEMORANDUM

DATE: August 14, 2013

SUBJECT: MHSa Annual Update for FY 2012/13

TO: Board of Supervisors

CC: Christa Thompson, MHSa Program Manager

FROM: James Foley, HHS Director *SP for Jim Foley*

Please find enclosed the final draft of the Mental Health Services Act Annual Update for Fiscal Year 2012/13, which acts as a status report for the prior year and a funding plan for the coming year. This Annual Update was prepared by Resource Development Associates, Inc. (RDA) under the direction of Lynn Thomas and Kristen Bengyel, based on input from the community and key stakeholders in 2012. Per MHSa statute, the enclosed Update was posted for a 30-day public comment period on May 18, 2012 and was presented at a public hearing on June 2012, where it received approval from the Mental Health Advisory Board.

Behavioral Health is now requesting that the enclosed Annual Update for Fiscal Year 2012/13 be approved by the Board of Supervisors so that the department can remain in compliance with statute. Once approved, required signatures will be obtained and the Update will be sent to the Mental Health Oversight and Accountability Commission for their records. Thank you.

Mental Health Services Act (MHSA) Fiscal Year 2010/11
Annual Update to the Three-Year Program and Expenditure Plan

Amador County Behavioral Health Department



WELLNESS · RECOVERY · RESILIENCE

In accordance with Welfare and Institutions Code Section 5847, Subdivision (b)

Posted for public review and comment on May 18, 2012

Public Hearing June 20, 2012

Mental Health Board Approval June 20, 2012



Annual Update Overview & Community Planning Process

This year's Amador County Behavioral Health Department (ACBH) MHSAs Annual Update provides a description of all **MHSA-related Activities Performed in Fiscal Year 2010/11** and a description of **Proposed Changes to MHSA Programs for Fiscal Year 2012/13**. In addition, due to stakeholder interest in collecting baseline data on the processes and outcomes of Amador County's behavioral health system of care, this annual update includes a report on **Community Perceptions of Mental Illness and Stigma** and a report on the **Extent of Amador County Efforts towards Integrating Primary and Behavioral Healthcare**.

The MHSAs Annual Update Process included the following community engagement activities:

- During February 2012, MHSAs program managers and contractors responded to an on-line survey about FY 2010/11 implementation activities.
- On March 5, 2012, ACBH and contractors facilitated a focused discussion group with members of the MHSAs Stakeholder Steering Committee. Participants reviewed a draft FY 2010/11 implementation report and responded to the following questions:
 - *What aspects of MHSAs programs worked well in the last year and a half?*
 - *Are MHSAs activities proceeding as planned?*
 - *What have been some of the major challenges associated with the implementation of MHSAs programs?*
 - *How successfully are MHSAs programs reaching underserved populations?*
 - *How can we improve MHSAs programs in the future?*

Responses to these questions are incorporated into the final FY 2010/11 report and the FY 2012/13 proposed changes.

- On March 6, 2012, ACBH and contractors met with MHSAs Executive Committee (MHSAs community providers, agency partners, and consumer and family representatives) to discuss responses to the question of how MHSAs programs could improve in the future. The committee's recommendations are described in the FY 2012/13 proposed changes.
- On March 5, 2012, in response to last year's MHSAs Steering Committee recommendation that ACBH begin collecting and evaluating data on MHSAs-related outcomes and processes, the Department and contractor facilitated a half-day conference to baseline a) community perceptions of mental illness/mental health; and b) degree to which primary care and behavioral health services are integrated within the county. The goals of stigma reduction and integration are two of the leading system-level goals of the Department.
- On May 18, 2012, ACBH posted a draft copy of this report on the MHSAs stakeholder list-serve, which includes 270 email addresses. These email addresses have been collected and revised since beginning MHSAs planning in 2007. The draft Annual Update was also posted at the Sierra Winds Wellness and Recovery Center, the FRCs and Community Learning Center and the Amador County Public Library. The following public comments were received prior to the public hearing:
 - *"I believe that the Annual Update should be translated into Spanish and an effort made to ensure that the Spanish Speaking Community has read the report and given input."*
County response: During next year's Annual Update, the County will prepare an executive summary and translate it into Spanish. This year, bilingual staff facilitated a focus group with monolingual Spanish speaking stakeholders to summarize the Annual



- Update and receive feedback. The feedback is included in the section on Promotores (page 23).
- *"It appears that the original intent of the Community Services and Supports plan to maximize peer counselors and services has been missed."* County Response: Sierra Wind Wellness and Recovery Center is funded through CSS and offers a number of part-time peer positions and volunteer opportunities. Specifically, \$63,000 has been budgeted to support the Peer/Family advocate position at Sierra Wind. In addition, \$18,000 in WET funds will be distributed to Sierra Wind to support peer training and workforce development. ACBH's hope is that MHSAs allocations will increase in the subsequent fiscal year, and if so, the Department will prioritize expanding resources for this vital need.
 - The Mental Health Board Public Hearing was held on June 20, 2012, 30 days after posting. Notices were sent out to the same email list, to all Mental Health Board members, and via press release to local radio, TV and newspapers. The following public comments were received during the public hearing:
 - *"How many staff are at Sierra Winds Wellness and Recovery Center? Is demographic information available about persons served at Sierra Winds, specifically how many are parents? What are the specific benefits acquisition services offered, what is the follow-up, and what is the overall success rate for benefits?"* County Response: Sierra Winds Wellness and Recovery Center has 2 full-time and 4 part-time staff. During next year's planning, ACBH will provide demographic information about persons served and specific services available. Additionally, ACBH will explore the possibility of Sierra Winds Wellness and Recovery Center presenting on services and persons served at a future Mental Health Board or Stakeholder meeting.
 - An observation was made that the Sierra Winds Wellness and Recovery Center Program Manager has not attended any of this year's Mental Health Board meetings.
 - *"Is it possible to change the language in describing ATCAA's services to unincorporated parts of the county from rural to unincorporated as all parts of the County are rural?"* County Response: ACBH will explore the impact of changing the language from rural to unincorporated.
 - *"Does the County provide domestic violence and marriage counseling?"* County response: ACBH does not currently provide marriage counseling and domestic violence interventions but will look at developing a flyer listing available resources. ACBH will also include this suggestion into next year's MHSAs planning.
 - *"Can veterans and veterans' families be included in the NAMI target population?"* County Response: The target population for next year has been expanded to include veterans and veterans' families.
 - *"Can the language used to describe the PEI: Respite and Support for Parenting Grandparents be changed to 'older adults parenting children' or 'grandparents parenting grandchildren'?"* County Response: The name has been changed to "PEI: Respite and Support for Grandparents Parenting Grandchildren.
 - The County clarified the role of the Nurse Practitioner in the PEI: Primary Care/Mental Health Liaison Project and that ACBH plans to explore whether this position should be assigned to the mental health or public health departments.
 - *"What is the rent on the ACBH building?"* County Response: **JENN???**
 - *"Previous planning included a joint project for Sierra Winds and ATCAA to do a 'Sierra Winds Jr' for young people and include tutoring. Is this still being considered?"* County Response: This is not mentioned in this plan because of the dates of the plan, but it is a current activity and will be included in next year's reporting.



- "Do children have to meet medical necessity criteria for PCIT and ART if billing Medi-Cal?" County Response: Yes.
- "Can we include ages of people served in the annual reports to see if and how programs are targeting underserved groups? County Response: Yes. ACBH can include age demographics in next year's annual update.
- "Can we include the current year's activities in next year's annual update?" County Response: With the changing regulations, ACBH will investigate how to report current activities in the annual update process.

The following report is the result of these community engagement processes, and includes the following components:

Report Component	Page Number
MHSA Project Overviews and Plan Modifications	Page 5
Budgets	Page 41
Integration of Primary Care and Behavioral Health Services Data Report	Appendix A
Community Perceptions of Mental Illness/Mental Health & Stigma Data Report	Appendix B

MHSA Project Overviews and Plan Modifications

This document is a year-end report of all Amador County MHSA projects implemented during Fiscal Year 2010/11. Data for this report is self-reported by the agency/organization responsible for implementation. For each project, the following is described for Fiscal Year 2010/11:

- Whether or not the project met stated objectives
- Project description
- Populations served
- Key activities
- MHSA principles addressed
- Barriers or challenges to implementation
- Suggestions or recommendations from providers for FY 2012/13
- Leveraged resources
- Implementation partners

This report also describes proposed activities, project modifications and project budgets for Fiscal Year 2012/13.

The following projects are described in this report:

Component	Project	Agency/Org	Page
CSS	Adult/Older Adult Team & Partner Development (Full Service Partnerships)	ACBH	Page 6
	Children/Youth Team & Partnership Development (Full Service Partnerships)	ACBH	Page 8



	Peer Engagement—Sierra Wind Wellness and Recovery Center	Mental Health America	Page 10
	Outreach & Services to Cultural & Rural Communities	ATCAA	Page 11
	Family and Consumer Engagement and Outreach (transitioned to PEI in Fiscal Year 2012/13)	NAMI	Page 13
	Behavioral Health Consultants – 0-5	First 5	Page 15
PEI	Primary Care/Mental Health Liaison Project	ACBH	Page 18
	Youth Empowerment Project (YEP)	ATCAA & MHA	Page 19
	Building Blocks of Resiliency	ATCAA	Page 21
	Promotores de Salud	ATCAA	Page 23
	Respite and Support for Parenting Grandparents	Resource Connection	Page 25
	Isolated Senior Project	Amador Com. Foundation	Page 27
WET	Integrated Recovery Team Development and Training	ACBH/Zia	Page 27
	Student Interns	ACBH	Page 28
	WET Regional Projects	CIMH	Page 30
	WET Career Pathways (See Peer Engagement Sierra Winds)	Mental Health America	Page 30
CFT	Capital Facilities and Technological Needs	ACBH	Page 31
INN	Self-Management Techniques	ACBH	Page 32
Other	Substance Abuse Division	ACBH	Page 34
	Amador County Accountable Care (AC/2) & Quality Assurance	ACBH	Page 35
	Utilization Review	ACBH	Page 36
	Crisis Services & Outreach	ACBH	Page 37
	Hospital Admission and Discharge	ACBH	Page 39

Community Services and Supports (CSS)



ACBH Adult/Older Adult Team & Partner Development (Full Service Partnerships)

FY 2010/11 Status: Met objectives

Program Description

The ACBH adult/older adult team included Behavioral Health clinicians, support and quality improvement staff, and community partner representatives. The program's focus was to provide an integrated system of care, including outreach and support, to adults and older adults seeking or receiving behavioral health care in Amador County.

Populations Served

The adult/older adult team served 503 individuals of which 448 (89%) identified as Caucasian/White; 50 (10%) identified as Latino/Hispanic and 5 (1%) identified as Native American/Native Hawaiian.

