Placer County's 2014-2017 MHSA Plan

3 Year Planning Document

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

7/18/2014

Placer County is located 30 miles northeast of the State capitol, Sacramento. The county has three regions: the Valley, the Gold Country, and the High. It stretches from the suburbs of Sacramento to Lake Tahoe and the Nevada border. According to the United Census estimate of 2013 the population in Placer County was approximately 86% percent White with about 367,309 people. The second largest ethnic group in Placer County was Hispanic, representing approximately 13% of the total population with nearly 45,000 people. It is estimated that females will make up 51% of the population and 77% will be over the age of 18. NAMI's report "Mental Illness: Facts and Numbers" states racial and ethnic minorities are less likely to have access to mental health services. One in four adults—approximately experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder.

In 2004 the voters of California voted to impose an additional 1% tax on taxpayers' taxable personal income above $1 million to provide dedicated funding to improve, expand and transform the existing mental health system. The new system would have a focus on recovery-oriented programs, consumer and family directed services, advocacy to reduce and eliminate stigma toward those who have a mental illness. Proposition 63, now known as the Mental Health Services Act (MHSA), has five components:

- **Community Services and Supports (CSS)–**provides funds for direct services to individuals with severe mental illness
- **Capital Facilities and Technological Needs (CFTN)–**provides funding for building projects and increasing technological capacity to improve mental illness service delivery
- **Workforce, Education and Training (WET)–**provides funding to improve the capacity of the mental health workforce
- **Prevention and Early Intervention (PEI)–**provides investment of 20% of the MHSA funding for outreach programs for families, providers, and others to recognize early signs of mental illness. The overall goal is to improve early access to services and programs, to reduce stigma, and discrimination experienced by individuals with mental illness. MHSA Prevention and Early Intervention Programs serve Californians of all ages.
- **Innovation (INN)–**funds and evaluates new approaches increasing access to the underserved and unserved communities, promote interagency collaboration, and increase the overall quality of mental health services

Placer County has implemented their MHSA Plans since 2006 and now is writing a new three plan for Fiscal Years 2014-2017. Most of the activities and programs were extended three months (July1- September 30th) from the previous MHSA Plan to allow for the new Request for Proposal process and contracts. The Mental Health Services Oversight and Accountability Commission, OAC has required and suggested areas to be covered in Three Year Plans and Yearly Updates and the Plans must have a County Fiscal Certification, include public mental health board comments, and be approved by the Board of Supervisors. Throughout this document required information will be included along with community desired information to give a complete presentation of Placer's MHSA Plan.

The Stakeholder process
A required element of our Plan is a description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.

Placer's stakeholders gathered in 2006 to develop our first three year plan and to date continue to meet regularly (almost monthly) to implement the 2006 Plan.

The Campaign for Community Wellness is comprised of over 35 Community Based Organization partners, persons with lived experience and other interested community members. Known collectively as the Steering Committee, the Campaign, initiated its planning conversation in October of 2013 for the new 3 Year Plan to cover 2014-2017. 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, and mental health providers.

This Campaign for Community Wellness Steering Committee is the recommending body that supports the MHSA planning efforts, and is further 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 Directors of Children and Adult System of Cares. The four committees: Promote Mental Health Awareness, Community Outreach, Education and Stigma Reduction, MHSA Program Review, and Workforce, Education and Training are comprised of county staff, community members and providers.

The Campaign meetings include an agenda format that includes a welcome to new members, general announcements from participants, stories of inspirations from current MHSA providers, invited presentations from non MHSA providers, updates from the four committee groups and work to be completed by the Campaign.

The 2014-2017 Plan was discussed and planning work completed at every meeting from October, 2012 to present on the multifaceted areas of the Plan.

Timeframe	Discussion Topics
October 26 to December 2012	• Gaining agreement on planning process • Taking a look at gaps and assets in the community

January to March 2013	• Asset mapping tool discussion
	• Identification of additional community data
	• Funding framework for CSS, PEI and Innovation (INN)
	• Decision for updated plan:
	  ○ Workforce Education and Training be incorporated into CSS
	  ○ Also in CSS- $3 million set aside for Capital Facilities, Housing and/or Information Technology. All current MHSA programs continue if they meet MHSA guidelines and evaluation criteria.

April to June 2013	• Begin update of Innovation plan – review guidelines & past work • Brainstorm Innovation program ideas

	• INN priority purposed – Increased Access to Underserved
August and September 2013	• Evaluation of current programs – 29 activities continue, 2 moved from CSS to PEI, and 4 discontinued • 2 Innovation activities to move to CSS and 3 to PEI • Independent community panel brought in to recommend "directions" of emphasis for targeted groups/activities: o Accessibility o Housing o Peer Led/ Peer Support o Direct Services
October to December 2013	• Mapping funding to priority program areas • Reviewing upcoming RFP process • Survey of planning process: feedback good
January- May 2014	• Prioritize Innovation (INN) program ideas to priority purpose Increased access to underserved- chosen • Request for Proposals for approved activities

A required element of the Plan is to give a description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included.

The Steering Committee includes representation from the following groups
This list may not include all organizations in each group, but demonstrates representations in the required areas and some providers represent several constitutes.

• **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	• **Native American Voice** Sierra Native Alliance
• **Youth Voice** Hip Hop Congress Youth individuals Unity Care Whole Person Learning	• **Community Partners** Disabled- Placer Independent Resource Faith-based Families- Lighthouse Counseling Center Homeless – The Gathering Inn Older Adults– Area 4 on Aging Out-client-Turning Point, ASOC Tahoe- Community Collaborative of Tahoe Truckee, Sierra Family Services Veterans- Soldier's Project
• **Education** Placer County Office of Education	• **Health** Sutter Roseville Medical Center

• **Children** Children System of Care KidsFirst Placer County First 5	• **Housing** Advocates for Mentally Ill Housing Roseville Housing Authority
• **Law Enforcement** Sheriff Juvenile Probation	• **Substance Use** Community Recovery Resources Sierra Council on Alcoholism and Drug Dependence

These stakeholders provided meaningful involvement in the areas of: mental health policy, program planning, implementation, monitoring, quality improvement, evaluating, and budget allocations.

The dates of the 30-day stakeholder review and public hearing as required.

Posting for public comment began on July 18, 2014. The 2014-2017 Plan was reviewed by the Mental Health Board Executive Committee on August 11, 2014. On August 25, 2014 heard by the Mental Health Alcohol Drug Board and a public hearing was held. The Plan is scheduled to be presented to the Board of Supervisors on September 23, 2014. No substantive comments were received during the 30-day review and public hearing.

The county circulated hard copies of the Plan for public comment.

Hard copies were in the lobbies of System of Cares. The plan was also posted on the Campaign for Community Wellness website, campaignforcommunitywellness.org as well as the County website, placer.ca.gov. It was also distributed to as distributed to the following types of organizations: public libraries, city council offices, family resource centers, mental health organizations, county medical centers, senior and youth based organizations and other CBO's who serve the community with mental health related services.

Links to the plan (including cover letter) were 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. Additionally, a notice of the public comment period is distributed in the Campaign electronic newsletter to over 700 individuals, who may also be on the lists described above.

As required the Plan includes a description of the MHSA Programs to be implemented.

There are five components to the Plan: Community Services and Supports, Prevention and Early Intervention, MHSA/CalHFA Housing Programs, and Capital Facilities and Technology 2009-2019. The Innovations Project will be posted separately when available.

COMMUNITY SERVICES AND SUPPORTS

Community Services and Supports are services tailored to individuals and their families who have been diagnosed with a severe mental illness or severe emotional disturbance.

Full Service Partnership

The Full Service Partnership service category is a category of allowable costs within the Community Services and Support component. The California Code of Regulations, Title 9, Section 3200.130 defines an FSP as "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals."

Children's Full Service Partnership: Children and adolescents identified as seriously emotionally disturbed (SED) are eligible for full service partnership if they meet the criteria set forth in Welfare and Institutions Code section 5600.3, subdivision (a). The criterion is as follows.

SED Children who fall into at least ONE of the following groups:

GROUP 1- As a result of the mental disorder, the child has substantial impairment in at least two of these areas: self–care, school functioning, family relationships, ability to function in the community and either of the following occur: the child is at risk of or has already been removed from the home, the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment,

GROUP 2- The child displays at least ONE of the following features: psychotic features, risk of suicide, risk of violence due to a mental disorder.

GROUP 3-The child meets special education eligibility requirements under Chapter 26.5 of the Government Code.

In Placer County, children under 18 with a mental health condition, but do not meet the criteria to receive funding for Juvenile Court ordered Wraparound services as described in the Welfare and Institutions Code are accepted in the full service partnership. Children's System of Care works closely with partner agencies and community to identify the children who qualify for the Wraparound services. Targeted outreach occurs to the Latino community to address ethnic disparity. Working in concert with leadership development activities, staff utilizes the services of Family Advocates, Youth Coordinators, and Mentors. A new support service will be Gateway Mountain Center; their objective is to provide adjunct therapeutic support for better outcomes including: decreased incidents of mental health crisis, an increase in positive socialization, and increased engagement within one's community. Children's System of Care is continuing their services into the 2014-2017 planning.

