

COUNTY OF PLACER  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**RICHARD J. BURTON, M.D., M.P.H.**

HEALTH OFFICER, AND  
DIRECTOR OF HEALTH & HUMAN SERVICES



**RICHARD KNECHT, M.S.**  
DIRECTOR, CHILDREN'S SYSTEM OF CARE



**MAUREEN F. BAUMAN, L.C.S.W.**  
DIRECTOR, ADULT SYSTEM OF CARE

August 5, 2013

**RE: Mental Health Services Act (MHSA)/Prop. 63**

**Dear Placer County Community Member:**

Attached please find a copy of the Placer County 2013-2014 Annual Update

**About MHSA and the Campaign for Community Wellness**

The Mental Health Services Act (MHSA) is one of several initiatives currently underway in Placer County working to transform mental health services. Together, these various funding streams and initiatives are part of a coordination effort called the Campaign for Community Wellness. The overall goal of the Campaign for Community Wellness is to transform and support traditional and non-traditional mental health services in Placer County that use innovative, collaborative, culturally competent and consumer-guided approaches. For more information about the Campaign or MHSA/Prop 63, please visit:

[www.campaignforcommunitywellness.org](http://www.campaignforcommunitywellness.org)

**About the MHSA Placer County 2013-2014 Annual Update**

Placer County's 2013-2014 Annual Update includes information on Placer's community planning and local review process. This report includes details from Fiscal Year 2011-2012 Community Services and Supports (CSS); Workforce, Education and Training (WET); Prevention and Early Intervention (PEI) programs; and Innovations.

**We Appreciate Your Feedback**

In an effort to continually improve the Plan through community input, we welcome your comments for a 30-day review from the date of posting. Below are the various ways to submit your ideas. All written comments (including e-mail) must be submitted by September 3, 2013, at 5:00 P.M.

August 5, 2013  
Mental Health Services Act (MHSA)/Prop 63  
Page 2

Ways to give Input:

**By Mail:**

Health and Human Services/Children's Systems of Care  
11716 Enterprise Drive  
Auburn, CA 95603-3732  
Attention: Cindy Cassidy

**By E-Mail:**

[ccassidy@placer.ca.gov](mailto:ccassidy@placer.ca.gov)

**In Person:**

Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing  
Monday, September 23, 2013  
Placer County Government Center (DeWitt Center)  
11533 "C" Avenue  
Auburn, CA 95603

Thank you for your continued interest and assistance toward improving the quality of life for individuals in our community and their families who are living with mental illness. Together, we can transform mental health services in Placer County.

Sincerely,



Maureen F. Bauman, L.C.S.W., M.P.A.  
Mental Health Director

Attachment: Placer County 2013-2014 Annual Update

## **Placer County MHSA Annual Update Fiscal Year 13-14**

*The information in this update reflects program activities in fiscal year 11-12.*

Placer County is located 30 miles northeast of the State capitol, Sacramento. The county has three regions: the Valley, the Gold Country, and the High. It stretches from the suburbs of Sacramento to Lake Tahoe and the Nevada border. According to the United Census of 2012 the population in Placer County was approximately 75 percent White with about 361,682 people. The second largest ethnic group in Placer County was Hispanic, representing approximately 13 percent of the total population with nearly 45,000 people. NAMI's report "Mental Illness: Facts and Numbers" states racial and ethnic minorities are less likely to have access to mental health services. One in four adults—approximately experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder.

Placer County's MHSA Planning Process includes a large, active community stakeholder group (the Campaign for Community Wellness), Placer County's System of Care staff, and various community partners. All planning and recommendations were either driven by or presented to our Campaign for Community Wellness in an effort to coordinate and leverage key mental health initiatives and ultimately improve mental health care in Placer County for all people. Led by a steering committee of over 30 community members, advocates, providers, consumers and family members, the Campaign for Community Wellness seeks to serve and represent the community, especially persons dealing with mental illness, either personally or through family association. Specifically, the Campaign seeks to strengthen the voice of the often-unrepresented populations in the decision making around mental health policy and resource allocation.

### **COMMUNITY SERVICES AND SUPPORTS**

**Work Plan 1: Children's Full Service Partnership:** Children under 18 with a mental health condition, but do not meet the criteria to receive funding for Wraparound services as described in the Welfare and Institutions Code. CSOC will work closely with partner and community agencies to identify the children who qualify for the new Wraparound funding. Special attention and outreach will occur in the Latino community to address ethnic disparity. Working in concert with leadership development activities, staff will utilize the services of Family Advocates, and Youth Coordinators and Mentors.

During the fiscal year of 2011-2012, Wraparound adopted the small team concept allowing for families to have a facilitator, Family Advocate and Family Support Counselor at the time of enrollment. A Spanish speaking team was adopted to meet the needs of our Spanish speaking families. Wraparound also expanded the number of facilitators increasing the program capacity. At our peak, we were serving 18 MHSA families during the 2<sup>nd</sup> quarter. The maximum number of MHSA families previously being served at one time was 10. On a disappointing note we lost the capacity to serve the Tahoe area due to the resignation of one facilitator, and the other being promoted. Wraparound did experience an increase in the number of referrals which unfortunately coincided with an expanded waiting list due to capacity issues. Leadership agreed to look at ways of continuing to expand MHSA families in Wraparound.

**Work Plan 2A: TAY Full Service Partnership:** Un-served, under-served and inappropriately served. Transition Age Youth are between the ages of seventeen years and twenty-six with SMI transitioning from CSOC to ASOC or referred from the community. 1) PTAY will work closely to identify youth aging out of foster care or group home that are transitioning from CSOC to ASOC. TAY also work closely with ASOC Adult Reintegration Team (ART) to identify youth recently hospitalized. Finally, TAY works closely with the leadership development activities for Youth and Families, including use of Peer Coordinators and Mentors. The team works closely with available supported housing through CSOC THP Plus and AMIH/ASOC Collaborative Housing. 2) Outreach and brief intervention.

Turning Point had 18 unduplicated enrolled Full Service Partnership TAY within the 11/12 fiscal year. Transition Age Youth enrolled in Full Service Partnerships saw a 50.8% decrease in the number of jail days. Several Turning Point Staff members attended Youth Development Institute trainings specific to working with TAY as a means of providing more age appropriate care to TAY members.

**Work Plan 2B: Adult Full Service Partnership:** Adults (18-60 years) with Seriously SMI leaving jail, hospitals or IMDs. Priority is given to un-served or inappropriately served clients who are at risk of psychiatric hospitalization, as well as, those ready to exit Psychiatric Health Facilities, psychiatric hospitals, IMDs, or jail, homelessness or geographic under-served areas (Tahoe). WIT staff go to the jail or hospital and IMDs to make contact with and engage potential clients, including those in the jail who may be un-served SMI. They also coordinate with staff in those facilities to assist with this process. Staff coordinated with the client self-help activities at the Welcome Center and through the Consumer Council.