Key Activities in FY 2010/11

In addition to weekly team and utilization review meetings and quality improvement team meetings twice a month, the Adult/Older Adult Team provided the following:

- Weekly Full Service Partnership workshop;
- 10 Weekly intake slots;
- 24-hour day crisis call & walk-in coverage
- 10/15 individual therapy slots;
- 3 x 2-hour rehab groups;
- 10 Individual rehab counseling slots;
- 7 x 2-hour substance abuse services groups per week;
- 4 Intake slots for substance abuse referrals; and
- Collection of consumer satisfaction data through survey, twice a year.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Wellness, recovery and resiliency were built into evaluation/assessment tools, which framed engagement and service provision as a partnership between those seeking services and those providing services. A focus was placed on gathering success stories and focusing on strengths building individual resiliency.
- **Consumer/Family-Driven Services** – Training and team development workshops were provided to staff and community partners, including consumers, through a contract with Zia Partners. The sessions stressed the agency mission and activities centered on the immediate needs and strengths of consumers. NAMI Amador participated in providing family/provider training.
- **Cultural Competency** – Specific presentations around inviting LGBTQ culture/concerns into assessments and documentation assisted staff in developing this skill. *Promotores* helped connect partners and monolingual Spanish speaking and bicultural Spanish speaking residents to the network of services in Amador County.
- **Community Involvement** – The Behavioral Health Steering Committee met bimonthly. Meetings and agendas were publicly posted, and focused on quarterly reporting from various programs.



New members were recruited for the steering committee, particularly among underrepresented older adults.

- **Integrated Service Delivery** – The Adult/Older Adult Team was composed of Mental Health and Substance Abuse services staff members who were cross-trained in the principles of Comprehensive, Continuous, and Integrated System of Care (CCISC). The priority criterion for joining a full-services partnership program was the identification of co-occurring mental illness and substance abuse. The Sierra Wind Wellness Center provided daily support, socialization and access to community resources such as housing and employment to the full service partners. During Fiscal Year 2010/11, an ongoing partnership with temporary housing was established.

Barriers or Challenges

ACBH was very short staffed in both clinical and support roles during FY 2010/11. The focus of daily clinical work was often on providing crisis intervention for clients not known to the Adult/Older Adult Team. Additionally, the crisis worker position was eliminated, resulting in all clinical staff having to cover crisis duties, which reduced the amount and quality of ongoing services available to Team clients. There was also an identified need to hire staff to perform data analysis to inform decision making.

Suggestions/Response to Barrier

The Team was able to hire an “extra help” day crisis worker in December of 2011 and an additional on-call staff member to cover nights and weekends. The crisis residential program, recommended as a part of the Capital Facilities MHSa project, would reduce the amount of time staff members spend in General Hospital with clients who could be treated in a crisis residential facility.

Leveraging Resources

Intakes/Assessments were provided using a triage model, utilizing all staff rather than dividing case management from clinician and substance abuse counselors. This was an effort which maximized staff time and availability to “new client” access. Funding streams from the Mental Health Service Act, Medi-Cal, SAMHSA, PATH, realignment were connected to provide an integrated system of care, which maximized staff productivity and consumer access.

FY 2010/11 Partners

Amador First 5, NAMI Amador, Amador Tuolumne Community Action Agency, Mental Health America, Public Health, Probation, Job Connection, 12-step programs, Faith-Based Support, Child Abuse Prevention Council, Amador County Schools, California Institute of Mental Health, County Mental Health Directors Association, Working Well Together, Central County Work Force Education and Training CIMH.

Fiscal Year 2012/13 Planned Activities

The ACBH adult/older adult team plans to continue the following activities:

- Weekly Full Service Partnership workshop
- Clinical assessments and evaluations
- Crisis intervention, including crisis call & walk-in coverage
- Individual and group therapy and rehabilitation counseling
- Substance abuse individual and group counseling
- Personal service coordination



- Peer support and advocacy
- Psychiatric care
- Linkages to community resources
- Consumer satisfaction survey
- Weekly team meetings
- Utilization review team meetings
- Quality improvement team meetings

Modifications to Previous Activities

The IRT will receive a 15% increase in funding for FY 2012/2013. The increase in CSS funding will be used to support people who are in crisis until the development of in-county crisis services. Planned development includes a Crisis Residential Treatment Program (CRT) and Adult Residential Treatment Program (ART).

ACBH Children/Youth Team & Partnership Development (Full Service Partnerships)

FY 2010/11 Status: Met objectives

Program Description

The Children and Youth Team focused on providing services to children and youth from ages 3 to 25.

Key Activities in FY 2010/11

- Monthly community partner meetings
- Weekly team meetings
- Weekly participation in multidisciplinary team meetings
- Weekly substance abuse groups

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The focus of treatment was to work toward wellness and recovery for each child and family. The Team worked with other agencies to ensure that clients and families were receiving all of the support and services they needed.
- **Consumer/Family-Driven Services** – The Team focused on services for the child or youth, but integrated family into treatment because the client is part of a larger family system. Mental health clinicians assisted families in working with the client in order to help them meet their treatment goals. Referrals to supportive services were given to families as well.
- **Cultural Competency** – The Team worked with ATCAA to utilize Spanish-speaking interpreters during assessments and therapy.
- **Community Involvement** – The Team met monthly with community partners to address community needs as well as to share what services were available. The Team also participated in weekly Multidisciplinary Team Meetings. The Team was also represented at the MHSA Steering Committee meetings.



- **Integrated Service Delivery** – The approach to service delivery was from an integrated recovery team approach. The Team worked together on a small scale within the agency and then on an extended level with community partners and other agencies.

Barriers or Challenges

The following were challenges to adequate service provision:

- Limited number of staff
- Case manager on leave
- Large caseloads and inability to see clients as often as one may have liked.

Suggestions/Response to Barrier

In the future, recently hired staff will be able to help even out caseload sizes. In addition, the case manager returned from leave and will be able to provide services as planned.

Leveraging Resources

The team approach was helpful in leveraging resources both within the agency and in the community. Partnering with Sierra Child and Family Services helped the team provide more intensive services to clients in need than the team would have had the time to do independently.

FY 2010/11 Partners

Sierra Child and Family Services, Child Protective Services (CPS), Public Health, Probation, ATCAA, First 5, residential treatment facilities, school district.

Fiscal Year 2012/13 Planned Activities

- Monthly community partner meetings
- Weekly team meetings
- Weekly participation in multidisciplinary teams
- Weekly substance abuse groups

Modifications to Previous Activities

The IRT will receive a 15% increase in funding for FY 2012/2013. The increase in CSS funding will be used to support children and youth who are in crisis and increase outreach and engagement to the schools.

The combined Fiscal Year 2012-13 budget for **ACBH Adult/Older Adult and Children/Youth Team & Partner Development and Crisis Services & Outreach** will be **\$1,158,193**.

Peer Engagement—Sierra Wind Wellness and Recovery Center

FY 2010/11 Status: Met and exceeded objectives

Program Description

Sierra Wind was a peer led self-help center offering advocacy, support, benefits acquisition, culturally diverse support groups, training, and patient's rights advocacy.

Populations Served



Sierra Wind Wellness and Recovery Center served 304 individuals in FY 2010/11, of which 262 (81%) identified as Caucasian/White; 29 (9%) identified as Hispanic/Latino; 26 (8%) identified as Native American/Native Hawaiian; 3 (1%) identified as African American; and 3 (1%) identified as Asian/Pacific Islander.

Key Activities in FY 2010/11

Sierra Wind provided weekly support groups, daily meals, benefits acquisition, cultural groups, linkage and navigation of services, employment and volunteer opportunities for all of its clients.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All the services were delivered by individuals with lived experience in recovery.
- **Consumer/Family-Driven Services** – All the services were provided by clients and family members with lived experience.
- **Cultural Competency** – The program reduced disparities by providing representatives a cultural competency committee as well as providing culturally-specific support groups.
- **Community Involvement** – Sierra Wind collaborated with an array of community partners to provide “no wrong door” for clients seeking services. Community partners worked at the center providing outreach support groups, transportation, food donations, etc.
- **Integrated Service Delivery** – Sierra Wind ensured clients were linked with services they needed, including public health, mental health, social services, etc. Sierra Wind maintained close relationships with system partners, to ensure individuals received the help and support needed.

Barriers or Challenges

Sierra Wind experienced difficulty linking consumers to essential resources due to lack of housing, transportation, alcohol and drug treatment programs, homeless shelters, etc.

Suggestions/Response to Barrier

The program suggested having continued community collaboration and investment in funding for creative solutions to these overwhelming barriers. Other suggestions were to open shelters longer, allow people to stay longer, and encourage development of more shelters, transportation co-ops, etc.

FY 2010/11 Partners

ATTCA, Operation Care, County MH and AOD services, Law Enforcement, Sheriff's, Probation, NAMI, Senior Peer Counseling, food bank, shelters, churches, and many more.

Fiscal Year 2012/13 Planned Activities

- Weekly support groups
- Socialization
- 12 step groups
- Volunteer opportunities
- Linkage and navigation of services
- Benefits acquisition
- Employment and volunteer opportunities



- Cultural events
- Daily meals

Modifications to Previous Activities

No modifications are planned for FY 2012/ 2013. Budget will be increased by approximately 10%.

The Fiscal Year 2012-13 budget for **Peer Engagement--Sierra Wind Wellness and Recovery Center** will be **\$313,000**.

ATCAA Outreach & Services to Cultural & Rural Communities

FY 2010/11 Status: Met and exceeded objectives

Program Description

This program provided outreach, education, and support intervention services to the Spanish-speaking and extended rural area consumers and their families. The program also provided mental health and wellness education workshops for the teen/TAY population. The program also offered consumer-centered case management and family advocate support services to help consumers identify mental and physical health issues and service needs. The program provided referrals to resources and assisted consumers with the beginning steps to an individualized care plan.

Populations Served

ATCAA Outreach and Services to Cultural and Rural Communities served 1248 individuals in FY 2010/11, of which 112 (9%) were of known ethnicities. Of the 112 individuals, 50 (45%) identified as Caucasian/White; 50 (45%) identified as Hispanic/Latino; 12 (10%) identified as Other.

Key Activities in FY 2010/11

- Program staff participated in 26 team meetings and 19 collaborative meetings with behavioral health (BH) staff to discuss service coordination and comprehensive and culturally-appropriate services for clients.
- Staff participated in the development of Amador County Accountable Care.
- Staff identified 11 transition-aged youth who were willing to participate in the planning and evaluation of BH services in Amador County.
- Staff facilitated weekly mental health and wellness education classes.
- Staff also provided outreach information for BH services at 11 different community events.
- Staff facilitated 26 mental health and wellness education workshops for the teen/TAY population.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Family Advocates utilized strategies learned in trainings to provide comprehensive case management services centered on wellness, recovery, and resiliency. Staff also included a wide variety of topics in weekly community wellness workshops centered on the core principle of wellness, recovery, and resiliency.



