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Greetings,

Welcome to the Placer County Mental Health Services Act Fiscal Year (FY) 2020-2023 3-Year Plan. Since the passage of the Mental Health Services Act (MHSA) in 2004, Placer County Systems of Care have diligently worked to integrate the transformational principles of the MHSA throughout the public behavioral health system. The next three years will be critical for our community to continue to be creative, flexible, and collaborative as we face the Behavioral Health challenges that have/will face us during the COVID-19 pandemic, specifically, the increased need for services as we face reduced revenues. We will need to make strategic reductions and maintain critical services the community relies on. The Systems of Care will continue to consider and integrate the needs of diverse individuals, families, and communities into all aspects of program development, implementation, and evaluation as we navigate these unprecedented circumstances.



This Report highlights the accomplishments of the FY 2018-2019 and details the stakeholder informed and approved FY 2020-2023 3-Year Plan. As in years past, we would first like to acknowledge the many community stakeholders for their input to the MHSA 3-Year Program and Expenditure Plan, and their continued commitment to the Campaign for Community Wellness (CCW). We also thank the very hardworking public and community-based providers for the support and services provided to those with or at risk of mental health concerns. It is truly a combined and sustained effort. Our goal is for each Placer resident to experience support and wellness in our community.

There continues to be concerted effort to address housing for those with mental health concerns. MHSA funds have been allocated to purchase a small housing project (up to 6 beds) in the Truckee/Tahoe Region and a 10-15 bed Adult Residential Care Facility in Western Placer County.

Prevention and Early Intervention Services served over 3,700 people, with at least 70% of those being children, young adults, and their families. Addressing mental health concerns as early as possible, or preventing them from becoming more serious, has been shown to lead to better developmental outcomes for children and youth, and results in healthier communities overall.

Lastly, Placer County has maintained a highly successful Innovation Project that has been combined with the Whole Person Care grant to create services to those who are homeless, with chronic health conditions and who were previously un/underserved. Since beginning enrollments in April 2017, 206 people have been enrolled in Comprehensive Complex Care Coordination. Placer County is seeking additional funding sources to maintain the most effective portions of these services, as the Whole Person Care grant ends in December of 2020.

While the next 3 years may be challenging- Placer has excellent partnerships and services who will help our community continue to thrive and grow. Our ability to evaluate programs has improved and we will use a data informed approach and community input to make any necessary changes.

Amy Ellis, MFT
Director, Adult System of Care

Twylla Abrahamson, Ph.D.
Director, Children's System of Care

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: PLACER

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director	Program Leads
Name: Amy Ellis, MFT	Name: Sue Compton, MHSA Coordinator
Telephone Number: (530) 889-7256	Telephone Number: 530-889-7222
E-mail: arellis@placer.ca.gov	E-mail: scompton@placer.ca.gov
Local Mental Health Mailing Address:	
11512 B Avenue Auburn, CA 95603	

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 non-supplantation 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 [to be determined].

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.

Amy Ellis, MFT

[to be signed after BOS approval]

Mental Health Director (PRINT)

Signature

Date

XX Sue working on MHSA County Fiscal Accountability Certification

MENTAL HEALTH SERVICES ACT

Introduction and Overview

INTRODUCTION

The Placer County Mental Health Services Act (MHSA) FY 2020-2023 Three Year Program and Expenditure Plan was developed and implemented by a broad range of community members and providers, including the members of the Campaign for Community Wellness (CCW). Thank you for your time and effort in creating an accessible, quality, and culturally responsive mental health system of care.

This MHSA FY 2020-2023 Three Year Program and Expenditure Plan serves three purposes: 1) it provides a program description, target population and demographic information for the MHSA services provided in FY 2018-2019; 2) it includes the budget for services in fiscal years 2020-2021 through 2022-2023 and 3) outlines program descriptions for services in fiscal years 2020-2021 through 2022-2023.

MHSA FY 2020-2023 3-YEAR PLAN OVERVIEW

In November 2004, Proposition 63 was approved by California voters, to increase taxes for persons earning over \$1,000,000 per year. This 1% tax was designed to expand and transform mental health services throughout the state. The additional state revenue is allocated to each county mental health program to expand services to persons with a mental health disorder, or at risk for developing a mental health disorder, including persons who are unserved and/or underserved. The Department of Health Care Services (DHCS), and the Mental Health Services Oversight and Accountability Commission (MHSOAC) have created extensive regulations for planning, implementing, and evaluating MHSA services.

The overall vision of MHSA is to engage stakeholders to be involved throughout the planning, implementation, and evaluation of MHSA activities to help ensure that services are delivered to individuals in the counties who are unserved and/or underserved. There is a special emphasis to provide outreach and expand mental health services to include culturally diverse communities, all ages, gender identities, and sexual orientations.

MHSA provides an ongoing vision of wellness, recovery, and resilience, with a focus on client and family-driven services. In addition, MHSA has provided opportunities for transforming the mental health system utilizing the MHSA principles. MHSA has facilitated an increase in community collaboration and

partnerships, expanded services to unserved populations, and improved access to services.

There are six (6) components of this 3-Year Plan: 1) Community Services and Supports (CSS); 2) Prevention and Early Intervention (PEI); 3) Innovation; 4) Workforce Education and Training, 5) Housing (One-Time Funds); and 6) Capital Facilities and Technological Needs (CFTN).

MHSA PRINCIPLES

Transformation of the public mental health system relies on several key principles:

- Community collaboration to develop a shared vision for mental health services
- Cultural and linguistic competence to effectively serve underserved communities
- Individual/family-driven programs that empower participation in their recovery
- Wellness focus that includes concepts of resilience and recovery
- Integrated services that place mental health services in locations where participants obtain other critical services
- Outcomes-based design that demonstrates the effectiveness of MHSA services

MHSA COMPONENTS

An overview of the MHSA components is provided below. Specific information on each program, and the county and provider activities that deliver services within each component, are described in detail later in this plan.

Community Services and Supports (CSS)

CSS activities are intended to expand and transform services provided for children youth, adults, and older adults living with a Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) towards recovery-oriented services. Funding categories include Full-Service Partnership (FSP), Systems Development/Transformation, and Outreach and Engagement.

Prevention and Early Intervention (PEI)

PEI funds are intended to reduce risk factors and promote protective factors to increase the well-being of individuals prior to the development of a Serious Mental Illness. Programs are primarily provided in the community, targeting populations that have risk factors for developing a mental illness. PEI categories have been expanded to include Prevention; Early Intervention; Outreach for

Increasing Early Recognition of Mental Illness; Stigma and Discrimination Reduction; Suicide Prevention; and Access and Linkage to Treatment.

Innovation (INN)

Innovation projects are defined as creative, innovative, and/or inventive mental health treatment strategies / approaches that are expected to contribute to learning how to increase access to underserved groups; improve the quality of services, including better outcomes; promote interagency collaboration; and/or increase services.

Workforce Education and Training (WET)

WET is designed to address mental health workforce issues that may include: a shortage of mental health workers; a lack of diversity in the mental health workforce; under-representation of mental health staff with consumer and family member experience; and experience in racially, ethnically, and/or culturally-diverse communities.

Capital Facilities and Technology Needs (CFTN)

Capital Facilities (CF) funds are to develop or improve buildings used for the delivery of MHS services and/or for administrative offices. Technological Needs (TN) funds are to develop and/or improve computer and technology capacity, such as electronic health records (EHR). Placer County's CFTN plan, related to AB114, was adopted on June 5, 2018 and outlined expenditures. This document will lay out additional CFTN activities for FY 2020-2023.

Housing (One-Time Funds)

Placer County obligated its original MHS Housing Program monies; these were one-time funds for the development of two (2) housing projects. Placer County assigned their funds to the California Housing Finance Authority (CalHFA), which is currently the Agency responsible for the management of the program funds. The County has an agreement to assure supportive services are offered to the residents of both housing projects. CalHFA returned unused funds which were applied to development of a third housing project in FY 2019-2020.

PLACER MHSA PLANNING AND FUNDING – HISTORICAL ACTIVITIES

When the Mental Health Services Act (Prop 63) was approved by voters in 2004, Placer County conducted an extensive community planning process to develop plans for each MHSA component.

- The first 3-Year Plan was initially developed for CSS services in 2005. The other components had separate plans developed over the next few years (i.e., PEI, INN, WET, CFTN, Housing).
- In 2014, Placer County conducted another extensive community planning process to develop the FY 2014-2017 MHSA 3-Year Plan.
- In 2017, Placer County conducted another extensive community planning process to develop the FY 2017-2020 MHSA 3-Year Plan.
- In June 2018, the Board of Supervisors approved a plan to address funds subject to reversion as defined by AB114.
- This current plan highlights the accomplishments of the FY 2018-2019 and details services being provided in all MHSA components within the stakeholder informed and approved FY 2020-2023 MHSA 3-Year Plan.

MHSA COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

MHSA COMMUNITY PROGRAM PLANNING

County Demographics and Description

Placer County is located in Northern California, 30 miles northeast of Sacramento, with an estimated population of 398,329 (Source: Census.gov). The county has a total geographical area of 1,502 square miles and it stretches from the suburbs of Sacramento to Lake Tahoe and the Nevada border.

According to the 2019 US Census Quick Facts and CA Department of Finance, approximately 58% of the county's population are adults ages 18-64 years, and 19.9% are older adults, ages 65 years or older. 22.1% of the population is under 18 years of age. The majority of persons in Placer County are White (71.5%), not Hispanic or Latino, which represents a slight decrease (2.6%) from the 2013 American Community Survey. Hispanic persons represent 14.4% of the population, and as a result, Spanish is Placer's only threshold language. However, according to the Department of Finance, the Asian and Pacific Islander population in Placer County is the fastest growing ethnic group, increasing from 5.9% in 2010 to 8.5% of the population in 2019. An estimated 51.2% of Placer County's population is female. Approximately 7.1% of the population lives below the poverty level, a decrease of .7% since 2017. In 2018, approximately 34,207 veterans lived in Placer County.

The western third of the county has the highest density of population, with over 68% of the population of the county and serves as a bedroom community to Sacramento. The remaining eastern two-thirds of the county spans from Auburn (population 14,195) and Colfax (population 2,000) to Tahoe City (population 1,557), over an hour's drive away.

According to the CA Department of Public Health, the suicide rate in Placer (12.1 per 100,000) is slightly higher than the statewide average of (10.2 per 100,000). However, the average suicide rate for males across all ages is much higher (20 per 100,000) than the average rate for women (6 per 100,000) in Placer County.

Another significant factor in this county is the large number of older adults. Slightly over nineteen percent (19.9%) of all persons living in Placer County are 65 years of age or older. This aging population presents some unique opportunities to promote health and well-being and ensure easy access to

health and behavioral health services. Many of these older adults do not have a history of utilizing behavioral health services, but life experiences place them at a higher risk for a mental health or substance use disorder.

In January 2020, the Continuum of Care Point in Time counted 744 homeless in Placer, understanding the count is only a snapshot. Of the total number of responses to the survey, approximately 35% had a serious mental illness, 21% had a substance use disorder, 18% had former foster or group home placements, and 12% were Veterans. Placer County has a significantly higher chronically homeless population than other subpopulations, estimated at 42% of all homeless persons.

Community Program Planning Process

MHSA provides an opportunity to transform the mental health system, utilizing the vision of the MHSA principles. The Campaign for Community Wellness (CCW) has provided leadership of the MHSA Planning process, through participation of a large number of community partners. The CCW works closely with the Placer System of Care to transform mental health services through community-based, recovery focused, culturally competent, and innovative approaches. The Placer CCW functions as the legislatively mandated body to oversee the implementation of the MHSA.

The CCW is comprised of concerned community members; community-based agencies; school and law enforcement partners; family members and consumers of Mental Health services; and the Placer County System of Care staff. The collaboration works to build wellness in the community; advocate for constituencies; promote peer-focused services; evaluate community needs; build community capacity; and share information about mental health and wellness.