The Children's Receiving Home of Sacramento, as a new program, shall operate a **Trauma Informed Care Preschool** in accordance with the requirements of Placer County Children's System of Care. The Preschool provides site-based daily therapeutic classroom services, team discussion

and planning, adjunctive therapies, coordination and linkages with sustainable community services to children ages 3 to 6 and collateral services to their families.

In the 2012-2013 fiscal years, collectively 38 children were served in the Wraparound Full Service Partnership.

Transition Age Youth: 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 they are in one 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 just system, at risk of involuntary hospitalization or institutionalization, or have experienced a first episode of serious mental illness.

In Placer, Turning Point Community Programs and Systems of Care provide full services partnership services to this age group. Turning Point engages high acuity individuals in the Assertive Community Treatment model, Children's System of Care provides Wraparound services, and the Adult System of Care uses a "Whatever it Takes" model to engage the homeless and co-occurring individuals.

In the 2014-2017 Plan, Turning Point, the Adult System of Care, and Children's System of Care will continue services they have been providing with additional slots to serve a greater number of Transition Age Youth. Additionally, we anticipate a pilot of an Early Psychosis Program, EDAPT by Turning Point Community Programs. The program will focus on individuals 12-26 years old, so has the potential of crossing two age groups Youth and Transition Age Youth. Children's System Care through a contract with Whole Person Learning is adding a **Youth Advocate** to their program. The Youth Advocate will lend to a greater youth voice within our Systems of Care, Campaign of Community Wellness and better assist in the transition from Children's to Adult System of Care. In an effort to better meet the housing needs of the transition age youth in the Full Service Partnerships; the Advocates for the Mentally Ill Housing will provide 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 will work together to create an independent living skills training program specifically designed for Transition Age Youth. The program will include skill development classes such as financial management, cooking, shopping, personal hygiene, resume building, and how find and apply for permanent housing.

In the 2012-2013 fiscal years, collectively 35 Transition Aged Youth were served in the Full Service Partnerships. There was a reduction of 92% homeless days for people enrolled more than a year; incarceration days decreased by 22% and hospital days increased by 10%.

Adults: Adults and older adults identified to have a serious mental disorder are eligible for full service partnerships if they meet the criteria set forth Welfare and Institutions code, subdivision (b) of section 5600.3.

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 mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements and they are in one of the following situations: they are unserved and one of the following: homeless or at risk of becoming homeless, involved in the criminal justice system, frequent users of hospital or emergency room services as the primary resource for mental health treatment, they are underserved and at risk of one of the following: homelessness, involvement in the criminal justice system, institutionalization.

During next three years, the Adult System of Care and Turning Point will continue their Full Service Partnerships increasing the number of people served and enhancing services to include a **Bi-lingual, bi-culture outreach worker** from the Latino Council's Promotor(a) program and enhance outreach services to Native Americans through Sierra Native Alliance. The United States Census in 2013 reported 13.4% of Placer county residents are Hispanic or Latino. In 2010, they reported our Native American as .09% of the Placer population.

New, the Advocates for the Mentally Ill Housing will provide **emergency housing** by offering an apartment with a live-in peer resident. There are only two shelters in Placer County; a domestic violence and nomadic emergency shelter held in churches throughout the county. Whereas some of the Full Services Partnership individuals may benefit from these shelters, most would benefit from a smaller mental health focused environment. In 2014, 49% of the sheltered and in 2013 36% of the unsheltered homeless adults reported a severe mental illness. The Homeless Full Service Partnership has and will continue to increase their outreach efforts to reach this population and engage them in services. In 2013, 36% of on the unsheltered adults reported a chronic substance abuse and 26.5% of the sheltered adults in 2014.

To better sever the Homeless and Co-occurring Full Service Partnerships a contract with Community Recovery Resources for **dual diagnosis services** will be a new service.

The **Adult Reintegration Team** provides services to Placer County residents who are placed in locked facilities outside the county. They develop treatments plans and provide support services to assist people moving to lower levels of care. Many of these individuals will need Full Service Partnerships to be successful.

It is expected that Placer will implement Assisted Out-Patient Treatment in the next year. This county optional program is established under the Welfare and Institutions Code 5345 – 5349.5. The program includes outreach and engagement, Full Service Partnerships and a civil mandate to participate for those few people who meet specific criteria and are not willing to engage in voluntary services.

In the 2012-2013 fiscal years, 117 Adults were served in the Full Service Partnerships. There was a reduction 58% in homeless days for people enrolled more than a year; incarcerations days decreased by 59% and hospital days decreased by 27%.

Older Adults: Older Adults with Serious Mental Illness, aged 60 and older and due to a mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services or entitlements. They are unserved and they are 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. Or, they are underserved and at risk of one of the following: homelessness, institutionalization, nursing home or out-of-home care, frequently using hospital and/or emergency room services as their primary resource for mental health treatment, or involvement in the criminal justice system.

In the 2012-2013 fiscal years, 15 Older Adults were served in the Full Service Partnerships. There were no homeless days for people enrolled more than a year; incarcerations decreased by 100% and hospital days decreased by 95%.

The Placer homeless count of 2013 noted roughly 9% of the adults where over the age of 60. The 2013 United States Census states 17.2 % of Placer County's population are over the age of 65. Data from the "Morbidity and Mortality in People with Serious Mental Illness" concluded adults with a mental illness die on average 25 years earlier than other Americans. More outreach and better integration physical and mental health are needed to better serve this population.

In the next three years, Older Adults will be served in Turning Point, Adult System of Care Co-occurring and Homeless Full Service Partnerships. They will continue to receive array of services and have access to all the services offered to the Adult Full Service Partnerships: emergency housing, bilingual/bicultural Promotor(a), dual diagnosis services, Adult Community Team, and Rural Health Outreach. Additionally, there will be an Outreach Worker specifically focusing on the older adult population and engaging them in a Full Service Partnership or other appropriate mental health services. The worker will additionally outreach to community senior programs and the community health clinics.

Full Service Partnerships 2012-2013	**Number Enrolled**	**Target**	**Outreach Contacts**	**Target**
Children's Children's System of Care	38	40	54	107
Transition-Aged Youth Turning Point Community Program Adult System of Care Children's System of Care	35	40	469	490
Adult Turning Point Community Program Adult System of Care	117	150	268	100
Older Turning Point Community Program Adult System of Care	15	25	44	160

Community Services and Supports Full Service Partnerships 9 months Projections for 2014-2015	Target to be Served	Estimated Cost Per Person	Budget
Children's Full Service Partnership Children's System of Care- Wraparound Gateway Mountain Center Mental Health America Family Advocate Trauma Informed Care Center Whole Person Learning- Youth Advocate Turning Point Community Program- Early Psychosis Program	197	$4,299	$1,518,892
Transition Age Youth Adult System of Care Homeless & Co-occurring Advocates for Mentally Ill Housing –Transitional Housing Children's System of Care- Wraparound Community Recovery Resources- Dual Diagnosis Services Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient Treatment, Early Psychosis Program Whole Person Learning- Youth Advocate	47	$8,253	$407,759
Adult Full Service Partnership: Adult System of Care- Homeless & Co-occurring, Rural Health, and Adult Reintegration Outreach Advocates for Mentally Ill Housing- Emergency Apartment Community Recovery Resources- Dual Diagnosis services Latino Leadership Council- Culture Broker, Promotora Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient treatment	259	$8,253	
Older Adult Adult System of Care- Homeless, Co-occurring, Rural Health and Adult Reintegration Team and Older Adult Targeted Outreach Worker Advocates for Mentally Ill Housing- Emergency Housing Latino Council- Culture Broker, Promotora Community Recovery Resources- Dual Diagnosis Services Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient treatment	41	$8,253	$361,721

Community Services and Supports Full Service Partnerships 12 months Projections for 2015-2016 and 2016-2017	Target to be Served	Estimated MHSA Cost Per Person	Total Budget
Children's Children's System of Care- Wraparound Gateway Mountain Center Mental Health America Family Advocate Trauma Informed Center Turning Point Community Program- Early Psychosis Program Whole Person Learning- Youth Advocate	258	$4,299	$2,025,190
Transition Age Youth Adult System of Care- Homeless & Co-occurring, Rural Health, and Adult Reintegration Outreach Advocates for Mentally Ill Housing –Transitional Housing Children's System of Care Community Recovery Resources- Dual Diagnosis Services Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient treatment	62	$8,253	$543,678
Adult Adult System of Care- Homeless & Co-occurring, Rural Health, and Adult Reintegration Outreach Advocates for Mentally Ill Housing- Emergency Apartment Community Recovery Resources- Dual Diagnosis services Latino Leadership Council- Culture Broker, Promotor(a) Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient treatment	346	$8,253	$3,034,074
Older Adult Adult System of Care- Homeless, Co-occurring, Rural Health and Adult Reintegration Team and Older Adult Targeted Outreach Worker Advocates for Mentally Ill Housing- Emergency Housing Latino Council- Culture Broker, Promotor(a) Community Recovery Resources- Dual Diagnosis Services Turning Point Community Program- Assertive Community Treatment, Assisted Outpatient treatment	55	$8,253	$482,295

General System Development

This component of MHSA is intended to develop and operate programs to provide mental health services to client specified in Welfare and Institutions Code Section 5600.3 (a), (b) or (c), and when appropriate the client's family. All the Welfare and Institution codes related to the Mental Health Services Act can be found at http://www.leginfo.ca.gov/calaw.html.