As of June 30, 2012, Turning Point had enrolled 111 unduplicated people in Full Service Partnerships for the year. Overall, 71.4% of all individuals, accrued zero hospitalization days; 83.9% of all individuals, accrued zero jail days; and 94.6% of all individuals, accrued zero homeless days. Of the people served 68.5% were males, 69.4% between the ages of 26 and 59; 80.2% were Caucasian and 9.0% Hispanic. In an effort to continue to improve support services offered, Turning Point hired a fulltime Clinical Director. In addition Turning Point hired 5 members with lived experience and trained them as Peer Mentors to provide support to other members as well as to facilitate social events and outings in hopes of decreasing isolation.

Placer County contracted out the remaining FPS programs, TAY, Adult, and Older Adult, to Turning Point. Enhanced collaboration was implemented to make the transition a smooth one for the FSP clients enrolled in each of the above programs. After a successful transition the Adult System of Care FSP Homeless Outreach Program increased its outreach numbers and collaboration within ASOC and other county's agencies to connect homeless individuals to services such as case management, housing, income, medical, and employment among others.

The FSP Homeless Outreach Program outreached and engaged approximately 152 individuals during the 11-12 Fiscal Year. The Homeless outreach staff outreaches to other community agencies such as The Gathering Inn homeless shelter, faith-based organizations, Placer County Medical Clinic, Housing Programs within ASOC, jails, hospitals among others. During this reporting period the FSP Homeless Outreach Program began collaborating with placement agencies such as Helping Hearts and Georgeta's Placement Services, to provide housing to homeless individuals seeking housing placement but did not meet criteria for the ASOC Housing Programs.

During the year the FSP Homeless Outreach Program saw an increase in collaboration with law enforcement. ASOC provided more support to law enforcement dealing with the homeless population by way of providing housing resources, shelter operation hours, AOD screening schedules, Welcome Center hours, and FSP Homeless Outreach staff availability, to help facilitate the services provided to the homeless individuals without having to use jail time to deal with some of these cases. In turn, law enforcement is reaching out more to the outreach staff to provide support and resources to these individuals.

Outreach efforts and coordination expanded with an effort to develop integrated behavior and physical health care. MHSA through a Turning Point staff person supports outreach for clients to provide assessments and brief therapy through the FSP Outreach. This program assures that outreach to Placer County Medical Clinic clients most at risk to assure that they have the correct level of support to remain in primary care. If not they can be assisted back to specialty mental health or opened in FSP.

**Work Plan 2C: Older Adult Full Service Partnership:** Older Adults with Serious Mental Illness, aged 60-84 years, newly identified as needing services. Outreach in natural settings in collaboration with the Older Adult Collaborative and other community providers.

Turning Point served 16 unduplicated clients who were older adults. 81.3% accrued zero hospital days, 93.8% accrued zero jail days, and 93.8% accrued zero homeless days. Several older adults transitioned from Intensive Board and Care living situations into Collaborative Housing. Turning Point hired a Service Coordinator with a Master's in Social work and a minor in Gerontology to specifically partner with and support the older adult population.

**Work Plan 3: Lake Tahoe System:** This Plan will provide services that are culturally competent and develop a welcoming system to increase access to mental health services for Latinos in Tahoe, with a focus on the disparity of mental health services provided to Latinos.

A bi-lingual therapist has been providing services for the Latino population in the Lake Tahoe area. Those services could include individual therapy, case management, family therapy, crisis intervention and/or referrals for medication monitoring. This fiscal year there was an increase in clients seeking services as a result the stress of lack of work/financial strain due to a slow winter season (low levels of snow reduced the need for resorts to employ the usual amount of staff). We saw a decrease in referrals towards the end of the school year, and a decrease in engagement from prior referrals that were in treatment given the beginning of the summer season and work schedules being difficult to negotiate.

The therapist outreached to numerous community groups regarding access to mental health services for the clients they serve. Even though the therapist was out on maternity leave for two months she received 75 new referrals. There were a total of 101 outreach contacts made during the fiscal year.

**Work Plan 4: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy):** Placer SOC will improve the system capacity for co-occurring competent, culturally competent, recovery/resiliency oriented and client/family driven services. These evidence-based models promote recovery and increase the level of participation of clients and families. DETAIL: 1

Training for staff, providers, consumers, families on the principles of the recovery model, **2)** Leadership development for consumers, families & Consumer Navigators, **3)** Peer support programming-Welcome Center/Clubhouse **4)** Latino Leadership Council, **5)** Consumer Navigators, and **6)** Youth Coalition. A number of trainings were offered and well attended by county staff and community members to work towards our goals: a series on Motivational Interviewing, SBIRT, Mental Health First Aid (trainers and community), LGBTQ, Fetal Alcohol Syndrome Disorders, Military Culture, Seeking Safety, working with the Recovery Model, and Employment Services. The Family and Friends coordinators have been active in Stigma Busters, Change Agents, WET Advisory Committee, Client Family Relations Committee and the Campaign for Community Wellness.

The Cirby Clubhouse in Roseville and the Welcome Center in Auburn partnered with the Advocates for Mentally Ill Housing (AMIH) on several fundraising activities that allowed them to host consumer driven social activities. These activities included, “Open Mic” at the Welcome Center and art groups at the Cirby Clubhouse. Both of these drop-in centers also held holiday parties for their guests as well. Both sites were primarily staffed by consumers contracted through a partner agency, Advocates for Mentally Ill Housing. The Peer Advocates and Navigators learned on the job skills and were given the opportunity to attend a variety of trainings hosted by Placer County. Motivational Interviewing, Mental Health First Aid, and The Cultural Broker series are examples of trainings attended by consumer staff during this time frame.

Mental Health America of Northern California provides the family advocacy and support services in Systems of Care. In the Adult System of Care (ASOC), two family advocates offer support services to families whose member are in in-patient or out-patient specialty mental health services. They outreach to family members when one of their members is experiencing crisis mental health services especially in-patient services. Total individuals served for ASOC 2011-2012 is 161. The program also facilitates Wellness Recovery Action Plan (WRAP) groups to consumers and family members receiving services at the Adult System of Care, individuals in the community, and community based organizations that provide specialty mental health services and peer support programs. In the Children’s System of Care (CSOC), the Family Advocates provide advocacy and support services to high risk families in the Wraparound program, child welfare, juvenile probation, and special education. Two employees are Spanish bilingual/bicultural, one serving in the Kings Beach community. Total families served for CSOC 2011-2012 is 168. The program also accepts referrals from any outside referring agency in Placer County or within the community.

