Placer County's 2014-2017 MHSA Plan

2015-2016 Annual Update

The document represents community planning and services to be continued during the next year under Mental Health Services in Placer County.

1/22/2016

County: Placer **30-day Public Comment period dates:** January 22-February 22, 2016

Date of Public Hearing: February 22, 2016

OVERVIEW

The MHSA FY 15/16 Annual Update includes a description of the MHSA Programs to be continued from the Integrated 2014-2017 Three-Year Plan. There are four components of this Annual Update: 1) Community Services and Supports; 2) Prevention and Early Intervention; 3) MHSA/CalHFA Housing Programs; and 4) Capital Facilities and Technological Needs 2009-2019. A New Innovation Plan will be posted separately, when available.

This MHSA Annual Update Plan does not include client and service utilization data. Data for the MHSA programs described in this Annual Update is available in the Placer County Mental Health Services Act Evaluation Report, published April 2015. The MHSA Evaluation Report provides information on clients and services for each MHSA component. The report is available on the Placer County website: http://www.placer.ca.gov/Departments/hhs.aspx.

COUNTY DEMOGRAPHICS AND DESCRIPTION

Describe the county, including size and location, threshold languages, unique characteristics, age, gender, and race/ethnicity.

Placer County is located in Northern California, 30 miles northeast of Sacramento, with a population of 369,726 (Source: CA DOF). The county has a total geographical area of 1,502 square miles and is divided into three distinct 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 2013 US Census Quick Facts and CA Department of Finance, approximately 59.5% of the county's population are adults ages 19-64 years and 17.2% are older adults, ages 65 years or older. 23.3% of the population is 18 years of age and younger. The majority of persons in Placer County are White, not Hispanic or Latino, (74.7%) which has decreased almost 9 percentage over the past ten years. Hispanic persons represent 13.4% of the population, and as a result, Spanish is Placer's only threshold language. However, according to the Department of Finance, the Asian and Pacific Islander population in Placer County is the fastest-growing ethnic group, increasing by about 128 percent from 2002 to 2012. An estimated 51.2% of Placer County's population is female. Approximately 8.7% of the population lives below the poverty level. Between 2009 and 2013 approximately 29,780 veterans lived in Placer County.

The western third of the county has the highest density of population, with over 68% of the population of the county, and serves as a bedroom community to Sacramento. The remaining eastern two-thirds of the county spans from Auburn (population 13,800) and Colfax (population 1,963) to Tahoe City (population 1,557), over an hour's drive away.

One of the most significant health factors in Placer County that relates to mental health is the high rate of suicide. According to the CA Department of Public Health EpiCenter, during 2013 the number of self-inflicted injuries causing death in the 60 year and older population was a total

of 14; 12 male and 2 female. The suicide rate for males is higher than average statewide, with 37.5 suicides per 100,000 in Placer County, compared to 15.6 across California.

Another significant factor in this county is the large number of older adults. Slightly over seventeen percent (17.2%) of all persons living in Placer County are 65 years of age or older. This aging population presents some unique opportunities to promote health and well-being and ensure easy access to health and behavioral health services. Many of these older adults do not have a history of utilizing behavioral health services, but life experiences place them at a higher risk for a mental health disorder, or substance use as a result of depression or prescription drug use for pain management.

According to the 2014 Placer County Economic and Demographic Profile prepared by Center or Strategic Economic Research, the economic downturn of 2012 significantly affected all comparison areas and dropped the number of people employed back to 2005 levels (Source: California Employment Development Department, Annual Average Employment by Industry Data). The three sectors which experienced growth from 2007 to 2012 were agriculture (33.3%), Educational and Health Services (29.1%) and Other Services (11.1%) Total employment in Placer County is projected to increase about 32 percent by 2022 to total of nearly 174,000 jobs, with the strongest growth projected in Construction, Professional and Business Services, and Education and Health Services (66 percent, 44 percent and 40 percent, respectively). (Source: CA Employment Development Department, Annual Average Employment by Industry Data and CA Department of Transportation 2013 Long-Term Socio-Economic Forecasts by County).

MHSA Community Program Planning and Local Review Process

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2015-2016 Annual Update. Include meetings and other planning activities; describe methods used to obtain stakeholder input.*

The Placer County Mental Health Services Community Program Planning (CPP) process for the development of the MHSA FY 2015/2016 Annual Update builds upon the planning process that was utilized for the development of the most recent Three-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2006, have included the input of diverse stakeholders through focus groups and stakeholder meetings.

The Campaign for Community Wellness serves as our MHSA Steering Committee. It is comprised of over 35 Community Based Organization partners, persons with lived experience, and other interested community members. The Campaign for Community Wellness roster includes, but is not limited to, the following representation: adult consumers; family members; transition aged youth; consumers or former consumers; community-based organizations, including faith-based; health care; Latino; Native American; veterans; education; probation; and mental health providers.

This Campaign for Community Wellness Steering Committee, as the recommending body that supports the MHSA planning efforts, is also represented by four committees. Each committee has a community member as a representative to the decision making Campaign for Community Wellness Leadership Team, in addition to the Director of the Children System of Care (CSOC) and the Director of the Adult System of Care (ASOC). The four committees: Promoting Mental Wellness; Outreach, Education and Stigma Reduction; MHSA Program Review; and Workforce, Education and Training (WET) are comprised of county staff, community members and providers. The Steering Committee meets monthly and meetings include an agenda format that includes a welcome to new members, general announcements from participants, stories of recovery and resiliency, invited presentations from providers not currently receiving MHSA funding, updates from the four committee groups, and planning activities for MHSA funds.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.). Include how stakeholder involvement was meaningful.*

The Steering Committee membership is outlined in the following table:

Family Voice • Family Members • Mental Health America • Mental Health Alcohol Drug Board • NAMI of Placer County	**Consumer Voice** • Consumer Employees • Consumers of public mental health • People with lived experience
Latino Voice • Latino Leadership Council • North Tahoe Family Resource Center • Sierra Mental Wellness Group	**Native American Voice** • Sierra Native Alliance
Youth Voice • Hip Hop Congress • Youth individuals • Unity Care • Whole Person Learning • Gateway Mountain Center	**Adults and Older Adults** • ASOC • Advocates for Mentally Ill Housing (AMIH) • Faith-based • Lighthouse Counseling Center (Families) • The Gathering Inn (Homeless) • Area 4 on Aging (Older Adults) • Turning Point (Outpatient) • Tahoe Truckee Community Foundation • Tahoe Safe Alliance • Sierra Family Services • North Tahoe Family Resource Center (FRC)
Education • Placer County Office of Education • Tahoe Wellness Centers • Tahoe Truckee Unified School District	**Health** • Sutter Roseville Medical Center • WellSpace Health (FQHC) • Chapa De Indian Health Program, Inc. • Placer County Medical Clinic • Placer County Public Health
Children • Children System of Care • KidsFirst • Placer County First 5 • Sierra Mental Wellness Group • Tahoe SAFE Alliance • Gateway Mountain Center • Lilliput Children's Services • Child Advocates of Placer County (CASA)	**Housing** • Advocates for Mentally Ill Housing • Placer Independent Resources Services • Homeless Resources Council of Sierras
Law Enforcement • Sheriff • Juvenile Probation • Local Police Departments	**Substance Use** • Community Recovery Resources (CoRR) • ASOC Co-occurring FSP Program • Latino Leadership Council (LLC) • Sierra Native Alliance (SNA)

These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget.

LOCAL REVIEW PROCESS

1. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 day review.*

This proposed MHSA FY 2015/2016 Annual Update has been posted for a 30-day public review and comment period from January 22, 2016 through February 22, 2016. Hard copies are available in the lobbies of the Placer County Mental Health Services Children's System of Care (CSOC) and Adult System of Care (ASOC) clinics. Hard copies have also been distributed to the following locations: public libraries, city council offices, mental health organizational providers, county Medical Clinic, and other organizations who serve the community with mental health related services.