The original 2005 planning process, ongoing and yearly evaluations lead the Campaign for Community Wellness to the activities that have been offered up until this point. This year's planning process and the County's Request for Proposals has determined the activities and program providers for the next three years. The Campaign will continue ongoing and yearly evaluations of programs and community needs and make necessary adjustments accordingly.

Community Services and Supports 2012-2013 Program Update	Target Outreach	Outreach Contacts 2012-13
Lake Tahoe System	38	41
Work Plan 4: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy)	23,109	19,001
Work Plan 5: Mental Health Crisis Response and Triage	875	916

From the Request for Proposal process; activities and programs were chosen to meet the identified needs and where no proposals were identified, sole sourcing was necessary. A project from our original Innovation activities- Peer Supported Housing, this activity will be provided by Advocates for Mentally Ill Housing to continue and expand their existing Peer Supported Housing program. The program serves an unserved population of homeless who have mental illness. To qualify a person must have a mental illness, be homeless or at risk of homelessness, have little or no income, and they are not accessing available community supports such as case management. Case management is provided by peers with lived mental health experience who will work with each resident to achieve recovery and independence. In 2012-2013 fiscal year the program served 16 people. Of the ten who left the program: one has a job and his own subsidized apartment within another Advocate Housing program; three completed their goals and have moved to other Advocate Housing; two were awarded Social Security benefits, one moved back with family and the other moved to their own apartment; three residents were connected with higher levels of care; one resident learn she had terminal illness and peer staff organized a hospice facility close to her family.

In 2012-2013, the Advocates for Mentally Housing- Transitional Employee program demonstrated 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 we have had 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. This program will be continued in the 2014-2017 Plan and expanded with SB82 funds to hire peers in the Mobile Crisis Team.

In 2012-2013 Advocates for Mentally Ill Housing served 57 residents in our transitional housing program; twenty of those remained at the end of the fiscal year, with thirty-seven departing throughout the year. All residents received transportation, case management, groceries, weekly house meetings, and independent living skills training. Of the fifty-seven residents, twenty-nine were homeless upon entry and twenty-eight were at risk of homelessness. Residents surveyed during the bi-annual satisfaction survey 100% reported satisfaction with the quality and usefulness of services. There were 34% of the residents who remained in the program for over a year.

The Cirby Clubhouse and Welcome Center provide an array of peer run activities. There are groups offered by professional and paraprofessional staff. The Clubhouse is tailored toward people currently receiving mental health services and/or receiving services with one contract providers.

General System Development 9 months Projections for 2014-2015	**Target to be Served**	**Estimated Cost Per Person**	**Budget Estimate**
Adult System of Care- Welcome Center and Cirby Clubhouse	750	$400	$300,000
Adult System of Care- Crisis Triage/Follow Up Services	713	$812	$578,725
Advocates for Mentally Ill Housing- Peer Supported Housing- Outreach and Engagement	18	$5,833	$105,000
Advocates for Mentally Ill Housing- Transitional Employees	14	$10,214	$143,000
Advocates for Mentally Ill Housing Expansion	34	$2,647	$90,0000
Lighthouse Counseling Services- Bilingual Therapy	113	$1,168	$132,000
Mental Health America- Peer Leadership	150	$267	$40,000
Mental Health America-Family Support ASOC	105	$1,086	$114,000
Mental Health America-Family Support CSOC	38	$1,085	$41,250
Unity Care Group- Transition Age- Transitional Housing	5	$11,000	55,000
Sierra Mental Wellness- Bilingual Therapist	41	$1,720	$70,500
Whole Person Learning- Youth and TAY Supports	300	$533	$160,000

General System Development 12 months Projections for Fiscal Years 2015-2016 and 2016-2017	Target to be Served	Estimated Cost Per Person	Budget Estimate
Adult System of Care-Welcome Center & Cirby Clubhouse	1000	$400	$300,000
Adult System of Care- Crisis Triage/Follow Up Services	950	$812	$771,634
Advocates for Mentally Ill Housing- Peer Supported Housing Outreach and Engagement	25	$5,200	$130,000
Advocates for Mentally Ill Housing-Transitional Employees	16	$11,688	$187,000
Advocates for Mentally Ill Housing Expansion	45	$2,222	$100,000
Lighthouse Counseling Services- Bilingual Therapy	150	1173	$176,000
Mental Health America- Peer Leadership	200	$275	$55,000
Mental Health America-Family Support ASOC	140	$1,071	$150,000
Mental Health America-Family Support CSOC	50	$1,100	$55,000
Unity Care Group- Transition Age- Transitional Housing	7	$10,000	$70,000
Sierra Mental Wellness- Bilingual Therapist	55	$1,710	$94,000
Whole Person Learning- Youth and TAY Supports	400	$525	$210,000

PROJECT-BASED HOUSING PROGRAM

The county may use General System Development funds for costs associated with Project-Based Housing, including but not limited to: purchasing, renovating, constructing, Master Leasing repairing damage, maintaining a Capitalized Operating Subsidy Reserve, or housing fund for Project Based Housing.

CALHFA HOUSING PROGRAMS

Placer County has obligated all its original MHSA Housing Program monies; these were one-time funds for the development of housing. Placer County assigned their funds to CalHFA; currently they are the Agency responsible for the management of the funds. The County has an agreement to assure 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 4, 2010, serving 5 single adults in shared housing. In 2013, the project served a total of six people including 5 males and 1 female with no vacancies. The age range for these residents is between 25 and 58 years old, with five who were at risk of homelessness and one who was chronically homeless. All residents receive supportive services. Additionally, residents often begin working part-time or attending college. Others have spent time volunteering in the community.

Placer Street Shared Housing
Completed construction/rehabilitation in December 2012, the project is (six) two bedroom/ two and a half bath units with garages, located in the city limits of Auburn. The source of funding for the construction, operating cost and subsidy is MHSA Housing Program funds. The Advocates for Mentally Ill Housing is the owner and property manager. Supportive services to residents will be provided by Adult System of Care and Turning Point Community Programs. Residents of the program 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. Detailed program eligibly can be obtained by contacting ASOC Housing Team. Residents pay 30% of their income toward their rent and utilities; the remaining rent is covered by MHSA Housing subsidy or Housing Urban Development, HUD Shelter Plus Care vouchers. This project provides housing for at least 12 people.

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. The process is currently being developed and will be vetted with the Campaign. The designated money available from the previous planning process must be spent prior to requesting any additional funding under these activities. To date, only request for Project Based Housing would be accepted as there are still funds in Capital Facilities and Technology from the previous planning process.

CAPITAL FACILITIES AND TECHNOLOGY

Capital Facilities

In 2009 Placer County submitted their Capital Facilities and Technological needs Component Proposal 2009-2019; the Department of Mental Health approved $1,944,670 for Capital Facilities and $1,047, 130 for Technological Needs. The Campaign for Community Wellness continues to implement this plan and when completed the Campaign will address new activities.

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

Technology Plan 2009

In 2009, a Technology Plan was submitted and approved by the State Department of Mental Health; the full document can be viewed on the Campaign for Community Wellness webpage, http://www.campaignforcommunitywellness.org/. Based on a recent IT assessment conducted in 2013, Placer has identified the following technology needs and objectives: improve consumer movement through the system, enhance reporting capabilities, ensure that the County is taking advantage of all available functionality, and employ best practices in the pursuit of technology objectives.

In the Adult System of Care, a new electronic treatment plan note was developed, tested and placed into production. The functionality included the ability to capture electronic signatures in the office. Staff are currently testing functionality to capture signatures in the field. The content for a new electronic assessment was defined and the electronic assessment is currently under development by the vendor. The team also implemented software tools to assess outcomes and consumers level of care. These software tools will complement the treatment plans. The teams continue to work with the vendor to analyze the current system configuration with respect to programs and episodes. The goal is to improve consumer movement through the system, enhance reporting capabilities, ensure that we are taking advantage of all available functionality, and that we are employing best practices. Information technology and program teams also evaluated document management software and performed the initial planning for scanning charts and evaluating document types to retain within the electronic record.

In the area of Information Technology, the single server model will be replaced by a three server configuration to compliment the implementation of the new user interface MYAVATAR. The procurement of MYAVATAR and ICD-10 software are in progress and will be implemented in FY 14/15. The implementation of MYAVATAR is required before the ICD-10 and Document management software can be installed. The primary Crystal report writer is retiring and personnel actions are being taken to fill the vacated position. The servers have been virtualized for the production and test environments reducing costs associated with server hardware.