In addition, consumers and family members have been involved to help shape services and define their role in the system.

Stakeholders and Meaningful Involvement

The CCW stakeholder group includes the following community partners:

<p>Family Voice</p> <ul style="list-style-type: none"> • Cal Voices • AMI Housing, Inc. • Family Members • Mental Health Alcohol Drug Board • NAMI of Placer County 	<p>Consumer Voice</p> <ul style="list-style-type: none"> • AMI Housing, Inc. • Consumer Employees • Consumers of public mental health • People with lived experience
<p>Latino Voice</p> <ul style="list-style-type: none"> • Latino Leadership Council (LLC) • Gateway Mountain Center • Sierra Community House • Sierra Mental Wellness Group 	<p>Native American Voice</p> <ul style="list-style-type: none"> • Sierra Native Alliance
<p>Youth and TAY Voice</p> <ul style="list-style-type: none"> • Adult System of Care (ASOC) • AMI Housing, Inc. • Children System of Care (CSOC) • Gateway Mountain Center • LLC Youth Services • Sierra Community House • Turning Point Community Programs • Unity Care • Whole Person Learning • Youth individuals 	<p>Adults and Older Adults</p> <ul style="list-style-type: none"> • AMI Housing, Inc. • Area 4 on Aging (Older Adults) • ASOC • Beautiful Minds Wellness • Faith-based • Lighthouse Family Resource Center (Families) • People of Faith • Sierra Community House • Sierra Family Services • Tahoe Truckee Community Foundation • Turning Point (Outpatient)
<p>Education</p> <ul style="list-style-type: none"> • Placer County Office of Education (PCOE) • Sierra Community House • Tahoe Truckee Unified School District 	<p>Health</p> <ul style="list-style-type: none"> • California Health and Wellness • Chapa De Indian Health Programs, Inc. • Placer County Medical Clinic • Placer County Public Health • Sutter Roseville Medical Center

<p>Children</p> <ul style="list-style-type: none"> • Big Brothers Big Sisters • Boys & Girls Club of North Lake Tahoe • Child Advocates of Placer County (CASA) • CSOC • Gateway Mountain Center • KidsFirst Child Abuse Prevention Council of Placer County • Lilliput Families (Wayfinder Family Services) • Placer County First 5 • Sierra Community House • Sierra Mental Wellness Group • Uplift Family Services • What's Up Wellness 	<p>Housing</p> <ul style="list-style-type: none"> • AMI Housing, Inc. • Homeless Resource Council of Sierras • People of Faith • Placer Independent Resources Services • Unity Care
<p>Law Enforcement</p> <ul style="list-style-type: none"> • Juvenile Probation • Local Police Departments • Sheriff 	<p>Substance Use</p> <ul style="list-style-type: none"> • ASOC Co-occurring FSP • Granite Wellness Centers • LLC Recovery Services • Sierra Native Alliance

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

LOCAL REVIEW PROCESS

30-Day Public Review and Circulation Methods

This FY 2020-2023 Three-Year Plan has been posted for a 30-day public review and comment period from July 25, 2020 to August 23, 2020. A digital version has been posted on the [Campaign for Community Wellness](#) website as well as the [Placer Health and Human Services MHSa](#) website. They can be accessed by clicking the links.

Due to the current COVID-19 pandemic, hard copies will not be distributed. Additional efforts have been made to ensure widespread community notification of the posting of the FY 2020-2023 Three-Year Plan with links to access the report.

Links to the report (including cover letter) have been sent for posting at Placer County public libraries, municipal government sites, community agencies, and

other sites. Links and a digital copy of the report have been distributed via e-mail, with request for forwarding, to the numerous community lists, such as the Placer Collaborative Network Yahoo listserv; the Placer County Continuum of Care listserv; and the Campaign for Community Wellness Steering Committee email distribution.

In an effort to continually improve the mental health services provided by MHSA through community input, we welcome comments for a 30-day review from the date of posting. Below are the various ways to submit your comments.

All written comments (including e-mail) must be submitted by August 23, 2020 at 5:00 p.m.

By Mail:

Health and Human Services/Systems of Care
Attention: Sue Compton
11512 B Avenue
Auburn, CA 95602

By E-Mail:

SCompton@placer.ca.gov

Public Hearing Information

Comments may also be made during the Public Hearing (remote meeting due to COVID-19 pandemic):

Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing
Monday, August 24, 2020
6:15 P.M.

Join by Computer

Zoom Link: <https://placer-ca-gov.zoom.us/j/97137003174>

Meeting ID: 971 3700 3174

Join by Phone

Dial: 1-669-900-6833

Enter Meeting ID: 971 3700 3174

Substantive Recommendations and Changes

Substantive recommendations will be considered for revisions. The adopted Three-Year Plan will summarize and analyze the recommended revisions, as appropriate.

County Approval Process and State Submission

The adopted Three-Year Plan will be submitted to the County Board of Supervisors for review and approval.

The final document, including evidence of BOS approval, will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS).

COMMUNITY SERVICES AND SUPPORTS

Community Services and Supports (CSS) provides enhanced mental health services for adult populations with Severe and Persistent Mental Illness (SPMI) and for Seriously Emotionally Disturbed (SED) children and youth. There are three (3) subcomponents under CSS:

- Full-Service Partnerships (FSPs) provide wraparound services or “whatever it takes” services to consumers. (A majority of CSS funds are to be expended on FSPs.)
- System Development/System Transformation provides funds to improve programs, services, and supports for all clients and families experiencing mental health concerns and are used to change service delivery systems and build transformational programs and services.
- Outreach and Engagement, currently embedded in the County's CSS programs, is designed to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.

Utilizing CSS guidelines, the FY 2020-2023 Three-Year Program and Expenditure Plan has identified eight (8) CSS Programs to meet the community's priorities:

1. Full-Service Partnership – inclusive of children (ages 0-17), transitional age youth (TAY) (ages 16-25), adults (ages 26-59), and older adults (ages 65 and older)
2. General System Transformation
3. Mental Health Services
4. Housing Supports
5. Integrated Peer Services
6. Crisis Services
7. System Transformation Culturally Specific Supports
8. Wellness Centers

COMMUNITY SERVICES AND SUPPORTS

Full-Service Partnerships

CSS FULL-SERVICE PARTNERSHIP PROGRAM

The Full-Service Partnership (FSP) program and CSS category provides a full range of individualized mental health and supportive services for children ages 0-15, Transition Age Youth (TAY) ages 16-25, adults ages 26-59 and older adults ages 65 and older. It consists of a broad range of voluntary supports and services to accelerate recovery for individuals (and sometimes their families) using a “whatever-it-takes” commitment. All services provide 24/7 support as required by regulation.

The full spectrum of FSP community services/activities may include, but are not limited to:

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education
- Wellness centers
- Alternative treatment and culturally specific treatment approaches
- Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services
- Needs assessment
- Individual Services and Supports Plan (ISSP) development
- Crisis intervention/stabilization services
- Family education services

Non-mental health services and supports within the full spectrum of community FSP services/activities may include, but are not limited to:

- Food and/or clothing
- Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing
- Cost of health care treatment
- Cost of treatment of co-occurring conditions, such as substance abuse
- Respite care
- Wraparound services to children

This component may also include training, equipment, and technological needs to meet program and service requirements.

CHILDREN'S FULL-SERVICE PARTNERSHIPS

Children's Full-Service Partnerships (FSPs) include intensive services for children ages 0-15, Transition Age Youth (TAY) ages 16-17, and their families who would benefit from, and are interested in participating in, a program designed to address the total needs of a family whose child (and possibly other family members) is experiencing significant emotional, psychological, or behavioral problems that are interfering with their wellbeing.

Children's FSPs provide a full range of individualized mental health and supportive services to children, youth, and their families. Supportive services may include therapy, mentoring, family and youth advocates, housing, etc.

General Eligibility Requirements

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

GROUP 1:

1. As a result of the Serious Emotional Disturbance (SED), the child has substantial impairment in at least TWO (2) of these areas:
 - a. Self-care.
 - b. School functioning.
 - c. Family relationships.
 - d. Ability to function in the community.

AND

2. EITHER of the following occur:
 - a. The child is at risk of or has already been removed from the home.
 - b. 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:

1. The child displays at least ONE (1) of the following features:
 - a. Psychotic features.
 - b. Risk of suicide.
 - c. Risk of violence due to a mental disorder.

GROUP 3:

1. The child meets special education eligibility requirements under Chapter 26.5 of the California Government Code.

Details of each Full-Service Partnership will follow.

Children's Full-Service Partnerships	Target to be Served
Children's System of Care: Wraparound FSP	100
Children's Receiving Home of Sacramento: Sprouts FSP	
Uplift Family Services: Fast Track Wraparound FSP	

TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIPS

Full-Service Partnerships (FSPs) serving Transition Age Youth (TAY) include intensive services for those between the ages of 16 and 25 years. Turning Point Community Programs, Placer County Children's System of Care (CSOC), and Adult System of Care (ASOC) provide FSP services to TAY.

Turning Point engages individuals, ages 16 to 25, who meet the criteria as defined by W&I Code 5600.3(b), in an Assertive Community Treatment (ACT) program that require high-acuity services. CSOC provides Wraparound services to TAY ages 16-18 when family services are necessary. The ASOC uses a "whatever it takes" model to engage the homeless and co-occurring individuals.

All services provide 24/7 support as required by regulation. These FSPs provide a full range of individualized mental health and supportive services to youth and their families, as appropriate. Supportive services may include therapy, mentoring, family and youth advocates, housing, employment supports, etc.

General Eligibility Requirements

TAY who fall into at least ONE of the following groups

GROUP 1:

1. As a result of the mental disorder, the child has substantial impairment in at least TWO (2) of these areas:
 - a. Self-care.
 - b. School functioning.
 - c. Family relationships.
 - d. Ability to function in the community.

AND

2. EITHER of the following occur:
 - a. The child is at risk of or has already been removed from the home.
 - b. The mental disorder and impairments have been present for more than six (6) months or are likely to continue for more than one (1) year without treatment.

GROUP 2:

1. The child displays at least ONE (1) of the following features:
 - a. Psychotic features.
 - b. Risk of suicide.
 - c. Risk of violence due to a mental disorder.

GROUP 3:

1. The child meets special education eligibility requirements under Chapter 26.5 of the California Government Code.

AND

2. They are unserved or underserved.

AND

3. They are in one or more of the following situations:
 - a. Homeless or at risk of being homeless.

- b. Aging out of the child and youth mental health system
- c. Aging out of the child welfare systems
- d. Aging out of the juvenile justice system
- e. Involved in the criminal justice system
- f. At risk of involuntary hospitalization or institutionalization, or
- g. Have experienced a first episode of Serious Mental Illness

Details of each Full-Service Partnership will follow.

TAY Full-Service Partnerships	Target to be Served
Children's System of Care: Wraparound FSP	65
Uplift Family Services: Fast Track Wraparound FSP	
Turning Point Community Programs: Assertive Community Treatment FSP	
Adult System of Care: Homeless FSP	
Adult System of Care: Co-Occurring FSP	

ADULT & OLDER ADULT FULL-SERVICE PARTNERSHIPS

Adult Full-Service Partnerships (FSPs) are designed for adults, ages 18 and older, who have been diagnosed with a Serious Mental Illness (SMI) and would benefit from an intensive-service program. The foundation of FSP is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full-Service Partnerships embrace client driven services and supports, with each client choosing services based on individual needs. Unique to the FSP program is a low staff to client ratio, a 24/7 crisis availability, and a team approach that is a partnership between mental health staff and participants.

Adult FSPs assists with housing, employment, and education, in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance use disorder. Services may be provided to individuals in their homes, the community, and other locations. Peer and caregiver support groups are available. Embedded in FSP is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate.

General Eligibility Requirements

Adults

Adults ages 26-59 who meet ALL of the following:

1. The 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.

AND

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.