The program also participates in community outreach efforts at local health fairs and cultural events throughout the community to provide mental health resources to the general public. System of Care transformation activities include family and consumer representation at the following meetings: (1) Statewide initiatives for Spirituality and Suicide Prevention, (2) Cultural and Linguistic Competency, (3) Workforce, Education and Training, (4) MHSA Campaign for Community Wellness, (5) Mental Health Drug and Alcohol Board, (6) System of Care Quality Improvement and Assurance, (7) ASOC Organizational Development, (8) Education, Outreach, and Stigma reduction committee, (9), CSOC SMART policy, (10) CSOC SPEAC, (11), Wraparound leadership, (12) Juvenile Drug Court, (13) CSOC managers and community partners, (14) CSOC Family Resource Community Collaborative, (15) School Attendance Review Board of Placer County, and (16) CSOC System Improvement

Planning. The program also employs the Supervisor of Consumer Affairs at ASOC and these activities are reported in the MHSA W.E.T. section of the annual plan.

The Latino Council provided weekly support groups in Lincoln, Roseville and Auburn reaching approximately 32 women per week for 12 weeks. Throughout the year the facilitator made regular presentations to the Latino Leadership regarding the network of promotores trained to assist the Latino population and to ask for referrals to the promotores.

The facilitator also started working with promotores involved in the health programs sponsored by Kaiser and Sutter Health. She presented the health programs services to the women in the groups. In August, 2011 the facilitator helped staff at health screening clinics held in Roseville, reaching 60 unduplicated persons. Later in the year, she assisted with health screenings in Auburn, reaching 46 unduplicated persons, educating about promotores and health services available to them.

In the second quarter the facilitator collaborated with another group, Rincon de las Comadres to help people connect to crafting circles. The group consisted of 40 women meeting monthly for 120 contacts, 40 unduplicated.

Through Whole Person Learning direct support was provided to 22 transition-age youth, TAY(16-25 years old). The youth were helped with advocating for their needs and having their voice heard. The program staff worked as liaisons between service providers and youth; help youth identify their natural resources and assets; mentored youth in crisis, offering them peer support and provided support to youth who were anticipating out of home placement. Throughout the year outreach efforts included Youth Coordinators and the youth working with service providers to improve ways to engage youth in services as well as areas for improvement in different systems, services and programs. Youth Coordinators attended multiple county meeting to provide the TAY perspective, they staffed multiple resource booths in the community.

**Work Plan 5: Mental Health Crisis Response and Triage:** 1) Provide crisis services at a new one-stop hospital site. 2) Establish a Crisis Triage team to provide same day/next day, follow-up and outreach services for individuals who are 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF). The goal is to prevent hospitalization and/or incarceration and to ensure that no one who is experiencing a crisis "falls through the cracks."

Throughout the year Crisis services experienced an increase in 5150 referrals; however there was a decrease in referrals from the Placer County Jail. This appeared to be in part due to the implementation of a new referral process and the collaboration with California Forensic Group, CFMG.

The Same Day Next Day Team now called Follow-up Services made a total of 874 contacts to individuals who did not meet criteria for 5150. They provided additional resources, brief therapy and/or aided the individuals connecting with Adult System of Care.

**Fiscal Year 2011-2012**

<b>Community Services and Supports</b>	<b>Number Enrolled</b>	<b>Target</b>	<b>Outreach Contacts</b>	<b>Target</b>
Work Plan 1: Children's Full Service Partnership	30	23	50	107
Work Plan 2A: TAY Full Service Partnership	30	26	22	490
Work Plan 2B: Adult Full Service Partnership	88	90	1502	100
Work Plan 2C: Older Adult Full Service Partnership	25	20	128	160
Work Plan 3: Lake Tahoe System	44	38	101	195
Work Plan 4: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy)	N/A	N/A	12,959	3,000
Work Plan 5: Mental Health Crisis Response and Triage	N/A	N/A	1,234	2,437

**Projections for 2013-2014**

<b>Community Services and Supports</b>	<b>Target to be Served</b>	<b>Estimated Cost Per Person</b>	<b>Budget</b>
Work Plan 1: Children's Full Service Partnership	40	\$9,330	\$373,194
Work Plan 2A: TAY Full Service Partnership*	40	\$11,000	\$440,000
Work Plan 2B: Adult Full Service Partnership*	150	\$11,000	\$1,650,000
Work Plan 2C: Older Adult Full Service Partnership*	25	\$11,000	\$275,000
Work Plan 3: Lake Tahoe System	38	\$2,070	\$78,660
Work Plan 4: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy)	23,109	<i>These numbers are duplicative.</i>	\$1,409,446
Work Plan 5: Mental Health Crisis Response and Triage*	875	\$1,160	\$1,015,814

\*includes outreach

**MHSA HOUSING PROGRAM**

**Timberline Shared Housing**

In collaboration with Advocates for Mentally Ill Housing, Turning Point Community Programs and Placer County- ASOC the Timberline Housing Project has been successfully operating since January 4, 2010, serving 5 single adults in shared housing. Throughout the year, the project served a total of six people including 5 males and 1 female with no vacancies. The age range for these residents is between 25 and 58 years old, with five who were at risk of homelessness and one who was chronically homeless. The average length of stay for these residents as of 6/30/12 was 1.75 years. All residents received supportive services during this time. Two of the residents began working part time, two of the residents attended college, and others have spent time volunteering in the community. In April, 2011 the ASOC received grant agreements from Housing and Urban Development, HUD for one Shelter Plus Care voucher for the project, an additional \$33,720 to help with the long term rental subsidy.



### **Placer Street Shared Housing**

A new construction/rehabilitation project (the buildings were partially completed) of (six) two bedroom/ two and a half bath units with garages, located in the city limits of Auburn. The source of funding for the construction, operating cost and subsidy is MHSA Housing Program funds. The Advocates for Mentally Ill Housing- Placer is the owner and property manager. Supportive services to residents will be provided by Adult System of Care and Turning Point Community Programs. Residents of the program have to meet MHSA Housing Program eligibility- a severe and persistent mental illness, homeless or at-risk of homelessness. (Detailed program eligibility can be obtained by contacting ASOC Housing Team) Residents will pay 30% of their income toward their rent and utilities, the remaining will be covered by MHSA Housing subsidy or Housing Urban Development, HUD Shelter Plus Care vouchers.

In December 2011, construction began in partnership with HomeAid Sacramento. As of June 2012, the project is over 50% completed. The project will provide housing for 12 individuals and/or a family and will be ready in December 2012.