The following represents the MHSA IT project activities for the last two fiscal years:

FY12/13- Physical hardware replaced by virtual servers,
Orderconnect - E-prescribing
AVATAR CWS (Clinicians Work Station) Progress Notes
Developed CANS (Child/Adolescent Needs and Strengths)

Fiscal Year 2013-2014
AVATAR CWS (Clinician Work Station) Treatment Plans
Developed Physicians Medication Support Services Treatment Plan
Developed Physicians AIMS (Abnormal Involuntary Movement Scale)
Developed Physicians AMSP (Annual Medication Service Plan)
Signature Pad deployments – on site
Signature Pad (remote access) – testing
AVATAR assessment – Under development by Netsmart

LOCUS (Level of Care Utilization System for Adults) – Testing
MYAVATAR – procured
ICD-10 SW - procured

WORKFORCE EDUCATION AND TRAINING

The Workforce Education and Training (WET) component was developed in the WET Committee. The Committee is made up of consumers and family members, County staff from Personnel, Human Services, Administrative Services and the Systems of Care along with mental health providers. The meetings are open to anyone. The original WET Plan was a stand-alone plan and now is incorporated in to the larger MHSA Community Plan. Below are the committee's current recommendations for services and budget.

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 will be 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 will directly reflect the training/technical assistance needs identified by SOC staff, community partners, and consumers/family members who participated in the stakeholder process. All WET trainings will be made 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 will be the responsibility of the WET coordinator and workgroup to identify, organize, and evaluate each training. Training will be phased over 3 years and will include ongoing follow-up to insure that training concepts are incorporated into practice. All training providers will support the principals of MHSA and will integrate them throughout the training.

- Promote wellness, recovery and resilience
- Increase consumer and family member involvement in policy and service development and employment in service delivery.
- Develop a diverse and culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.
- Deliver individualized, consumer-driven services that are outcome oriented and based upon successful or promising practices.
- Outreach to underserved and unserved (and co-occurrence) populations

- Initial training topics identified through the survey process are: Clinical skills in best practices (e.g., Motivational Interviewing), Recovery/Wellness, Cultural Responsiveness, Co-occurring Disorders, Stress Reduction, Trauma Informed Care Training on consumer employment for both consumers and other employees was also identified, some of this need will be met with Action #5.

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.

Action #4– E-Learning Contract
E-Learning is a valuable resource that allows us to develop, deliver and manage educational opportunities and on line 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 will be wellness, recovery, and resiliency oriented. All employees, including consumer and family members, will be able to access trainings. The WET Committee (which includes consumers and family members) will continue 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 will continue to be monitored through evaluations and pre and posttests.

Action #5- Psychosocial Rehabilitation Certification
The WET Committee members determined that consumers and family members as well as existing employees wanted more support with consumer employment. We agreed in order to make consumer employment successful: training and support for both the consumer employees and their co-workers is necessary. The desired outcome is this will support the consumer/family member employee as well as existing staff to create a healthy and productive work environment. This will reduce shortages in occupations, increase skills sets and linguistic competencies. The Mental Health Career Pathway Program will be marketed to consumers, family members, individuals from underrepresented racial/ethnic and cultural groups, community mental health providers, and Mental Health staff. The program will be a combination of curriculum based on principles of psychosocial rehabilitation and work experience. The curriculum will meet criteria to be considered for and may lead to a certification as a psychosocial rehabilitation professional.

Action #6 - Outreach and Enhanced Career Tracts
To continue 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.

Action #7– Increased Recruitment and Retention Efforts
Create and implement 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. 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 #8– Internship Programs
WET will be used to support students to gain experience/knowledge in working for the public mental health within a recovery approach. The following categories will be considered to expand internship programs: Supervision will be provided for interns, students and post graduates, consumers/family member interns who want practical experience to pursue a mental health career will be offered support for working within the mental health system.

Action #9 – Stipends and/or Scholarships
This action addressed the mental health workforce shortages and diversity needs, as well as increasing consumer and family member participation in the workplace by offering stipends and incentives to those individuals interested in pursuing education to deliver mental health care in Placer County. Through the Workforce Needs Assessment, previous Stakeholder process, and the current WET Committee, It was determined that Placer County is in need of licensed social workers, certified/trained para-professional direct service staff and diverse staff who are bi-cultural/bi-lingual. There is a critical need for Psychiatric Nurses and Psychiatrists. In addition, there is an identified need for mental health trained supervisors and managers. Provide stipends/incentives to consumers and family members to provide a way to pursue a career in public mental health. Provide stipends/incentives to attract employees into the mental health field.

WET Budget

Action Item 1 - Education and Training Coordination and Implementation	
W.E.T Coordinator (.50 FTE)	$75,000.00
Admin. Staff (.25 FTE)	$15,000.00
Consumer Co-part (.50 FTE)	$30,000.00
Totals	**$120,000.00**
Action Item 2 - Consumer and Staff Development	
Trainings - To Be Determined	$8,000.00
Trainings - MI	$12,000.00
Trainings - To Be Determined	$8,000.00
Totals	$28,000.00
Action Item 3 - Leadership Development	
Speakers Bureau	$12,500.00
Leadership Training	$8,000.00
Totals	**$33,000.00**
Action Item 4 - eLearning Contract	
E-Learning Contract	$6,000.00
Totals	**$6,000.00**
Action Item 5 - Psychosocial Rehabilitation Certification	
CASRA, Peer To Peer, Peer Specialist	$30,000.00

Totals	**$30,000.00**
Action Item 6 - Outreach and Enhanced Career Tracts	
Speaking Engagements, Job Fairs, Information & Flyers	$1,000.00
Totals	**$1,000.00**
Action Item 7 - Increased Recruitment and Retention Efforts	
New Employee Packets, Video Production/Marketing	$20,000.00
Totals	**$20,000.00**
Action Item 8 - Internship Programs	
Paid Internships	$70,000.00
Group Supervision of interns	$58,000.00
Totals	**$128,000.00**
Action Item 9 - Stipends and/or Scholarships	
Funds for stipends and scholarships	$19,000.00
Totals	**$19,000.00**

PREVENTION AND EARLY INTERVENTION

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component is intended to prevent mental illnesses from becoming severe and disabling. PEI activities are historically combined under three (3) program areas: Ready for Success (primarily prevention), Bye-Bye Blues (primarily early intervention) and Bridges to Wellness (Outreach, Education, Suicide Prevention, and Stigma Reduction).

The funding parameters, laid out by the State Department of Health Care Services (DHCS), for the PEI program are as follows:

- All ages must be served
- All regions of the County must have access to services
- Disparities in access to services for underserved communities must be addressed

Prevention and Early Intervention activities are still in the selection process by means of the Request for Proposals (RFP). Below is a program summary for each area of PEI with examples of types of activities that are being solicited:

Program Type	Activity Areas
Prevention (Ready for Success)	• Parenting Services and Supports • Services and Supports for Youth/TAY • Culturally Relevant Integrated services (Outreach, Screening and Referral) • School Based Prevention Services
Early Intervention (Bye-Bye Blues)	• Perinatal Depression and Anxiety Disorder Screening and Treatment • Parenting Services and Supports • Services and Supports for Youth/TAY

	• School Based Intervention Services • Early Emergence Therapeutic Intervention (trauma-focused, short-term, focus on families, etc.)

Outreach, Education, Suicide Prevention, and Stigma Reduction
(Bridges to Wellness)
	• Targeted Outreach, Education, and Stigma Reduction
	  • MH Awareness Training
	  • Outreach to front line providers
	  • Culturally specific outreach
	• Suicide Prevention Training
	• Statewide PEI

PROGRAM 1: PREVENTION (READY FOR SUCCESS)

Prevention activities are intended to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The program shall emphasize 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.

Many prevention programs are designed to address the needs and priorities that were identified in the community planning process by providing culturally relevant outreach and education programs to those families whose children/youth are most at risk of school failure, juvenile justice involvement, and with stressed family situations. Specific age groups were identified to prioritize interventions where prevention programs would focus. It was determined that these age groups were "developmental" break points for children and young adults, and if addressed with the appropriate preventative strategies, these children/families could be strengthened and become more resilient to mental illness. Further, services would support a continuum of care for individuals and their families in their language and communities.

Activity 1: Parenting Services and Supports (Prevention)

The Plan will support parent and family programs that are tailored to strengthen the child and the family. These activities include access to parenting information and education to improve the coping skills of parents with children demonstrating early mental health or behavioral issues to create a better living environment for the family. These services would bolster protective factors and reduce risk factors.

Types of Activities:

Incredible Years

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

according to age. The programs in Placer will be delivered in a culturally competent, safe, nurturing setting at local Family Resource Centers and schools.

Activity 2: Services and Supports for Youth/TAY (Prevention)
The MHSA planning process brought to the surface the need to provide positive social skill training for youth at risk of school failure, living in stressed families, at risk of out of home placement and at risk of involvement in the juvenile justice system so that they would learn how to make positive decisions for themselves.

Types of Activities:

Child and Youth Support Services
For younger children, support services will be offered for those who are struggling in school due to stressful events and changes in the home. This is a conjunct activity to other therapeutic services.

For adolescents, support groups, peer-to-peer tutoring, youth leadership groups, mentoring, and workshops to address challenging cultural issues will be offered to those who have a higher risk of developing a mental illness.

Activity 3: Culturally Relevant Integrated Services: Outreach, Screening and Referral
Cultural brokering is used as a key approach to increase access to, and to enhance delivery of, culturally competent care. Cultural brokers can bridge groups that are historically underserved in the mental health systems (e.g., Native American, TAY, Older Adults, Latino, LGBTQ, etc.) allowing services to be tailored for specific underserved populations so that they are delivered in the most culturally competent manner.