The proposed Annual Update has been posted on the Campaign for Community Wellness website, www.campaignforcommunitywellness.org, as well as on the County MHSA website, http://www.placer.ca.gov/Departments/hhs.aspx.

Links to the plan (including cover letter) have been distributed via e-mail, with request for forwarding, to the numerous community lists, such as the Placer Collaborative Network Yahoo listserv; the Placer Consortium on Homelessness Yahoo listserv; and the Campaign for Community Wellness Steering Committee email distribution. In addition, a notice of the public comment period has been distributed through the Campaign electronic newsletter to over 700 individuals.

A public hearing will be held on Monday, February 22, 2016, at the Placer County Government Center (DeWitt Center), Placer County Mental Health, Alcohol and Drug Advisory Board, at 6:15 p.m.

2. *Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

There were no substantive comments received during the 30-day review and public comment. The final approved document, including evidence of BOS approval, will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

FY 13/14 OUTCOMES

Placer County's three-year MHSA plan started on October 1, 2014. The plan was changed significantly from the previous year, so outcomes included here would not be appropriate. All outcomes for the previous plan titled "MHSA 2012-2014 Evaluation Report" and can be found at: http://www.placer.ca.gov/departments/hhs/adult/MHSA under Updates. The FY 2016/1017 Annual Update will include outcomes for the activities that started in this three-year plan.

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS
Full Service Partnership Program

Overview of the MHSA four age categories:

Children:	0-15 Years	Adults:	26-59 Years
Transition Age Youth (TAY):	16-25 Years	Older Adults:	60+ Years

The Placer County System of Care spans several agency programs and includes services for Children ages 0-17 years and Adults ages 18 and older. Therefore, the data presented in this Annual Update shows the CSOC data for Children ages 0-15 and TAY ages 16-17. Similarly, data for the ASOC shows information for TAY ages 18-25, Adults ages 26-59, and Older Adults ages 60 and older. Whenever available, the data presented in this Annual Update provides information on the four MHSA age categories, whenever this level of detail is available. Otherwise, the data is shown for children (ages 0-17) and adults (ages 18 and older).

The Community Services and Supports (CSS) program component includes Full Service Partnership (FSP) programs, System Development / Transformation programs, and Outreach and Engagement. Each of these program components are described below.

Full Service Partnership

The Full Service Partnership (FSP) is a service category within the Community Services and Support component. FSP services are described as a collaborative relationship between mental health services programs and the client, and when appropriate the client's family, and includes a full spectrum of community services to support the client to achieve their identified goals.

Children's FSP: Children and adolescents identified as seriously emotionally disturbed (SED) and as a result of that mental disorder has a substantial impairment as defined by Welfare and Institutions (W&I) Code Section 5600.3(a) are eligible for full service partnership. In Placer County, children under 18 years old with a mental health condition, but who do not meet the criteria to receive funding for Juvenile Court ordered Wraparound services, are accepted in the FSP program(s). Children's System of Care works closely with partner agencies and the community to identify the children who qualify for Wraparound and FSP services.

1. ***Provide a program description. Include achievements and notable performance outcomes.***

Children's Full Service Partnership (FSP) Services – Children's System of Care (CSOC) works closely with partner agencies and communities to identify children (ages 0-17) who qualify for Wraparound services. Working in concert with leadership development activities, staff utilizes the services of Family Advocates, Youth Coordinators, and Peer Mentors. Gateway Mountain Center provides adjunct therapeutic support to FSP youth for improved outcomes including: decreased incidents of mental health crisis; an increase in positive socialization; and increased engagement within one's community. Eastfield Ming Quong (EMQ) offers intensive, in-home, short-term wraparound services with the Fast Wrap program for children (ages 0-17) with a serious emotional disturbance and require family support services.

The Children's Receiving Home of Sacramento operates a Trauma Informed "Sprouts" Preschool. The Preschool provides site-based, daily therapeutic classroom services; team

discussion and planning; adjunctive therapies; coordination and linkages with sustainable community services; and collateral services to the families of children ages 3 to 6 with a severe emotional disorder related to trauma.

The Full Service Partnership (FSP) Children's Wraparound program is an intensive program for children ages 0-15, Transition Age Youth (TAY) ages 16-17, and their families. The FSP program provides a full range of individualized mental health and supportive services to children and youth under the age of 18 years who have a Serious Emotional Disturbance (SED). Reintegration Wraparound is a subset of the children's wraparound program that provides specialized services in partnership with the Probation Department for qualified children that have parents involved in the criminal justice system.

Transition Age Youth (TAY) FSP Services – Transition Age Youth are between the ages of sixteen years and twenty-five who meet all of the following: fall into at least one of the groups in the children's criteria above. They are unserved or underserved and meet one or more of the following situations: homeless or at risk of being homeless, aging out of the child and youth mental health system, aging out of the child welfare systems, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization, and/or have experienced a first episode of serious mental illness.

Turning Point Community Programs and Placer County CSOC and ASOC provide FSP services to TAY. Turning Point engages individuals, ages 18 to 25, who meet the criteria as defined by W&I Code 5600.3(b), in an Assertive Community Treatment (ACT) program that require high-acuity services. CSOC provides Wraparound services to TAY ages 16-17; and the ASOC uses a "Whatever it Takes" model to engage the homeless and co-occurring individuals.

The Advocates for the Mentally Ill Housing program is designed to meet the housing needs of transition age youth who are receiving services through a Full Service Partnership program. This residential program offers a transitional group living home with a live-in resident house manager. Peer counselors, the resident house manager, Advocates for Mentally Ill Housing, and Turning Point work together to create an independent living skills training program specifically designed for TAY. The program includes skill development classes, such as financial management; cooking; shopping; personal hygiene; resume building; and how find and apply for permanent housing.

Adult FSP Services (ages 18-29). Adults and older adults identified with a serious mental disorder are eligible for full service partnerships, if they meet the criteria set forth W&I Code, 5600.3 (b). They must meet all the following: Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms. Due to the functional impairment, the individual is likely to become disabled and require public assistance, services, or entitlements. In addition, the individual is unserved and has one of the following: homeless, involved in the criminal justice system, frequent user of hospital or emergency room services as the primary resource for mental health treatment; or the individual is at risk of one of the following: homelessness, involvement in the criminal justice system, or institutionalization.

ASOC FSP services are delivered to Transition Age Youth (TAY), ages 18-25; Adults, ages 26-59; and Older Adults, ages 60 and older. The ASOC FSP program provides a full range of individualized mental health and supportive services to adults ages 18 and older with a Serious

Mental Illness (SMI). Priority is given to individuals with a SMI who are at risk of psychiatric hospitalization, homelessness, and/or those ready to transition out of higher levels of care, including Psychiatric Health Facilities (PHF), psychiatric inpatient hospitals, or jail. The ASOC Services are described below:

The Adult System of Care (ASOC) and Turning Point, in coordination with community partners, offers a range of intensive, culturally sensitive services to meet the needs of persons with a serious mental illness, and are at risk of hospitalizations and/or out of home placement. The Latino Leadership Council (LLC) offers a bilingual, bicultural outreach worker from the LLC *Promotor(a)* program to support persons in the FSP program to help reduce barriers to services for monolingual Spanish speaking clients. Sierra Native Alliance also enhances FSP services to persons who are Native American to support their participation in programs and help deliver services that are culturally relevant.

The Advocates for the Mentally Ill Housing program provides a number of different housing options for adults and older adults. The emergency housing program offers an apartment with a live-in peer resident. The Path to Independence program offers support services to the transitional and permanent housing programs. In addition, a number of other housing programs are available including the Newcastle House, an emergency apartment, peer supported transitional housing, TAY housing, and the transitional employment program, which offers a full-time peer to work with the Homeless FSP.

Adult Co-Occurring: To better serve the Homeless and Co-occurring FSP clients, ASOC contracts with Community Recovery Resources (CoRR) for services to persons with co-occurring mental health and substance use disorders. The Co-Occurring FSP program was initially funded in FY 2013-14 to develop coordinated services for persons with a serious mental illness and a co-occurring substance use disorder, and were repeat users of the Psychiatric Health Facility (PHF). The program provides FSP services to assist the individual to obtain housing, employment, education, and reunify with family members, when desired.