## **CAPITAL FACILITIES and TECHNOLOGICAL NEEDS**

### **Capital Facilities**

#### **Community House of Kings Beach**

The time period of July 2011 – June 2012 was primarily focused on planning and design for the Community House Project. During the summer of 2011, Tahoe Truckee Community Foundation, TTCF staff and volunteers considered numerous properties in Kings Beach as potential homes for this project. Many sites were unusable due to zoning restrictions, space needs, and coverage limitations. After extensive negotiations with the owner of the Lake Air property at 265 Bear Street, TTCF entered into Escrow in early December 2011. During escrow, the normal due diligence investigations were carried out, including inspections on the property. In February, TTCF also entered into escrow on the adjoining owned by the same owner of 265 Bear Street, as the project needed this property for parking. In May of 2012, TTCF closed escrow on the first purchase and officially took title of the property. Escrow on the second property closed a few months later. The TTCF team then began work on the planning, permitting and design phase of the project, beginning with hiring Cebolla Architects for the facility design. This one year period was extremely busy but very productive, and by June of 2012, Community House was well on its way to becoming a reality.

### **Technological Needs**

A new test server was implemented which will serve the pilot teams when testing the electronic medical record (progress notes treatment plans and assessments). It will also serve as a backup system for disaster recovery. Consultant agreements were created and executed for the review and documentation of all business processes. A new electronic progress note was developed, tested and placed into production. Contracts were created for the development of electronic treatment plans, and work also began on a draft assessment. Mid-year the project manager assigned to this project left County employment. Personnel actions were taken to promote his backup, and subsequently fill the position vacated by that personnel action. Planning and procurements were identified for FY 12/13 to continue the project objectives of the MHSA plan.

In the area of Information Technology, IT infrastructure the physical servers were replaced by virtual servers this year. These will be more robust and sustainable and the cost was less than a replacement server. The team is currently testing signature pads for use with the treatment plans

and those will be acquired and deployed mid-summer as well. The AVATAR user interface will be upgraded during the next year to the My AVATAR user interface. This will enhance the clinician's capabilities and is also required for document management and future capabilities such as the migration to (International Classification of Disease) ICD 10 codes. A contract was awarded to analyze the current system configuration with respect to programs and episodes. The goal is to improve consumer movement through the system, enhance reporting capabilities, ensure that we are taking advantage of all available functionality, and that we are employing best practices.

## **WORKFORCE, EDUCATION AND TRAINING**

Placer County has 15 FTE staff who are able to offer services in Spanish as well as a Physician and an Extra Help Practitioner fluent in Russian. 11% (682) of our total mental health population is Latino/Hispanic. Of that 11% (682), approximately 17.41% (119) are monolingual. The Kings Beach area (East Placer County in the rural Tahoe area) and Lincoln (North/West Placer with no County buildings) have the largest concentration of monolingual Spanish speaking clients. The need for more Spanish speaking Mental Health employees (particularly in these areas) still exists. Placer has not met any other threshold language requirements yet, however the Roseville (West Placer) area has a large Ukrainian population. Residents and county employees have recognized an unmet need for increased ability to serve this population. According to the Center for Strategic Economic Research, the highest percentage rate of growth in Placer County is projected to be Hispanic with approximately 55% growth by 2019 followed by Asian and Pacific Islander at about 48 % for the same period. Recruiting employees to meet this demand will continue to be a priority.

### **Workforce Staffing and Support**

#### **Action 1 WET Coordination**

During FY 11-12 Placer County's WET Coordinator developed strong relationships with community providers and partner agencies in an effort to increase the impact of trainings offered. Trainings through Placer's E-learning system as well as those trainings provided by other agencies within Placer county are routinely offered to System of Care staff and community partners via websites such as Campaign for Community Wellness and Placer Network of Care.

Our WET Advisory Committee continued to meet monthly to review and advise on the implementation of WET actions. Membership includes representatives from County departments, including Personnel and Organizational Development, consumers, youth, Latino Leadership, Tahoe region, Native Alliance, public and private universities, Workforce Investment Board and contract providers.

Placer's WET Coordinator served as a representative on the state Spirituality Initiative, Sacramento Region MFT Consortium and System of Care Staff Development, Cultural Competency and Co-occurring change agent committees. She has taken an active role in regional WET projects including an effort to develop mental health career pathway programs.

### **Training and Technical Assistance**

#### **Action 2 Consumer and Staff Development**

Trainings were supported in *part WET funding* in the 11/12 fiscal year and others with WET staff support, enhancing staff skills in working within the mental health system were provided to all staff including consumer/family member and contract and community partners. The training

calendar included the Cultural Broker Dialogue Series for both Line Staff and Supervisors, *Cultural Humility*, a recovery model approach to problem gambling, *Motivational Interviewing (MI)*, Secondary Traumatic Stress for Workers as well as Mental Health First Aid.

The Children's System of Care (CSOC) trainings also included Helping Child Welfare Workers Support Families with Substance Abuse, Mental and Co-Occurring Disorders, Youth Development Institute, AB12 Extended Foster Care Training and CWS/CMS Training.

In collaboration with Placer County Sheriff's Department a 4-day Crisis Intervention Training was presented to law enforcement officers to increase positive outcomes for individuals with mental illness.

All trainings focused on recovery, resiliency and wellness and addressed issues of culture and diversity.

Weekly clinical supervision was offered to staff working toward licensure as a Marriage and Family Therapist or License Clinical Social Worker. This supervision is required for practitioners to obtain necessary hours to apply for licensure.

#### Action 3 Leadership Development

Placer County's Speakers Bureau was reorganized under a new facilitator, the Consumer Affairs Coordinator through a contract with Mental Health America began holding weekly training workshops and doing outreach to identify new audiences. The goals of the group are to hold 2-4 training presentations per quarter and to build the number of trained speakers to 15. The WET Advisory Committee is collaborating with the WET Central Region Project to participate in online CASRA Psychosocial Rehabilitation courses for consumers through Modesto Junior College. The SOC Staff Development and WET Advisory Committees have developed outcome measures to evaluate the efficacy of trainings. The most efficient process for the awarding of stipends and scholarships is being investigated.

#### Action 4 ELearning

Placer continues to use the Network of Care E-Learning as the primary tool for tracking and monitoring staff trainings. The number of on-line trainings has been increased to include 42CFR, ASOC Illness and Injury Prevention, Beneficiary Protection, Code Red Course and HIPPA trainings. Most of these trainings are mandatory for all employees. In addition, licensed staff had the ability to register on line for a number of classroom courses that offer CEU's including the mandatory Law and Ethics class required by Board of Behavioral Sciences, BBS for license renewal.

### **Mental Health Career Pathway Programs**

#### Action 5 Psychosocial Rehabilitation Certification Program

The WET Advisory Committee is collaborating with the WET Central Region Project to participate in online CASRA Psychosocial Rehabilitation courses for consumers through Modesto Jr. College. The goal is to begin classes in the Fall of 2012. The classes and related materials (books, etc.) necessary to take the classes would be paid for by the WET Central Region Project. The WET Advisory committee is also collaborating with Working Well Together (WWT) to develop certification standards and a training curriculum for Peer Specialists, a Para-professional group who would bring lived experience as mental health consumers, family members, and transitional age youth into the mental health system. The

Consumer Affairs Coordinator through a contract with Mental Health America also participated in a “Leadership Without Limits” training hosted by the Consumer Leadership Academy in order to develop a countywide leadership training program.