Types of Activities:

Promator(a) Programs:
A Promotor(a) is a community health worker who is a trusted member of the community and serves as a link between people and services to promote the overall health of family, friends and neighbors. This creates effective linkages between vulnerable populations and the mental health care system. Promotor(a) have an essential role in outreach, engagement and reducing health care disparities.

Activity 4: School-Based Prevention Services (Prevention)
School-based services can reduce barriers for families and children to necessary mental health care by improving access and reducing stigma. Optimal programs to prevent or ameliorate mental health issues for children integrate universal prevention, selective prevention, early intervention services, and more intensive treatment. Universal prevention activities may include emotional regulation skill development, curriculum related to improved overall mental wellness and screening/evaluation for risk factors.

Types of Activities:

Multi-tiered System of Supports (MTSS)
Positive Behavioral Interventions and Supports (PBIS) framework will provide the scaffolding onto which schools will build the multi-tiered layers of support and prevention/early intervention services based on student social-emotional and mental health needs. Schools will be 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.

PROGRAM 2: EARLY INTERVENTION (BYE-BYE BLUES)

Early intervention is treatment and other services to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early interventions shall emphasize 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.

The community planning process prioritized programs focused on reducing depression, anxiety, early youth emotional disturbances, early psychotic symptoms, and suicide risk. Priority populations have been identified as trauma exposed individuals, individuals experiencing onset of serious psychiatric illness and individuals in stressed families. Additionally, it was recommended that more direct services be provided for intervention purposes.

Activity 1: Perinatal Depression and Anxiety Mood Disorder Screening and Treatment

This program aims to reduce depression, anxiety, and suicide through culturally and age appropriate services such as screening, assessment, evaluation, resources, short-term interventions, and home visitation for parents of children 0-5 years old. In addition, grief counseling will be available for loss of a child.

Activity 2: Parenting Services and Supports (Early Intervention)

The Plan will support parent and family programs that are tailored to strengthen the child and the family. These activities include access to parenting information and education to improve the coping skills of parents with children demonstrating mental health or behavioral issues to create a better living environment for the family.

Types of Activities:

Incredible Years/Dinosaur School
The child treatment program (Small Group Dinosaur) is used by counselors and therapists in a small group setting to treat children 3-8 years old with conduct problems, ADHD, and internalizing problems. The training strengthens children's social and emotional skills, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately.

The child programs will be offered in conjunction with the preschool or school age parenting program. The Incredible Years parent training intervention is a 12-week program focused on

strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The parent programs are grouped according to age. The programs in Placer will be delivered in a culturally competent, safe, nurturing setting at local Family Resource Centers and schools.

Activity 3: Services and Supports for Youth/TAY (Early Intervention)

The MHSA planning process brought to the surface the need to provide positive social skill training for youth at risk of school failure, living in stressed families, at risk of out of home placement and at risk of involvement in the juvenile justice system so that they would learn how to make positive decisions for themselves. These services are targeted for youth and families already demonstrating behavioral challenges

Types of Activities:

Transition to Independence Program

The Transition to Independence Process (TIP) model engages at-risk youth and young adults in the process of their own future planning, provides them with developmentally-appropriate services and supports, and involves them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to each of the transition domains -- employment, career-building, education, living situation, personal-effectiveness and quality of life, and community-life functioning. The TIP model uses a mental health service approach to aid transitioning youth to take the next step into adulthood. The focus of the program is to work to resolve the underlying family dysfunction that leads to these issues. By doing such, the outcome is a more resilient, healthier youth who chooses better pathways to adulthood.

Functional Family Therapy

Functional Family Therapy targets youth 11-18 years old and their families, whose issues range from behavioral challenges, conduct disorder, and/or substance abuse. The program will focus on a two-pronged approach of preventing youth with mental health and family issues from progressing to out of home placement situations as well as focusing on preventing youth from entering into deeper end services through Probation, Mental Health and Child Welfare due to their mental health and family dysfunction.

Activity 4: School-Based Prevention Services (Early Intervention)

School-based services can reduce barriers for families and children to necessary mental health care by improving access and reducing stigma. Optimal programs to prevent or ameliorate mental health issues for children integrate universal prevention, selective prevention, early intervention services, and more intensive treatment. Selective prevention/early intervention activities target students with identified risk factors and early impairment in functioning?

Types of Activities:

Multi-tiered System of Supports (MTSS)

Positive Behavioral Interventions and Supports (PBIS) framework will provide the scaffolding onto which schools will build the multi-tiered layers of support and prevention/early intervention

services based on student social-emotional and mental health needs. Schools will be 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.

Teaching Pro-Social Skills/Aggression Replacement Training
Teaching Pro-Social Skills 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.

Signs of Suicide
As a school-based suicide prevention program, Signs of Suicides addresses suicide risk and depression, while reducing suicide attempts.

Student Assistance Program
Student Assistance Program provides specific supports for youth who have exhibited behavioral problems, usually related to alcohol or other drug possession or use. Early onset mental disorders are linked to an increased risk for substance misuse, and, likewise, early substance misuse is linked to increased risk of developing a mental illness. The Student Assistance Program aims to improve behavioral health by delivering a teen substance abuse prevention and diversion program.

Activity 5: Early Emergence Therapeutic Interventions
These services are intended to reduce prolonged suffering that may result from an untreated mental illness by treating symptoms early in their emergence, or to provide services to bring about mental health improvement and related functional outcomes for individuals and members of groups or populations whose risk of developing a serious mental illness are significantly higher than average.

Types of Activities:

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Trauma Focused Cognitive Behavioral Therapy is a psychotherapy approach for adolescents and transition age youth who are experiencing significant emotional and behavioral difficulties related to traumatic life events. TF-CBT incorporates trauma-sensitive interventions with cognitive behavioral principles and techniques.

Road to Wellness
Road to Wellness group is designed for adults experiencing anxiety, stress, depression, anger, sleep disorders, fatigue, guilt or other feelings affecting their health and well-being. Road to Wellness is based on Cognitive Behavioral Therapy theory and practice.

PROGRAM 3: OUTREACH, EDUCATION, SUICIDE PREVENTION AND STIGMA REDUCTION (BRIDGES TO WELLNESS)
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 also includes

activie4s which promote acceptance, dignity and inclusion for individuals with mental illness and their family members.

Types of Activities:

Activity 1: Targeted Outreach, Education, and Stigma Reduction

Placer will continue with outreach to front line responders with mental health awareness training, Mental Health First Aid, and provide culturally relevant outreach, education and stigma reduction activities. In addition, Placer will maintain its Campaign for Community Wellness website to educate the community, as a whole, on the signs and symptoms of mental illness and guides to start conversations with those around them.

Activity 2: Suicide Prevention Trainings

Support for Suicide Prevention Trainings across the region will be provided.

Activity 3: Statewide PEI

Placer County will continue 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 on educating about suicide prevention and reducing stigma and discrimination related to mental illness. Placer County widely uses materials and websites created from these initiatives and we expect to continue.

Additional PEI Elements

Evaluation

In order to provide comprehensive outcome measurements, the CCW committee recommended and Leadership committee added more dollars in the area of evaluation. In addition to each program having an evaluation component within their program costs, an overall evaluation will be conducted for PEI efforts to determine effectiveness in the community.

Administration

A designated countywide coordinator is required to support the breadth of program activities in prevention and early intervention. The PEI coordinator leads quality improvement/assurance activities, evaluation efforts, and reports results.

	ESTIMATED NUMBER SERVED	BUDGET TOTAL	ESTIMATED COST PER PERSON
PREVENTION (Ready for Success)	1,300	$820,600	$631
EARLY INTERVENTION (Bye-Bye Blues)	675	$1,514,400	$2,243
OUTREACH,		$345,000	

EDUCATION, SUICIDE PREVENTION AND STIGMA REDUCTION (Bridges to Wellness)			
EVALUATION		$40,000	
ADMINISTRATION		$80,000	
TOTALS:		$2,800,000	

Prevention and Early Intervention Performance Outcomes for Fiscal Year 2012-2013 (FY12-13)

Placer County had thirteen (13) Prevention and Early Intervention activities in 2012-2013, serving 1,447 persons. Below is a highlight of the evaluation process and data for this time period. A comprehensive evaluation will be generated later this year and posted for public viewing.

PEI Demographic Information: July 1, 2012 to June 30, 2013	
Ethnicity:	
African American:	10
Latino:	477
Native American:	556
Caucasian:	350
Asian	12
Pacific Islander:	7
Multi-Ethnic:	26
Other:	9
Age:	
Child/Youth (0-15):	492
Transitional Age Youth (16-25):	355
Adult (26-59):	561
Older Adult(60+):	39
Gender	
Female:	893
Male:	554
Primary Language:	
Spanish:	418
English:	1024
Other:	5
Military Status (if known or disclosed):	

Active or Veteran:	21
Family of Active Military:	31

The data reflects over 70% of persons served are of ethnic groups (Native American and Latino) that are historically underserved in formal mental health systems, approximately 58% are under 26 years old, 62% are female, and approximately 30% were Monolingual Spanish. This reporting period was the first attempt to begin collecting data about Military Status.

FY12-13 was the start of a more standardized evaluation framework (i.e., logic model) for all MHSA activities. Activities were required to address the three (3) following questions: (1) What/how much did we do? (2) How well did we do it?, and (3) Is anyone better off/Did it make a difference? in evaluation reports. The model required standardized data points (demographic information above) for the first question but flexibility for the last two (2) dependent on activity.