AND

3. They are in ONE (1) of the following situations:
 - a. They are unserved and one of the following:
 - i. Homeless or at risk of becoming homeless.
 - ii. Involved in the criminal justice system.
 - iii. Frequent users of hospital or emergency room services as the primary resource for mental health treatment.
 - b. They are underserved and at risk of one of the following:
 - i. Homelessness.
 - ii. Involvement in the criminal justice system.
 - iii. Institutionalization.

Older Adults

Adults 60 years or older who meet ALL of the following:

1. The 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.

AND

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements.

AND

3. They are in at least ONE (1) of the following situations:
 - a. They are unserved and one (1) of the following:
 - i. Experiencing a reduction in personal and/or community functioning.
 - ii. Homeless.
 - iii. At risk of becoming homeless.
 - iv. At risk of becoming institutionalized.
 - v. At risk of out-of-home care.
 - vi. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
 - b. They are underserved and at risk of one (1) of the following:
 - i. Homelessness.
 - ii. Institutionalization.
 - iii. Nursing home or out-of-home care.
 - iv. Frequently using hospital and/or emergency room services as their primary resources for mental health treatment
 - v. Involvement in the criminal justice system.

Details of each Full-Service Partnership will follow.

Adult & Older Adult Full-Service Partnerships	Target to be Served
Adult System of Care: Homeless FSP	Adults 200
Adult System of Care: Co-Occurring FSP	Older Adults
Turning Point Community Programs: Assertive Community Treatment FSP	35

CSS FULL-SERVICE PARTNERSHIPS – ACTIVITIES

CHILDREN'S SYSTEM OF CARE (CSOC)

Child Wraparound Full-Service Partnership (FSP)

Placer County Child Wraparound is an intensive, strengths-based, individualized Full-Service Partnership (FSP) for children and youth who are at risk of/or are returning home from out-of-home placements, as well as youth with complex mental health or behavioral needs. This program also includes the Reintegration Wraparound, which provides specialized services in partnership with the Probation Department for qualified children who have parents involved in the criminal justice system. A mental health coordinator/facilitator and parent advocate are assigned to each family. Services are available in English and Spanish. The Target Population includes children ages 0-15, Transition Age Youth (TAY) ages 16-17, and their families.

CHILDREN'S RECEIVING HOME OF SACRAMENTO

Trauma Informed Preschool "Sprouts" Full-Service Partnership (FSP)

The Children's Receiving Home offers a Trauma Informed Preschool activity called Sprouts for Preschool Aged Children ages two (2) to six (6) with a trauma-related background. The Sprouts preschool program provides a warm and playful atmosphere, with a variety of therapeutic services for young children to heal from trauma and develop skills necessary to maintain educational placement in the future.

UPLIFT FAMILY SERVICES

Children's Fast Track Wraparound Full-Service Partnership (FSP)

The Uplift Family Services Fast Track Wraparound (FTW) program offers intensive, short-term wraparound FSP services for youth (ages 0-18) with a Serious Emotional Disturbance (SED) and their families. One (1) or more family members have mental health issues that are impacting family functioning. These may be families assessed by Child Welfare Service (CWS) but do not meet the criteria for ongoing CWS involvement, but children and youth could benefit from supportive wraparound services. Services are provided in homes, schools, and community for up to six (6) months.

ADULT SYSTEM OF CARE (ASOC)

Homeless Full-Service Partnership (FSP)

ASOC Homeless FSP offers intensive mental health services to adults ages 18 and older with Serious Mental Illness (SMI), may have a co-occurring substance abuse disorder, and are experiencing, or at risk of experiencing, homelessness. The Homeless FSP activity engages participants in mental health and substance use services and collaborates with other agencies, to provide intensive case management services and community support.

ADULT SYSTEM OF CARE (ASOC)

Co-Occurring Full-Service Partnership (FSP)

The ASOC Co-Occurring FSP works with individuals ages 18 and older who have both a Serious Mental Illness (SMI) and substance use diagnoses. FSP delivers services to individuals who are at risk of psychiatric hospitalization, and/or homelessness. The activities also support individuals who are ready to transition out of higher levels of care, including Psychiatric Health Facilities (PHF), psychiatric inpatient hospitals, or jail. In addition to co-occurring services from ASOC, some clients may also receive services from local substance use disorder organizational providers. Intensive services include targeted case management, rehabilitation, and/or supports needed to facilitate access to medical, mental health, and other identified service needs.

TURNING POINT COMMUNITY PROGRAMS

Assertive Community Treatment Full-Service Partnership (FSP)

Turning Point Community Programs, Coloma Center is a Full-Service Partnership (FSP) that provides intensive outpatient mental health services for individuals with a Severe Mental Illness (SMI). Coloma Center is an Adult Assertive Community Treatment (AACT) activity that utilizes a multidisciplinary team including clinical, rehabilitation, family and youth coordinators, peer support housing, employment, nursing, and psychiatry. The AACT program supports individuals ages 16 and older in the community utilizing a strength-based approach within a recovery model.

COMMUNITY SERVICES AND SUPPORTS

System Development/Transformation

MHSA Community Services and Supports (CSS) System Development/Transformation improves programs, services, and supports for all clients and families experiencing mental health concerns and are used to change service delivery systems and build transformational programs and services. The System Development/Transformation component also promotes interagency and community collaboration and services, and develops the capacity to provide values-driven, evidence-based and promising clinical practices. This component may be used for mental health services and supports to address mental illness or emotional disturbance.

System Development/Transformation programs may include client and family mental health treatment, including alternative and culturally-specific treatments, such as:

- Peer support
- Education and advocacy services
- Supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and/or education
- Wellness centers
- Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services
- Needs assessment
- Individual Services and Supports Plan development
- Crisis intervention/stabilization services

The Placer County MHSA CSS System Development/Transformation programs and associated activities continue to provide services to all ages [children (ages 0-15); transition age youth (ages 16-17; 18-25); adults (ages 26-59); older adults (ages 60+)]; all genders; all sexual orientations; and all races/ethnicities. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual's unique needs, and support health and wellness. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual. This component may also include training, equipment, and technological needs to meet program and service requirements.

Programs	Activities
General System Development	Connecting Point: 211
Mental Health Services	Adult System of Care: Adult Reintegration Team
	Lighthouse Counseling & FRC: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
	Lighthouse Counseling & FRC: Attachment-Based Family Therapy (ABFT)
	Lighthouse Counseling & FRC: Solution-Focused Brief Therapy (SFBT)
	Lighthouse Counseling & FRC: Cognitive Behavioral Therapy (CBT)
CSS Housing Supports	Adult System of Care: Casa Dewitt Bridge Housing
	AMI Housing: Adult Residential Care Facility
	AMI Housing: Path to Independence
	AMI Housing: Peer Supported Transitional Housing
	AMI Housing: Transitional Age Youth (TAY) Housing
	AMI Housing: Emergency Housing Supportive Services
	AMI Housing: Main Street Permanent Supportive Housing
	AMI Housing: Shared Permanent Supportive Housing (Granite, Pioneer, Tahoe-Truckee)
	Children's System of Care: Bringing Families Home
	Mercy Housing: Placer County Government Center
	Meta Housing: Main Street Plaza Apartments
Integrated Peer Services	AMI Housing: Adult System of Care Peer Services
	Cal Voices: Children's System of Care Family Advocacy
	Whole Person Learning: Youth and TAY Partners
Crisis Services	System of Care Crisis Response Team and Follow Up Services
	Adult System of Care: Mobile Crisis Team
	Children's System of Care: Family Mobile Team (SB82#2)
System Transformation Culturally-Specific Supports	Latino Leadership Council: Latino Supports: <i>Promotores; Therapy; LGBTQ Therapy; Adult Wellness Groups and Forums</i>
	Sierra Mental Wellness: Bilingual Therapy (Tahoe)
	Sierra Native Alliance: Recovery Services and Supports
Wellness Centers	Children's System of Care: School County Collaborative (SB82#2)
	Adult System of Care: Dewitt and Cirby Wellness Centers

CSS GENERAL SYSTEM DEVELOPMENT PROGRAM

The CSS General System Development Program involves activities to support the general population and provides information on accessing services in the community, across the continuum of care.

CSS GENERAL SYSTEM DEVELOPMENT PROGRAM – ACTIVITIES

Activities
Connecting Point: 211

NEVADA SIERRA CONNECTING POINT

[211 Resource Line](#)

2-1-1 is a comprehensive source of local human and social services information where 2-1-1 specialists are available 24/7 respond to community members who call this resource line. Callers receive information to help them access local resources and services to address their needs. Types of referrals could include supplemental food and nutrition programs; shelter and housing options; utilities assistance; emergency information; employment and education opportunities; resources for veterans; health care; addiction rehabilitation services; support groups; domestic abuse resources; and/or human trafficking supports. Services are provided in both English and Spanish and available countywide.

NOTE: 2-1-1 became operational in 2020.

CSS MENTAL HEALTH SERVICES PROGRAM

The CSS Mental Health Services Program helps 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 who are at risk of developing a serious mental illness.

Mental Health Services are short-term (not to exceed 18 months), trauma focused, culturally relevant, linguistically appropriate, recovery oriented, and client/family centered. Services utilize evidence-based, promising practices, and/or cultural (community) relevant practice. Services are available to any or all of the following groups: child(ren), youth, young adults, adults, older adults, and families who are at risk of, or experiencing, early onset of mental illness.

Services may include assessment; treatment planning; individual, family, and/or group therapy; and collateral. Group therapy is the preferred mode of service and may include individual or family, as needed.

CSS MENTAL HEALTH SERVICES PROGRAM – ACTIVITIES

Activities
Adult System of Care: Adult Reintegration Team
Lighthouse Counseling & FRC: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
Lighthouse Counseling & FRC: Attachment-Based Family Therapy (ABFT)
Lighthouse Counseling & FRC: Solution-Focused Brief Therapy (SBFT)
Lighthouse Counseling & FRC: Cognitive Behavioral Therapy (CBT)

ADULT SYSTEM OF CARE (ASOC)

Adult Reintegration Team (ART)

The Adult Reintegration Team (ART) serves individuals ages 18 and older who are receiving mental health services in higher levels of care, including Psychiatric Health Facilities (PHF), Institutes of Mental Disease (IMD), and State Hospitals, and who are potentially ready to be discharged to a lower level of care. The ART develops treatment goals, provides supportive services, and helps clients develop the skills needed to integrate into the community and receive FSP services to help support them in the community. All individuals are conservatees.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based early intervention form of cognitive behavioral therapy that addresses the specific emotional and mental health needs of children, youth, and caregivers who are struggling to overcome the destructive effects of early trauma. TF-CBT is especially sensitive to the unique problems of youth with post-traumatic stress and mood disorders resulting from abuse, violence, or grief. To disrupt trauma-related mental illness, caregivers, children, and youth are taught skills to help process thoughts and feelings related to traumatic life events, manage and resolve distressing thoughts and feelings and behaviors related to trauma, and improve coping skills of caregivers and children to create a better living environment for the family.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Attachment-Based Family Therapy (ABFT)

Attachment-Based Family Therapy (ABFT) is an evidenced-based, early intervention form of family therapy that is designed to treat adolescents (ages 12-18) who are clinically diagnosed with major depressive disorder, to eliminate suicidal ideation and reduce dispositional anxiety. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. As the normative secure base is restored, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Solution-Focused Brief Therapy (SFBT)

Solution-Focused Brief Therapy (SFBT), includes Couples Counseling (SFBT, Gottman Method) is an evidenced-based approach to psychotherapy, which has been predominantly in use since the 1980s. It is one of the few approaches in psychotherapy that began as "evidenced-based" versus "theory-driven." SFBT suggests that one does not need to understand the problem to resolve it,

and that solutions may not be directly related to a problem. The primary focus is on the individual's strengths and resources.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT), which includes Domestic Violence Therapy (post-crisis), is an evidenced-based, goal-oriented psychotherapy treatment that takes a hands-on practical approach to problem solving. The goal is to change patterns of thinking, or behavior, that are at times hidden behind the individual's difficulties, ultimately changing the way they feel. CBT works by altering attitudes and behaviors by focusing on the thoughts, images, beliefs, and attitudes that are held and how these processes relate to the way a person behaves and thinks.