#### Action 6 Outreach and Enhanced High School Career Tracts

During FY 11-12 there was minimal progress on this program primarily due to budget impacts on the educational institutions. Efforts to build relationships with schools continue. The WET Coordinator facilitated staff attendance at events at Sierra College and Colfax High School.

#### Action 7 Increased Retention Efforts

Collaboration with community partners continued and all community partners were invited to the recovery oriented trainings and events. The WET Coordinator worked with the Social Marketing Committee developing strategies to decrease stigma both internally and in the community at large.

In addition, the WET Coordinator attended meetings such as Campaign for Community Wellness (CCW) to promote WET activities and membership in the WET Advisory Committee and to keep Community partners aware of benefits available to their program staff.

Trainings on creating welcoming environments and hope and resiliency in the workplace continue to target the goal of increasing staff retention and comfort in the workplace.

### **Residency/Internship Programs**

#### Action 8 Internship Programs

During FY 11-12, Placer County hosted (1) MFT Trainee, (1) BSW, (1) first year MSW student and (3) second year MSW students – including 1 Title IVE (Child Welfare), and (3) who received an MHSA stipend who are committed to working in the public MH field.

Work will continue so that the opportunity to expose students to working in public mental health is not lost. Recovery oriented supervision for all interns is ongoing and used in conjunction with other trainings to support a transition to a recovery oriented workforce. An intern orientation program was implemented. Due to the county’s current hiring freeze, it was not possible to bring on the high school level interns at this time.

### **Financial Incentive Programs**

#### Action 9 Stipends/Scholarships/Grants

The WET Advisory Committee continued to work on implementing the Scholarship/Reimbursement distributions. Both a Scholarship form and Reimbursement form was created and approved. Policies and procedures for both were approved as well. Work is being done on an on-going basis to facilitate the funding process.

The Mental Health Loan Assumption Program (MHLAP) was created to increase the supply of mental health practitioners serving in hard to retain positions within public mental health system. The WET Coordinator participated in the program assisting with four awards of \$9,575 each given to people working within Placer County; two awards were given to Placer County employees and two were given to community partners.

## PREVENTION AND EARLY INTERVENTION

Activities related to Prevention and Early Intervention (PEI) generally proceeded as detailed in the approved PEI plan. PEI activities are combined under three (3) programs, Ready for Success, Bye-Bye Blues and Bridges to Wellness. Many of the challenges during implementation of some programs have resolved and services are progressing.

During FY11-12, many one-time activities, along with on-going activities were provided under PEI. Approximately 3,336 unduplicated persons were served.

<b>PEI</b>							
1. Information on the total number of individuals served across all PEI programs (for prevention, estimated #'s are used):							
<b>Age Group</b>	<b># of Individual s</b>	<b>Race and Ethnicity</b>	<b># of Individual s</b>	<b>Primary Language</b>	<b># of Individual s</b>	<b>Gender</b>	<b># of Individual s</b>
Child and Youth (0-17)	983	White	598	English	2,398	Female	1,920
Transition Age Youth (16-25)	742	African American	13	Spanish	934	Male	1,416
Adult (18-59)	1,353	Asian	10	Other	4		
Older Adult (60+)	258	Pacific Islander	4				
		Native American	1,672				
		Hispanic	1,014				
		Multi	17				
		Unknown					
		Other	8				

### **Ready for Success: Youth and Family Support Program**

*Incredible Years (IY)* is a 12 to 14 week class for parents of children ages 6-12 presenting educational materials and facilitating group discussion in both English and Spanish, was provided by a local Family Resource Center, KidsFirst. The classes are held in either schools throughout Placer County or at the Family Resource Centers in Roseville and Auburn. IY intends to strengthen parenting competencies and to foster parents' involvement in children's school experiences in order to promote children's competencies and reduce conduct problems. Short-term goals include increasing children's problem-solving skills, decreasing children's aggressive behavior, increasing parents' positive communication skills, and increasing family support networks. Long-term goals include developing a cost-effective prevention program which families with young children can use to prevent serious childhood conduct problems from emerging in the first place. In FY11-12, seven (7) IY classes were held serving a total of 143 individuals, 32% Latino.

In FY11-12, 48% of participants successfully completed the entire IY program, while the other 52% averaged 4 sessions completed. Of the 69 graduating clients, 71% demonstrated reduced parenting stress and 58% detailed a decreased level of conduct-disorder behaviors in their children and the subsequent impact on them as a parent.

Functional Family Therapy (FFT) is an evidence-based, short term family intervention that assists families in changing the way they think about each other and their problems. FFT works with children who are age eleven (11) and older and their families. FFT works best with families that are in need of improved communication, family conflict resolution, treatment of delinquency behaviors and/or problem solving.

During FY11-12, FFT served 56 clients, representing 21 families. During this reporting period, 14 of those families successfully completed FFT, 1 family ended treatment before services were complete due to moving out of County, and 6 families continued services. Of the 14 families who completed services, parental figures and youth self-reported at least a 20% improvement in the youth's global mental health functioning.

Parent Project (PP) and Family Counseling is a 12-16 week Spanish-language parenting course for parents struggling with hard-to-parent children/youth. PP is intended to improve the parenting skills of parents who struggle with out-of-control adolescent behavior by providing effective strategies that re-engage the children and improve family relations. Family counseling is offered to those families whose needs may be greater than PP can initially address. In FY 11-12, 113 persons were served in Parent Project, with related activities, and family counseling.

Pre- and post-evaluations are conducted for each class, assessing increase in family function, decrease in youth delinquency/challenges and increase in parent/guardian ability to manage family stress. Overall, this program has greatly increased the parent/guardian's ability to quickly deal with stresses in everyday life, to effectively manage rewards/consequences in the family and to alleviate stressors that create family chaos and dysfunction. 66% of participants self-reported meeting their goals to improve their family dynamics.

Positive Indian Parenting (PIP) program provides parent education and support services including Positive Indian Parenting classes, White Bison recovery support groups, and Families of Tradition family education nights at the Sierra Native Alliance (SNA) Cultural Education Center. The Positive Indian Parenting (PIP) program serves Native American families that are at risk for/or are involved in the child welfare system. Most of the families served through this program have been impacted by mental health, substance abuse, family separation, domestic violence, parent incarceration and economic stress. In the 2011-2012 program year, 100 families were enrolled in the positive parenting program, and 264 participants attended the family education and support services, with the program benefitting over 117 children.