Some of the highlights for questions 'How well did we do it?" and "Is anyone better off?":

- Sierra Native Alliance had 199 families participate in Positive Indian Parenting Program that provides culturally relevant parent education, case management, counseling, and advocacy services for Native American families. Of the 199 families participating, 195 or 98% reported a high level of satisfaction (i.e., 'very good' or 'excellent') with the services received. 56 of the 199 families participated primarily in community prevention activities, and 143 developed family wellness plans and participated in additional early-intervention services. Of the 143 families who developed wellness plans, 97% showed positive increases in parent protective factors and 96% made additional progress toward two (2) or more of their family wellness goals.

- KidsFirst, a local Family Resource Center, provided Maternal Depression counseling and support for parents (primarily the mother) of children ages 0-5. This program served 65 clients, over 50% being Latino, with counseling sessions. Of the clients who completed services during this reporting period, 87% met or partially met treatment goals, and 86% of clients that completed pre/post screenings demonstrated a reduction in systems of depression.

- Latino Leadership Council had 180 families participate in Spanish language Parent Project and counseling services. Parent Project is a parent education program aimed at helping parents to understand adolescent behavior and to implement strategies that improve behaviors and relationships among high risk families. Counseling services were provided to families that were not able to participate in Parent Project, due to the high level of conflict in the home or mental status of a family member. Each Parent Project session has been successful, not only with outcomes experienced by the adults and the youth, but each session serves to promote this program to others who are struggling in the community. One father stated: "We come here to Parent Project hoping that you will fix our kids so that we can be a happy and close family, but little did I know you would change me too. And I've changed for the better, which is why things are better at home.

- KidsFirst also provided Incredible Years (IY) and Dina Dinosaur School (Dina) to over 119 participants, representing 94 families, 20 of whom were children enrolled in the Dina Program. Incredible Years is parent training course for parents/caregivers of children ages 3-12 and Dina Program is a social skill group for children ages 5-8 with challenging behaviors. Each program is 2 hours per week for 12 weeks. 100% of children enrolled in Dina completed the group, and 69% of regular participants completed the IY program. 65% of those parents who completed the pre/post screening demonstrated a decreased level of child conduct disorder and a decreased impact of the behavior on the parent. Parents who completed a satisfaction survey reported an average of 94% of satisfaction of the IY program, and reported that group discussion was the most helpful part of services.

INNOVATION

The Mental Health Services Act (MHSA) Innovation (INN) component is a project that a county designs and implements for a defined time period and evaluates to develop new best practices in mental health.

At this time, Placer County does not have a new Innovation plan for public review. The current Innovations Project will end on September 30, 2014. In conjunction with the community stakeholder group, and support of the Mental Health Services Oversight and Accountability Commission (MHSOAC), an Innovative Project will be developed over the next several months. When this component plan is created, and pursuant to WIC §5848, the plan will be posted for review and public comment prior to being submitted to the Board of Supervisors for approval and to the MHSOAC for adoption.

BUDGETS ATTACHED

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

County: Placer Date: 7/16/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,415,364	4,138,519	885,215	111,843	2,496,024	
2. Estimated New FY2014/15 Funding	8,227,004	2,193,868	548,467			
3. Transfer in FY2014/15						
4. Access Local Prudent Reserve in FY2014/15						
5. Estimated Available Funding for FY2014/15	20,642,368	6,332,387	1,433,682	111,843	2,496,024	
B. Estimated FY2014/15 MHSA Expenditures	8,900,426	2,800,000	775,000	111,843	334,227	
C. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,741,942	3,532,387	658,682	-	2,161,797	
2. Estimated New FY2015/16 Funding	7,157,494	1,908,665	477,166			
3. Transfer in FY2015/16						
4. Access Local Prudent Reserve in FY2015/16						
5. Estimated Available Funding for FY2015/16	18,899,436	5,441,052	1,135,848	-	2,161,797	
D. Estimated FY2015/16 MHSA Expenditures	9,300,426	2,800,000	775,000	-	200,000	
E. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,599,010	2,641,052	360,848	-	1,961,797	
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	17,329,103	4,702,410	876,188	-	1,961,797	
F. Estimated FY2016/17 MHSA Expenditures	9,300,426	2,800,000	775,000	-	200,000	
G. Estimated FY2016/17 Unspent Fund Balance	8,028,677	1,902,410	101,188	-	1,761,797	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	2,620,148
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	2,620,148
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	2,620,148
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	2,620,148

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: 7/16/14

	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	2,025,190	1,109,190	474,000		367,000	75,000
2. Adult, Tay, Older Adult	4,059,926	3,820,926	239,000			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18. Evaluation Child FSP		20,000				
19. Evaluation Adult FSP		40,000				
Non-FSP Programs						
1. System Transformation	3,206,397	3,206,397				
2. Over-the-Counter Program	679,000	679,000				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19. Evaluation System Transformation		50,000				
DSS Administration	450,913	374,913	76,000			
DSS MHSA Housing Program Assigned Funds	-					
Total DSS Program Estimated Expenditures	10,531,426	9,300,426	789,000	-	367,000	75,000
FSP Programs as a Percent of Total	53.01%					

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: 7/16/2014

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. MH Career Planning	33,000	33,000				
2. Consumer and Staff Development	33,000	33,000				
3. Training Support	33,000	33,000				
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20.	-					
WET Administration	12,843	12,843				
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: 7/16/14

	Fiscal Year 2014/15					
	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. Ready for Success	820,600	820,600				
2. Bridges to Wellness	345,000	345,000				
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10. Evaluation	20,000	20,000				
PEI Programs - Early Intervention						
11. Bye Bye Blues	1,514,400	1,514,400				
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20. Evaluation	20,000	20,000				
PEI Administration	80,000	80,000				
PEI Assigned Funds	-					
Total PEI Program Estimated Expenditures	2,800,000	2,800,000	-	-	-	-

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

County: Placer

Date: 7/16/14

	Fiscal Year 2014/15					
	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	715,000	715,000				
2.	-					
3.	-					
4.	-					
5.	-					
6.	-					
7.	-					
8.	-					
9.	-					
10.	-					
11.	-					
12.	-					
13.	-					
14.	-					
15.	-					
16.	-					
17.	-					
18.	-					
19.	-					
20. Evaluation	20,000	20,000				
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	775,000	775,000	-	-	-	-

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Placer County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Maureen F Bauman	Name: Andrew Sisk
Telephone Number: 530 889-7256	Telephone Number: 530 889-4160
E-mail: mbauman@placer.ca.gov	E-mail: asisk@placer.ca.gov
Local Mental Health 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
Local Mental Health Director (PRINT)

Mau Ba 9/5/14
Signature Date

I hereby certify that for the fiscal year ended June 30, 2014, 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 11/18/13 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2014, 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 / City Financial Officer (PRINT)

Andrew C. Sisk 9/8/14
Signature Date

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: __Placer_____

☒ Three-Year Program and Expenditure Plan
☐ Annual Update

Local Mental Health Director

Name: Maureen Bauman, LCSW MPA

Telephone Number: (530) 889-7256

E-mail: mbauman@placer.ca.gov

Local Mental Health Mailing Address:

11512 "B" Avenue
Auburn, CA 95603

Program Lead

Name: Kathie Denton, LCSW

Telephone Number: (530) 889-2974

E-mail: kdenton@placer.ca.gov

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The three-year program and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 23, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Maureen Bauman, LCSW MPA

Local Mental Health Director (PRINT)

Maureen Bauman 9/24/14

Signature Date

COUNTY OF PLACER
BOARD OF SUPERVISORS
TUESDAY, SEPTEMBER 23, 2014
SUMMARY ACTION
9:00 a.m.

Jack Duran, District 1, Chairman
Robert Weygandt, District 2
Jim Holmes, District 3
Kirk Uhler, District 4, Vice Chairman
Jennifer Montgomery, District 5

David Boesch, County Executive
Holly Heinzen, Chief Assistant County Executive Officer
Gerald O. Carden, County Counsel
Ann Holman, Clerk of the Board

County Administrative Center, 175 Fulweiler Avenue, Auburn, CA 95603

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection at the Clerk of the Board of Supervisors Office, 175 Fulweiler Avenue, Auburn, during normal business hours. Placer County is committed to ensuring that persons with disabilities are provided the resources to participate fully in its public meetings. If you are hearing impaired, we have listening devices available. If you require additional disability-related modifications or accommodations, including auxiliary aids or services, please contact the Clerk of the Board. If requested, the agenda shall be provided in appropriate alternative formats to persons with disabilities. All requests must be in writing and must be received by the Clerk five business days prior to the scheduled meeting for which you are requesting accommodation. Requests received after such time will be accommodated only if time permits.

9:00 a.m.

FLAG SALUTE – Led by Chairman Duran.

STATEMENT OF MEETING PROCEDURES - Read by Clerk.