CSS HOUSING SUPPORTS PROGRAM

The CSS Housing Supports Program incorporates a continuum of new housing units: short-term and permanent, supportive services, and rental subsidies throughout the county for those individuals with mental health challenges. The combined inventory from MHPA housing projects, both existing and proposed, provides 127-140 beds. Proposed projects are vetted through a community process, while maintaining necessary confidentiality and county requirements.

Expanding new housing units has come from leveraging fiscal resources, including MHPA, federal, state, local, private, and by using innovative housing models. Most recently, replicating the shared housing model with our community providers has expanded our permanent supportive housing (PSH) beds and reduced the number of homeless on Placer County's By-Name List.

At this time, Placer County is not obligating future MHPA funding to new housing projects other than those identified below. Any additional opportunities will be vetted with the community, as allowable by regulation. Services are provided in both English and Spanish.

CSS HOUSING SUPPORTS PROGRAM – ACTIVITIES

Activities
Adult System of Care: Casa Dewitt Bridge Housing
AMI Housing: Adult Residential Care Facility
AMI Housing: Path to Independence
AMI Housing: Peer Supported Transitional Housing
AMI Housing: Transitional Age Youth (TAY) Housing
AMI Housing: Emergency Housing Supportive Services
AMI Housing: Main Street Permanent Supportive Housing
AMI Housing: Shared Permanent Supportive Housing (Granite, Pioneer, Tahoe-Truckee)
Children's System of Care: Bringing Families Home
Mercy Housing: Placer County Government Center
Meta Housing: Main Street Plaza Apartments

ADULT SYSTEM OF CARE (ASOC)

Casa Dewitt Bridge Housing

The Casa Dewitt Bridge Housing is an evidenced-based housing model geared towards providing short-term housing to individuals awaiting permanent housing placement. This is an extension of the Board and Care model in that the residents receive supportive services. The Bridge Housing model supports Housing First. It provides a safe, clean, and sober supportive environment to its residents who are vouchered for permanent housing or are waiting for housing placement. It minimizes the barriers of homelessness by allowing the residents access to food, showers, and stability. The length of stay for this model normally does not exceed 90 days. In addition to Bridge Housing, Casa Dewitt provides transitional housing services to 50% of the participants. Participants under the transitional housing services can stay up to 24 months.

Participants eligible for this program must be Placer County residents, with a diagnosed mental illness, who are ready to move to permanent housing. Qualifying residents must have a housing voucher issued to them or are waiting to be issued a voucher and are working to minimize housing barriers (e.g., cleaning up credit, looking for employment, applying for income benefits, etc.). Participants must be able to pay for the program fees or be enrolled in a program that subsidizes their fees while residing at Casa Dewitt.

AMI HOUSING

Adult Residential Care Facility (Board and Care)

This housing opportunity will provide 24-hour non-medical care for 10-15 individuals ages 18-59 who are unable to provide for their own basic needs due to a mental disability. These are highly vulnerable individuals often from acute psychiatric facilities. A Request for Proposal (RFP) was released to the community in January 2020 and AMI Housing was awarded as the contractor to own and operate the facility. The project is receiving funding from the Homeless Emergency Aid Program Grant towards purchase of the facility. MHSAs funds will be utilized to augment dollars for purchase, rehabilitation, and/or program.

AMI HOUSING

Path to Independence

AMI Housing, Inc. (AMIH) has created a number of different programs for TAY, adults, and older adults with a mental illness. The Path to Independence program offers support services in a transitional housing setting for six (6) to 24 months. This program includes four (4) homes with 23 beds available. The homes are located in Roseville, Rocklin, and Auburn.

Residents receive case management, independent living skills training, utilities, groceries, transportation, social integration activities, and peer support.

Independent living skills trainings occur in group and individual settings and include: meal planning and preparation, cleaning, medical, and dental wellness, communication, money management, personal development, reading social cues, initiating conversations, developing healthy boundaries, and job development. Residents also participate in monthly social outings to improve social interaction skills. These outings include going to the movies, eating out, bowling, miniature golfing, etc.

Residents are encouraged to obtain income through employment or apply for mainstream benefits. Case Managers and Peer Counselors assist residents to create goals based on their individual needs. The supportive services are designed to help individuals with mental illness gain the independent living skills needed to live in the community. Case Managers and Peer Counselors assist residents with applications for affordable housing and to apply for housing vouchers programs.

The target population for this program are TAY, adults, and older adults with mental illness who may or may not be homeless and are 18 years of age and older. Residents are referred through Adult System of Care (ASOC) and may come from psychiatric hospitals, medical hospitals, family, homeless shelters, Full-Service Partnership (FSP) programs, or from the streets. The transitional housing program is for individuals who are ready and willing to learn the skills needed to live independently.

AMI HOUSING

Peer Supportive Transitional Housing

AMIH works in collaboration with the Adult System of Care (ASOC), to serve residents in the Peer Supported Transitional Housing (PSTH) Program. All residents receive transportation, case management, groceries, weekly house meetings, utilities, and independent living skills training. The independent living skills trainings occur in group and individual settings and include: meal planning and preparation, cleaning, medical and dental wellness, communication, money management, personal development, reading social cues, initiating conversations, developing healthy boundaries, and job development. Residents also participate in monthly social outings to improve social interaction skills. These outings include going to the movies, eating out, bowling, miniature golfing, etc.

The 24-month program consists of two (2) homes: one four-bedroom home in Auburn and one four-bedroom home in Newcastle.

Peer supported housing employs peer counselors in addition to traditional case managers. Peer counselors have lived experience and utilize that experience to

assist residents. One house also employs a live-in house manager to monitor the program and orient new residents. Peer counselors and case managers assist residents with creating an individual service plan, learning independent living skills, attaining public benefits or income, and planning for permanent housing. Residents meet with peer counselors in one-on-one and group meetings. Group meetings are designed to coordinate daily/weekly chores, cooking plans, grocery shopping, and social outings.

Adults who are or who are at risk of experiencing homelessness, may or may not be receiving case management, over the age of 18, and have little or no income. Residents are referred through ASOC and may come from psychiatric hospitals, medical hospitals, family, homeless shelters, and/or from the streets.

AMI HOUSING

Transitional Age Youth (TAY) Housing

AMIH's Transitional Age Youth (TAY) Housing known as George's House, is an 18-month transitional housing program, and is a collaboration between AMI Housing, Inc. (AMIH) and Turning Point Community Programs (TPCP). Located in Rocklin, the program is designed to meet the housing needs of TAY who are receiving services through a Full-Service Partnership (FSP) program with either TPCP or the Placer County Adult System of Care (ASOC). This residential program offers a transitional group living home with a live-in resident house manager. Peer counselors, the resident house manager, AMIH, and TPCP all work together to create an independent living skills training program specifically designed for TAY, which includes four (4) mandatory Life Skills classes offered at the house every week. This training program, called the Phase System, is specifically tailored to support the residents fully as they transition into the program from their previous residence. The Phase System is designed to provide structure, and by demonstrating independence, the residents earn a sense of accomplishment as they advance through the Phases, until they are ready to transition to full independence.

“George's House” opened in December of 2014, and all residents receive case management, groceries, supportive services, transportation, and housing. The residents engage in independent living skills training. The trainings occur in group and individual settings and include: meal planning and preparation, cleaning, medical and dental wellness, communication, money management, personal development, reading social cues, initiating conversations, developing healthy boundaries, and job development.

Program learning outcomes include:

- Identifies meals to prepare within budgetary restrictions and demonstrates the ability to shop for and prepare meals.

- Demonstrates an ability to think critically, solve problems, and communicate effectively.
- Demonstrates an ability to maintain a clean dwelling,
- Demonstrates an ability to care for oneself including medical and dental wellness, personal development, and money management skills.
- Possesses the knowledge to prepare a resume, apply for employment, conduct oneself during an interview, and maintain employment.
- Completes a personal Wellness Action Recovery Plan (WRAP).

NOTE: Transition Age Youth are between the ages of 18 and 25 years. An exception is made for TAY who were receiving FSP services prior to turning 25; they may enter the program up until the age of 29. They are unserved or underserved and meet one (1) or more of the following criteria: experiencing or at-risk of experiencing homelessness, aging out of the child and youth mental health system, aging out of the child welfare systems, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization, and/or have experienced a first episode of serious mental illness.

AMI HOUSING

Emergency Housing Supportive Services

AMIH's emergency housing project known as Monarch House offers a home with live-in peer support for short-term temporary housing for Adult System of Care (ASOC) consumers, including Full-Service Partnership (FSP) participants.

Monarch House offers five (5) beds, with three (3) beds designated for men and two (2) beds for women. Residency typically lasts up to two (2) weeks, but no more than 28 days. The program provides respite stays and an assessment tool for appropriate housing placement. The home is an alternative to hospitalization and can provide a stable environment for respite. The clients are visited twice daily by their Case Manager or FSP support staff. An AMIH House Liaison resides in the home on a full-time basis. A full-time Peer Counselor provides additional supportive services, and a part-time Peer Counselor is available on the weekends.

The target population for the Monarch House is adults ages 18 and older with mental illness who are either enrolled in FSP with ASOC, or an ASOC consumer, including those experiencing a crisis and are referred through the Mobile Crisis Triage team (MCT). ASOC Case Managers make referrals to Monarch House after they have assessed the client for the appropriateness of their stay.

AMI HOUSING

Main Street Permanent Supportive Housing

Placer County obligated MHSAs funds to a 19-unit housing project in the City of Roseville which opened in March 2018 and is now fully leased. AMIH is the owner and property manager. The ASOC, Whole Person Care, and Turning Point Community Programs provide ongoing supportive services to residents. Residents of the housing must have a mental illness and be homeless. Residents pay 30% of their income toward their rent and utilities. The remaining rent is covered by MHSAs or Whole Person Care Housing subsidy. In addition, the project accepts vouchers from Housing Urban Development (HUD), Housing Choice, and VASH.

AMI HOUSING

Shared Permanent Supportive Housing

The shared permanent supportive housing model includes supportive services and subsidies to make units affordable to residents. Each person has their own bedroom and shares common areas. Residents typically pay 40% of their income toward their rent and utilities. The remaining rent is covered by MHSAs subsidies or Housing Urban Development (HUD) vouchers. Residents of these program must have the highest vulnerability on the Coordinated Entry By-Name List and meet MHSAs eligibility: a severe and persistent mental illness.

Placer County obligated MHSAs funds for two (2) six-bedroom homes, one known as "Granite House" in Rocklin and the other as "Pioneer House" in Auburn. AMIH was awarded through an RFP process to be the owner and operator. The homes were purchased in December 2019 and opened in February 2020.

Placer County has also obligated MHSAs funds for one (1) four (4)- to six (6)- bedroom home in the Tahoe Truckee region. AMIH was awarded through a separate RFP process to be the owner and operator. A property has yet to be identified.

CHILDREN'S SYSTEM OF CARE (CSOC)

Bringing Families Home (BFH)

Bringing Families Home (BFH) aims to provide housing-related services to families receiving child welfare services (CWS), increase the number of families reunifying, and prevent foster care placement. Many CWS families that struggle with housing insecurity also struggle with behavioral health challenges. BFH uses evidence-based housing models and practices, such as Rapid Re-housing, Supportive Housing, and/or subsidies to make rental housing affordable. This housing program incorporates the core components of Housing First. In addition, BFH requires collaboration and coordination with the greater homelessness response system, including participation in the local homeless Continuum of

Care (CoC) and Coordinated Entry (CE) System. BFH is funded blending state, local, and MHSA dollars.

MERCY HOUSING

[Placer County Government Center](#)

This housing opportunity with Mercy Housing and Placer County is to develop 79 affordable units at the Dewitt Placer County Government Center in Auburn. This project will utilize No Place Like Home funding, as well as dedicated 20 Housing Choice Vouchers to the project in exchange for dedicating 20 of the units for seriously mentally ill homeless adults. The County has committed to providing the supportive services using Full-Service Partnership (FSP) dollars. Construction began in June of 2020.