SNA has developed a unique survey tool based on the Medicine Wheel to measure the growth of cultural resiliency and parent protective factors. Connecting the assessment of family strengths, resources and challenges conducted in the course of developing Family Wellness Plans, case managers are able to monitor growth in parent protective factors as well as progress towards family wellness goals. The parent protective factor survey monitors growth in six resilience domains which include: Individual/Family Social Connections, Relations Between Parent and Child, Knowledge of Parenting and Child Development, Access to Concrete Support in Times of Need, Spiritual/Cultural Connections, and Overall Balance/Parental Resilience.

Each of the families participating in the Positive Indian Parenting reported progress towards the goals they identified in their Family Wellness plans. These goals included improving mental health; attaining sobriety; securing jobs, housing, and transportation; reunifying with children; improving communication skills and family relationships; and increasing cultural knowledge and community supports. The average score across the domains for a sub-set of 47 families who entered the program this period was 3.23 on the 7-point Lickert scale- which represents “mostly challenges and some strengths.” Families participating in the survey who completed 12 months of services during this reporting period reported an average of 6.75 - attaining “mostly strengths and a few challenges” across the parent protective factor domains.

*Native Youth Development Program* engages youth in culturally relevant leadership, mentoring and advocacy services. Using the White Bison- Sons and Daughters of Tradition curriculum, along with components of the HUD Strengthening Native Community Commitment through Mentoring curriculum, Sierra Native Alliance (SNA) has created an intergenerational group mentoring model that promotes positive peer relationships for youth ages 9-15, and leadership skills for youth ages 16-24. The SNA Youth Development program is designed to serve Native youth ages 9-15, and transition age youth ages 16-24 who are at risk for mental health and substance abuse challenges. With an over-representation of Native youth in the child welfare and juvenile justice system, many of the youth served by this program have experienced trauma due to family violence, separation/loss, mental health, substance use, economic stress, homelessness, school failure, foster care and justice system involvement. These youth come from a variety of tribal backgrounds and often have had little access to their family history and cultural heritage.

During the 2011-12 program year, 130 youth participated in youth development programs, with 51 transition age youth participating in the leadership council and 79 youth ages 9-15 participating in the cultural arts and mentoring activities. Of these youth, 24 received additional family support and advocacy services to assist with education, child welfare, or juvenile justice challenges. The youth leadership council was very active in their community service activities, volunteering at cultural events and making presentations at community events and environmental festivals throughout the year.

During this program year, the detailed evaluation with a sub-set of 18 youth who participated in the NYCC conservation corps project in 2010-2011 program year was continued over the course of the year. 17 of the 18 participants made positive progress towards achieving their health, career and education goals despite continued family challenges; with some youth attaining sobriety, participating in behavior support and recovery groups, staying in or returning to school, completing probation requirements, entering college, and/or securing employment to maintain family housing.

*Transition to Independence Process (TIP) Program* is administered by Unity Care Group and is the only evidence-supported model designed to assist transition age young persons with emotional or behavioral health challenges to more successfully transition into adulthood and maintain wellness. The TIP Program assists the young person in: 1. Developing a support team that will continue after the program ends; 2. Developing a transition plan including goals related to independence in the areas of Employment/Career, Education, Living Situation, Personal Effectiveness/ Wellbeing, and Community Life.; 3. Facilitating the support team in assisting the participant in reaching the identified goals; and 4. Providing resources and referrals to other

agencies/programs. The TIP program is participant driven and the young person must demonstrate a willingness to engage in the program.

During FY 2011-12, 27, 12 of these were new clients in the program year, transition age young persons participated in TIP services. Of those participants, 63% achieved at least one of their goals, 67% increased their number of supportive people, and 54% increased the number of strengths they were able to identify within themselves. Even with the positive quantitative data, qualitative data is also a supportive measure of success. Since each case is young person driven, success is specific to each case and completions of individual goals are measured by the young person's own judgment.

Teaching Pro-Social Skills (TPS) is a training program designed to help children and adolescents develop competency in the areas of social skills, anger control and moral reasoning. These training activities are provided in partnership with the Lighthouse Counseling and Family Resource Center and the Western Placer Unified School District (WPUSD). A weekly class is also offered to parents, to provide information about what their child is learning and experiencing in TPS class, and to offer tips on how to support their child. During the course of the school year 2011-2012, 71 children completed the program, 33 middle school students and 38 elementary school students. The students participating completed the pre and post skillstreaming surveys which showed an improvement in several social skill set areas.

The post-class skillstreaming surveys of elementary students showed improvement in the areas of understanding the feelings of others and expressing that understanding, introducing themselves to other, joining in with activities that interest them, helping and standing up for others, complimenting others, finding alternatives to fighting, including expressing complaints verbally, and handling teasing. The post-class skillstreaming surveys of the middle school students showed significant improvement in the areas of understanding and expressing feelings, and appropriately responding to teasing and embarrassment. In addition, the students recognized a marked change in their ability to deal with fear and anger in themselves and others. The post-class skillstreaming surveys of teachers showed improvement in the student areas of giving and following instructions, both from adults and other children; identifying feelings- expressing, understanding and dealing with those feelings; the ability to respond to persuasion; make good choices surrounding persuasion; and overall decision making.

Life Skills Training (LST) groups were provided by Tahoe SAFE Alliance at North Tahoe School for 49 students. The groups met twice a week for 10 weeks. In conjunction with the youth groups, 16 parents participated in weekly parenting classes from the North Tahoe Family Resource Center. LST is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. The program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. The parenting classes intended to provide tools to parents to recognize and talk to their children about these situations.

There was minimal increase in scores from Pre-Surveys to the Post-Surveys combined from the LST Groups. Although it seems information and skills were learned, questions on the Pre/Post-Surveys are very specific to each lesson, therefore if a student misses one lesson they don't receive information from that session. Overall, participants reported satisfaction with the group and that they enjoyed interacting with students they weren't friends with outside of group.



Common themes of what was learned in LST were increased decision-making skills, communication skills and conflict resolution. Facilitators report a significant increase in empathy and empathetic behaviors within the groups, as several members shared some very personal things, and felt comfortable doing so. On several occasions, members who were fighting or disagreeing outside of group were able to practice conflict resolution and listening skills, either during a session or outside on their own.

The parent classes demonstrated a need to have more co-parenting workshops when communicating the lessons learned from LST. Majority of the participants expressed satisfaction of the material and content of the program.

A *Youth Council* leadership group was started and facilitated by Tahoe SAFE Alliance and Adventure Risk Challenge. The Youth Council gives students who are motivated to be leaders a place for them to practice these skills and to identify ways they can help their community be more connected. The group continued a peer tutoring program that was started the previous academic year to provide an opportunity to bring peers together to help each other with homework and stay motivated in school. In addition, they partnered with the Wellness Center Program to coordinate wellness-related activities. The Youth Council held a movie night at the Boys and Girls Club of North Lake Tahoe and collected donations for Project Mana, the local food bank.