- **Consumer/Family-Driven Services** – The program helped strengthen communication between providers, partners, consumers, and the consumer's family. Consumers and staff participated in collaborative meetings to discuss needs and service coordination. Teen/TAY consumers participated in focus groups and meetings to plan and evaluate BH services in Amador County.
- **Cultural Competency** – Staff met with BH staff and Latino consumers to help provide engagement strategies, translation services, and support as well as help build trust-based relationships. Staff attended several cultural competency trainings. Community members were asked to complete presentation evaluation forms to provide feedback regarding weekly wellness workshops in order for staff to assess that services were culturally competent and effective.
- **Community Involvement** – Staff identified stakeholders in the rural community to participate in the planning and evaluation of BH services.
- **Integrated Service Delivery** – Staff participated in Integrated Recovery Team meetings with BH staff and consumers to discuss service coordination and comprehensive and culturally appropriate services for clients.

Barriers or Challenges

Due to the rural nature of Amador County, transportation was always a challenge. Although the program was able to offer transportation to consumers to attend weekly wellness workshops and appointments, it could only do so on a limited basis due to having only one agency vehicle.

Suggestions/Response to Barrier

ACBH should increase funding so that the program can purchase another vehicle so that more consumers/clients can have access to services.

Leveraging Resources

The program provided services at its Family Resource and Learning Center sites, which were funded by First 5 Amador, United Way, Even Start, the S.H. Cowell Foundation, and MHSA PEI funds.

FY 2010/11 Partners

Amador County Behavioral Health; Sierra Wind Wellness & Recovery Center; Operation Care; First 5 Amador; Hospice of Amador/Calaveras; Job Connection; Amador County Public Health, Amador County Probation Department; State Preschool/Head Start; The Salvation Army; Catholic Charities Diocese of Stockton; Sutter Amador Women's Center; Sutter Amador Pediatric Center; ATCAA Family Resource Services; ATCAA Housing Resource Services; Amador County Unified School District; Amador Regional Transit System; Sacramento Job Corps Center; Lodi Memorial PRIMEMED Clinic; MACT Health Clinic; Dr. Petre P. Motiu; Amador County Department of Social Services; CPS/APS; Amador Child Abuse Prevention Council; and community members.

Planned Services

- Outreach and education
- Mental health and wellness education workshops
- Consumer-centered case management
- Family advocate support services
- Referrals and linkages



- Individualized recovery planning
- Team and collaborative team meetings
- Participation in the Amador County Accountable Care workgroup
- Participation in the ACBH services planning and evaluation workgroups

Modifications to Previous Activities

The MHSa Stakeholder Steering Committee recommended a Feasibility Study for the Family Resource Centers to examine the benefits and impact of ATCAA becoming Medi-Cal certified to provide Targeted Case Management through the Public Health Department, which would allow for Federal Financial Participation to be billed through the Medi-Cal program as an additional revenue source for this program. Currently, this service is funded through MHSa CSS funding, but approximately 75% of the consumers enrolled meet criteria for Targeted Case Management through the Medi-Cal program. ATCAA currently provides this service in Tuolumne County and has a successful track record. The proposed Feasibility Study would also investigate the County's administrative responsibilities for this certification. During FY 2012/13 and this study period, ACBH will maintain a \$55,000 budget for this project, but will adjust the contract if and when Medi-Cal revenue is made available to ATCAA.

The Fiscal Year 2012-13 budget for **ATCAA Outreach and Services to Cultural and Rural Communities** will be **\$50,000**.

Family & Consumer Engagement and Outreach (NAMI Amador)

FY 2010/11 Status: Met and exceeded objectives

Program Description

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. For this project in Amador County, NAMI conducted outreach and education to family members and people with lived experience.

Key Activities in FY 2010/11

- NAMI sponsored its signature 12/week program, Family to Family (FTF), between March and June of 2011, and its 10/week Peer to Peer (PTP), between March and May 2011.
- NAMI sponsored a family support group ongoing on the 4th Tuesday of the month.

Numbers Served:

A total of 72 individuals were served during FY 2010/11, of which 70 (97%) identified as Caucasian/White and 2 (3%) identified as Latino/Hispanic.

MHSa Principles Addressed

- **Wellness, Recovery, and Resiliency** – From the NIMH-funded study results: FTF participants showed significantly greater improvements in coping with their ill relative's condition by learning more about the illness and gaining a sense of empowerment in the family, service



system and community. FTF participants also showed increased acceptance of their family member's illness as well as improved problem-solving skills, compared to those who were waitlisted. Results also suggested that FTF participants' overall sense of emotional distress eased.

- **Consumer/Family-Driven Services** – NAMI was an organization of consumers and family members. FTF was presented by trained family members to groups of family members. Program addresses family members with minor children. Some participants had minor children and special, local resources are available or researched for them. Consumers were guest speakers. PTP was presented by trained consumers.
- **Cultural Competency** – NAMI's Signature programs had special modules to address Hispanic/Latino and Native American cultural values and teachers were encouraged to research additional materials for diverse ethnic groups. Current teachers and mentors are not qualified to teach Spanish language versions of classes, but the training and materials exist.
- **Community Involvement** – NAMI Amador was embedded in the community by virtue of members being employees of schools, service agencies, church volunteers, and members having many other roles in the community. Members provided service, advice, and support officially with speaking engagements and unofficially for many organizations. NAMI is currently developing more official collaborations.
- **Integrated Service Delivery** – NAMI's classes and support group were sometimes given as referrals to families and consumers by ACBH and other County agencies, public and private. NAMI also referred participants back to County resources. While NAMI "warm line" was not a funded service, this provided many referrals to local resources.

Barriers or Challenges

NAMI contracted late both years, in spring, which made outreach more compressed. It will take a full year of outreach to assess community needs and conduct effective targeted outreach. Stigma of mental illness is strong in Amador County and communication in general is difficult.

Suggestions/Response to Barrier

- Conduct ongoing education about mental illness by routinely communicating principles of recovery.
- Provide examples of acceptance of mental illness and recovery principles by community leaders, demonstration of effectively-led lives of consumers, no expectations of instant success in eradicating stigma, but using the NAMI principle of "We will never give up hope."

Leverage Resources

NAMI sought and received a NAMI CA Expansion grant to offer a Peer-to-Peer Recovery Education class in spring 2011. NAMI trained two Peer-to-Peer mentors to offer the class. NAMI partnered with a local fundraiser, who arranged a fundraiser free of cost, brought in a filmmaker to promote a film on schizophrenia. NAMI appeared on free local radio, TV interviews, used free list-serves, and public service announcements to promote classes and the NAMI Amador support group. NAMI reached out to Wellness Center and many local agencies to promote classes and services.



FY 2010/11 Partners

NAMI Gold Country (Calaveras); NAMI California gave Expansion Grant for PTP; Amador Senior Center-free space & equip. This was also true for Sutter Amador Hospital. Seattle filmmaker, Delaney Ruston, provided her film and Skype interview Sept. 2010 for a fundraiser.

Fiscal Year 2012/13 Planned Activities

- FTF Program
- PTP Program
- Monthly family support group

Modifications to Previous Activities

During FY 12/13, the Family Engagement and Outreach Project will be funded through PEI rather than CSS. NAMI will receive an approximately 10% increase in funding for FY 2012/2013. The 10% increase in CSS funding will be used to increase services to indigent, seniors, veterans and their families, and unemployed populations through additional outreach.

The Fiscal Year 2012-13 budget for **Family Engagement and Outreach Project** will be **\$18,150**.

First 5 Amador Behavioral Consultants

FY 2010/11 Status: Met and exceeded objectives

Program Description

To provide high quality mental health consultation, treatment, socialization classes, etc. and education to child care providers, teachers, families and children in order to reduce the number of youth who are removed from child care setting and improve family functioning.

Populations Served

First 5 Amador Behavioral Consultants served 125 individuals in FY 2010/11, of which 9 (7%) were of known ethnicity. Of those individuals of known ethnicity, 8 (89%) identified as Caucasian/White; 1 (11%) identified as Hispanic/Latino.

Key Activities in FY 2010/11

- **Quarter 1** – Coordinated Mind Matters training for Behavioral Health staff and partners
- **Quarter 2** – Hosted Back to Basics Workshop for child care providers and preschool teachers with a focus on taking care of themselves and hosted workshop for parents and service providers on IEPs
- **Quarter 3** – Kickoff to Kindergarten included information on social and emotional development; Parents introduced to Ages and Stages Questionnaire developmental screening tool; Disseminated approximately 1,200 Plays Well With Others: A Guide to Healthy Social and Emotional Development; First 5 staff completed the Strengthening Families Program Self-Assessment and is incorporating the Five Protective Factors into First 5 funded programs.
- **Quarter 4** – Ages and Stages – Social Emotional training for 30 individuals from 21 different disciplines within the county. Coordinated five webinars with the assistance of Public Health



Nursing – Early Development Disorders, Strategies for Attachment Disorders and Failure to Thrive, Oppositional Defiant Disorder, etc.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – First 5 provided education to parents and providers to improve the understanding of social-emotional and behavioral issues with children 0-5 and their families. First 5 provided linkages between early child care professionals and families with young children. Behavioral Specialists provided direct services to children, families, and providers to ensure that children enter school ready to learn in terms of their social-emotional development.
- **Consumer/Family-Driven Services** – Families were provided information such as the Plays Well with Others Guide to Social and Emotional Development. Information and trainings were provided to help parents coping tools and strategies.
- **Cultural Competency** – Information was provided in Spanish and the staff from the Family Learning Center was educated regarding services provided by First 5 Amador.
- **Community Involvement** – First 5 Amador stressed the importance of involving the community in the conversation whenever possible. First 5 Amador was a member of the Chamber of Commerce and provided an informational table at a Chamber event. This provided an opportunity to discuss all of First 5's programs (including MHSA) with business owners in the community. All First 5 training opportunities were open to community members and were advertised on First 5's website and Facebook.
- **Integrated Service Delivery** – First 5's Behavioral Consultants provided 16 referrals to service providers in an effort to integrate services (PCIT, Mind Matters, etc.). The Behavioral Consultants recommended services that would also benefit the parents directly in an effort to create a healthy home environment for the children (Alcohol-Drug, etc.).

Barriers or Challenges

First 5 determined that one of the Behavioral Consultants was not a good fit for the program and was able to contract with another who became an asset to the program.

Suggestions/Response to Barrier

Review expectations and understanding of the program on a regular basis to ensure appropriate fit.

Leveraging Resources

First 5 was able to use existing resources to maximize the benefits of the MHSA funding. The First 5 newsletter was well-read and is distributed to approximately 700 individuals on a monthly basis. First 5 had an extensive outreach list that includes parents, child care and service providers. First 5 was able to incorporate the MHSA program into its existing projects (i.e. school readiness – Kickoff to Kindergarten).

FY 2010/11 Partners

ATCAA, Operation Care, Mind Matters, Public Health, Behavioral Health, Sierra Wind, State Preschool, Head Start, The Resource Connection, kindergarten teachers who worked for First 5 during the Kindergarten Bridge Program, all private and state preschools and child care providers in the county.