Adult Re-integration Team: The Adult Reintegration Team serves individuals ages 18 and older who are receiving services in higher levels of care, including Psychiatric Health Facilities (PHF), Institutes of Mental Disease (IMD), and State Hospitals and are ready to be discharged. The Adult Reintegration Team develops treatments plans and provides support services to assist people to develop the skills needed to move back into the community and receive community-based services. The Adult Re-integration Team works closely with the facilities to identify individuals who are ready to move back into the community and provides supportive services to these individuals during their transition.

Additional Adult and Older Adult Services

In 2015, 59% of homeless adults reported a severe mental illness. The Homeless FSP Programs work to increase outreach efforts to reach this population and engage them in services. In 2015, 39% of the homeless adults reported a chronic substance abuse.

Transitional Housing: Advocates for Mentally Ill Housing (AMIH), works in collaboration with the ASOC, to serve residents in the Transitional Housing Program. All residents receive transportation, case management, groceries, weekly house meetings, and independent living skills training. Residents were surveyed during the bi-annual satisfaction survey and 100% reported satisfaction with the quality and usefulness of services. All residents receive

transportation, case management, groceries, weekly house meetings, and independent living skills training. This FSP program reaches out and increases the capacity for housing services and supports for persons with a mental illness. It also provides employment opportunities for persons who have had experience with mental illness.

Older Adult (60+) FSP Services: Older Adults with a Serious Mental Illness, aged 60 and older, with a mental functional impairment, may need mental health services in one of the following situations: experiencing a reduction in personal and/or community functioning, homeless, at risk of becoming homeless, risk of becoming institutionalized, at risk of out of home care, at risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. When older adults are underserved and/or do not receive services in a timely manner, they may be at risk of one of the following: homelessness, institutionalization, and/or nursing home or out-of-home care. These individuals may also use hospital and/or emergency room services as their primary resource for mental health treatment. Others may become involvement in the criminal justice system.

2. Describe any challenges or barriers, and strategies to mitigate.

With the development and implementation of the 2014-17 MHSA Three Year Plan, we took the time to conduct an extensive planning process, as well as develop a comprehensive Request for Proposals, review of proposals, and awarding of new contracts. As a result, contracts were in place and programs started October 1, 2014.

As with most new programs, it takes time to hire staff and locate programs. Turning Point opened a new office in Auburn and added several new staff to accommodate the increase in participants. Although the establishment of the office went fairly well, the hiring of staff was more difficult than expected. As a result, hiring has been slow. In addition, developing a program for TAY under 18 years old has been a slow process. There are many additional factors required when serving minors.

AMIH leased the Emergency Apartment in Auburn, the TAY home in Rocklin, and the FSP home in Newcastle. This process required several months to complete. The program design of the Emergency Apartment required changes; in the next year, they plan to rent a residential home and add more peer staff to better meet the needs of the participants.

Fast Wrap, provided by EMQ, was slow to start given the need to hire staff that would reflect the diversity of the community and hire persons with lived experience.

The Older Adults Services Outreach program will continue to expand services and engage more FSP eligible persons in FY 2015/16.

3. List any significant changes from previous fiscal year, if applicable.

The Three-Year MHSA Plan implemented a number of new programs in FY 2014/15. We will continue to implement these programs in FY 2015/16, and beyond. However, Turning Point has added a contract with Sierra Native Alliance to better serve the Native American community. Turning Point used their award to promote the delivery of culturally sensitive services.

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS
General System Development/Transformation & Outreach and Engagement

The Placer County MHSA Community Supports and Services (CSS) System Development/ Transformation Program continues to provide services to all ages [children (ages 0-15); transition age youth (ages 16-17; 18-25); adults (ages 26-59); older adults (ages 60+)]; all genders; and all races/ethnicities. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual's unique needs, and support health and wellness. These services emphasize wellness, recovery and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

The CSS System Development Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support. These services are available for all populations and help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices. These services help address each individual's unique needs and support health and wellness. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual. Outreach and engagement activities are provided across the county to help link individuals, including persons who are homeless and other at-risk individuals, to services.

1. ***Provide a program description. Include achievements and notable performance outcomes.***

Cirby Clubhouse and Welcome Center: Our two Wellness Centers; Cirby Clubhouse in Roseville and the Welcome Center in Auburn, provide adults and older adults with necessary services and supports in a welcoming environment. Individuals can drop into the center during hours of operation, participate in various classes, social activities, and/or use computers. These two programs provide an array of peer run activities. At each center, groups are offered by professional and paraprofessional staff. Both the Clubhouse and Welcome Center are drop-in centers and everyone is welcome to visit and participate in programs.

Peer Supported Housing: Advocates for Mentally Ill Housing offers peer support housing and services to an unserved population of homeless who have mental illness. Case management is provided by peers, who have lived mental health experience, who work with each resident to achieve recovery and independence. To qualify for the program, a person must have a mental illness, be homeless or at risk of homelessness, have little or no income, and are not currently accessing available community supports, such as case management.

Family Advocacy Services: The Family Advocacy Program is designed to provide the necessary support, mentoring and advocacy to families participating in the CSOC through the employment of parents or caregivers who, themselves, have been service recipients of like services. Mental Health America hires Family Advocates to work with parents and caregivers who receive services from the CSOC. Family Advocates offer support and services to parents and caregivers of children who have received outpatient and/or inpatient specialty mental health services, and their families. This program and its team members provide important feedback to the system on

family perceptions, needs and concerns. The data is reported for the children and youth who received services but not for the number of family members served. Some children in CSOC have large families with several family members receiving support services.

Family Member and Consumer Coordinators: Mental Health America hires Family and Friends Coordinators to work with family members of adults served by the Adult System of Care (ASOC). Family and Friend Coordinators offer support and services to families whose family members received outpatient and/or inpatient specialty mental health services. They also offer WRAP trainings in the community, to ASOC clients, and family members. The consumer coordinator guides and supports the ASOC in the consumer movement. All coordinators reduce stigma by educating in the community and providing feedback to the Adult System of Care. The Coordinators provide leadership and support to a number of activities, including Recovery Happens, the Consumer Perception Survey, Speaker's Bureau, and the Consumer Council.

Consumer Transitional Employment Program: The Advocates for Mentally Housing also offers a Transitional Employee program demonstrates that people with a mental illness can work and provide a valuable service to our mental health system. The Advocates employed 19 peers in many different programs in the Adult System of Care. Of the five employees who transitioned out of this program: four transitioned to permanent jobs, three of the four employees were hired by Placer County- Adult System of Care, while another was hired full time by the Advocates. None of the employees lost their job and only one employee chose to leave the program. Overall, there has been positive feedback from both the employees and their supervisors. The transitional employees are enjoying their jobs, feeling satisfied, and fulfilled. They are thankful for the opportunity, are living independently, and have pride in their positions. They are learning marketable job skills that will help them find long term employment.

County/contract-employed consumers serve as Peer Advocates for up to two years and Navigators for up to four years. Some of the training Peer Advocates and Navigators receive includes Motivational Interviewing, Seeking Safety, Mental Health First Aid, and California Association Social Rehabilitation (CASRA) training opportunities that promote the recovery, rehabilitation and rights of people with psychiatric disabilities and their families.

Youth Empowerment Support (YES) Services: The YES Program provides peer support services for youth and TAY. Youth support coordinators, who have lived experience in the mental health, child welfare, and/or probation systems, work with TAY to help them accomplish their identified goals. This also includes supporting youth and young adults in finding appropriate placement options and helping them get their needs met in their placement.

In addition, YES coordinators use their experience and voice to transform system and community services. Youth Advocates attend system-level meetings and provide youth voice to planning, management, and implementation activities within both CSOC and ASOC. In addition, youth advocate(s) bring youth voice to the Campaign for Community Wellness, as well as supporting youth in Placer County who are transitioning between CSOC and the ASOC.