PUBLIC COMMENT: 1) Madeline Miller, on behalf of Roseville Community School (RCS), provided a history of the school and requested a representative of RCS on the proposed Placer County Fair Revitalization Committee.
2) Deborah Toohey, owner of imagePathways and representing Citizens for a Drug Free Newcastle, expressed concern of a Smoke Shop opening in the "Old Town" Historic District of Newcastle and asked for help to come up with options and solutions to keep their town healthy and safe. Chairman Duran suggested Ms. Toohey provide contact information to his Aide, Cristina Rivera, and she ask the Planning and Code Enforcement Departments to meet with her. Supervisor Holmes said his staff is already involved in discussions with the Planning Department on the issue.
3) Bill Clark, representing the Squaw Valley Ski Museum Foundation, requested a meeting between the Board and the Foundation to have a discussion on the pros and cons of a location and come up with a solution.

SUPERVISOR'S COMMITTEE REPORTS – None.

TIMED ITEMS TO BE DISCUSSED AT THE TIME SHOWN

9:05 a.m.

1. **BOARD OF SUPERVISORS**
   a. **Commendation**
      1. Presentation of a Commendation honoring Rui Cunha, Assistant Director of Emergency Services, for his dedicated service to Placer County.

9:10 a.m.

2. **BOARD OF SUPERVISORS**
   a. **Commendation**
      1. Presentation of Commendation to recognize Jayne Goulding for more than 40 years of service to the citizens of Placer County.

9:20 a.m.

3. **FACILITY SERVICES**

a. **Annexation of Lynch Property to County Sewer Maintenance District 3**
   1. Public Hearing closed, Resolution 2014-197 adopted annexing the property owned by Marcia T. Lynch, APN 037-111-001-000, located on Peach Drive in the Horseshoe Bar area, into the boundaries of Placer County Sewer Maintenance District 3 (SMD 3) at no net County cost.

MOTION Holmes/Montgomery/Unanimous VOTE 4:0 (Uhler temporarily absent)
AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

9:45 a.m.

4. **COUNTY EXECUTIVE**
   a. **Placer County Peace Officers' Association Appeal Hearing**
      1. Denied the appeal by Placer County Peace Officers' Association of Denial of Unit Modification Petition, the parties requested that the Board of Supervisors decide whether the PCPOA's petition was properly filed pursuant to the County's Employer-Employee Relations Policy.

MOTION Holmes/Weygandt/Unanimous
AYES: Duran, Weygandt, Holmes, Uhler, Montgomery

DEPARTMENT ITEMS TO BE CONSIDERED FOR ACTION AS TIME ALLOWS

DEPARTMENT ITEMS

5. **BOARD OF SUPERVISORS**
   a. **Minutes**
      1. Approved minutes of July 8, 2014. Supervisors Weygandt and Montgomery absent.

MOTION Uhler/Holmes/Unanimous
AYES: Duran, Weygandt, Holmes, Uhler, Montgomery

5.1. **COUNTY EXECUTIVE/EMERGENCY SERVICES**
   a. **Proclaim a Local Emergency, King Fire**
      1. Resolution 2014-196 adopted proclaiming a local emergency in Placer County due to the King Fire.

MOTION Montgomery/Uhler/Unanimous
AYES: Duran, Weygandt, Holmes, Uhler, Montgomery

6. **FACILITY SERVICES/ENVIRONMENTAL ENGINEERING**
   a. **Auburn Jail Lift Station Improvements Project No. 4855, Construction Award**
      1. Awarded the bid for construction of the Auburn Jail Lift Station Improvements Project No. 4855 (Project), to Vinciguerra Construction (Vinciguerra) from Sutter Creek, CA in the amount of $844,088 funded within the Capital Project Budget with previously budgeted net County cost.
      2. Resolution 2014-198 adopted authorizing the Director of Facility Services, or designee, to execute a contract with Vinciguerra and any required change orders consistent with the County Purchasing Manual and Section 20142 of the Public Contract Code in an amount not to exceed $945,000 which includes the base contract ($844,088) and an approximate 12% contingency, upon approval of County Counsel and Risk Management.

MOTION Montgomery/Holmes/Unanimous VOTE 4:0 (Uhler absent)
AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

   b. **Donation of a Mobile Water Purification System**
      1. Accepted a donation of a Mobile Water Purification System with a value of $49,950 from Raley's and add this equipment to the Master Fixed Asset List at no net county cost.
      2. Authorized the Chairman to sign the Memorandum of Understanding between Placer County and Raley's.

MOTION Holmes/Weygandt/Unanimous VOTE 4:0 (Uhler absent)
AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

7. **HEALTH & HUMAN SERVICES**
   a. **Health & Human Services/Administrative Services, Consultant Contract, Marbut Consulting, Homeless Needs Assessment and Action Plan**

1. Approved a contract with Marbut Consulting to provide a homeless needs assessment and action plan not to exceed $49,500 and authorized the Director of Health and Human Services to sign the resulting contract and subsequent amendments up to 10 percent of the original contract amount, consistent with the contract's subject matter and scope of work.

MOTION Montgomery/Holmes/Unanimous VOTE 4:0 (Uhler absent)

AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

b. **Adult and Children's System of Care, Placer County Mental Health Services Act Plan 2014-2017 and Expenditure Plan**

1. Adopted the Placer County Mental Health Services Act Plan 2014-2017 and Expenditure Plan.

MOTION Montgomery/Holmes/Unanimous VOTE 4:0 (Uhler absent)
AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

c. **Adult and Children's System of Care, Mental Health Service Act Contracts and Two Budget Revisions**

1. Approved the award of Request for Proposals (RFP) No. 10351 for Mental Health Services Act (MHSA) to the 12 proposers identified in Attachment 2;

2. Approved the 12 contracts identified in Attachment 2 awarded as a result of RFP No. 10351 to provide MHSA services from October 1, 2014 through June 30, 2016 in an aggregate amount not to exceed $12,771,463 ($190,657 net County cost), and authorized the Director of Health and Human Services to sign the agreements and subsequent amendments up to a total of 10 percent or $49,999, whichever is less, of each contract amount, consistent with the current agreements' subject matter and scope of work;

3. Approved the six sole source contracts identified in Attachment 3 to provide MHSA services from October 1, 2014 through June 30, 2016 in an aggregate amount not to exceed $1,931,550 ($12,000 net County cost), and authorized the Director of Health and Human Services to sign the agreements and subsequent amendments up to a total of 10 percent or $49,999, whichever is less, of each contract amount, consistent with the current agreements' subject matter and scope of work;

4. Approved two budget revisions to appropriate $1,393,848 in Mental Health Services Act and Federal Medi-Cal funds and corresponding expenditures to the Department's FY 2014-15 Final Budget.

MOTION Weygandt/Montgomery/Unanimous VOTE 4:0 (Uhler absent)

AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

d. **Adult and Children's System of Care, Contracts, Mental Health Services Act FY 2014-16**

1. Approved the award of Request for Proposals (RFP) No. 10345 for Adult and Children's Specialty Mental Health Services to Sierra Mental Wellness Group and FamiliesFirst, Inc., dba EMQ FamiliesFirst, and

2. Approved contracts from October 1, 2014 through June 30, 2016 and authorized the Director of Health and Human Services to sign subsequent amendments up to a total of $49,999 per contract, consistent with the agreements' subject matter and scope of work:

   a. Specialty mental health services for adults in Placer County and triage services for transitional age youth and adults to Sierra Mental Wellness Group, for a total not to exceed $1,829,756.

   b. Specialty mental health services for children in Placer County to FamiliesFirst, Inc., dba EMQ FamiliesFirst, for a total not to exceed $1,782,721.

MOTION Holmes/Montgomery/Unanimous VOTE 4:0 (Uhler absent)
AYES: Duran, Weygandt, Holmes, Montgomery
ABSENT: Uhler

CONSENT AGENDA – Consent Agenda approved with action as indicated.
MOTION Montgomery/Weygandt/Unanimous
AYES: Duran, Weygandt, Holmes, Uhler, Montgomery

8. ORDINANCE – Second Reading:
   a. County Executive, FY 2014-15 Final Budget, Personnel Allocations

      1. Ordinance 5753-B adopted amending the personnel allocations of various departments to reflect position changes approved for the FY 2014-15 Final Budget.

   b. County Executive, Ordinance to Amend Salary Plan and Grade
      1. Un-codified Ordinance 5754-B adopted to amend the Unclassified Service, Schedule of Classifications Ordinance to change the Salary Plan and Grade for Film Office Program Manager from Unclassified Service (UNCL, U24), to Unclassified Management Service (MGMT, 420).

   c. County Executive, Un-codified Ordinance to amend the Unclassified Service
      1. Un-codified Ordinance 5755-B adopted to amend the Unclassified Service Schedule of Classifications Ordinance deleting the Assistant Assessor allocation (MGMT, 474), and adding a Chief Deputy Assessor allocation (MGMT, 476).

9. BOARD OF SUPERVISORS
   a. Minutes
      1. Approved minutes of August 26, 2014.

   b. Commendation
      1. Approved a Commendation recognizing Norm Sayler on his 80th birthday.

10. CLAIMS AGAINST THE COUNTY
   a. Rejected the following claims, as recommended by the offices of County Counsel and Risk Management:
      a. 14-063, Brown, Julie, $1,000,000, (Bodily Injury)

11. COMMITTEES & COMMISSIONS
   a. Tahoe Cemetery District
      1. Approved the appointment of Logan Ann Carnell to Seat #2, as requested by Supervisor Montgomery.