The Youth Council identified ways to improve the group next year, including more structured meeting times and an earlier start date. Verbal feedback about the peer tutoring program was very positive and many teachers confirmed that students who participated generally improved their grades and completed their homework. At the movie night, about thirty pounds of non-perishable food was collected for Project Mana, and statements from participants after the film were very positive. The adult facilitators of the Youth Council also noted increased leadership, self-motivation, and sense of responsibility among all student participants.

*Adventure Risk Challenge (ARC)*, under the auspices of the University of California Berkeley, provides an intensive leadership and literacy program for high school students in the Tahoe/Truckee area. The program is rooted in the integration of rigorous academic instruction (writing, reading, research, and public speaking) with challenging leadership and life-skills training (goal setting, teamwork, cooperation, resilience, and personal responsibility). The integrated, year-round approach to youth development incorporates wilderness, academics, and community outreach. Participants engage in outdoor activities and challenges, stewardship and conservation ethics, a cutting-edge academic curriculum, and mentorship and service. ARC addresses one of the region's greatest challenges: to prepare youth for a future that includes higher education, leadership development, participation in the work force, and engagement in civic life.

During FY 2011-12, 214 youth were served, including 50 in the weekend retreats and 20 in the 40-day course. Of the participants served, 92% of participants passed the California High School Exit Exam and 77 % of participants enrolled in a 2 or 4-year university. In addition, of those administered the Developmental Assets Profile, there was a 4 point increase, reporting improved self-identity, new skill acquisitions, and establishment of a strong support system through meaningful relationships.

## **Bye-Bye Blues: Reducing Depression and Suicide**

The Bilingual Community Educator is responsible for assisting Latino families in the Tahoe area and providing outreach and engagement to provide better access to mental health services. The community educator finds innovative ways to provide information on services and supports for Latino parents and their children. These services include but are not limited to general counseling, family therapy, substance abuse treatment, referrals to financial and medical aid, information on general health care, domestic violence support, parenting and family education, and many other kinds of support services. The community educator is instrumental in helping community members understand and navigate the various service systems in Tahoe. The community educator works in the community and schools to put on various educational seminars and activities to help support the Latino community on issues pertaining to general mental health and overall wellbeing.

In FY 2011-2012, the community educator has attended weekly Project Mana food distributions to meet and converse with local Latino community in need of supplemental nutrition support for themselves and their families. These opportunities are conducive to starting conversations around what other types of services and supports are in demand in our community. In conjunction with United For Action, a faith based coalition, the community educator also developed a new format of community outreach by organizing four free "Tahoe Neighborhood Table" meals during the slower economic months. Each meal consisted of a team effort between a local church and local non-profit. Anyone in the local community was welcome to share in the free meal to build community relations and support. The meals were held in Tahoe City, Tahoe Vista, and Kings Beach. Each meal served about 75-100 people with the exception of the Thanksgiving pot-luck meal which brought together about 300 people. Although this was the inaugural year for the Tahoe Neighborhood Table, plans have already been made to expand the events for the coming year due to interest and demand. The community educator also continues to perform translation for families working with the agency to receive mental health services both to improve communication between children of monolingual Spanish speaking parents and their children receiving counseling from English speaking therapists and also performing in session translation when Spanish speaking services are unavailable. Lastly, the Community educator continues to work in the schools and community to put on educational seminars and support.

The Older Adult Counseling program serves residents aged fifty-five (55) and older who suffers from mood disorders, such as Major Depression or Bipolar Disorder, by providing individual, family and/or group psychotherapy. The intent of this program is to reduce depressive symptoms and to increase psychological, physical and social functioning and health. Referrals to this program came from Primary Care Providers and Psychiatrist at the Placer Community Clinic, Psychiatrist at the Adult Systems of Care, Community Organizations, and self-referrals.

This program served fifty-eight (58) unduplicated patients in FY 2011-2012. There was an average of a 32% decrease in severity of depression symptoms.

The Maternal Depression (MD) Treatment program provides counseling and support group to mothers of children ages 0-5. KidsFirst, a Family Resource Center, employs a licensed, bi-lingual and bi-cultural therapist to provide 12-16 counseling sessions to reduce depression and suicide among mothers. The therapist also facilitates the MD support group, which is provided every 2 (two) weeks. MD therapy is offered in Auburn, Lincoln, and Roseville. MD used the Maternal Depression Self-Assessment Questionnaire, Parenting Stress Index (PSI), the

Edinburgh Postnatal Depression Scale (EPDS), and Satisfaction Survey for pre and post treatment evaluation.

In FY 2011-2012, KidsFirst's MD program served 92 clients. Of the total, 74 clients were new in the program year, while 18 clients originally began services in the previous year. Also, 5 clients attended the MD support group. Of the 77 closed clients, 18 clients were assessed but did not engage in therapy sessions and 59 clients attended sessions and exited the program. Of the 59 clients who attended sessions and exited the MD program, 34 clients, or 58%, met treatment goals and the average number of counseling sessions attended was 14. Of the 25 MD clients who completed both a pre & post Parental Stress Index, 13 clients, or 52%, demonstrated reduced parenting stress. Of the 37 MD clients who completed both a pre & post EPDS, 34 clients, or 92%, demonstrated a reduction of depressive symptoms. 38 MD clients completed a Satisfaction Survey, reporting an average 96% overall satisfaction with the program.

*Native Culture Camps:* Sierra Native Alliance (SNA) assisted with the planning and sponsorship of three cultural performance events this program year, in addition to hosting the second annual Family Culture Camp. The cultural events included Indigenous People's Day, Nature Fest, and the Yomen- Spring Celebration with over 1000 Native people attending. 207 persons attended the Family Culture Camp. Using the Gathering of Native Americans (GONA) curriculum, each day of the four-day camp focused on one of the community healing themes in the curriculum- Belonging, Mastery, Inter-dependence, and Generosity. Participants were guided through activities that built "clan" communities within the camp, and engaged in workshops, discussions, and ceremonial events that strengthened the integration of these strengths and values. Making clan shields as a group bonding activity, the clans worked together during the time of the camp on presentations for the final evening that communicated the values and lessons they learned about their clan protectors. Camp participants made drums, clap sticks, rattles, and pine nut jewelry items for the give-away on the final day of the camp.

SNA was able to collect event evaluation surveys from 112 of camp participants (many participants were children under 12). Overall satisfaction with the event was very high. The majority of participants, 96%, expressed high satisfaction with the main facilitator, Roberto Dansie, and at least 87% reported an increased knowledge of Native culture and traditions and the camp strengthened their connection to culture and community. In the closing circle of the camp, as well as in the comment sections of the survey, many participants expressed their appreciation for the camp location and facilitators, with the feeling of spirituality and caring community having the highest impact. Working intensively with some of the high-risk youth who attended, facilitators reported that eight of these youth felt safe enough to disclose previous thoughts of suicide.