Services and Outreach to Latinos: The Latino Leadership Council offers therapy, support services, and linkage to services through promotor(a)s in Lincoln, Roseville, and Auburn to monolingual Spanish speaking individuals and their families.

Services and Outreach to Native Americans: Sierra Native Alliance offers the Warrior Down program for adults with co-occurring disorders. These culturally relevant outreach, education, recovery counseling, and relapse-prevention support services are provided for Native and non-

Native participants at risk of or diagnosed with mental health or co-occurring disorders.

Adult Crisis Services (Crisis Assessments): Adult Crisis Services provides psychiatric evaluations and crisis services in the Sutter Roseville Hospital, Monday-Friday, 8:00 a.m. to 5:00 p.m.

Same Day, Next Day Follow-up Services: Same Day, Next Day provides follow-up services to all adult individuals who received a crisis evaluation by the ASOC and/or the after hour crisis service contractor. These follow-up services are available to persons who received crisis and/or inpatient psychiatric services and the individual agreed to receive follow-up services in the community.

Crisis Triage Follow-Up Services: Crisis Triage Follow-up Services provides crisis services at a new one-stop hospital site. This co-location increases the ability to provide timely and efficient crisis mental health services.

Bilingual Therapy: Bilingual therapists from Latino Leadership Council (LLC), Lighthouse, and Sierra Mental Wellness Group (SMWG) provide individual, family, and group therapy. In addition, these therapist provide education and support to Hispanic monolingual Spanish or bilingual children with monolingual Spanish speaking parents. These services are also available in Tahoe.

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS
Workforce Education and Training

Workforce Education and Training (WET) was a separately-funded MHSA component until last year. With the 2014-17 Three- Year Plan, this funding was moved into CSS funding. The WET programs which have been implemented in the past year are described below:

Action #1 – Workforce Education and Training Coordination and Implementation
The WET Coordinator has responsibility for the coordination of all aspects of the planning and implementation phases. Accountability for ongoing key processes includes attendance at local and statewide stakeholder events; participation in regional meetings and statewide training; coordination of all tasks related to successful development of the WET Three Year Plan; and timely submission to Office of Statewide Health Planning and Development (OSHPD). The funded positions provide staff and support to the Workforce, Education and Training component and enhance the mental health delivery system within Placer County. An important leadership role for the WET Coordinator is the initiation and maintenance of significant outreach and collaboration to continue to engage diverse communities in planning, implementation, and evaluation of the plan.

Action #2 – Consumer and Staff Development
This action directly reflects the training/technical assistance needs identified by System of Care staff, community partners, and consumers/family members who participated in the stakeholder process. All WET trainings are available to Placer County Systems of Care, consumer/family members, and community partners who have frequent contact with mental health consumers/staff. While not all training providers have been identified for the specific training topics, it is the responsibility of the WET Coordinator and workgroup to identify, organize, and

evaluate each training. Training is being phased over 3 years and includes ongoing follow-up to ensure that training concepts are incorporated into practice. All training providers support the principals of MHSA and integrate them throughout the training. To further develop the consumer/family member employee, as well as existing staff, this action will reduce shortages in occupations, and increase skills sets and linguistic competencies through the Mental Health Career Pathway Program. This program is marketed to consumers, family members, individuals from underrepresented racial/ethnic and cultural groups, community mental health providers, and Mental Health staff. The curriculum is based on principles of psychosocial rehabilitation and work experience. The curriculum meets criteria to be considered for and may lead to a certification as a psychosocial rehabilitation professional.

Action #3 – Leadership Development
The WET Committee supports developing leadership opportunities for people within the mental health delivery system public and private staff. By joining with leaders from the community, leadership skills are developed in an environment of diversity and collaboration. Programs include the continued support of Placer County Speaker's Bureau to train and speak about MHSA core values. This action will provide opportunities for consumer and family members a voice into the development of SOC service delivery and reduce stigma.

Action #4 – E-Learning Contract
E-Learning is a valuable resource that allows us to develop, deliver and manage educational opportunities and online learning for staff, consumers/family members, and community based organizations. Funding is used for access to the course catalog and to customize courses to meet the specific, diverse needs of our community. Trainings offered are wellness-, recovery-, and resiliency-oriented. All employees, including consumer and family members, are able to access trainings. The WET Committee (which includes consumers and family members) continues to be utilized in monitoring recommendations for training curriculum and delivery. Training curriculum is determined by WET requirements as well as community wide surveys. Training effectiveness continues to be monitored through evaluations and pre- and post-tests.

Action #5 – Outreach and Enhanced Career Tracts
This action allows us to participate in a collaborative process between mental health providers and educational entities to develop interest among students in working in the public mental health system. By offering stipends and incentives to those interested in pursuing education in the mental health field and to address workforce shortages and diversity needs, as well as increasing consumer and family member participation in the workplace. Placer County is in need of licensed social workers, certified/trained para-professional direct service staff, and diverse staff who are bicultural/bilingual. There is also a critical need for Psychiatric Nurses and Psychiatrists, as well as mental-health-trained supervisors and managers. Additionally, this action will allow contracted community based organizations to apply and develop their own practicum sites, creating opportunity for future students to gain first hand public mental health experience during their education.

Action #6 – Increased Recruitment and Retention Efforts
This action creates and implements strategies aimed at supporting and developing core competencies and strengths of new hires working within System of Care and community-based organizations serving public mental health consumers. We develop strategies to encourage the unique contributions a culturally diverse and consumer/family member workforce. By decreasing stigma and increasing cultural competence, we create a welcoming environment where people feel free to share and develop their strengths.

Action #7 – Internship Programs
WET funding is used to support students to gain experience/knowledge in working for the public mental health within a recovery approach. The following categories are considered to expand internship programs: supervision will be provided for Board of Behavioral Science registered interns, students, and post graduates; consumers/family member interns who want practical experience to pursue a mental health career are offered support for working within the mental health system. Intern positions will be created in Placer County to incentivize into joining the County mental health system. This action will allow contracted community based organizations to apply and develop their own clinical supervision programs and/or join with other organizations to send registered interns to receive necessary clinical supervision. In addition, this action will allow contracted community based organizations to apply for funding to develop a system to pay registered interns.

2. Describe any challenges or barriers, and strategies to mitigate.

Challenges include continued shortages of hard to fill and hard to retain mental health positions: licensed clinical social workers, psychiatrist, psychiatric nurses, and nurse practitioners. In regards to barriers pertaining to paying interns, some academic institutions will prohibit inters, while in school, from being paid during their practicum (pre-degree) period. Some, no all, interns may not be able to obtain experience/practicum hours needed for graduation at a County site, due to restrictions placed by the BBS.

3. List any significant changes from previous fiscal year, if applicable.

Though Action items 5 and 9 have been integrated into other likewise categories, there has been no overall increase or decreases to the annual WET budget. This consolidation of action items and funds will allow maximization of WET dollars in high need categories.

This update has added (Action 5) the opportunity for contracted community based organizations to apply for WET funds to develop their own practicum site for students in need of gaining experience during their education, prior to graduation and/or registering with the Board of Behavioral Sciences.

Action item 7 allows for contracted community-based organizations to apply for WET funding in order to offer clinical group supervision and pay registered interns.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) services are described in the following four sections. These sections include 1) prevention, 2) prevention and early intervention, 3) early intervention, and 4) outreach, stigma reduction, and suicide prevention activities. The four PEI components are described below, as well as a brief description of the programs offering these services.

Prevention Activities

Prevention activities are intended to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The program emphasizes strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and/or removal of children from their homes. A number of different providers are delivering youth, family, and adult prevention support services. These programs are outlined below.

1. Provide a program description. Include achievements and performance outcomes.

Families of Tradition – Sierra Native Alliance (SNA): Individual and group support services to promote family advocacy and develop parent protective factors. These monthly education nights reinforce positive parenting values and build supportive peer relationships.