Planned Services

- Outreach and education



- Mental health and wellness education workshops
- Consumer-centered case management
- Family advocate support services
- Referrals and linkages
- Individualized recovery planning
- Team and collaborative team meetings
- Participation in the Amador County Accountable Care workgroup
- Participation in the ACBH services planning and evaluation workgroups

Modifications to Previous Activities

First 5 will receive an approximately 10% increase in funding for FY 2012/2013. The increase in CSS funding will be used to increase services to older adults parenting grandchildren and other underserved demographics. A specific effort will be to provide orientation and linkage information to the Amador County Probation Department to be shared with those families identified under the AB 109 State Wide referral and identification program.

The Fiscal Year 2012-13 budget for **First 5 Amador Behavioral Consultants** will be **\$12,000**.



Prevention and Early Intervention

Primary Care/Mental Health Liaison Project

FY 2010/11 Status: Partially met objectives

Program Description

The Liaison Project's primary focus was to create a working relationship/partnership between behavioral health practitioners and primary care medical providers. This facilitated coordinated and integrated care.

Key Activities in FY 2010/11

- **May 27, 2010** – PEI project approved by the Oversight and Accountability Commission
- **June 2010** – Implementation began with the development of a specific release of information to be presented to each consumer at intake and by the nurse when meeting with or developing or updating medical services plans. A Policy & Procedure was developed to guide this process. A decision was made to utilize current Nursing and Psychiatric staff to initiate the process

Populations Served:

10 individuals were served during FY 2010/11; demographics not recorded.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The project began educating consumers about the necessity of having integrated medical/mental health services. The project began to reach out to physicians and their support staff with a message of respect for their work.
- **Consumer/Family-Driven Services** – The Liaison Project addressed the need for consumer participation and authorization for coordinating medical and mental health care.
- **Cultural Competency** – Liaison Project reviewed the location of services and considering specific needs for translation of releases into Spanish.
- **Community Involvement** – Liaison Project brought updates to the BH Steering Committee concerning this project and enlisted existing agency relationships to promote communication and feedback between consumers, primary care and behavioral health.
- **Integrated Service Delivery** – The Liaison Project targeted integrated service delivery activities such as written and verbal communication and coordination between care providers.

Resources Leveraged

ACBH worked with the Public Health Officer in setting up opportunities to meet with local physicians. The MHSA PEI planning process initiated "new relationships" and dispelled myths.

FY 2010/11 Partners: Public Health, Sutter Amador Hospital Clinics, Sutter Amador Emergency Services

Fiscal Year 2012/13 Planned Activities

- Outreach and relationship building with Sutter Health and other primary care providers



- Development and implementation of a standardized Release of Information form
- Community and Provider education about integrated care
- Coordination with the inter county Quality Improvement Project team

Modifications to Previous Activities

The Liaison Project was selected as the Quality Improvement Project for review by the External Quality Review Organization. The Liaison was originally to be employed by Behavioral Health as a part time Nurse. Due to existing positive and developing relationships with a new full-time County Psychiatrist and Clinical Nurse and well established part-time Nurse Practitioner, it was decided to kick off the project with this existing staff. However, the Nurse Practitioner recently resigned, and ACBH is now planning to transfer this part-time position to the Public Health Department, thereby leveraging and integrating the position's responsibilities with other public health functioning. ACBH's Psychiatrist will continue to foster connections with medical providers as well.

The Fiscal Year 2012-13 budget for **Primary Care/Mental Health Liaison Project** will be **\$65,250**.

ATCAA & Sierra Wind Youth Empowerment Program (YEP)

FY 2010/11 Status: Met objectives

Program Description

YEP was a cooperative agreement between ATCAA and the Sierra Wind Wellness & Recovery Center and was intended to assess and address the significant need for safe, wellness, and recovery-orientated programs for youth 12 to 24 years of age in Amador County. This project included the traditional components of a Wellness Center model, support and prevention services, and activities that support wellness and system navigation.

Key Activities in FY 2010/11

YEP activities began in April, 2011 and included:

- Initial assessments using the youth leadership institute survey and individual and group interviews with youth in target population;
- Outreach to community leaders, organizations, and groups regarding youth needs in the community;
- Staff attended youth empowerment forums and webinars intended to help with planning and development of the program; and
- Staff worked with youth services division to implement community-wide awareness of prevention activities.

Populations Served: 55 individuals were served in FY 2010/11; demographic information was not collected

MHSA Principles Addressed



- **Wellness, Recovery, and Resiliency** – The principle of Wellness, Recovery, and Resiliency was woven into surveys, outreach and community efforts, and program planning and initial development.
- **Consumer/Family-Driven Services** – The planning and development of YEP included strong participation of youth members in the community. Youth living in the outlying areas of the county were targeted for their input regarding community needs and culturally appropriate services.
- **Cultural Competency** – Same as above
- **Community Involvement** – Multiple community programs and organizations that serve youth from the community were involved in the promotion and development of the Youth Empowerment Program.
- **Integrated Service Delivery** – A network of providers participating in resource and referral were available to provide comprehensive and integrated services for youth. Program staff attended multiple meetings and forums to discuss and exchange information regarding specific services appropriate for youth development, wellness, and resiliency.

Barriers or Challenges

It was necessary to conduct substantial community education regarding youth empowerment and the diverse range of services appropriate for at-risk youth.

Suggestions/Response to Barrier

Staff continues to offer educational opportunities to community partners to inform and engage them in the development of YEP.

Leveraging Resources

YEP programming was leveraged with funds and services provided by Friday Night Live, Mentoring Works, and Amador Youth Assets for Independence.

FY 2010/11 Partners

YEP partnered with the following organizations or individuals: Amador County Unified School District, Amador County Probation, Lone Police Department, UC Cooperative Extension, Amador County Behavioral Health, Operation Care, Amador County Recreation Agency, and the Amador Tuolumne Community Action Agency.

Fiscal Year 2012/13 Planned Activities

- Assessments using the Youth Leadership Institute survey and individual and group interviews with youth in target population
- Outreach to community leaders, organizations, and groups regarding youth needs in the community
- Youth empowerment forums and webinars intended to help with program enhancement
- Community-wide outreach to increase awareness of prevention activities.

Modifications to Previous Activities

No proposed changes.



The Fiscal Year 2012-13 budget for **Youth Empowerment Project** will be **\$55,000**

Building Blocks of Resiliency

FY 2010/11 Status: Met objectives

Program Description

The Building Blocks of Resiliency program offered Parent-Child Interaction Therapy (PCIT) to help create stronger and healthier families with positive relationships. PCIT was designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in “real time” to acquire skills and tools to improve the quality of the parent-child relationship. The program also offered Aggression Replacement Training (ART) to help increase resiliency in children and teens. Through ART, youth developed a skill set for responding to challenging situations with social learning and cognitive behavioral strategies.

Key Activities in FY 2010/11

From July 1, 2010 through June 30, 2011, trained staff facilitated PCIT for 500 hours with 15 families. Through this process, the program strengthened families and reduced negative behaviors in the therapy sessions, at home, and in school settings. Participating families achieved mastery of PCIT skills.

Eight clinicians completed the ART training and provided ART services for 62 students. As a result of participating in ART, 16 students who were attending Community School were able to return to their regular classrooms because they implemented the skills learned in ART groups and all participating youth did show improvement in developing skills for responding to challenging situations with social learning and cognitive behavioral strategies.

Populations Served

92 individuals were served in FY 2010/11; demographic information was not reported

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The program addressed the MHSA principle of Wellness, Recovery, and Resiliency by offering PCIT and ART services. Parent Child Interaction Therapy (PCIT) is an intensive treatment program that is designed to help both parents and children. The PCIT program was designed to improve family functioning, resiliency and cohesion. Aggression Replacement Training (ART) is a multi-modal intervention designed to alter the behavior of chronically aggressive youth. With considerable reliability, ART appeared to promote skill acquisition and performance, improve anger control, decrease the frequency of acting out behaviors, and increase the frequency of pro-social, constructive behaviors.
- **Consumer/Family-Driven Services** – PCIT involved both parent and child working together toward improving the quality of the parent-child relationship and to teach parents the skills necessary to manage their child's severe behavior problems. Each ART cohort was specifically designed for its



respective group of students based on the pre-treatment assessments completed by the students, teachers, and parents.

- **Community Involvement** – Community partners and agencies referred families to the PCIT program, consumers self-referred as well, and ACUSD instructional staff determined which students should participate in ART groups. Program staff met with school staff on a regular basis to discuss the therapy, successes, and challenges. Program staff also shared information regarding the Building Blocks of Resiliency program at community meetings and focus groups to continuously inform stakeholders and share general participant feedback and outcomes.
- **Integrated Service Delivery** – The Building Blocks of Resiliency program staff worked closely with ACUSD instructional staff and school principals to discuss individual participant needs and case plans. Program therapists also communicated with Probation staff and Social Workers, as case appropriate, to ensure comprehensive and integrated services for each individual youth participant.

Barriers or Challenges

Since the program was providing ART services on school campuses, when the school schedules changed due to a special assembly or event, the Building Blocks groups needed to be rescheduled as well.

Suggestions/Response to Barrier

In order to overcome the issue of possible conflicting schedules due to special school events and ART groups, program staff and school staff communicated regularly to ensure that calendars accommodated services. This decision was made to accommodate the school's needs and maintain the program's ability to continue to offer groups at this location.

Leveraging Resources

PCIT services were provided at the Jackson Service Center which was also funded by multiple sources including CAPIT funds which partially supported family counseling. ART services were provided on school campuses in classroom settings.

FY 2010/11 Partners

The program partnered with the Amador County Unified School District, Amador County Behavioral Health, Amador County Probation, Amador County Department of Social Services, and community members who provide referrals for program services.

Fiscal Year 2012/13 Planned Activities

- PCIT
- ART

Modifications to Previous Activities

ACBH is planning to certify ATCAA to bill specialty mental health Medi-Cal for PCIT and ART for those children who have Medi-Cal and who meet medical necessity. During the first year, the budget will remain the same. PEI funding will continue to support this project during the fiscal year while ATCAA and the County obtain certification and begin billing. In subsequent years, funding for this project will be blended from Medi-Cal and PEI. A specific outreach and orientation will be provided to the Amador



County Probation Department with a focus of reaching the newly identified AB 109 family population.

The Fiscal Year 2012-13 budget for **Building Blocks of Resiliency** will be **\$44,000**

Promotores de Salud—ATCAA

FY 2010/11 Status: Met and exceeded objectives

Program Description

The *Promotoras* conducted educational presentations and outreach activities in order to increase service utilization by historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members, and help address barriers to accessing services such as transportation, availability, culture, language, stigma, and mistrust.