META HOUSING

[Main Street Plaza Apartments](#)

This housing opportunity with Meta Housing Corporation and the City of Roseville is the development of 65 affordable housing units and street level retail. One million dollars of Community Services and Supports funds, two hundred and fifty thousand dollars of Capital Facility funds, and the remaining \$96,482 of MHSA Housing One-time Funding was utilized. This is funding 10 one-bedroom units exclusively for MHSA. There will be separate office space for service providers and on-site management. Construction began in May of 2019.

CSS INTEGRATED PEER SERVICES PROGRAM

The Integrated Peer Services Program utilizes persons with lived experience in the system of care, either through personal experience or as a family member. Peers provide individualized services and supports to help empower, mentor, promote wellness and recovery, and help advocate for the individual to help them achieve their goals.

CSS INTEGRATED PEER SERVICES PROGRAM – ACTIVITIES

Activities
AMI Housing: Adult System of Care Peer Services
Cal Voices: Children's System of Care Family Advocacy
Whole Person Learning: Youth and TAY Partners

AMI HOUSING

Adult System of Care Peer Services

Adult System of Care (ASOC) Peer Services is designed to help bridge and integrate County and community-based resources and expand the partnership between ASOC, individuals with mental health needs, and their families. It assists individuals, families, and ASOC staff in working together and engaging as partners in an integrated approach to meet the needs of consumers. The new Peer Services model involves transitioning the past Transitional Employment Program into a permanent true Peer Support Services Workforce using best practices that would lead to the conversion of current temporary time-limited Peer employees to part- and full-time employees serving as an integral component of the Placer HHS workforce. A true Peer Workforce provides viable employment opportunities that leverage the Peer's lived experience to empower, create mutuality, and assist individuals and/or families through the support and information they need to live their best lives.

CAL VOICES

Children's System of Care (CSOC) Family Advocacy

Children's System of Care Family Advocacy is offered by Cal Voices and provides individualized and tailored support, mentoring, and advocacy to parents whose children receive services in the Children's System of Care (CSOC). The Family Advocates provide outreach activities, including role modeling effective personal interactions and behaviors to ensure effective case planning; advocating for and supporting families, so their needs are met; mentoring families to engage with services and improve self-advocacy;

educating parents about their rights; helping parents navigate and understand system services and courts; and supporting the development, reconnection, and strength of natural and community supports for families.

WHOLE PERSON LEARNING

Youth and TAY Partners: Youth Empowerment Support (YES)

Youth Empowerment Supports provide direct one on one peer support services for Transition Age Youth (TAY), through trainings, events, groups, and system/community transformation opportunities. Youth Support Coordinators (YSCs), who have personal lived experience in the mental health, child welfare, and/or probation systems, work with TAY to help them accomplish their identified goals. This includes supporting youth and young adults in identifying and communicating their placement needs, finding appropriate options, and maintaining or transitioning out of placement. In addition, YSCs use their experience and the feedback from youth in the community to transform system and community services. Direct support services, however, are provided where youth and young adults are located, and where they feel comfortable meeting (e.g., Starbucks, school, or home). Services are provided in both English and Spanish. The YES program serves TAY between the ages of 12 and 25 who are at risk of entering, currently involved in, or emancipated out of system services.

CSS CRISIS SERVICES PROGRAM

The CSS Crisis Services Program responds to persons in crisis, either in the Emergency Department, or in the community, to help de-escalate the crisis, and develop a safety plan to help resolve the crisis, whenever possible, to reduce the need for hospitalization. Crisis services also follow-up with individual how have had a crisis to help support them to obtain ongoing support, when appropriate. Families are also included in the crisis services, to help identify a support system and help link the individual to needed services.

CSS CRISIS SERVICES PROGRAM – ACTIVITIES

Activities
System of Care: Crisis Response Team and Follow Up Services
Adult System of Care: Mobile Crisis Triage
Children's System of Care: Family Mobile Team (SB82#2)

SYSTEM OF CARE (SOC)

Crisis Response Team and Follow Up Services

Crisis Response Team (CRT) provides crisis intervention services by being co-located at the Sutter Roseville Medical Center and serves children and adults. The co-location is an innovative approach which allows a timely response for those individuals who require an assessment due to a mental health crisis. The CRT staff facilitates linkage and transportation to psychiatric hospitals, when necessary. For those individuals who do not require psychiatric hospitalization and who can be treated at a lower level of care, or discharged home, CRT works to develop the best and safest plan possible. It does this by working closely with the individual, supporting family and friends, and providing follow-up services after the person leaves the hospital. Crisis Services provides co-located psychiatric evaluations and crisis services in the Sutter Roseville Medical Center, Monday - Friday, 8:00 a.m. to 5:00 p.m. The Crisis Response Team provides services to individuals of all ages who are experiencing a mental health crisis and is receiving crisis services at Sutter Roseville Medical Center. Services are provided independent of insurance or ability to pay.

Follow Up Services (FUS) provide mental health crisis follow-up services to children and adult individuals who receive a crisis evaluation by SOC crisis staff. FUS are voluntary and are offered to all children and adults who

receive crisis services through either CSOC or ASOC. SOC recognizes that, whether or not an individual requires acute psychiatric inpatient care upon evaluation, the individual is likely to require a significant level of on-going support and treatment post-crisis. The focus is on recovery and resilience. All individuals who are referred to FUS are contacted within two (2) business days and receive up to 60 days of services. These services include resource and referral; advocacy; biopsychosocial assessment; transfer to higher or appropriate levels of care; short-term therapy; case management; and emotional support to ensure the person is coping adequately and has the resources he or she needs. Interventions may occur on the phone, at the SOC clinic, or at the individual's residence. Children and adult who received crisis services and an evaluation at Sutter hospitals and are not already linked with SOC services are eligible for FUS. The crisis evaluator refers the individual to FUS and provides them with contact and resource information to assist the individual while they are waiting to be contacted by the FUS team. All services are available in English and Spanish.

ADULT SYSTEM OF CARE (ASOC)

Mobile Crisis Triage (MCT)

The Mobile Crisis Triage (MCT) program delivers crisis intervention and assessment services to Placer County residents who are 16 years or older and experiencing a mental health crisis, independent of ability to pay. These services augment the existing crisis intervention services that typically occur at local emergency departments. The program consists of MCT responder teams of two (2) persons: one (1) mental health crisis clinician and one (1) para-professional "Peer Advocate" (who has lived experience with mental illness). The MCT program works closely with all local law enforcement jurisdictions to respond to mental health crises. MCT services occur wherever requested in the community. Goals of the program are to reduce psychiatric hospitalizations, reduce utilization of emergency departments, law enforcement time responding to crisis situations, and to improve the overall client experience during a crisis event. MCT Services are available Monday - Friday, 8:00 am – 10:00 pm and Saturday, 9:30 am – 7:00 pm. Services are available in English and Spanish.

In addition to the above MCT, in collaboration with a new grant from the Mental Health Services Oversight and Accountability Commission, Mobile Crisis Services were expanded to include the pairing of a registered nurse with a mental health clinician for community mobile crisis triage services.

CHILDREN'S SYSTEM OF CARE (CSOC)

Family Mobile Team (FMT)

The Family Mobile Team is a collaborative project that utilizes funding from both MHSA and an SB 82 Triage grant from the Mental Health Service Oversight and

Accountability Commission and from. The Family Mobile Team (FMT) responds to children and youth from birth to age 18 who are experiencing a mental health crisis. The team responds to family and youth crises in the community along with Roseville patrol officers or immediately after the scene is secured. The team also provides follow-up support and brief case management to families and youth encountered by the team or at the request of Roseville police, with a goal of linking youth and families with appropriate, ongoing services, as needed. FMT is co-located with the Roseville Police Department, which is centrally located in the region, to reduce response times. Services are available in English and Spanish.

CSS SYSTEM TRANSFORMATION CULTURALLY-SPECIFIC SUPPORTS PROGRAM

The CSS System Transformation Culturally-Specific Supports Program provides culturally-appropriate services for different communities in the county, including but not limited to Latino; Native American; and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ). Cultural brokers increase access to services, help navigate the service delivery system, and deliver culturally-relevant services. The recovery services are peer-based and family-centered.

CSS CULTURALLY-SPECIFIC SUPPORTS PROGRAM – ACTIVITIES

Activities
Latino Leadership Council: Latino Supports: <i>Promotores; Therapy; Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Therapy; Adult Wellness Groups and Forums</i>
Sierra Mental Wellness: Bilingual Therapy (Tahoe)
Sierra Native Alliance: Recovery Services and Supports

LATINO LEADERSHIP COUNCIL (LLC)

Latino Supports

Latino Leadership Council (LLC) Latino Supports delivers several programs through a team of Promotores. Latino Cultural Brokers, also known as Promotores, are trained para-professionals, who provide culturally appropriate services for the Latino community. Promotores reach out to the community, assist individuals in navigating the service delivery system, and help individuals access community resources. Cultural brokering is used as a key approach to increase access to, and enhance the delivery of, culturally competent services. The LLC offers therapy, support services, and linkage to services through Promotores in the western slope of Placer County to monolingual Spanish-speaking individuals and their families. Promotores offer weekly peer-to-peer groups to address issues of isolation, depression, anxiety, health, and other areas of concern to the group. These groups are provided to men and women, and are provided in Spanish.

Latino Cultural Brokers, also known as Promotores, are trained para-professional community brokers providing culturally appropriate services for Latino populations, to assist them in navigating systems and accessing resources. Promotores provide services in English and Spanish and are knowledgeable of the local community and its resources. Promotores work with community partners, County, and service providers to help remove or

lessen obstacles Latinos face in accessing services and support. This includes attending necessary community meetings (e.g., CCW, forums, focus groups, etc.), County meetings, and other system transformative activities. Promotores also assist monolingual Spanish and bilingual Latino individuals in navigating systems and accessing resources. Promotores also provide translation, advocacy, support, transportation, and direct services assistance as needed. These promotores take “on-call” referrals from County, organizations, and community members for individuals and families needing resources for various mental health, child welfare, as well as respond to calls from Placer County schools participating in Positive Behavioral Interventions and Supports with Placer County Office of Education.

Individual and Family Therapy/Treatment is offered to monolingual Spanish-speaking families/individuals for screening and subsequent therapy, as appropriate. Promotores shall conduct the screening and refer eligible clients for therapy, when indicated. LLC contracts with bilingual/bicultural therapists to provide short-term therapy to up to 36 Monolingual Spanish-speaking families/individuals per year during evenings, weekends, and shall provide priority scheduling for clients who are in crisis. LLC monitors outcomes and makes referrals to other services, if necessary. Services are available in English and Spanish from bilingual and bi-cultural individuals who are licensed and in good standing with the California Board of Behavioral Sciences (BBS) or Board of Psychology. Registered interns, in good standing with the BBS, may be used for groups and/or support services. Parent Mental Health Groups Facilitation Mental Health Training for Promotores is provided to a minimum of 12 promotores, so they can facilitate family discussions around mental health.

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Therapy includes services are delivered by LLC, with assistance of The Landing Spot, utilizes bilingual/bicultural therapists to provide therapeutic services and support groups for self-identified Latino/a LGBTQ individuals and their families facing cultural barriers and challenges related to gender identity and sexual orientation.

Adult Wellness Groups and Forums are provided by LLC promotores-facilitated weekly groups “Superacion Personal” to at least 24 unduplicated individuals per year in Auburn, Roseville and Lincoln, to address depression, anxiety, health, etc. These groups are open to men and women and are provided in Spanish. In addition, there are peer-to-peer weekly groups “Rincon de las Comadres” delivered to a at least 36 unduplicated individuals per year in Auburn, Roseville, and Lincoln to address depression, anxiety, health, etc. These groups are open to men and women and are provided in Spanish. LLC also offers four (4) sessions of “Personas de Sabiduria,” a

community mental health forum, in Roseville, Lincoln, Rocklin and Auburn. These forums are delivered in Spanish to at least 80 Latino adults. The forum allows individuals to share their stories of recovery and resiliency from mental health and substance use disorders. LLC has bilingual, bi-cultural experts lead workshops on various mental health/health issues. This community forum helps build resiliency and hope for recovery; along with an increased awareness of available supports and services.