Native Community Events – Sierra Native Alliance (SNA): Community events are offered, such as the annual Pow Wow, which target the Native culture to promote stigma reduction and awareness of mental health as a part of community wellness and strengthen resiliency factors in the community.

Adult Support Groups – Latino Leadership Council (LLC): Peer-to-peer weekly groups "Rincon de las Comadres" are offered in Auburn, Roseville, and Lincoln to address issues of depression, anxiety, health, etc. These groups are open to men and women, and provided in Spanish.

Cultural Brokers – LLC, North Tahoe FRC, FRC of Truckee: Latino Cultural Brokers, also known as Promotor(a)s, are trained para-professionals to provide culturally appropriate services for the Latino community. Promotor(a)s reach out into the community and assist individuals in navigating the service delivery system and accessing community resources. Cultural brokering is used as a key approach to increase access to, and to enhance the delivery of, culturally competent care.

Youth Services and Supports – LLC: LLC delivers the YEAGA and Peace 4 the Streets to provide mentoring to individual youth as well as offer leadership groups to promote positive cultural connections to assist Latino youth in developing resiliency.

Youth Services and Supports/Peer Leadership – Tahoe SAFE Alliance (TSA): Young Men's Work is a program for young men who are working together to solve problems without resorting to violence. This effective curriculum helps young men break the cycle of violence passed from generation to generation. Young women face many issues are they mature, such as eating disorders, depression, shame, low self-esteem, substance abuse, and abusive relationships. Young Women's Lives curriculum helps young women face problems, identify personal

strengths and supportive resources, and develop new ways of thinking and addressing challenges-both internal and external. The peer leadership group will learn about teen issues such as bullying, anxiety, teen dating violence, sexual violence, tolerance, suicidal ideation, depression, non-suicidal self-injury and the influence of social media. The group creates plans to decrease stigma around mental health in their community/school.

School Wellness Centers – Tahoe Truckee Unified School District (TTUSD): Tahoe Wellness Centers provide a single point of entry for students to connect to supportive adults and access wellness services at the school. Students learn relevant skills for improving their well-being and understand how to navigate and access community resources. This project allows students to access services and supports that address physical, mental and emotional concerns and engage in activities that will increase their resiliency and overall well-being.

Court Appointed Special Advocates (CASA) – Child Advocates of Placer County: CASA identifies adult volunteers to create a supportive, mentoring relationship with children and youth who have been removed from their home due to neglect, abuse, or inability to manage the child's behavioral challenges. CASA volunteers meet with their identified child/youth at least twice a month and their mentoring relationship with the child typically lasts at least 1-2 years.

Supports & Services for Fathers – KidsFirst: Intervention group led by clinical staff, a mentorship program, therapy, case management services, and family fun activities for fathers.

Big Brothers Big Sisters of Tahoe (BBBS): By partnering with North Lake Tahoe county agencies, law enforcement, schools and community nonprofits, Big Brothers Big Sisters identifies children at risk of suffering from mental health challenges. These children's home, school and social situations are identified as high stress with the potential to create adverse effects. High risk children are paired with professionally supported one-to-one volunteer mentors (ages 16+) to supplement other mental health strategies with regular check-ins. Mentorships reduce risk behaviors and distress in children, and increase resilience, positive behaviors and functioning.

Boys and Girls Club (BGC) of North Tahoe: The Boys and Girls Club is co-located on the grounds of the North Tahoe elementary school. The BGC serves over 300 children and youth each school year. PEI funded prevention activities include four specific programs that offer group services to identified high risk children and youth. These groups include SMART Girls, which targets the development of life skills for 45 girls in grades 7-12; Stay SMART, which serves 30 children, ages 8-12 years, and develops skills in life decision skills and preventing the development of risky behaviors; SMART Kids, which serves 30 children, ages 6-8 years old, and also develops life decision skills and preventing risky behaviors; Triple Play serves 45 children, ages 6-14, developing healthy habits for mind, body, and soul (free time, socialization monitored by staff).

2. Describe any challenges or barriers, and strategies to mitigate.

There was initial difficulty in engaging fathers in the KidsFirst men's groups. The program has developed strategies for breaking down the stigma of attending groups and current participants have helped to increase enrollment in the program.

3. List any significant changes from previous fiscal year, if applicable.

There are no significant changes to this PEI Program in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION
Prevention and Early Intervention Activities

The prevention and early intervention programs provide both prevention services and early intervention services. A prevention program serves individuals at risk of a mental illness while early intervention programs serve individual with early onset of a mental illness.

1. ***Provide a program description. Include achievements and notable performance outcomes.***

Incredible Years – KidsFirst (English and Spanish): The Incredible Years parent training intervention is a 12 week program focused on strengthening parenting competencies (monitoring, positive discipline, confidence, etc.) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems.

Youth Services and Supports – KidsFirst (English and Spanish): Leadership Enrichment & Activities Program (LEAP) is an established after-school peer-to-peer mentoring, tutoring, and enrichment program. One program (LEAP Jr.) is offered for grades K-6 and one program (LEAP) for youth ages 11 and older. LEAP programs enable youth to experience healthy interactions with peers and positive role models, including law enforcement and others. These peer support/mentoring groups help to build youth resilience and develop positive cultural identity.

Youth Services and Supports – Sierra Native Alliance (SNA): Native peer support/mentoring groups to build youth resilience and positive cultural identity development.

Active Parenting Now (APN) – KidsFirst (English and Spanish): APN empowers participants, teaching parenting skills to address sensitive issues such as drug abuse, sexual activity, self-harm, and violence. APN is a video-based, interactive learning experience featuring group discussion and practice activities.

Parent Project – LLC, Community Recovery Resources (CoRR), NTFRC (English and Spanish): Parent Project® is a program that consists of activity-based instruction, support groups, and specific curriculum to address destructive adolescent behaviors. These behaviors often belie a substance abuse or mental health problem. Parent Project® teaches concrete prevention, identification and intervention strategies to address school attendance/performance, relationships and family dynamics, alcohol and other drug use, violence, and running away.

Positive Indian Parenting – Sierra Native Alliance (SNA): Positive Indian Parenting provides culturally-relevant parenting education and support. This curriculum is provided in coordination with co-parenting, behavioral consultation, case management, and peer support to increase parenting skills and the resilience of families with children who have emotional and behavioral challenges.

Loving Solutions – North Tahoe Family Resource Center (NTFRC) (English and Spanish): Loving Solutions® is a parent-training program designed specifically for parents raising difficult younger children, ages 5-10 years. Also known as "Parent Project®, Jr.," this program utilizes the same principles found successful in Parent Project® Sr., adapted to the needs of younger children. Using a behavioral model, Loving Solutions is structured based on cooperative learning norms with group learning activities. Loving Solutions® also addresses the needs of children with Attention Deficit Disorder.

Multi-Tiered School Supports: Positive Behavioral Intervention and Supports (PBIS): Placer County Office of Education (PCOE) supports participating schools in developing and implementing a systemic framework for prevention and early intervention for mental wellness called Positive Behavioral Intervention and Supports (PBIS). PBIS provides the framework to help schools adopt and implement a continuum of evidence-based interventions to achieve positive outcomes for student mental wellness. The PBIS framework includes three tiers of prevention and early intervention strategies. Tier I universal prevention strategies include developing student pro-social skills, supporting student strengths, reducing stigma associated with mental health issues, and utilizing data analysis systems to identify students' need for more intensive support. Tier II early intervention focuses on more intensive, small group services to develop pro-social skills and problem solving using research-based practice. Tier III intervention provides the most intensive and often individualized services. Schools are trained to support student wellness through the development and implementation of a core set of behavior skills that sustain a consistent and predictable positive school climate and develop students' pro-social skills.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

There have been limited challenges with these activities.

3. ***List any significant changes from previous fiscal year, if applicable.***

There are no significant changes to this PEI Program in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION
Early Intervention Activities

Early intervention is treatment and other services to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Our community prioritized programs focused on reducing depression, anxiety, trauma symptoms, early youth emotional disturbances, and suicide risk. Priority populations have been identified as trauma exposed individuals, individuals experiencing onset of serious psychiatric illness, and individuals in stressed families.