Key Activities in FY 2010/11

- *Promotoras'* services were provided from July 1, 2010 through June 30, 2011.
- Staff recruited 2 interested and capable individuals.
- ATCAA staff created a *Promotor/a* manual and training schedule, and in collaboration with other community partners, implemented the comprehensive training component.
- *Promotoras* conducted 2 community presentations each month to provide information on mental health, wellness, and resources to the Spanish-speaking Hispanic/Latino community.
- *Promotoras* also made outreach contacts to assistance individuals with navigating the public behavioral health system, and provide referrals, transportation to appointments, and translation.
- *Promotoras* attended Integrated Recovery Team meetings.
- *Promotoras* met with providers of mental health services to discuss their program and coordinate services.

Populations Served

213 Latino/Hispanic individuals served in FY 2010/11;

The following quotes are derived from a discussion group facilitated in June 2012 to gain feedback on the annual update from monolingual Spanish speaking residents:

"The Promotora's presentations were excellent. Very helpful. They helped me to understand what mental health is and how to recognize when someone needs help."

"The Promotora helped me understand that it's okay to ask for help when you need it. She introduced me to Behavioral Health and came to some of my appointments with me. Now I go by myself."

"My Family Advocate was able to help me get to Operation Care. She came to the meetings with me and translated the information. She worked hard to make sure that my children and me would be safe. I'm very thankful."

"I've learned a lot about mental health. I know that I can do things when I feel sad, like going for a walk or tapping. I also know where Behavioral Health is and that the people are nice. The Family Advocate will help me if I need it."

"I am happy that the Promotoras will be working next year. I told my friends about them and they come to the classes. We have learned a lot. It's good to know these things in case you have a friend who needs help."



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – *Promotoras* used strategies from the following trainings: Introduction to the *Promotores de Salud* Program; What is a *Promotora*?; Confidentiality; Managing Stress; Hospice Services; Domestic Violence with Operation Care; Sexual Assault with Operation Care; ACBH Intake Process/Forms; Stress Management and Meridian Tapping; Aspergers & Autism; Gang Activity in Amador County: Amador County Probation Services; Family Resource Services; Eating Disorders Webinar; The 40 Developmental Assets; Advanced Directives; Grandparent's Rights; Family Planning; Mental Health First Aid; Amador County Public Health Services; Behavioral Health Services for Older Adults; Stress Release; Emotional Freedom Technique; Dementia & Alzheimer's; Medicinal Herbs; Wellness and Weight Management; and Overview of Mental Health Services for Older Adults.
- The *Promotoras* offered the following education presentations for the Hispanic community: *Promotores de Salud* Services; Managing Stress; *La Depresion*; *La Violencia Domestica*; *La Salud Mental*; *Agresion Sexual*; *Pandillas y Violencia entre la Juventud*; *Desordenes de Ansiedad*; *Historias del Ir y Venir*; Behavioral Health Dept. Services; Operation Care Services; and Stress & Depression.
- The *Promotoras* provided outreach, assisted individuals with health insurance, provided referrals to Mental Health and related services, helped individuals access their initial and subsequent appointments with health care provider; provided transportation services, and provided translation services.
- **Cultural Competency** – Both *Promotoras* are bilingual and represent the Spanish-speaking Hispanic/Latino community. They act as cultural brokers to bring information to the culturally and linguistically isolated community.
- **Consumer/Family-Driven Services** – Staff recruited two *Promotoras*; one is a senior resident of the Hispanic community who is deeply connected to the adult and older adult population. She was able to meet with consumers to discuss the needs of the community to ensure that educational presentation topics were relevant to consumers including services for children. Our other *Promotora* represents the Hispanic teen/TAY/young adult population and she too was able to meet with consumers to discuss the needs of the community to ensure that educational presentations were relevant to consumers. Consumers were asked to complete community presentation evaluation forms to provide feedback regarding effectiveness and appropriateness of topics.
- **Community Involvement** – The *Promotoras* were able to meet with consumers to discuss the needs of the community to ensure that education presentations were relevant to consumers. Consumers were asked to complete community presentation evaluation forms to provide feedback regarding effectiveness and appropriateness of topics.
- **Integrated Service Delivery** – The *Promotoras* attended 16 ART meetings with BH staff and consumers. They also met with providers of mental health services to discuss the *Promotores de Salud* program and collaborate regarding services. These collaborative meetings were meaningful opportunities for the *Promotoras* to learn about the services offered by other providers and for the providers to learn about the *Promotores de Salud* program and resulted in an increased cultural competency on the part of traditional mental health service providers.



Barriers or Challenges

Due to the rural nature of Amador County, lack of transportation was always a challenge. Although the *Promotoras* provided transportation for 27 clients to appointments, it was difficult to help everyone who needed the assistance.

Suggestions/Response to Barrier

It would be beneficial to receive funding for the purchase of another vehicle that the *Promotoras* can use to transport families/clients to presentations and appointments.

Leveraging Resources

ATCAA provided the *Promotores de Salud* services out of its lone Family Learning Center site. This center was funded in part by Even Start, United Way, and MHSA CSS and PEI funds.

FY 2010/11 Partners

Amador County Behavioral Health; Operation Care; lone Police Department; Amador County Probation; First 5 Amador; Sierra Hope; Hospice of Amador & Calaveras; Sierra Wind Wellness & Recovery Center; Amador County Public Health; Job Connection; WIC; Argonaut High School; St. Mary's Catholic Church; Immaculate Conception Catholic Church; United Methodist Church; and community members.

Fiscal Year 2012/13 Planned Activities

- Continue to recruit volunteers
- Community presentations to provide information on mental health, wellness, and resources to the Spanish-speaking Hispanic/Latino community.
- Assist individuals with navigating the public behavioral health system, and provide referrals, transportation to appointments, and translation.
- Outreach to providers of mental health services to discuss their program and coordinate services.
- Participation in IRT meetings

Modifications to Previous Activities

No modifications are planned for FY 2012 - 2013. The project will receive approximately a 10% increase over the previous year.

The Fiscal Year 2012-13 budget for *Promotores de Salud* will be \$20,999

Respite and Support for Grandparents Parenting Grandchildren – The Resource Connection

FY 2010/11 Status: Met objectives



Program Description

This program provided respite care for grandparents raising their grandchildren. They were eligible for 16 hours of care per month in a licensed child care facility. The program also provided a training/support group four times per year and mail resources to all who applied for services.

Key Activities in FY 2010/11

The program started in 2010 with monthly meetings, had guest speakers, including a financial planner and a MH clinician, and collaborated with Kinship Care to facilitate a legal workshop with an attorney.

Populations Served

A total of 24 older adults were served in FY 2010/11, of which 22 (92%) identified as Caucasian/White and 2 (8%) identified as Latino/Hispanic.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – The Marriage and Family Counselor guest speaker addressed wellness and health for both grandparents and grandchildren.
- **Cultural Competency** – Quarterly meetings were well attended by a wide variety of individuals, across ages, ethnicities and marital status. Support and understanding was shown for all individuals who attended the meetings.
- **Consumer/Family-Driven Services** – Every grandparent received a binder with both state and local resources. The program encouraged grandparents to access local services, which can help both grandparents and children make adjustments and find stability in their daily lives.
- **Community Involvement** – The program hosted guest speakers from the senior center. The foster kinship program attended Resource Connection's meetings. Resource Connection provided resources and referrals to local programs.
- **Integrated Service Delivery** – The program served clients who also had CPS referrals and who had been utilizing social services, behavioral health and public health services.

Barriers or Challenges

The Resource Connection has learned much in creating this program and appreciating the need for respite services. The program has discovered the need to increase hours from 8 to 16 per month and to adjust the budget accordingly.

Suggestions/Response to Barrier

The program has utilized agency resources and strong relationships with licensed providers who have been caring for grandchildren.

FY 2010/11 Partners

Senior Center, financial planner, marriage and family counselor, Child Protective Services, social services, Upcountry Resource Center and Public Health.

Fiscal Year 2012/13 Planned Activities

- Monthly lecture series
- Financial and legal services workshops



- Provision of resource information
- Provision of respite care
- Coordination with CPS, social services, and public health departments

Modifications to Previous Activities

No modifications are planned for FY 2012/2013.

The Fiscal Year 2012-13 budget for *Respite and Support for Parenting Grandparents* will be \$39,246

Isolated Seniors Project Implementation

Program Description

Stakeholders identified isolation as a barrier to seniors seeking behavioral health services and agreed to develop a new program that would provide outreach to isolated seniors through the Amador Community Foundation.

Fiscal Year 2012/13 Planned Activities

- Possible provision of phone cards to isolated seniors
- Amador Community Foundation to describe greatest need
- Coordination with the Senior Center and Area 12 Commission on Aging efforts

Modifications to Previous Activities

This is a new project for FY 2012/13. Isolated Seniors Project Proposed Budget

The Fiscal Year 2012-13 budget for *Isolated Seniors Project* will be \$4,000

Workforce Education and Training (WET)

Integrated Recovery Team Development and Trainings

FY 2010/11 Status: Met objectives

Program Description

Amador County’s Workforce Education and Training Plan was approved in December 2010. The budget for that plan was designed for 3 years of funding. The funding for this particular component does not



require a 3-year timeline but allows for 10/year timeline. The IRT is one component of this plan. This project began as a part of Community Services and Supports System Development Effort.

Populations Served

During FY 2010/11, 39 individuals were trained, of which 24 were of known ethnicity. Of these individuals of known ethnicity, 20 (83%) identified as Caucasian/White; 3 (13%) as Hispanic/Latino; and 1% (5%) as Native American/Native Hawaiian.

Key Activities in FY 2010/11

- Zia Partners facilitated a community workshop for the further development of community partnerships based on a Quality Improvement Model and including a focus on integrated health care public health model of reaching the community.
- Staff attended training for Asset Based Community Development – this was shared with key stakeholders, including purchase of books describing this model.
- Community Partners, Amador Child Abuse Prevention Council and ATCAA attended the 40 Developmental Assets training and incorporated this model into daily practice.
- WET funds sponsored family member attendance at the NAMI convention.
- ATCAA YEP staff attended Project Success, as school based model for reaching youth.
- ATCAA YEP staff attended a Boy's Circle probation focused training on developing supports for Youth.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All activities were focused on community or individual wellness and strengths and resiliency.
- **Cultural Competency** – Developmental Assets program was offered throughout Amador County, including, lone, Comanche and Pioneer/Pine Grove. ABCD community information gathered was used with the *promotores* project and youth focus groups.
- **Consumer/Family-Driven Services** – Consumers and family members, including organizations representing consumers and families, were involved in all activities provided.
- **Community Involvement** – Community-based organizations attended these events along with the BH staff. Reports of these events and the plans and activities generated were brought to the steering committee.
- **Integrated Service Delivery** – Each event promoted and enhanced team development and commitment to integrated service delivery.

Barriers or Challenges

Budget cuts to all County Departments created some reduced participation in events and a resistance to schedule staff away from daily duties. Due to these reasons, some planned events were cancelled.