### **Bridges to Wellness: Awareness, stigma reduction and Linking to Resources Project**

In FY 2011-2012, the social marketing committee continued work on developing campaign messages and strategies to raise awareness about mental health issues in Placer County, empower community-based programs and reduce mistrust of the system by consumers. The committee, along with our community stakeholder group the Campaign for Community Wellness, hosted a community event to mark May as Mental Health Awareness Month. The intent was to educate the community about mental wellness and share stories of recovery and resiliency, and approximately 75 people attended. Lastly, the committee locally utilized the work and toolkits of the statewide PEI initiatives.

### **One-Time Activities**

During FY 11-12, Placer co-hosted a 2-day Suicide Prevention Conference for 472 professionals and community members. 75 participants were certified in the Assessing and Managing Suicide Risk Training. In addition, train the trainer series were offered for county staff and community partners in both Applied Suicide Intervention Skills Training and Mental Health First Aid. This laid the foundation for expanding these crucial models into the community. Other training opportunities in Cognitive Behavioral Therapy Interventions and Trauma Informed Care were provided to county staff, community partners, and the community.

### **Fiscal Year 2013-2014 Planned Activities**

During FY 2013-2014, these on-going PEI activities will continue at their current level; as well as continued support of training, education and stigma reduction. It is estimated that approximately 3,000 people will be served by PEI activities with an average cost per person at \$435.00. Of the 3,000 served, approximately 250 will be older adult (age 60+), 900 will be children (age 0-15), 800 will be transition-aged youth (age 16-25), and 1,050 will be adults (age 26-59).

## **INNOVATIONS**

Placer County's Innovations plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on September 27, 2010. "Promote Interagency Collaboration, Promote Collaboration with the Community" was chosen as the Innovative learning plan. This plan intended to test a model of collaboration and supports outside of the traditional framework of agencies. The Innovative Community Grants Program will contribute to learning by testing a community collaboration model that puts resources into community-based supports to help build and sustain natural networks that currently work to keep people well. The hope is, that by using this mechanism of grant funding, natural support networks that are already working to keep people well, will be supported, both financially and through the development of new relationships (with the County and each other) through the collaborative model. It is believed an additional outcome of the Innovative Community Grants Program will be an increased awareness of mental health issues in the community and by reaching out to the community will help expand awareness of the role everyone plays in keeping residents well. Three funding methods are being planned to implement this model: South Placer Mini-Grants Program, Lake Tahoe Mini-Grant Program, and Community Grants Program.

In FY 2011-2012, two (2) contracts were granted to local Community Foundations, Tahoe Truckee Community Foundation and Placer Community Foundation, to award mini-grants. The grants are intended to promote collaboration with the community to develop relationships with various partners to implement non-traditional ideas that could ultimately result in better services for those with mental health needs. These Community Foundations awarded 33 mini-grants to various agencies and non-profits throughout the county. Five (5) larger contracts were awarded to agencies that allowed for learning around culturally responsive and community ready peer support and resiliency models. These grants were provided to groups and natural networks in the community that were currently providing assistance in keeping people well and out of deep end services.

Placer's Innovative Community Grants Programs are intended to be used as learning about promoting collaboration outside the traditional framework and expanding awareness of the role everyone has in keeping residents well and less about actual outcomes from the activities. Along

with on-going assessment, a final evaluation will be conducted in the final two months of the project, which will answer the question for learning, assess the feasibility of replication, and if the project is successful, identify possible long-term changes in practices across the mental health system. For the final evaluation, the Innovative Community Grants Program will define success by the following performance indicators:

- **Performance Indicator 1:** The increase in capacity of community groups to provide mental health support services to their members.
  - Measurement 1: Activities will track the number of individuals being served and demographic information.
  - Measurement 2: County MHSA staff will implement an annual review of each activity to assess the organization’s impact surrounding serving mental health needs.
  
- **Performance Indicator 2:** An improvement in outcomes for un/underserved populations due to peer based, resiliency building service approaches.
  - Measurement 1: Activities will track the number of participants and a general assessment of their mental health status or wellness index.
  - Measurement 2: Program staff will review the program to determine its overall impact in building community wellness capacity and mental health resiliency in those it serves. County MHSA staff will review these assessments.

In FY 2011-2012, the Placer Innovative Community Grants Programs served approximately 7,762 persons.

INNOVATIONS							
1. Information on the total number of individuals served across all Innovations programs (for prevention activities, estimated #'s are used):							
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Gender	# of Individuals
Child and Youth (0-17)	3507	White	4951	English	6269	Female	3383
Transition Age Youth (16-25)	26	African American	79	Spanish	1394	Male	2757
Adult (18-59)	3892	Asian/Pacific Islander	95	Other/Unknown	101	Unknown	1624
Older Adult (60+)	339	Native American	133				
		Hispanic	1644				
		Multi	91				
		Unknown	771				

Preliminary assessment of activities demonstrates that the Innovative Community Grants Program is touching many residents. Many of the organizations were successful in forging new partnerships with the county mental health, nearby businesses, nonprofit organizations and service clubs. These partnerships have allowed expanded services to the communities being served.

**Fiscal Year 2013-2014 Planned Activities**

Placer County utilized the remaining part of FY 10-11 to solicit Request for Proposals and award contracts, and services began July 1, 2011. Due to the Innovations Program not beginning until July 1, 2011, Placer County will continue the Innovative Community Grants Program and use FY 2013-2014 to finish the three (3) year learning project. It is estimated that approximately 4,000 people will be served in FY 2013-2014, with an estimated cost per person at \$175.00. The mini-grants have not been awarded for FY 2013-2014 so it is unclear what age groups will be targeted.

**FY 2013/14  
MHPA FUNDING SUMMARY**

County: Placer

Date: 7/26/2013

	MHPA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2013/14 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$10,829,037	\$227,022	\$2,400,000	\$3,072,936	\$1,068,573	
2. Estimated New FY 2013/14 Funding	\$8,343,352			\$2,224,894	\$556,223	
3. Transfer in FY 2013/14 <sup>af</sup>						
4. Access Local Prudent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	\$19,172,389	\$227,022	\$2,400,000	\$5,297,830	\$1,624,796	
<b>B. Estimated FY 2013/14 Expenditures</b>	\$5,242,137	\$198,773	\$487,750	\$1,159,311	\$739,581	
<b>C. Estimated FY 2013/14 Contingency Funding</b>	\$13,930,252	\$28,249	\$1,912,250	\$4,138,519	\$885,215	

<sup>af</sup>Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$2,770,000
2. Contributions to the Local Prudent Reserve in FY 2013/14	
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$2,770,000

## **STAKEHOLDER PROCESS**

This section is completed after the 30-Day Public Comment, and Public Hearing.

**Posting of the Plan**

**Public Hearing**

**Substantive Comments**

DRAFT

# MHSA Components FY 13/14