1. ***Provide a program description. Include achievements and notable performance outcomes.***

Parent Child Interaction Therapy (PCIT) – KidsFirst (English and Spanish): Parent-Child Interaction Therapy (PCIT) is provided through 14-20 weekly sessions, and is designed for parents with children (ages 2-7) who are exhibiting behavioral problems such as aggression, defiance, non-compliance, and temper tantrums. PCIT treatment is provided to the parent and child in two phases – Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI). During the CDI phase, parents engage their child in play situations, with the goal of restructuring and strengthening the parent-child relationship. During the PDI phase, which is similar to clinical behavior therapy, parents learn to use specific behavior management techniques while playing with their child.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) – KidsFirst & Lighthouse (English and Spanish): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapy approach for caregivers, children, and youth who are experiencing significant emotional and behavioral difficulties related to traumatic life events. TF-CBT provides short-term treatment (approximately 12 weekly sessions) targeted to overcoming specific trauma. To disrupt trauma-related mental illness, caregivers, children and youth are taught skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings and behaviors related to trauma; and improve coping skills of caregiver and child to create a better living environment for the family.

Incredible Years (Dina School) – KidsFirst: The Dina Dinosaur School program for children ages 3-8 years focuses on social, emotional skills, and problem solving designed as a classroom prevention program. Dinosaur School compliments the Incredible Years parent curriculum and teaches children self-regulation and positive classroom behavior.

Attachment Based Family Therapy (ABFT) – KidsFirst (English and Spanish): ABFT is a treatment for adolescents, ages 12-18, designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. ABFT is short term, approximately 12-16 weekly sessions, and aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. As the normative secure base is restored, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy.

Functional Family Therapy (FFT) – Sierra Mental Wellness Group (English and Spanish): FFT is an empirically grounded, well-documented and highly successful family intervention for at-

risk and juvenile justice involved youth and their families. The target population is youth ages 11-17 and their families, whose problems range from acting out, conduct disorder and alcohol/substance abuse.

Home to Stay Counseling and Supports for Birth and Kinship Families – Lilliput Children's Services: Intensive in-home support services and counseling to birth and kinship families whose youth are at risk of placement (or disruption) due to emotional, behavioral and mental health issues.

Youth Therapy – EMQ and Tahoe SAFE Alliance (TSA) (English and Spanish): Eastfield Ming Quong (EMQ) and Tahoe Safe Alliance offer individual, family, and group services to support individual, family and/or group therapy for children, youth and transitional aged youth.

Student Assistance Program (SAP) – Community Recovery Resources (CoRR): SAP is designed to support schools with a resource for students who have a first-time offense for possession or being under the influence of a substance, (e.g., alcohol, marijuana, etc.). This is an early intervention for a population that may be at risk for developing behavioral health problems. SAP is a substance abuse prevention and diversion program that establishes specific goals around the prevention and education of substance use among students, and the development of protective factors to improve student behavioral health. SAP is an eight (8) week program, which may be used in lieu of suspension or expulsion or for at-risk students, in participating schools. The Student Assistance Program aims to improve behavioral health by delivering a teen substance abuse prevention and diversion program.

Student and Family Support Program – Community Recovery Resources (CoRR): The student and family support program provides services for youth who have more significant issues and need more intensive, ongoing treatment. The program provides an assessment and individualized treatment plans for youth who are at risk of mental health disorders due to identified substance misuse or dependence, or have significant parent/family issues at home. These youth are not court ordered or enrolled in FSP.

Adult Groups – Latino Leadership Council (LLC) (Spanish): Facilitated weekly groups "Superacion Personal", in Auburn, Roseville and Lincoln, to address depression, anxiety, health, etc. These groups shall be open to men and women, and provided in Spanish.

Adult Groups – Lighthouse (English and Spanish): Road to Wellness group is designed for those experiencing anxiety, stress, depression, anger, sleep disorders, fatigue, guilt or other feelings affecting their mental health and well-being. Road to Wellness groups are based on Cognitive Behavioral Therapy (CBT) theory and practice. CBT is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive action and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping.

Perinatal Mood Disorder Treatment – KidsFirst (English and Spanish): This program aims to reduce depression, anxiety, and suicide through culturally- and age-appropriate services such as screening, assessment, evaluation, resources, home visitation, and short-term therapy for parents with children 0-5 years old.

Therapeutic Mentoring – Gateway Mountain Center: Therapeutic mentoring program serves youth in North Tahoe who suffer from symptoms of mental illness, emotional disturbance and

substance abuse. Counseling uses real life "treatments" including: deep personal connection, life-enriching experience, exercise, proper nutrition, nature-connection, learning new things, and personal reflection. The program is successful with decreasing risk behaviors and distress, increasing coping and resilience, improving functioning, reducing stigma, and increasing positive behaviors.

Youth Services and Supports – Latino Leadership Council (LLC) (English and Spanish): Male & female youth groups to address depression, cultural stressors, discrimination outside and internal to Latino communities, challenges related to biculturalism, education achievement gaps, and violence.

Transition to Independence (TIP) – Unity Care: The TIP model supports at-risk youth and young adults to transition to adulthood, through facilitated case management planning. TIP provides youth with a systematic planning process to develop self-sufficiency and successful achievement of goals. In collaboration with their families and other informal support persons, youth develop skills in finding employment, pursuing education opportunities, independent living skills, and life functioning. TIP supports positive health and wellness to support transition age youth to become successful adults.

Teaching Pro-Social Skills (TPS) - Lighthouse: TPS also known as Aggression Replacement Training® (ART) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specially targets chronically aggressive children and adolescents.

Early Onset-Therapeutic Services – Sierra Native Alliance (SNA): Early Onset, short-term, culturally- appropriate mental health therapy for community members with anxiety, depression, PTSD, or other disorders.

2. Describe any challenges or barriers, and strategies to mitigate.

There was initial hesitancy for school districts to provide substance abuse/use services on campus, especially an activity that included substance use testing. These concerns required multiple meetings by the provider and Office of Education, but the program has now expanded to include several districts.

3. List any significant changes from previous fiscal year, if applicable.

There are no significant changes to this PEI Program in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION
Outreach, Stigma Reduction, & Suicide Prevention Activities

These are activities which engage, educate, and train community members in recognizing and responding effectively to early signs of mental illness, and which reduce negative feelings, attitudes, beliefs, stereotypes, and/or discrimination related to mental illness. This program also includes stigma and discrimination reduction (SDR) activities which promote acceptance, dignity, and inclusion for individuals with mental illness and their family members. There also include activities for suicide prevention.

1. ***Provide a program description. Include achievements and notable performance outcomes.***

Outreach to First Responders

Mental Health First Aid (MHFA) – PCOE and TSA (English and Spanish): Mental Health First Aid (MHFA) is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. MHFA is an interactive, 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments. Participants learn a five-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Positive Behavioral Intervention and Supports (PBIS) - PCOE: Provide curriculum, training, coaching, and assessment/evaluation tools to assist schools to fully implement PBIS.

Perinatal Mood Disorder Education – KidsFirst: Weekly outreach activities to educate the community-at-large about perinatal mood disorders and services available. Primary audience includes hospitals, neonatal services, and obstetrics and gynecology physicians.

Stigma & Discrimination Reduction

Latino Leadership Series – North Tahoe Family Resource Center (NTFRC) (Spanish):
A year-long series of workshops and support groups to the Latino community building individual, family and community capacity for leadership. This program is a culturally appropriate resource for positive mental health activities and practices, engaging participants to develop their understanding of human development, healthful habits and provide structure and accountability for personal growth. Culturally competent presenters and facilitators for these workshops seek to reduce stigma for clinical mental health services through their presentation and further provide "warm handoffs" to clinical service providers when appropriate.