SIERRA MENTAL WELLNESS GROUP

Bilingual Therapy (Tahoe)

Sierra Mental Wellness Group (SMWG)'s Bilingual Therapist provides individual, family, and group therapy in English and Spanish in North Lake Tahoe and Truckee areas of Placer County as well as education, linkage and support. These services are available in Tahoe City, at the SMWG office, and in Kings Beach, through a partnership with the Sierra Community House. This partnership provides a space for clients to receive confidential therapy and allows members of the community with limited transportation to access Mental Health services. The bilingual therapist also participates in the Tahoe Truckee Perinatal Outreach Team to identify and provide mental health services to new, or soon-to-be, parents who are at risk. Services are available in English and Spanish. The target population for this program is Latino monolingual Spanish speaking community members or bilingual children with monolingual Spanish speaking parents. Clients are identified and referred for services by community partners, local schools, and/or self-referred.

SIERRA NATIVE ALLIANCE

Recovery Services and Supports

Sierra Native Alliance (SNA) Recovery Services provides culturally relevant outreach, assessment, education, recovery counseling, peer support, and relapse-prevention services. The program works with Native and non-Native participants who have substance use issues and who have been diagnosed with, or are at risk for, co-occurring mental health disorders. SNA recovery services are peer-based and family-centered. They promote wellness through cultural activities, spiritual advisement, community events, and supporting extended family members. Group services include 10-week sessions of White Bison recovery counseling and Warrior Down relapse prevention groups. SNA Peer Support workers provide recovery coaching, case management, and supportive services, such as transportation and activities for children while parents are attending services. Services are available in English and Spanish. Persons served are individuals ages 14 years and older. SNA Recovery Services and Support takes into account the impact of historical and personal trauma on Native community members, and breaks the stigma around substance use and mental health challenges experienced by program participants.

CSS WELLNESS CENTER PROGRAM

The CSS Wellness Center Program creates welcoming environments for children, youth, adults, and older adults to access services, and participate in supportive services to promote wellness and recovery. Children's wellness centers have been developed in several schools, to provide services to students and family members. Adult wellness centers offer activities to develop skills; learn about mental health; meet others to promote recovery; and access computers.

CSS WELLNESS CENTER PROGRAM – ACTIVITIES

Activities
Children's System of Care: School County Collaborative (SB82#2)
Adult System of Care: Dewitt and Cirby Wellness Centers

CHILDREN'S SYSTEM OF CARE (CSOC)

School-County Collaborative

The CSOC School-County Collaborative is a joint project with a new SB82#2 grant from the Mental Health Service Oversight and Accountability Commission to deepen the existing county-wide education, mental health, child welfare, probation, and community partnerships. Outcomes from this project focus on providing increased and efficient services to students who are at-risk, or are currently experiencing mental health needs, although school-wide and county-wide outcomes will be measured. School-based mental health staff provide a continuum of integrated mental health services in six (6) schools in the Roseville High School District and Roseville City School District. The Mental Health Specialists and Family Liaisons form a team, along with existing school-based mental health professionals (e.g. school counselors, school social workers, school psychologists), to create six (6) school-based Wellness Centers/Campuses to serve students and families at these schools. Services began in August 2019.

ADULT SYSTEM OF CARE (ASOC)

Dewitt and Cirby Wellness Centers

Placer County Adult System of Care has two (2) Wellness Centers: Cirby Wellness Center in Roseville and the Dewitt Wellness Center in Auburn. Each Wellness Center provides TAY (18 and older), adults, and older adults with necessary services and supports in a welcoming environment. Calendars are available each month which show the activities available at each center. Clients can sign up to attend the groups and activities. In addition, clients can drop in between 8:00-8:45 a.m. and 3:30-5:00 p.m. Both Wellness Centers also have computer labs for individuals to use to check their emails, apply for benefits, fill out on-line job applications, etc. Services are available in English and Spanish and are available to anyone, ages 18 and older.

PREVENTION AND EARLY INTERVENTION

The MHSA Prevention and Early Intervention (PEI) component provides funding to prevent mental illnesses from becoming severe and disabling and improve timely access to services for underserved populations. 19% of MHSA funding must be dedicated to PEI services.

The PEI component is intended to identify individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources. PEI-funded activities often include partnerships with schools, justice systems, primary care, and a wide range of social services and community groups and locates services in convenient places where people go for other routine activities.

The PEI component emphasizes strategies to reduce negative outcomes that my result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

PEI regulations were codified in October 2015; and were amended in July 2018. In addition, SB1004 went into effect January 1, 2020 and established statewide priorities for PEI services and additional technical assistance to implementing best practices.

Placer County community stakeholders sought to ensure that these statewide priorities were addressed in the PEI component of the FY 2020-2023 Three-Year Plan, which include:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs
- Culturally competent and linguistically appropriate prevention and intervention
- Strategies targeting the mental health needs of older adults

Utilizing PEI guidelines, the FY 2020-2023 Three-Year Program and Expenditure Plan has identified six (6) PEI programs to encompass each PEI funding category:

1. Prevention
2. Early Intervention
3. Outreach for Early Recognition of Mental Illness
4. Suicide Prevention
5. Stigma and Discrimination Reduction
6. Access and Linkage

This component may also include training, equipment, and technological needs to meet program and service requirements.

PREVENTION AND EARLY INTERVENTION

Prevention

PEI PREVENTION PROGRAM

The Placer County MHSa Prevention program and PEI category is intended to reduce risk factors for developing a potentially Serious Mental Illness and to build protective factors. Prevention emphasizes strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and/or removal of children from their homes.

Many Prevention activities 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 activities 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.

PEI PREVENTION PROGRAM – ACTIVITIES

Activities
Big Brothers Big Sisters: Youth Mentoring (Tahoe)
Boys and Girls Club of North Lake Tahoe: Youth Prevention (Tahoe)
Child Advocates of Placer County: <i>Court Appointed Special Advocates (CASA); Youth Mentors and Family Mentors</i>
Granite Wellness Centers: Student and Family Support
Granite Wellness Centers: Parent Project – English
KidsFirst: Forever Fathers Support Group
Latino Leadership Council: Parent Project- Spanish*

Activities
Latino Leadership Council: Youth Groups*
Lilliput Families: Home to Stay
Placer County Office of Education: Active Parenting Now (KidsFirst)
Placer County Office of Education: Triple P Parenting (KidsFirst)
Placer County Office of Education: Student Assistance Program (Granite Wellness Centers)
Placer County Office of Education: RENEW for TAY (PCOE)
Sierra Community House: Family Support/Parenting Classes (Tahoe)
Sierra Native Alliance: Native Family Wellness Services*: <i>Parenting and Family Services and Supports; Positive Indian Parenting; Native Youth Services and Supports</i>
Tahoe Truckee Unified School District: Tahoe Truckee Wellness (Tahoe)

**Indicates a Culturally Specific Support (PEI)*

BIG BROTHERS BIG SISTERS

Youth Mentoring (Tahoe)

Big Brothers Big Sisters (BBBS) identifies children ages 6-18 who are at risk of mental health symptoms and pairs them with professionally-supported, one-to-one volunteer mentors (ages 16+) to supplement other mental health strategies with regular check-ins. Mentorships reduce risk behaviors and distress in children, and increase resilience, positive behaviors, and functioning. BBBS' community-based matches meet an average of two (2) to three (3) times a month for a couple of hours per visit. Activities may include plays, art shows, sporting events, walking dogs from the shelter, etc. The BBBS Coordinator also hosts a few events for the group. The program is intended to provide prevention services for children to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

BOYS AND GIRLS CLUB (BGC) OF NORTH LAKE TAHOE

Youth Prevention (Tahoe)

Youth Prevention activities and programs provide high-risk youth with skills, inspiration, motivation, and tools to help reduce risk factors and increase protective factors. Boys and Girls Club (BGC) utilizes an evidence-based Positive Action curriculum provided and supported by the Boys and Girls Club of America, as well as locally developed activities, leagues, and clubs designed

with our specific community's needs and interests in mind. The BGC shares a campus with Kings Beach Elementary School (KBE). The Positive Action program serves children ages 3-18 with weekly activities and sessions that teach education, prevention techniques and skills to develop self-esteem and healthy lifestyles. Services are available in English and Spanish.

CHILD ADVOCATES OF PLACER COUNTY

[Court Appointed Special Advocates \(CASA\); Youth and Family Mentors](#)

Court Appointed Special Advocates (CASA) recruits, trains, and supervises adult volunteers who are assigned to mentor and advocate for foster children, ages 0-18, through a court order. CASA volunteers serve children who have been removed from their homes by Child Protective Services (CPS) due to parental neglect, abuse, or inability to manage the child's behavioral challenges. CASA volunteers meet weekly with their assigned identified child/youth until the case closes - typically one (1) to two (2) years. CASA's goal is to help return these children safely to their parents, or to help place them in permanent homes with "forever families." Services are available in English and Spanish. The Placer CASA program assigns volunteers to about 300 Placer County foster children annually.

Youth and Family Mentors: Youth Mentors and Family Mentors are utilized to help individuals and families navigate the system. Youth Mentors work with youth (ages 8 to 21) who have been identified as at-risk of educational failure or of entering the juvenile justice system, as well as youth who have been identified as at-risk of involvement in CSEC. Youth Mentors also work with former foster youth (ages 18-24) who have aged-out of foster care without family supports. Family Mentors work one-on-one with parents who are striving to rebuild their families. These parents are either working toward reunifying with their children who are in the child welfare system, or who are recovering from drug abuse or domestic violence and are at-risk of having their children enter the child welfare system. The goal of Mentoring is to steer youth and families toward positive outcomes.

GRANITE WELLNESS CENTERS

[Student and Family Support](#)

Student and Family Support services focus on Western Placer County youth ages 12-18 who are at greater risk of developing a mental health disorder due to identified substance misuse or dependence, and their families. The program will include assessment and development of individualized wellness plans. Services utilized evidence-based practices, including Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-informed therapy, and Mindfulness Based Substance Abuse Treatment (EBP). Services are delivered in individual, family,

and/or group sessions by a multi-disciplinary team of BBS registered clinicians and SUD certified/ registered clinicians. Family sessions use Motivational Interviewing, Cognitive Behavioral Therapy, and approaches informed by brief family therapy. An Adolescent Group uses a life-skills curriculum with an emphasis on teaching pro-social skills and may include Interactive Journaling.

GRANITE WELLNESS CENTERS

Parent Project – English

Parent Project® is an activity-based instruction utilizing support groups for families with youth ages 12-18 to address destructive adolescent behaviors and reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning. Parent Project® teaches concrete prevention, identification, and intervention strategies to address school attendance/performance; relationships and family dynamics; alcohol and other drug use; violence; and running away. Parent Project® is implemented in South Placer County. Parent Project® sessions are offered in English at least 4 times each year. Each 10-week cycle consists of 6, 3-hour classes and 4, 2 hour classes. Sessions are offered in Auburn and the Roseville/Rocklin communities, and/or virtually. Each session will have the goal of enrolling at least 15 individuals. Childcare and refreshments are provided during classes.

KIDSFIRST

Forever Fathers Support Group

Forever Fathers is an evidence-informed intervention group that is co-facilitated by men with support group and therapeutic experiences. The purpose is to learn about and discuss positive father involvement, modeling for children, and other topics that are pertinent to a father who strives to improve himself and his relationships. The attending fathers participate in a combination of focused topics, and are given a forum where they can talk about parenting and relationships. Using a facilitative approach allows the fathers to interact with each other, build social connections, and gain an overall understanding of available services, programs, and ways to seek additional help (e.g. counseling, basic needs, other parenting classes).