12. COMMUNITY DEVELOPMENT RESOURCE AGENCY
   a. Engineering & Surveying Division, Morgan Ranch Phase 1 (Previously Whisper Creek) Tract No. 1010
      1. Approved the recordation of the Final Map for Morgan Ranch Phase 1.
      2. Approved the recordation of the Subdivision Improvement Agreement.

      There is no net County cost associated with these actions.

13. COUNTY EXECUTIVE
   a. Administration, Capital Facilities Impact Fee Annual Report
      1. Resolution 2014-192 adopted accepting the Placer County Capital Facilities Impact Fee Annual Report for FY 2013-14 as required by the County Public Facilities Fee ordinance to identify collected development fees and to record the annual cost of living adjustment (2.1%).

   b. Responses to Placer County Grand Jury 2013-14 Final Report
      1. Authorized the Chair to sign six letters in response to the Placer County Grand Jury's 2013-14 Final Report.

   c. Merits - Approved a 5% merit increase for the following employees as recommended by the County Executive Officer:
      1. Ralph D. Gibson, Museums Administrator, Grade 441 Step 1 at $41.50 per hour, to Grade 441 Step 2 at $43.59 per hour, effective September 20, 2014 and;
      2. Gerald O. Carden, County Counsel, Grade 691 Step 3 at $93.65 per hour, to Grade 691 Step 4 at $98.34

per hour, effective June 28, 2014 and;

3. EJ Ivaldi, Deputy Director (Planning), Grade 467 Step 1 @ $53.77 per hour, to Grade 467 Step 2 @ 56.47 per hour, effective September 20.

14. DISTRICT ATTORNEY
    a. Alcohol & Drug Impaired Driver Vertical Prosecution Program Grant
        1. Approved an agreement authorizing the District Attorney, to sign the Grant Award Agreement for the Alcohol & Drug Impaired Driver Vertical Prosecution Program Grant in the amount of $332,462 from October 1, 2014 to September 30, 2015
        2. Approved a Budget Revision in the amount of $332,462 to increase revenue & expenditures for the acceptance of the Grant Award Agreement.

15. FACILITY SERVICES/ENVIRONMENTAL ENGINEERING
    a. Meadow Vista Transfer Station Improvements Project No. 4903
        1. Approved the Plans and Specifications and authorize staff to solicit bids for the Meadow Vista Transfer Station Improvements Project No. 4903, estimated at a cost of $510,000, with no net county cost.

16. HEALTH & HUMAN SERVICES
    a. Adult System of Care, Performance Agreement, California Department of Health Care Services FY 2014-15
        1. Approved the FY 2014-15 Performance Agreement with California Department of Health Care Services (DHCS) that sets forth the conditions and requirements for Placer County's mental health programs, and authorized the Director of Health and Human Services to sign subsequent amendments.

    b. Adult System of Care, Contract, Sugden Psychiatric Services, Inc., Provide After-Hours Psychiatric Services
        1. Approved a contract with Sugden Psychiatric Services, Inc. for the provision of after-hours psychiatric services from October 1, 2014 through June 30, 2015 for a total contract amount not to exceed $49,500, and authorized the Director of Health and Human Services to sign the contract and subsequent amendments not to exceed a cumulative total of 10 percent of the original contract total, consistent with the original agreement's subject matter and scope of work.

    c. Adult System of Care/In-Home Supportive Services, In-Home Supportive Services Public Authority Advisory Committee
        1. Approved reappointment of Margaret Ann Sharpan, who represents District 1, to Seat #6 on the In-Home Supportive Services Public Authority Advisory Committee, representing an IHSS service provider.

    d. Children's System of Care, Re-Designate Certain Fire Stations as Newborn Safe Surrender Sites in Placer County
        1. Resolution 2014-193 adopted to re-designate certain fire stations as Newborn Safe Surrender Sites within Placer County.

17. LIBRARY
    a. Tahoe City Library Closure
        1. Approved the closure of the Tahoe City Library for up to a maximum of seven days, to be determined based on carpet installation schedule, between September 30, 2014 and October 14, 2014.

18. PROBATION
    a. Resolution in support of Community Recidivism Reduction Grant
        1. Resolution 2014-194 adopted authorizing the Chief Probation Officer in collaboration with the Community Corrections Partnership to accept Community Recidivism Reduction grant funds from the Board of State and Community Corrections and to allow the Chief Probation Officer to execute related agreements and to take all necessary steps to distribute grant funds to nongovernmental agencies in accordance with California Penal Code 1233.10 et al.

19. PROCUREMENT SERVICES - In accordance with County Policy, non-contested competitively awarded bids under $400,000 are placed on the Consent Agenda.

a. Approve Change Order, Administrative Services/I.T.

1. Approved Change Order No. 1 to Blanket Purchase Order No. BP021123 with Randstad Technologies of Sacramento, CA for information technology support services to increase the blanket purchase order amount by $150,000 resulting in a new maximum amount of $400,000, funded by the Administrative Services FY2014-15 budget with no new net County cost, and authorized the Purchasing Manager to sign the resulting change order.

2. Approved the option to renew the blanket purchase order for one additional one-year period from January 1, 2015 through December 13, 2015 provided that the renewal amount does not exceed 10 percent of the recommended BPO amount of $400,000, funded by the Administrative Services proposed FY2105-16 budget; and authorized the Purchasing Manager to sign the resulting Blanket Purchase Order.

b. Approve Change Order, Administrative Services/I.T.

1. Approved Change Order No. 2 to Blanket Purchase Order No. 21108 with SymSoft Solutions, LLC, of Sacramento, CA for consultant services in support of the Administrative Services Department's Information Technology Division with a budgeted net County cost of $75,000 for a revised maximum BPO amount of $275,000 and authorized the Purchasing Manager to sign the resulting change order and,

2. Approved the option to renew the blanket purchase order for one additional one-year period from January 1, 2015 through December 13, 2015 provided that the renewal amount does not exceed 10 percent of the recommended BPO amount of $275,000, funded by the Administrative Services proposed FY2105-16 budget; and authorized the Purchasing Manager to sign the resulting Blanket Purchase Order.

c. Award Blanket Purchase Order, Probation/Facility Services/Sheriff

1. Approved the award of a blanket purchase order using a County of Santa Clara competitively bid public agency agreement to SAC-VAL Janitorial Supply of Sacramento, CA for janitorial supplies in the maximum amount of $225,000, for the period of October 1, 2014 through August 1, 2015, funded by the Facility Services, Probation, and Sheriff's Office FY2014-15 budgets with no new net County cost, and authorized the Purchasing Manager to sign the related blanket purchase order.

d. Approve Change Order, Sheriff

1. Approved Change Order No. 1 to Blanket Purchase Order No. 20928 with Herberger's Elk Grove Funeral Chapel of Elk Grove, CA for diener services increasing the BPO amount by $40,700, resulting in a new maximum amount of $147,700, funded by the Sheriff's Office FY 2014-15 Final Budget, with no new Net County Cost, and authorized the Purchasing Manger to sign the resulting change order.

e. Approve Change Order, Sheriff

1. Approved Change Order No. 1 to Blanket Purchase Order No. 20964 with Herberger's Elk Grove Funeral Chapel of Elk Grove, CA for morgue transportation services increasing the BPO amount by $10,000, resulting in a new maximum amount of $59,000, funded by the Sheriff's Office FY 2014-15 Final Budget, with no additional Net County Cost, and extending the BPO through November 30, 2014, and authorized the Purchasing Manger to sign the resulting change order.

f. Approve Technical Budget Revision, Administrative Services/Telecommunications, Countywide Radio Project

1. Approved a Technical Budget Revision within the appropriate accounts of the Countywide Radio Budget in the amount of $19,711;

2. Approved a modification of the appropriate components to the County's Master Fixed Asset

List.

20. REVENUE SHARING – In approving the following appropriations, the Placer County Board of Supervisors makes the finding that each and every approved contribution serves a public purpose by promoting the general welfare of the County and its inhabitants; therefore, the County benefits.
    a. Approved appropriation of $750 in Revenue Sharing monies to The Bucks Booster Club for the Alta Vista Community Charter School Kitchen Project Fundraiser, as requested by Supervisor Holmes ($500) and Supervisor Uhler ($250).

    b. Approved appropriation of $1,250 in Revenue Sharing monies to the Lincoln Area Chamber of Commerce for the Annual Lincoln Showcase, as requested by Supervisor Weygandt ($1,250).

21. SHERIFF
    a. California State Department of Recreation, Off-Highway Motor Vehicle Grant
        1. Resolution 2014-195 adopted authorizing the Sheriff to execute the grant award from the Off-Highway Motor Vehicle (OHV) Grant administered by the Off-Highway Motor Vehicle Recreation Division with the California Department of Parks and Recreation; approved the Budget Revision to increase revenue and expenditures for the Grant amount of $44,239 for FY 2014-15, commencing July 1, 2014 to June 30, 2015.

*****End of Consent Agenda*****

ADJOURNMENT – Next regular meeting is Tuesday, October 7, 2014.

BOARD OF SUPERVISORS' 2014 MEETING SCHEDULE:
October 7, 2014
October 20, 2014 (Tahoe)
October 21, 2014 (Tahoe)