Suggestions/Response to Barrier

Most of the agency and organizational leadership continue to explore cost effective ways to provide integrated care. These efforts, as well as results experienced by recovering community members, will demonstrate the value of our training and education efforts.



Leveraging Resources

Sharing costs of webinars and utilizing state wide California Institute of Mental Health resources.

FY 2010/11 Partners

First 5 Amador ATCAA Child Abuse Prevention Council Mental Health America NAMI Amador Regional WET /CIMH - opportunities

Fiscal Year 2012/13 Planned Activities

- Senior Peer Counseling Training
- Bridges out of Poverty Seminar
- Integration training
- AC squared training

Modifications to Previous Activities

No modifications are planned for FY 2012 - 2013.

Student Interns

FY 2010/11 Status: Met Objectives

Program Description

The Rural Mental Health Cohort project from Sacramento State University was funded by WET dollars from Amador County and from the Central Region Workforce project in Fiscal Year 2010/11.

Key Activities in FY 2010/11

Two student Social Work Interns were provided placement in Amador County—one at Behavioral Health and one at ATCAA. Clinical supervision for these students was provided through a contract with California Institute of Mental Health (CIMH) and funded through the Central Region WET funds.

Numbers Served:

2 Student Interns

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** –Training focused on strength-based psychology.
- **Cultural Competency** – This master’s level program and internship focused specifically on providing care in a rural area. Social work students had specific course work related to cultural competency and they participated in staff discussions and clinical case presentations, in which looking for cultural issues was routinely a part of the discussion
- **Consumer/Family-Driven Services** – One of the students spent one day per week at the Sierra Wind Wellness and Recovery Center in order that she be immersed in a consumer operated program as a part of her learning experience.
- **Community Involvement** – Students were required to participate in Community Stakeholder meetings



- **Integrated Service Delivery** – Students were linked to specific clinical teams where they were exposed to working in a team model and where consumers and community support agencies were a key part of service delivery.

Barriers or Challenges

The student placed in a community-based organization did not get as much specific experience in working with the integrated team.

Suggestions/Response to Barrier

Community-based placements may need additional structure to include some specifics about crisis care and legal issues for mental health clients.

Leveraging Resources

ACBH was working in conjunction with other small counties to create and support this project and with the Central Region WET coordinator to create the Roving Clinical Supervisor Project. The objective was to support this specialized program for increasing the available professional staff trained to work in rural communities

FY 2010/11 Partners

Central Region small counties, Central Region Rural Supervisor Program, Calaveras and Amador shared a supervisor under one contract.

Modifications to Previous Activities for FY 12/13:

This project will not continue in Fiscal Year 12/13.

WET Regional Projects

FY 2010/11 Status: Met and Exceeded Objectives

Program Description

Amador County participated in the planning of Central Region WET Projects through monthly telephone conferences and face-to-face meetings with Mental Health Directors and WET Coordinators. This project was coordinated by the CIMH.

Key Activities in FY 2010/11

Four Amador County residents participated in Mental Health First Aid Train the Trainer program and four partner agency staff participated in Seeking Safety Training. Regional funding helped ACBH establish a contract through CIMH for a Roving Clinical Supervisor. The Roving Supervisor supervised two MFT intern staff and two MSW students during FY 2010/11. The Roving Supervisor also provided management consultation to ACBH's Program Manager and Director on request.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – Work Force Education and Training was a Component of MHSA. All training and coordination between counties began with the concept of Wellness, Recovery and Resilience. Seeking Safety as an evidence-based integrated substance



abuse/trauma and mental health intervention. The Roving Supervisor had extensive experience in developing MHSA programs as well as core mental health clinical and leadership experience.

- **Cultural Competency** – The Regional Partnership was connected with the State Ethnic Minority Service Managers, and in many cases such as Amador, the MHSA Coordinator and the EMSM was the same person. The regional partnership linked Amador to interpreter training, Working Well Together trainings and other WET opportunities in other counties.
- **Consumer/Family-Driven Services** – Students and family members with lived experience participated in the Seeking Safety and the Roving Clinical Supervisor projects.
- **Community Involvement** – Community Partners were trained as trainers for the MH First Aid Program and began providing this training to residents in the northern part of the county (Pioneer & Pine Grove) and the south (Ione and Comanche) as the central area of Jackson.

Barriers or Challenges

No specific barriers were experienced in working with the Regional partnership.

Suggestions/Response to Barrier

Continue to participate in Regional WET face-to-face and telephone conferences to ensure that Amador is aware of opportunities and is coordinating efforts with other counties.

Leveraging Resources

Regional WET participation allowed local WET funding to be expended for additional training and supports directly to partner agencies and ACBH staff.

FY 2010/11 Partners

Central Region Counties, California Institute of Mental Health, ATCAA, MH America Northern California

The Fiscal Year 2012-13 budget for **Workforce Education and Training (WET) Projects** will include:

- IRT Development & Training - \$25,533
- Peer Employment & Training at Sierra Winds - \$13,200
- WET Coordinator - \$78,000
- Cross Certifications and Train the Trainer Certification - \$8,271

Capital Facilities and Technology

FY 2010/11 Status: Did not meet objectives

Program Description

ACBH was researching strategies to address the financial and social costs associated with placing individuals experiencing mental health crisis in emergency and locked facilities, particularly facilities located outside the County. During FY 2010/11, ACBH began exploring the possibility of using MHSA



Capital Facilities funds to renovate an existing building for a combined Crisis Residential Treatment (CRT) and Adult Residential Treatment (ART) facility.

Amador County was also researching Electronic Health Records to identify the most cost efficient and effective option, which can leverage earlier investments.

Key Activities in FY 2010/11

- **June 8, 2011** – The Capital Facilities Advisory Group met and agreed that ACBH would request bids from vendors to provide CRT services, in exchange for MSHA funds to renovate an existing facility.
- **FY '11-12** – Stakeholders toured CRT and ART facilities in San Joaquin County.
- Stakeholders will begin developing a set of “talking points” to present to board of supervisors.

Populations Served in FY 2010/11

N/A

MSHA Principles Addressed

- **Wellness and Recovery** – CRTs helped to reduce involuntary placement
- **Community Involvement** – The proposal was based on community support for alternatives to involuntary and out of county placement

Barriers or Challenges

ACBH encountered some resistance to the development of a CRT due to perceived potential for increased crime and loitering.

Suggestions/Response to Barrier

Further mental health education and stigma reduction activities for the community may be necessary to address this resistance.

Fiscal Year 2012/13 Planned Activities

- Stakeholder engagement for the development of in-county crisis services
- Continued planning for the purchase and implementation of an Electronic Health Records

Capital Facilities and Technological Needs has a total budget to be spent over a 10 year period (by 2018) of \$877,500.

Innovation

Community-Driven Delivery of Self-Management Practices

FY 2010/11 Status: Met Objectives



Program Description

The Self-Management Program will provide peer-led supportive services to 80 adult residents of Amador County suffering from untreated posttraumatic stress a year. The program will offer these services at existing community-based settings throughout the county through a collaborative partnership between community members and Amador County Behavioral Health (ACBH).

Key Activities in FY 2010/11

- Implementation did not begin until September 2011

MSHA Principles Addressed

- **Wellness and Recovery** – This program increases resilience and promotes recovery and overall wellness for those living with PTSD and related psychological distress through the provision of self-management practices provided by trusted members of the community in community based settings. The program is designed to strengthen consumers' ability to drive their recovery and effectively manage their symptoms. Self-management services will be offered and provided to consumers without requiring that they engage in any other ACBH services. Specifically, the services may be accessed without having to engage in any traditional psychological or psychiatric consultations or treatments. Only those consumers who present with severe mental illness, or who express interest in receiving adjunctive traditional therapies, will be referred to available services. Thus, consumers will be empowered to own their wellness options.
- **Community Involvement** – This program was developed based on community input regarding the need for alternative treatment strategies offered in community-based settings, and community members committing to deliver services to consumers themselves. The program is built upon collaboration between ACBH, community volunteers, and consumers. It can only be implemented with full the participation of the community volunteers (i.e. wellness trainers) and the community-based settings.
- **Cultural Competency** -- The program is designed to meet the needs of the community in a collaborative fashion that capitalizes on both county and community expertise and resources. Expanding mental health service capacity will act to reduce disparities in access, especially for those whom stigma and geographical isolation play considerable barriers. ACBH staff working with the program shall be culturally-responsive to wellness trainer and consumer needs. Individuals selected to act as volunteer wellness trainers will reflect the cultural and ethnic diversity of the population(s) to be served. Special attention will be given to recruiting Native American and bilingual-bicultural Latino wellness trainers. All staff, Steering Committee members, and wellness trainers will receive on-going cultural competence training. Wellness trainers will also receive specialized training on working with diverse populations and applying the self-management practice(s) in a culturally-responsive fashion.
- **Consumer/Family-Driven Services** – This program is dependent on the ongoing involvement of community volunteers (which may include past mental health service consumers and family members) in the wellness trainer role. It also depends on the willingness of community members to receive self-management services. Consumers will have the power to accept, reject, and/or select the type of self-management service they receive. For example, while one wellness trainer may offer a consumer MBSR services (based on that wellness trainer's training, comfort level with the practice, etc.), the consumer may be more interested in MTT. If the



wellness trainer is unable to provide MTT, he/she will be trained to connect the consumer with another wellness trainer with that particular expertise. Additionally, if consumers begin to request a new self-management practice, that information will be communicated to the Program Coordinator and Steering Committee and will be considered for inclusion in future training plans. Consumer feedback and satisfaction will also be collected throughout and will be used to guide outreach and service delivery.

Family members may play a vital role in supporting their loved ones to learn about and use the self-management techniques. The volunteers will be trained to include family members, when invited by the individuals requesting services. Additionally, stakeholders during the planning process specifically requested that family members of people with severe mental illness be outreached to and invited to learn about self-management techniques, because the stress associated with supporting their loved one's recovery can be mitigated by such techniques.

Community members, including at least one ACBH consumer and a member of NAMI, will sit on the Steering Committee that will be in charge of: 1) selecting the self-management practice(s); 2) developing, monitoring, and refining the service delivery model; 3) overseeing the evaluation process and making recommendations based on findings; and 4) planning any future expansion. In addition, results of mid-year evaluations will be made available to the Mental Health Board and to community partners on the Continuous Quality Improvement Committee, while results of the yearly (12/month) evaluations will be distributed widely allowing ample opportunity for stakeholders to offer input at the program, consumer, family, staff, and community levels. When participants request family participation, volunteers will be encouraged to teach them about the techniques as well.

Fiscal Year 2012/13 Planned Activities

- Selection of and training on identified practices
- Volunteer recruitment and support
- Community engagement
- Volunteer service provision

Modifications to Previous Activities

No modifications are planned for FY 2012/ 2013.