LATINO LEADERSHIP COUNCIL (LLC)

Parent Project – Spanish*

Parent Project® is a program that consists of activity-based instruction for Latino parents, support groups, and specific curriculum to address destructive adolescent behaviors. These behaviors often indicate a potential substance use or mental health problem. Parent Project® teaches concrete prevention, identification, and intervention strategies to address school attendance/performance, relationships and family dynamics, alcohol and other drug use, violence, and running away. During the parenting sessions, childcare

is provided for ages 0-6 year, youth groups are held for ages 7-12, and teen groups are held for youth 13 and older. The curriculum is used to teach both parents and the youth in separate groups. For instance, while parents learn about substance use, the youth discuss the ways that alcohol influences behavior and impacts families. Services are available in English and Spanish, including childcare. This program is intended to provide prevention services for all ages to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning. Families who participate in Parent Project® are either self-selected due to challenges at home, or are referred via other community members, probation officers, schools, or other organization or agency staff.

LATINO LEADERSHIP COUNCIL (LLC)

Youth Groups*

Youth Groups include programs and activities designed to decrease negative outcomes for Latino youth, related to risk of mental illness or mental illness symptoms. It includes mental health groups serving at least 30 youth per year, co-facilitated by promotores or trained facilitators. LLC also collaborates with Auburn Hip Hop Congress/Arts Action Academy to provide weekly writing and reciting classes in Auburn and Lincoln. A minimum of 30 youth per fiscal year will be served with a focus on Latino/a youth participation and to connect Latino/a families to cultural supports. These classes will be free to teens and young adults and will provide an outlet for self-expression, through writing and discussion, for personal growth and mental well-being. LLC will also collaborate with YEAGA and Peace 4 the Streets to provide individual youth mentorship and monthly leadership groups for at least 45 youth identified as needing additional supports. Mentorship will be offered to youth living in Lincoln, Roseville and Auburn. LLC will coordinate with local school districts and/or community colleges to organize Latino Prep Education Summits, to engage at least 100 Latino students throughout the year on opportunities for personal growth and development.

LILLIPUT FAMILIES

Home to Stay

Home to Stay services focus on family preservation. The program provides a home-based therapeutic parenting program that utilizes parent coaching, with a focus on integrating skills into daily family life. This program is intended to provide prevention services for birth and kinship families whose children are at-risk for out-of-home placement and to reduce risk factors and/or increase protective factors that lead to improved mental health and emotional functioning. The Home to Stay primarily services the underserved population of birth and kinship families. These families, often grandparents, have the opportunity to receive intensive, home-based therapeutic services they otherwise would not receive.

PLACER COUNTY OF EDUCATION (PCOE)

[Active Parenting Now \(KidsFirst\)](#)

PCOE School-Based Services include Active Parenting Now (APN) delivered by KidsFirst, to empower participants and teach parenting skills to address sensitive issues such as drug abuse, sexual activity, self-harm, and violence. APN is a video-based, interactive learning experience featuring group discussion and practice activities. A class facilitator presents the material, while simultaneously creating a safe and confidential environment where topics and concerns can be openly discussed. Four (4) six-week session of APN are delivered, each lasting 1.5-2 hours per week, with up to 20 parents per session. The sessions will be provided to parents and/or teens, and offered in English and Spanish.

PLACER COUNTY OF EDUCATION (PCOE)

[Triple P Parenting \(KidsFirst\)](#)

PCOE School-Based Services include Triple P Parenting delivered by KidsFirst, which are designed to promote healthy families through an increased knowledge of child development and social and emotional competency. This evidenced-based program provides parents with the necessary tools to manage behaviors using positive parenting techniques. The program has several levels that can be implemented to meet the needs of the audience. Triple P offers fewer class sessions than previous courses offered, making it accessible for busy families and is available in English and Spanish. Triple P Parenting classes last 1.5-2 hours per week, with up to 20 parents per session. The classes will be offered in English and Spanish.

PLACER COUNTY OF EDUCATION (PCOE)

[Student Assistance Program \(Granite Wellness Centers\)](#)

PCOE School-Based Services include the Student Assistance Program (SAP), which is delivered by Granite Wellness Centers and designed to support schools with a resource for students who have a first-time offense for possession or being under the influence of a substance, (e.g., alcohol, marijuana, etc.). SAP is a substance abuse prevention and diversion program that establishes specific goals around the prevention and education of substance use among students and the development of protective factors to improve student behavioral health, build skills and ultimately, mitigate emerging mental health problems and reduce long-term suffering. SAP is a ten (10) week program which may be used in lieu of suspension or expulsion or for at-risk students, in participating schools. SAP programs will be offered continuously throughout the academic year to eight (8) participating schools and serve 250 students and their families per year. In addition, priority will be given to delivering services to rural schools, Title I schools, and schools lacking access to resources due to transportation and poverty. SAP will be offered to other urban schools when resources are available.

PLACER COUNTY OF EDUCATION (PCOE)

RENEW for TAY (PCOE)

Resilience, Empowerment, and Natural Supports for Education and Work (RENEW) is delivered by PCOE and is a model that efficiently guides participants and their facilitator to create a comprehensive plan which connects supports in the domains of mental health, education, and employment. This “all-in-one” plan will include goals that are defined by the TAY participants and forms a team of support people around the youth to help reach their goals. Research demonstrates the important correlation between higher levels of mental wellness and recovery when a person has a positive view of their self-worth, can self-identify the factors that help and harm their mental health, have a team and network of supports around them, and experience the positive outcomes associated with high school/college completion and a meaningful job or career. For this reason, this program will collaborate with, and leverage funding from, the Department of Rehabilitation for Placer’s Transition Partnership Plus (TPP) program. RENEW and TPP will be offered to transition-age youth in Placer County. This integrated model will focus on supporting each youth to design and pursue a plan for the transition from school to adult life. A .20 FTE RENEW Facilitator will work in collaboration with other staff to facilitate the successful transition of approximately 10 youth per year in the RENEW process.

SIERRA COMMUNITY HOUSE

Family Support/Parenting Classes (Tahoe)

Family Support/Parenting Classes help strengthen protective factors in local families by providing play groups, support groups and classes aimed at decreasing family isolation, fostering development of peer networks, and building skills and confidence in parents. Classes may include Parent Project®, Loving Solutions®, The Incredible Years, Parent Café, Family Room, and/or other programs, depending upon the needs of the community.

Parent Project® is a program that consists of activity-based instruction, support groups, and specific curriculum to address discipline, confidence, etc.) and fostering parents’ involvement in children’s school experiences in order to promote children’s academic, social and emotional competencies, and reduce conduct problems.

Parent Café was created to support programs and communities in engaging parents, building protective factors, and promoting deep individual self-reflection and peer-to-peer learning. Parent Cafés are based on the principles of adult learning and family support and are a gateway to providing parent leadership opportunities.

The Family Room is a bilingual program that serves families with children aged 0 – 4 by supporting parents and children in the development of literacy and school readiness. The program is offered 5 days per week at a classroom in Truckee Elementary School. Sierra Community House's Family Room program promotes school readiness by supporting young children and their caregivers, with a particular focus on those who are economically and culturally disadvantaged and/or are English language learners. Family Room staff facilitate literacy-focused activities in Spanish and English, to promote parent-child interaction and mutual learning. Activities include a mix of reading, music, crafts, and literacy focused activities.

SIERRA NATIVE ALLIANCE

Native Family Wellness Services*

Parenting and Family Services and Supports decrease family stress and increase communication and parenting skills and family wellness. Service works to prevent negative mental health outcomes by building resilience and reducing adverse experiences within families. SNA will provide culturally relevant parent education and support services developed by the National Indian Child Welfare Association (NICWA), White Bison, and Native Wellness Institute. Families of Tradition monthly education nights will be co-facilitated by Behavioral Health Counselors and Peer Support Specialists to assist families recovering from patterns of substance use, community violence, and intergenerational trauma by reinforcing positive parenting values and building supportive peer relationships. Individual wellness education and case management services shall also be provided to address basic needs.

Positive Indian Parenting (PIP) develops skills to help build resiliency and prevent negative mental health outcomes for Native American children. Services are available in English and Spanish. Native Parenting support services are designed to increase positive parenting skills in families and are provided through weekly groups, co-parenting, and individual parenting sessions. PIP activities will be facilitated by a Family Support Specialist to increase cultural parenting knowledge, values and skills. PIP group and individual sessions shall be offered at least four (4) times in the fiscal year. Each session shall run for 10 weeks. Each session shall enroll at least 10 individuals, thereby serving at least 40 each fiscal year.

Native Youth Services and Supports are designed to build youth resiliency through native community focus groups utilizing Wellness Education and Traditional Health activities. A strong connection to cultural knowledge and experiences increases positive cultural identity and has proven to be a primary protective factor in preventing negative mental health outcomes for

Native youth. These services engage youth at risk for mental health, substance use, school failure, out of home placement, and justice system involvement in culturally relevant leadership, group mentoring, and advocacy services; and promotes cultural resiliency factors such as positive cultural identity, self-esteem, intergenerational connections, and leadership skills.

Sierra Native Alliance will facilitate quarterly outreach and wellness education events to promote mental health awareness and leadership skills. Youth wellness education will be provided by Peer Support Specialists using the Native Wellness Youth Curriculum. Youth Wellness groups will be provided at the Sierra Native Alliance Cultural Resource Center as well as online and in community locations.

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT

Tahoe Truckee Wellness (Tahoe)

The Tahoe Truckee Unified School District (TTUSD) Wellness is a collaboration between the school district and community-based organizations. It provides a youth-friendly point of entry for students to connect to supportive adults and access wellness services at the school sites. The TTUSD Wellness Program has Wellness Centers at North Tahoe High and Truckee High. The Wellness Centers offer a variety of empowerment and peer support groups (coping skills, social skills, girls and boys groups) to build stronger connections with students and provide ongoing social and emotional supports. The Wellness Program also collaborates with school and county partners to provide additional mental health resources for students on campus, such as Coordinated Care Teams. The TTUSD Wellness Centers offer three types of programming: Group Services, Drop-In, and Outreach. This program provides prevention services for middle and high school students to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

PREVENTION AND EARLY INTERVENTION

Early Intervention

PEI EARLY INTERVENTION PROGRAM

The Placer County MHSa Early Intervention program and PEI category includes treatment and other services to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Interventions 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 activities 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. In addition, it was recommended that more direct services be provided for intervention purposes.

PEI EARLY INTERVENTION PROGRAM – ACTIVITIES

Activities
Gateway Mountain Center: Early Intervention (Tahoe)
KidsFirst: Parent Child Interaction Therapy
KidsFirst: Trauma Focused CBT
KidsFirst: Perinatal Anxiety & Depression Therapy
Lighthouse Counseling & FRC: Road to Wellness
Lighthouse Counseling & FRC: Managing your Emotions
Lighthouse Counseling & FRC: Women's Empowerment
Placer County Office of Education: Road to Wellness (Lighthouse)
Placer County Office of Education: Incredible Years - Dinosaur School (KidsFirst)

Activities
Sierra Mental Wellness Group: Functional Family Therapy
Uplift - North Tahoe Outpatient Program (Tahoe)

GATEWAY MOUNTAIN CENTER

Early Intervention (Tahoe)

Early Intervention is offered by Gateway Mountain Center provides to engage and provide short-term adjunct therapeutic support to youth and families in crisis. Services includes family counseling, case management, and discharge planning. These services support youth for improved outcomes such as reduced crisis; stability in living situation; improvement in school attendance; reduction in substance use/abuse; increase in positive social connections; and/or reduction in involvement with law enforcement agencies. CSS Full-Service Partnership (FSP) funding also supports youth enrolled in Children’s Wraparound Full Service Partnership who need Therapeutic Mentoring to help them achieve optimal outcomes.