"Personas de Sabiduria"- LLC (Spanish): Conference for at least 90 Latino adults, in Spanish, that will allow persons to share their stories of recovery and resiliency from mental health and substance use disorders. In addition, provide bilingual, bi-cultural experts to lead workshops about various mental health/health issues. This conference builds resiliency and hope for recovery; along with an increased awareness of available supports and services.

Suicide Prevention

Signs of Suicide – Lighthouse: The SOS program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). The SOS program teaches students that depression is a treatable illness. Students are taught that suicide is not a normal response to stress, but rather a preventable tragedy that often occurs as a result of untreated depression. Students are given specific action steps, encouraged to engage in a discussion about these issues with their parents, and utilize the peer-to-peer help-seeking model.

Applied Intervention Skills Training (ASIST) – PCOE (English and Spanish): Applied Suicide Intervention Skills Training (ASIST) is a two-day (15 hours) intensive, interactive and practice-dominated workshop designed to help individuals recognize risk and learn how to intervene to prevent the immediate risk of suicide. The goal of ASIST is to enhance a caregiver's abilities to assist a person at risk to avoid suicide.

Safe Talk – PCOE: safeTALK is a three (3) to four (4) hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. As a safeTALK trained suicide alert helpers, individuals will be better able to (1) move beyond common tendencies to miss, dismiss, or avoid suicide; (2) identify people who have thoughts of suicide; and (3) apply the TALK steps (Tell, Ask, Listen, and KeepSafe) to connect a person with suicidal thoughts to suicide intervention caregivers.

Youth Suicide Prevention Council – Tahoe Truckee Unified School District (TTUSD): Expand "Know the Signs Campaign" by engaging youth and community members in outreach events. Goals include: educate the public about the signs of suicide, to reduce stigma and discriminations, increase awareness to strengthen social connections, and connect young people with mental health resources. Plan to administer with partner InnerRhythms Dance Co. a new youth-driven suicide prevention arts program called "Giving Voice" to be performed at least ten times in schools and the wider community, as well as coordinate a community movie night, facilitate speaker's bureau presentations and expand existing outreach efforts.

Outreach, Stigma Reduction, & Suicide Prevention

Adventure Risk Challenge (ARC) (English and Spanish): Utilizing statewide campaigns Know the Signs, Each Mind Matters, Busco Apoyo, and My3 App, provide one-on-one and group outreach to youth in Tahoe (in Spanish and English) to educate about signs and symptoms of mental health and integrate efforts to reduce stigma and discrimination. In partnership with the Tahoe Truckee Unified School District, ARC will facilitate two weekend retreats each year for the peer mentors of the Wellness Centers. The activities and curriculum of the weekend will serve to develop and train the peer mentors and to increase their awareness, preparedness, and knowledge about suicide prevention and stigma and discrimination reduction.

Statewide Suicide Prevention and Stigma Discrimination Reduction (CalMHSA):
Placer County continues to support the statewide suicide prevention and Stigma Discrimination Campaigns that are managed by CalMHSA. The "Know the Signs" and "Each Mind Matters" campaigns, driven at the State level, has been very effective in the Placer community in educating about suicide prevention and reducing stigma and discrimination related to mental illness. Placer County widely uses materials and websites created from these initiatives.

2. Describe any challenges or barriers, and strategies to mitigate.

There has been, and continues to be, a great deal of hesitation by school districts to provide Signs of Suicide to high school students. Although there is a recognized need and desire for this education by schools, given the mandatory requirements of Common Core and lack of plans for follow-up, they have not accepted the offer of the service. Lighthouse, in conjunction with Office of Education, will continue to work with schools to create a plan that will allow for this program, and all necessary follow-up services, that would be required, or bring to the Community Planning Process the identified barriers and needs.

3. List any significant changes from previous fiscal year, if applicable.

There are no significant changes to this PEI Program in FY 2015/2016.

MHSA Program Component
INNOVATION

The new Innovation Plan will be developed separately and submitted as a separate and distinct document, following MSHA stakeholder input and review guidelines.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. ***Provide a program description. Include achievements.***

Capital Facilities Project: Community House of Kings Beach

The Kings Beach Community House was purchased and renovated under the facilitation of Tahoe Truckee Community Foundation (TTCF). Funding was made possible thanks to grants from MHSA, S.H. Cowell Foundation, and First 5 Placer funds, as well as community donations. The Community House provides low-cost office and meeting space for four critical needs organizations: North Tahoe Family Resource Center, Project MANA, Tahoe SAFE Alliance, and Placer County's Women Infant Children (WIC) Program. The safe and welcoming environment is utilized for additional purposes including: providing a space for partnering agencies to deliver services to low income community members, as a neutral community space for meetings and activities, and for independent service providers and mental health care providers to meet privately with families and individuals. An integrated services coordinator works onsite to ensure that community members are connected with any and all resources available to help their unique situations. This Capital Facilities Project fully supports our MHSA goals and objectives to improve access for unserved and underserved clients, make services more welcoming to promote wellness and recovery, and achieve optimal outcomes. The building was fully completed and operational in June 30, 2014.

Technology Project: EHR Enhancements and IT Upgrades

Placer County has implemented enhancements to the Electronic Health Record (EHR), including adding the behavioral health assessment to the EHR. IT continues to work with our vendor, Avatar, to analyze the current system configuration with respect to programs and episodes as other initiatives such as the rollout of ICD10 codes took priority over this initiative. Our goal is to continue to improve consumer movement through the system, while implementing new technologies. Several EHR initiatives are pending priority and resource commitments. They include the following (in no special order): electronic lab ordering, document imaging, personal health records, health information exchange, and the e-prescribing of schedule II drugs.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

Capital Facilities Project: No significant barriers.

3. ***Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.***

Capital Facilities Project: The building was fully completed and operational in June 30, 2014.

Technology Project: We continue to implement enhancements to our HER and support other priority upgrades to improve services.

4. ***List any significant changes from previous fiscal year, if applicable.***

There are no significant changes from previous fiscal years.

MHSA Program Component
HOUSING PROGRAM

1. Provide a program description. Include achievements.

Placer County Mental Health Services has obligated all its original MHSA Housing Program monies to the California Housing Finance Authority (CalHFA), which is currently responsible for the management of the program funds. Placer County has an agreement to ensure that mental health and supportive services are supplied to the residents of both housing projects.

Current Projects

Timberline Shared Housing

In collaboration with Advocates for Mentally Ill Housing (AMIH), Turning Point Community Programs, and Placer County-ASOC, the Timberline Housing Project has been successfully operating since January 2010. At any given time the Project serves 5 single adults in a five bedroom home in Auburn. The Project is owned and managed by Advocates for the Mentally Ill Housing and supportive services provided by the Adult System of Care and Turning Point. Since July 2011, Placer County Adult System of Care has utilized one to two Project Based Shelter Plus Care vouchers. The addition of these vouchers assist with the overall subsidize to the project extending the ongoing operating cost.

Placer Street Shared Housing

Completed construction/rehabilitation in December 2012, the project is 6 two-bedroom/ two-and-a-half bath units with garages, located in the city limits of Auburn. This project provides housing for at least 12 people. The Advocates for Mentally Ill Housing is the owner and property manager. Supportive services to residents are provided by Placer County-ASOC and Turning Point Community Programs. Residents of the program meet the MHSA Housing Program eligibility: a severe and persistent mental illness, homeless or at-risk of homelessness, and in-need of Full Service Partnership services. Residents pay 30% of their income toward their rent and utilities; the remaining rent is covered by MHSA Housing subsidy or HUD Shelter Plus Care vouchers.

New Project

Project-Based Housing

The Campaign on Community Wellness decided in the 2014-2017 planning process to have money set aside for an "over the counter" process for Project-Based Housing, and Capital Facilities and Technology. Housing opportunities will be reported by staff to the Leadership Team. Discussion and action related to housing opportunities are developed in by an ad hoc Housing committee made of members with expertise in this area. The Leadership Team will be advised of progress on any Housing project and reports made to CCW as appropriate. All housing projects will follow State guidelines and regulations. The designated money available from the previous planning process must be spent prior to requesting any additional funding under these activities. To date, only requests for Project Based Housing would be accepted, as there are still funds in Capital Facilities and Technology from the previous planning process.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

Both original housing projects have been successfully implemented and are fully operational. The primary barrier to these housing developments is that they are 'shared housing' projects and living with others, and finding a good match for roommates is complicated.