The Fiscal Year 2012-13 budget for ***MHSA Innovation Community Driven Self-Management Practices*** will be **\$102,600**

Integrated into MHSA System of Care

The following projects, while not funded by the MHSA, are included in this report because they are integrated into Amador's MHSA system of care.



Amador County Substance Abuse Division

FY 2010/11 Status: Partially met objectives

Program Description

Services to court, probation, or CPS ordered clients.

Key Activities in FY 2010/11

The Substance Abuse Division provided regular group and individual counseling, weekly jail programs and drug court services.

MHSA Principles Addressed

- **Community Involvement** – The Substance Abuse Division provided referrals, partnered with the jail and probation, and referred clients to job connections, resource connections, and the wellness center.
- **Integrated Service Delivery** – Clients were referred to other services as needed.

Populations Served

The Substance Abuse Division served 77 individuals in FY 2010/11, of which 54 (71%) identified as Caucasian/White; 15 (20%) identified as Hispanic/Latino; 7 (9%) identified as Native American/Native Hawaiian.

Barriers

Time and transportation were the greatest struggles for the Substance Abuse Division. Time was viewed as a premium and staff felt they did not were not able to spend enough individual time with clients. Transportation was a significant deterrent to providing this service.

Suggestions/Response to Barrier

With improved transportation, time flexibility will increase, allowing more individual service time.

FY 2010/11 Partners

Job connection, resource center, mental health, and probation.

Modifications to Previous Activities

None

Amador County Accountable Care (AC/2) and Quality Assurance

FY 2010/11 Status: Partially Met Objectives

Program Description

AC/2 Charter sought to maximize services, reduce costs, and ensure fiscal accountability with programs and services in Amador County. The objective was to improve capacity to deliver services that were welcoming, hopeful, strength-based, person/family centered, and integrated in order to improve access and results with each dollar expended.

Key Activities in FY 2010/11



- Developed and introduced the AC/2 charter to the Mental Health Advisory and Steering Boards.
- The charter incorporated the Assets Based Community Development and 5 Protective Factors.
- ACBH Manager attended the ABCD training;
- First 5 Amador staff and community partners attended the 5 Protective Factors training.

MHSA Principles Address

- **Wellness, Recovery, and Resiliency** – The Charter's first priority was to provide services consistent with the philosophy of wellness, recovery, resiliency, integration, sustainability, and accountability.
- **Cultural Competency** – The Charter included the following objective: "to deliver culturally competent services." AC/2 partners continued to provide information to the *Promotoras* who disseminate educational material and opportunities to Amador's Spanish speaking population.
- **Consumer/Family-Driven Services** – The Charter included language from the 5 Protective Factors - Parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and children's social and emotional development. These overarching principles provided parents and providers with the tools necessary to help with the direction of services. The Guiding Principles for Community Engagement section of the Charter stated "citizens at the center can engage the wider community." First 5 Amador's staff completed the Strengthening Families Program Self-Assessment as one approach to ensure services are consumer / family friendly and driven. Other partners completed assessments (with Drs. Minkoff and Cline) to address similar issues.
- **Community Involvement** – The Charter had several guiding principles that emphasized the need for involving the community. AC/2 partners understood the importance of removing stigma which can only occur if the community is educated and involved in the MHSA mission.
- **Integrated Service Delivery** – The Charter itself was created to address Integrated Service Delivery.

Barriers

Partners were extremely busy due to the reduction of staff and increase in workload. Two of the core members (ATCAA and First 5) began implementing some of the principles such as the 5 Protective Factors to begin working toward addressing the priorities and activities of AC/2. Steering Committee meetings provided a platform to discuss AC/2 without adding additional time for members.

Suggestions/Response to Barrier

Greater collaboration, communication, and support among partners will be beneficial to all parties and improve services.

FY 2010/11 Partners

All MHSA partners.

Modifications to Previous Activities

None



Utilization Review

FY 2010/11 Status: Met Objectives

Program Description

Amador County's Utilization Review Team convened on a weekly or biweekly basis. The aim of this team was to ensure that services provided to Medi-Cal beneficiaries meet medical necessity and that other requests for services are assigned in a timely and appropriate manner.

Key Activities

- Reviewed each new case and team response
- Documented medical necessity for the individual case file and in an ongoing log.
- Provided notation of co-occurring substance abuse issues
- Followed up with applications to Medi-Cal and or Social Security
- Referral to community providers as is indicated
- Assigned follow-up activities
- Trained students and interns regarding diagnosis and medical necessity
- Reviewed and authorized change of provider requests
- Reviewed and authorized additional services requests

Total People Served in FY 2010/11

110 individuals, demographics not reported

Barriers

This program had difficulty providing timely and consistent services when consumers did not show up for their appointment times.

Suggestions/Response to Barrier

The program is currently collecting information from its consumers through consumer/family advocates to learn about the barriers the consumers face in keeping their appointments. The findings will help the program make an informed decision to potentially develop alternative engagement strategies.

Leveraging Resources

Team members were funded through various funding streams and were all trained to provide welcoming and timely engagement into services for substance abuse and mental health service consumers.

Fiscal Year 2012/13 Planned Activities

- Review each new case and team response
- Document medical necessity for the individual case file and in an ongoing log.
- Provide notation of co-occurring substance abuse issues
- Follow up with applications to Medi-Cal and or Social Security
- Referral to community providers as is indicated
- Assign follow up activities
- Train students and interns regarding diagnosis and medical necessity



- Review and authorize change of provider requests
- Review and authorize additional services requests

Modifications to Previous Activities

None

Crisis Services

FY 2010/11 Status: Met Objectives

Program Description

Crisis services included walk-in, phone call crisis, hospital 5150 evaluations, and jail evaluations when inmates are placed in the safety cell.

Key Activities in FY 2010/11

- Monthly After Hours Crisis team meetings
- Review of crisis contacts with clinical team during weekly Utilization Review meetings
- Coordination and follow up with clients seen in crisis or upon discharge from hospitalization.
- Daily follow up and tracking of hospitalizations.

MHSA Principles Addressed

- **Wellness Recovery and Resiliency** – The focus of the crisis program was to stabilize a crisis situation and to assist clients in meeting their goals of wellness and recovery. The crisis program was attempting to decrease the need for hospitalization by providing ongoing services to assist client in working toward their treatment goals.
- **Consumer and Family Driven Services** – It was helpful for clients to have a peer or family support system to help get them through crises and to help reduce or prevent a possible future crises. Use of peer support was encouraged through referrals to the Wellness and Recovery Center. Safety planning involved family members. Use of a client advocate had also been helpful with follow up and crisis stabilization.
- **Cultural competency** – Use of bilingual advocates and staff, including psychiatrist.
- **Community Involvement** – Crisis updates were provided at MHSA Steering Committee meetings, Mental Health Board meeting and Quality Improvement meetings. In addition, ACBH educated community partners about available crisis services.
- **Integrated Service Delivery** – Integrated Recovery Teams discussed follow-up service needs and follow up plans for clients following a crisis.

Barriers

There were no inpatient facilities in Amador County, therefore clients had to be placed on 5150s in facilities outside of Amador County, far from family members and other support networks. This sometimes contributed to a breakdown in continuity of care because some out-of-county facilities did not return calls to discuss follow-up and discharge planning. It became increasingly difficult to find an available bed for placement, and took several, and sometimes more than, 24 hours to find a placement. While looking for placement, the client was held at the ER, which is not appropriate for their recovery.



Suggestions/Response to Barrier

Discussion of a crisis residential treatment facility (CRT) is part of the program's MHSa planning, and may reduce out-of-county placement. It may also be helpful to work more closely with the hospital to better serve clients who are in the ER for multiple hours.

Leveraging Resources

Crisis services were mandatory, therefore, all clinical staff have been trained for day crisis stabilization work. The After Hours Crisis Team coordinated effectively to deal with crises that last several hours or even several days.

FY 2010/11 Partners

Hospital, jail, law enforcement, psychiatric facilities, Linda Vista Motel, and Halfway Ranch, which provided shelter to avoid crisis

Fiscal Year 2012/13 Planned Activities

- Walk-in crisis
- Crisis phone line
- Hospital-based 5150 evaluations
- Jail evaluations
- Monthly After Hours Crisis team meetings
- Review of crisis contacts with clinical team during weekly Utilization Review meetings
- Coordination and follow up with clients seen in crisis or upon discharge from hospitalization.
- Daily follow up and tracking of hospitalizations.

Modifications to Previous Activities

The IRT will receive a 10% increase in funding for FY 2012/2013. The 10% increase in CSS funding will be used to support people who are in crisis until the development of in-county crisis services. Planned development includes a Crisis Residential Treatment Program (CRT) and Adult Residential Treatment Program (ART).

Hospital Admission and Discharge

FY 2010/11 Status: Met objectives

Program Description

Provided contact with Psychiatric Hospitals for those held on 5150s. Provided discharge follow up and documentation for those clients who are eligible for services.

Key Activities in FY 2010/11

- Daily attempts to contact psychiatric hospitals that have active admissions from our County.
- Tracking of hospitalization data
- Discharge planning

Total Population Served

120 individuals served

June 20, 2012



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency** – All crisis calls, 5150 hospitalizations, and hospital consultations were followed up upon discharge or the following day to connect the client to a support system, including a team who monitors and worked with the client on wellness and recovery and created an alternative plan for dealing with future crisis situations.
- **Cultural Competency** – Crisis team enlisted the aid of language lines and community partners with linguistic capacity.
- **Community Involvement** – Crisis education included CIT for law enforcement, 5150 training for NAMI members, and ASSIST training for trainers. Community partners were enlisted to assist clients in treatment following discharge.
- **Integrated Service Delivery** – Clients, upon discharge, were connected to an age-appropriate integrated service team that provided Mental Health, Drug and Alcohol or community supports, depending on need.

Barriers

PHF facilities frequently failed to return ACBH discharge and follow-up planning calls.

Suggestions/Response to Barrier

- Continue to develop relationships with staff at PHF facilities.
- Contact supervisors at the facilities to share issues and work toward a solution.

Leveraging Resources

The Crisis Team worked to match payer sources to appropriate hospitals; worked with families to create safety plans allowing patients to return home; and coordinated next-day appointments with psychiatrists and therapists, in order to prevent future hospitalizations.

FY 2010/11 Partners

Various Psychiatric Facilities, Sutter Amador ER, County Jail, Law enforcement, ATCAA, Sierra Environmental Services, Sierra Winds, Conservator's Office

Fiscal Year 2012/13 Planned Activities

- Liaison with PHFs and IMDs
- Discharge and recovery planning

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 8/13/13

From: James Rooney
(Department Head - please type)

Phone Ext. 454

Department Head Signature James Rooney

Agenda Title: AGREEMENT BETWEEN COUNTY AND HAROLD W BERTHOLF INC FOR 2013/14

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
AGREEMENT FOR MINERAL APPRAISALS FOR LEASK HOWARD ASSESSMENT APPEALS EXTENDED FOR ANOTHER FISCAL YEAR.