3. ***Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.***

Both housing projects have been successfully implemented and are fully operational.

4. ***List any significant changes from previous fiscal year, if applicable.***

There are no new projects in the works. Any new projects in the future will be funded under CSS.

FY 2014-15 Through FY 2016-17 Three Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Placer Date: 1/19/2016

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Actual FY 2014/15 Funding						
1. Unspent Funds from Prior Fiscal Years	11,859,654	3,217,915	803,579	111,843	2,496,027	
2. New FY2014/15 Funding	8,858,398	2,362,239	590,560	-	-	
3. Transfer in FY2014/15						
4. Access Local Prudent Reserve in FY2014/15						
5. Estimated Available Funding for FY2014/15	20,718,052	5,580,154	1,394,139	111,843	2,496,027	
B. MSHA FY2014/15 MHSA Expenditures	7,334,516	2,346,963	58,750	111,843	94,012	
C. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,383,536	3,233,191	1,335,389	-	2,402,015	
2. Estimated New FY2015/16 Funding	9,079,858	2,421,295	605,324	-	-	
3. Transfer in FY2015/16						
4. Access Local Prudent Reserve in FY2015/16						
5. Estimated Available Funding for FY2015/16	22,463,394	5,654,486	1,940,713	-	2,402,015	
D. Estimated FY2015/16 MHSA Expenditures	11,765,447	2,940,000	813,750	-	460,000	
E. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,697,947	2,714,486	1,126,963	-	1,942,015	
2. Estimated New FY2016/17 Funding	7,730,093	2,061,358	515,340			
3. Transfer in FY2016/17						
4. Access Local Prudent Reserve in FY2016/17						
5. Estimated Available Funding for FY2016/17	18,428,040	4,775,844	1,642,302	-	1,942,015	
F. Estimated FY2016/17 MHSA Expenditures	11,403,720	3,087,000	854,438	-	220,500	
G. Estimated FY2016/17 Unspent Fund Balance	7,024,320	1,688,844	787,865	-	1,721,515	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	1,205,011
2. Contributions to the Local Prudent Reserve in FY 2014/15	
3. Distrubutions from the Local Prudent Reserve in FY 2014/15	
4. Estimated Local Prudent Reserve Balance on June 30, 2015	1,217,839
5. Contributions to the Local Prudent Reserve in FY 2015/16	
6. Distrubutions from the Local Prudent Reserve in FY 2015/16	
7. Estimated Local Prudent Reserve Balance on June 30, 2016	1,230,000
8. Contributions to the Local Prudent Reserve in FY 2016/17	
9. Distrubutions from the Local Prudent Reserve in FY 2016/17	
10. Estimated Local Prudent Reserve Balance on June 30, 2017	1,242,000

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CSS Funding	Actual MediCal FFP	1991 Realignment	Actual Behavioral Health Subaccount	Actual Other Funding
FSP Programs						
1. Child	1,051,921	802,921	144,000		-	105,000
2. Adult, Tay, Older Adult	5,343,023	4,049,583	1,293,440			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.		-				
19.						
Non-FSP Programs						
1. System Transformation	2,255,012	2,255,012				
2. Over the Counter	-	-				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
DSS Administration	227,000	227,000	-			
DSS MHSA Housing Program Assigned Funds	-					
Total DSS Program Estimated Expenditures	8,876,956	7,334,516	1,437,440	-	-	105,000
FSP Programs as a Percent of Total	66.16%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child	1,647,211	1,398,211	174,000		-	75,000
2. Adult, Tay, Older Adult	6,035,926	4,735,926	1,300,000			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. System Transformation	3,756,397	3,756,397				
2. Over the Counter	1,500,000	1,500,000				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
DSS Administration	374,913	374,913	-			
DSS MHSA Housing Program Assigned Funds	-					
Total DSS Program Estimated Expenditures	13,314,447	11,765,447	1,474,000	-	-	75,000
FSP Programs as a Percent of Total	52.14%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child	1,378,190	1,129,190	174,000		-	75,000
2. Adult, Tay, Older Adult	6,063,220	4,763,220	1,300,000			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. System Transformation	4,136,397	4,136,397				
2. Over the Counter	1,000,000	1,000,000				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
DSS Administration	450,913	374,913	76,000			
DSS MHSA Housing Program Assigned Funds	-					
Total DSS Program Estimated Expenditures	13,028,720	11,403,720	1,550,000	-	-	75,000
FSP Programs as a Percent of Total	51.67%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual WET Funding	MediCal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
WET Programs						
1. WET Program Costs	111,843	111,843				
2.	-					
3.						
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
WET Administration	-	-				
Total WET Program Estimated Expenditures	111,843	111,843	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual PEI Funding	MediCal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
PEI Programs - Prevention						
1. Prevention	95,798	95,798				
2.	-	-				
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-	-				
PEI Programs - Early Intervention						
11. Early Intervention	129,165	129,165				
12. Contracts	2,152,000	2,122,000	30,000			
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-	-				
PEI Administration	-	-				
PEI Assigned Funds	-					
Total PEI Program Estimated Expenditures	2,376,963	2,346,963	30,000	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	100,000	100,000				
2. Contracts	620,000	620,000				
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
PEI Programs - Early Intervention						
11. Early Intervention	170,000	170,000				
12. Contracts	2,000,000	2,000,000				
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
PEI Administration	50,000	50,000				
PEI Assigned Funds	-					
Total PEI Program Estimated Expenditures	2,940,000	2,940,000	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	100,000	100,000				
2. Contracts	706,000	706,000				
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-	-				
PEI Programs - Early Intervention						
11. Early Intervention	175,000	175,000				
12. Contracts	2,056,000	2,056,000				
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
PEI Administration	50,000	50,000				
PEI Assigned Funds	-					
Total PEI Program Estimated Expenditures	3,087,000	3,087,000	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual INN Funding	MediCal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
INN Programs						
1. Contracts	54,000	54,000				
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-	-				
INN Administration	4,750	4,750				
Total INN Program Estimated Expenditures	58,750	58,750	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Increased access to mental health services to underserved groups	773,750	773,750				
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	813,750	813,750	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Increased access to mental health services to underserved groups	814,438	814,438				
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	854,438	854,438	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Actual Total Mental Health Expenditures	Actual CFTN Funding	MediCal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
CFTN Programs - Capital Facilities Projects						
1.	-					
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
CFTN Programs - Technological Needs Projects						
11. AVATAR Expansion and Electronic Medical Rec	94,012	94,012				
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	94,012	94,012	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Welcome Center Remodel	250,000	250,000				
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
CFTN Programs - Technological Needs Projects						
11. AVATAR Expansion and Electronic Medical Record	210,000	210,000				
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	460,000	460,000	-	-	-	-

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 1/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	-					
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
CFTN Programs - Technological Needs Projects						
11. AVATAR Expansion and Electronic Medi	220,500	220,500				
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	220,500	220,500	-	-	-	-

MHSA FY 2015-2016 Annual Update
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: PLACER

- ☐ Three-Year Program and Expenditure Plan
- ☑ Annual Update
- ☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Maureen F. Bauman, LCSW, MPA	Name: Andrew Sisk
Telephone Number: (530) 889-7256	Telephone Number: 530-889-4152
E-mail: mbauman@placer.ca.gov	E-mail: Asisk@placer.ca.gov
Local Mental Health Department Mailing Address: 11512 B Avenue Auburn, CA 95603	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

MAUREEN F. BAUMAN — Mental Health Director (PRINT)

Maureen Bauman — Signature — 2/25/16 — Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

ANDREW C. SISK — County Auditor-Controller (PRINT)

Andrew Sisk — Signature — 1/21/16 — Date

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)