Recommendation/Requested Action:

APPROVE

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments: _____

Request Reviewed by:

Chairman _____

Counsel GG

Auditor EOH

GSA Director Hop

CAO Ch

Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date August 27, 2013 Time 9 a.m. Item # 4A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

Department

Completed by _____

For meeting

of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____

Clerk or Deputy Board Clerk

AMADOR COUNTY
MINERAL APPRAISER AGREEMENT
2013

AGREEMENT

THIS AGREEMENT is made and entered into this 1st day of July, 2013 in the State of California, by and between the COUNTY OF AMADOR, hereinafter called "County", and HAROLD W. BERTHOLF, INC., hereinafter called "Contractor".

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of County hereinafter expressed, does hereby agree to furnish services and materials, as follows, and/or as described on exhibits attached to and incorporated herein, in a satisfactory manner as determined by County.

RECITALS:

1. A mineral property taxpayer in the County has appealed their property tax assessments.
2. It is necessary that a qualified Minerals Engineer/Geologist with a thorough knowledge of such property appraisal techniques be utilized for purpose of appraising and assessing such properties, and the County Assessor's Office is presently without a member of its staff so qualified.
3. Contractor's staff is trained in the fields of Appraisal, Engineering, and Geology, and are registered appraisers, engineers and geologists and are experienced in the field of Appraisal, Engineering and Geology, particularly in mineral property appraisal and assessment.
4. The County desires to obtain, and Contractor desires to provide, assistance to the Amador County Assessor and the Counsel of the Assessor in preparing and presenting a defense to appeals filed by Howard Properties (Unimin Corporation).

NOW, THEREFORE, IT IS AGREED as follows:

A. CONTRACTOR'S DUTIES

1. Contractor shall assist the County, under the direction of the Assessor and County Counsel, in the preparation and presentation of the subject Assessment Appeal.
2. Contractor shall maintain the confidentiality of all records, information and data in any form or description related to any assessee that is obtained in performance of this Agreement, in accordance with the provisions of Sections 408, 451, and 481 of the Revenue and Taxation Code. Contractor shall provide all appraisal services, advice, and representation under this Agreement exclusively to the County Assessor. All records, information, and data obtained by Contractor in the performance of this Agreement shall become the property of the County and shall be retained by the Office of the County Assessor. Contractor shall take all necessary steps to protect the confidentiality of all records, data, and information relating to the assessee and made available to the Contractor in order to perform this Agreement, and shall not disclose or make accessible to any person or entity other than the County Assessor any such records, data, or

information.

Contractor shall execute this protection and purge all confidential information by doing all of the following:

- a) Making all requests for information and records from a taxpayer through the County Assessor.
- b) Never show, discuss, or provide appraisal data or taxpayer information or records in Contractor's possession to anyone other than the County Assessor or his designee.
- c) Purging and returning to the County Assessor all information contained in, or derived from, the assessee's confidential information and records (whether electronically stored, provided by the County Assessor, or obtained from the taxpayer) within 90 days after the conclusion, termination, or non-renewal of this Agreement.
- d) Upon the expiration or termination of this Agreement, provide a written declaration, executed under the penalty of perjury, to the County Assessor stating that the Contractor has complied with the confidentiality provision of this Agreement.

The failure of Contractor to abide by and perform these confidentiality requirements may be considered a material breach of this Agreement and may be cause for termination of this Agreement pursuant to paragraph C. 3.

3. Maintain at all times the highest of ethical and professional standard.

B. COUNTY'S DUTIES:

1. **COMPENSATION:** County agrees to pay Contractor a fee for services rendered pursuant to this Agreement at Contractor's current hourly rates, plus all costs for travel, materials, and services related to this work (see Attachment A attached hereto and made a part hereof). Total compensation to Contractor, including labor and expenses, is not to exceed **One Hundred Thousand dollars (\$100,000.00)** during the term of this Agreement unless prior written approval to proceed beyond this limit is received from the Amador County Board of Supervisors. This agreement limit does not guarantee that all necessary appraisal and hearing work will be completed for this fee.

The above mentioned fee shall be paid monthly upon receipt by the County of an itemized billing from the Contractor.

2. The Assessor shall designate Contractor as his agent for the purpose of this Agreement and shall allow Contractor access to all present and past records maintained by the County Assessor relating to the appraisal of mineral properties located in Amador County.
3. In the event Contractor is refused access to pertinent property data by the taxpayer, the County shall provide sufficient legal assistance to complete this agreement. Said services provided shall be free of charge to the Contractor.

C. GENERAL PROVISIONS:

1. TERM: Except as otherwise provided in this Agreement, the Term of this Agreement shall be for twelve (12) months, commencing on the first (1st) day of July 2013 to the thirtieth (30th) day of June 2014. Notwithstanding the foregoing, either party may terminate this Agreement upon giving thirty (30) days written notice to the other party. In the event the County terminates the Agreement earlier than June 30, 2014, County shall pay for work done by Contractor in accordance with hereof prior to the termination of the Agreement by County.
2. By mutual consent, the parties hereto may extend this Agreement from year-to-year (July 1 through June 30) for two (2) additional years.
3. TERMINATION OF AGREEMENT: If through any cause, the Contractor shall fail to fulfill in timely and proper manner his obligations under this Agreement, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Agreement, County reserves the right to terminate this Agreement by giving written notice to the Contractor of such termination and specifying the effective date thereof. Notices of termination shall be sent by certified mail return receipt requested and no termination shall be effective until receipt of the non-terminating party. In the event of termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this Agreement shall become County property and the Contractor shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactory performance of the Agreement. Notwithstanding the above, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Agreement by the Contractor.
4. AMENDMENTS: This Agreement represents the entire agreement between the parties. Any amendments to this Agreement must be mutually agreed to and be in writing.
5. COVENANT AGAINST CONTINGENT FEES: The Contractor warrants that no person or selling agency or other organization has been employed or retained to solicit or secure this Agreement. For breach or violation of this warrant, the County shall have the right to annul this Agreement without liability or, in its discretion, to deduct from the compensation, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.
6. DISCRIMINATION IN EMPLOYMENT PROHIBITED: The Contractor will not discriminate against any employee in the performance of this Agreement, or against any applicant for employment in the performance of this Agreement because of race, color, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color, or national origin.

The requirement shall apply to, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

7. COMPLIANCE WITH LOCAL LAWS: The Contractor shall comply with all applicable laws, ordinances, and codes of the State and local governments.
8. RECORDS AND ACCOUNT: The Contractor shall maintain such records and accounts including property, personnel, and financial records, as are deemed necessary by the County to assure a proper accounting for all project funds. The Contractor shall make financial, program progress, and other reports as requested by the County.
9. INDEPENDENT CONTRACTOR: The Contractor, and the agents and employees of Contractor, in the performance of this agreement shall act in an independent capacity and not as officers or employees of the County.
10. ASSIGNMENT: Without the written consent of the County, this agreement is not assignable by Contractor either in whole or in part, and any such assignment is void.
11. AMMENDMENTS/CHANGES: Only the Board of Supervisors has the authority to agree to any extension of time, change order, change in the scope of work, change in the agreement price or other term or condition affecting either Contractor's or County's duties set forth herein. Contractor acknowledges that no County staff person or County officer other than the Board of Supervisors has the power to amend the terms and conditions of this agreement. Any change not authorized in advance in writing by the Board of Supervisors shall be null and void.
12. INSURANCE AND INDEMNITY:
 - a) Workers' Compensation Insurance Contractor is aware of, and will comply with, the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that code.
 - b) Commercial General Liability Insurance is required in an amount of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage, including, but not limited to endorsements for the following coverages: Premises, personal injury, and blanket contractual.
 - c) Automobile Liability Insurance of not less than One Million Dollars (\$1,000,000) combined single limit per occurrence for bodily injury and property damage is required covering owned autos, non-owned autos, and hired autos.

Certificates of Insurance for Worker's Compensation, Commercial General Liability, and Automobile Liability shall be on file with the County of Amador, Office of Risk Management, 810 Court Street, Jackson, CA 95642-2132 within fifteen (15) days after Board of Supervisor's approval of this agreement. The Commercial General Liability and Automobile Liability policies must be endorsed to name the County of Amador, its officers and employees as additional insureds, as respects to this agreement.

Contractor shall hold harmless, defend and indemnify the County and its officers, officials and employees against liability, loss damage, expense, and costs (including without limitation costs and fees of litigation and reasonable attorney's fees) arising out of or in any manner connected with the Contractor's performance of work under this Agreement, or

Contractor's failure to comply with any of its obligations contained in this Agreement, except such loss or damage that is caused by the negligence or misconduct of the County.

13. ALCOHOL-FREE AND DRUG-FREE WORKPLACE. Contractor agrees to adhere to the County's policy regarding Alcohol-Free and Drug-Free Workplace while working on County premises by executing said policy attached hereto and incorporated herein as part of this agreement (See Attachment B).
14. NOTICES: All notices from Contractor to County or County to Contractor, shall be in writing, either personally served or delivered by the United States Mail, postage prepaid, and addressed as follows:

County of Amador
Mr. James B. Rooney, Assessor
810 Court Street
Jackson, CA 95642-2132
Phone (209) 223-6351
Fax (209) 223-6721

Harold W. Bertholf, Inc.
Appraisers/Engineers/Geologists
1601 Executive Court, Suite 1
Sacramento, CA 95864-2607
Phone (916) 485-9164
Fax (916) 485-1859

15. RELEASE OF INFORMATION: No information regarding work performed under this Agreement shall be made public without the prior approval of the County.

DATED: _____

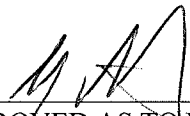
For County - Chairman, Richard M. Forster
Board of Supervisors

DATED: 8/9/13



For CONTRACTOR
Harold W. Bertholf, Inc.

DATED: 8/21/13



APPROVED AS TO FORM
OFFICE OF COUNTY COUNSEL

HAROLD W. BERTHOLF, INC.

Appraisers - Geologists - Petroleum Engineers

(916) 485-9164 Fax (916) 485-1859

1601 EXECUTIVE COURT - SUITE 1 - SACRAMENTO, CALIFORNIA 95864-2607

FEE SCHEDULE***2013**

<u>WORK PERFORMED</u>	<u>PROJECT RATES</u>
A. Secretarial (Office Support)	\$ 74.00
B. Engineering or Geological Technician	\$ 160.00
C. Appraisal, Audit, Engineering or Geological	\$ 230.00
D. Expert Witness (Preparation and Testimony)	\$ 315.00

(Plus out-of-pocket costs, travel, materials, supplies, and other project related expenses)

LONG TERM RETAINER/CONTRACTS/BIDS

Services provided per retainer, long-term contract, or bid are billed at agreed to rates.

The above quote is sans Errors and Omissions Insurance. If the Client requires this coverage it can be provided at cost by Contractor, which would be added to the above.

*California Locations

Effective January 1, 2013