KIDSFIRST

Parent Child Interaction Therapy (PCIT)

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

KIDSFIRST

Trauma Focused CBT (TF-CBT)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based practice for caregivers, children, and youth who are experiencing significant emotional and behavioral difficulties related to traumatic life events. TF-CBT provides short-term treatment (approximately 12 weekly sessions) targeted to overcoming specific trauma. To reduce trauma-related symptoms, caregivers, children, and youth are taught skills to help process thoughts and feelings related to traumatic life events. Skills to help manage and resolve distressing

thoughts, feelings and behaviors related to trauma are taught. TF-CBT also helps the caregiver improve their coping skills to create a better living environment for the family. TF-CBT is available to youth under the age of 18 and their family members. TF-CBT is offered in English and Spanish.

KIDSFIRST

[Perinatal Anxiety & Depression Therapy](#)

Perinatal Anxiety and Depression utilizes Perinatal Mood Disorder Treatment, a therapy and wellness program. It aims to reduce depression, anxiety, and suicide through culturally- and age-appropriate services, such as screening, assessment, evaluation, resources, and short-term therapy for parents with children, ages 0-5 years, who are experiencing mental health symptoms, early in emergence. These treatment services are strengthened by also providing on-going Support Groups for women, as needed, who have completed counseling and/or those still in counseling who may benefit from additional support.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

[Road to Wellness](#)

Road to Wellness (Anxiety and Depression) psychoeducation groups (RTW) are designed for ages 12 years to adult experiencing anxiety, stress, depression, anger, sleep disorders, fatigue, guilt, or other feelings affecting their health and wellbeing. The RTW group modality is based on Cognitive Behavioral Therapy (CBT). CBT focuses on examining the intricate relationships between thoughts, feelings, and behaviors. By exploring patterns of thinking that lead to self-destructive action and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping and increase their quality of life. To obtain maximum results from group participants, clients are invited to complete homework assignments and practice newly learned skills outside of the group environment. In combination with CBT, Lighthouse teaches relaxation, meditation, art, and other sensory therapies with the goal of increasing participants' self-care and coping skills. Clients report experiencing higher levels of energy, peace of mind, confidence, and overall health. Groups meet weekly for six weeks with each meeting lasting approximately 1½-hours. RTW is offered in both English and Spanish.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

[Managing Your Emotions \(MYE\)](#)

Managing Your Emotions (MYE) (Anger Management) psychoeducation groups develop Anger Management and Emotion Regulation skills. For many years, Lighthouse has facilitated this evidence-based group curriculum with significant positive results. Managing Your Emotions is a psychoeducation group designed to help individuals gain the knowledge and skills needed to manage their emotions, not just anger. Participants focus on developing skills in distress

tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. MYE groups meet weekly for six weeks each lasting approximately 1½-hours. The MYE program is offered in both English and Spanish.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Women's Empowerment

Women's Empowerment (WE) curriculum assists women in increasing their self-esteem and developing a healthier lifestyle by building a broad-based support system via group sessions. The structured curriculum is derived from Cognitive Behavioral Theory (CBT), Dialectical Behavior Therapy (DBT), Reality Therapy, and Rational Emotive Behavior Therapy (REBT). Guest speakers are utilized to add value to the program. The WE group meets weekly for six weeks with each lasting approximately 1½-hours. The WE program is offered in both English and Spanish.

PLACER COUNTY OFFICE OF EDUCATION (PCOE)

Road to Wellness (Lighthouse)

PCOE School-Based Services include Road to Wellness delivered by Lighthouse Counseling and Family Resource Center, to provide psychoeducation groups based on evidence-based Cognitive Behavioral Therapy (CBT) and is designed for adolescents experiencing anxiety, stress, depression, anger, sleep disorders, fatigue, guilt or other feelings affecting their health and wellbeing. Participants build key coping skills, which help them more deeply explore their patterns of negative thinking that lead to self-destructive actions and subsequently develop more beneficial solutions and outcomes.

PLACER COUNTY OFFICE OF EDUCATION (PCOE)

Incredible Years-Dinosaur School (KidsFirst)

PCOE School-Based Services include Incredible Years-Dinosaur School program, delivered by KidsFirst, for children, ages 5 - 8 years old, a program that focuses on promoting positive social, emotional, and problem-solving skills. The program promotes children's non-aggressive behaviors, develops skills to solve common conflicts, strengthens appropriate classroom behaviors, and supports children to do their best in school. It is designed as a classroom prevention program for children demonstrating behavioral problems in the classroom that may hinder them or their classmates. Dinosaur School teaches children self-regulation and positive classroom behavior, enabling them increased success in both social and academic settings. Services are available in English and Spanish.

SIERRA MENTAL WELLNESS GROUP

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a short-term, evidenced-based family therapy intervention for at-risk and juvenile justice involved youth and their families. FFT is

designed as an Early Intervention (PEI) model, focusing on the wellness and resilience of youth, ages 11 through 17, and their families. The family-focused practice teaches families skills in conflict resolution, problem solving, communication, and treatment of delinquent behaviors. The FFT treatment approach is utilized as a way to increase the family's protective factors and decrease risk factors. Therapy sessions are most often conducted as a home-based service, but clinic settings are also available. Services are available in English and Spanish.

UPLIFT FAMILY SERVICES

Outpatient Program (Tahoe)

Uplift Family Services North Tahoe Outpatient program offers therapy, case management, collateral, and plan development services. Services are offered to severely emotionally disturbed youth, ages 3-18, with moderate to severe family dynamics and concerns. Services are provided to youth and families in their homes, schools, and community for up to 12 months. Services are available in English and Spanish.

PREVENTION AND EARLY INTERVENTION
Outreach for Early Recognition of Mental Illness

PEI OUTREACH FOR EARLY RECOGNITION OF MENTAL ILLNESS PROGRAM

The Placer County MHSAs Outreach for Early Recognition of Mental Illness program and PEI category encompasses the process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

“Potential responders” include, but are not limited to, families; employers; primary health care providers; visiting nurses; school personnel; community service providers; peer providers; cultural brokers; law enforcement personnel; emergency medical service providers; people who provide services to individuals who are homeless; family law practitioners such as mediators; child protective services; leaders of faith-based organizations; and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

Outreach for Early Recognition of Mental Illness activities may include reaching out to individuals with signs and symptoms of a mental illness, so that they can recognize and respond to their own symptoms.

PEI OUTREACH FOR EARLY RECOGNITION OF MENTAL ILLNESS PROGRAM – ACTIVITIES

Activities
Placer County Office of Education: Mental Health First Aid (MHFA)
Placer County Office of Education: Positive Behavioral Intervention Services (PBIS)
Sierra Native Alliance: Native Community Events (Universal Prevention Activities) *

**Indicates a Culturally Specific Support (PEI)*

PLACER COUNTY OFFICE OF EDUCATION

Mental Health First Aid (MHFA)

Mental Health First Aid (MHFA) is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. MHFA is an interactive, eight (8)-hour course that presents an overview of mental illness and substance use disorders, introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common services and treatment. The Outreach for Increasing Recognition of Early Symptoms of Mental Illness Program describes methods used to reach out and engage potential responders and service providers to learn how to identify and respond supportively to signs and symptoms of potentially serious mental illness. Participants learn a five (5)-step action plan, encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. Workshops are available in English and Spanish.

PLACER COUNTY OFFICE OF EDUCATION

Positive Behavioral Intervention Services (PBIS)

Positive Behavioral Intervention and Supports (PBIS) provides a framework to help schools in developing and implementing a systemic framework for prevention and early intervention for mental wellness called Positive Behavioral Intervention and Supports (PBIS). PBIS, a nationally recognized practice, provides the framework to help schools adopt and implement a continuum of evidence-based interventions to achieve positive outcomes for student mental wellness. The PBIS framework includes three tiers of prevention and early intervention strategies. Tier I universal prevention strategies include developing student pro-social skills, supporting student strengths, reducing stigma associated with mental health issues, and utilizing data analysis systems to identify students' need for more intensive support. Tier II selected prevention focuses on more intensive, small group services to develop pro-social skills and problem-solving using research-based practice. Tier III early intervention provides the most intensive and often individualized services. Additional training content will be provided to support specific skills for educators related to trauma and equity informed practices within the PBIS framework. PCOE provides the curriculum, training, coaching, and assessment/evaluation tools to assist schools to fully implement PBIS. Additional training content will be provided to support specific skills for educators related to mental health, trauma and equity informed practices with the PBIS framework.

SIERRA NATIVE ALLIANCE

Native Community Events

Native Community Events are outreach events to Increase Recognition of Early Signs of Mental Health for potential responders in the Native American community. Sierra Native Alliance, in collaboration with other community partners, sponsors quarterly community events to increase awareness of mental health resources and learning about signs and symptoms from a cultural perspective. Community events will include the annual Auburn Big Time-Pow Wow (ABTPW), which is attended by approximately 3000-4000 participants per year.

Sierra Native Alliance staff also attend health and education events and implement the curriculum Gathering of Native Americans (GONA) throughout the year to provide presentations, education activities, and distribute mental health and suicide prevention materials at booths. The target for community activities is to conduct outreach to 5,000 community members each year. In addition, Sierra Native Alliance documents participation in community events, materials distributed, and traffic directed to the website.

PREVENTION AND EARLY INTERVENTION

Suicide Prevention

PEI SUICIDE PREVENTION PROGRAM

The Placer County MHSA Suicide Prevention program and PEI category includes activities to prevent suicide as a consequence of mental illness. This program does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Suicide Prevention aims to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention activity.

Suicide Prevention activities include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

Activities
California Mental Health Authority: Statewide PEI Initiatives
Placer County Office of Education: Applied Suicide Intervention Skills Training
Placer County Office of Education: SafeTalk
Placer County Office of Education: Kognito
Sierra Community House: Suicide Prevention Activities (Tahoe)

PEI SUICIDE PREVENTION PROGRAM – ACTIVITIES

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

Statewide PEI Project

The California Mental Health Services Authority (CalMHSA), a joint powers authority, represents county behavioral health agencies working to improve mental health outcomes for the state's individuals, families, and communities. On behalf of counties, CalMHSA has implemented statewide prevention and early intervention programs since 2011 to reduce negative outcomes for people experiencing mental illness and prevent mental illness from becoming severe

and disabling. Knows the Signs is an evidence-based program that is utilized across the state. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention.

PLACER COUNTY OFFICE OF EDUCATION

Applied Suicide Intervention Skills Training

Applied Suicide Intervention Skills Training (ASIST) is a two-day (15 hour) intensive, interactive, practice-dominated workshop for persons ages 16 or older, who want to be able to provide suicide first aid. It is designed to help individuals recognize risk and learn how to intervene to prevent the immediate risk of suicide. The goal of ASIST is to enhance a caregiver's abilities to assist a person at risk to avoid suicide. Participants often include people concerned about family and friends; emergency service workers; counselors, teachers and ministers; mental health practitioners; workers in health, welfare or justice; and community volunteers. The ASIST model teaches effective intervention skills, while helping to build suicide prevention networks in the community. Services are available in English and Spanish.

PLACER COUNTY OFFICE OF EDUCATION

SafeTalk

SafeTalk is a three (3) to four (4) hour suicide alertness training for people, age 15 and older, to help identify persons with thoughts of suicide and connect them to suicide first aid resources. As a safeTALK trained suicide alert helpers, individuals will be better able to (1) move beyond common tendencies to miss, dismiss, or avoid suicide; (2) identify people who have thoughts of suicide; and (3) apply the TALK steps (Tell, Ask, Listen, and KeepSafe) to connect a person with suicidal thoughts to suicide intervention caregivers. Services are available in English and Spanish.

PLACER COUNTY OFFICE OF EDUCATION

Kognito

Kognito is a Student Wellness - Suicide Prevention computer-based, experiential training that is implemented by PCOE. Kognito At-risk is designed for Elementary, Middle and High School Educators and is delivered through training simulations design to prepare teachers, administrators and staff to: (1) recognize when a student is exhibiting signs of psychological distress, and (2) manage a conversation with the student with the goal of connecting them with the appropriate support. During the 1-hour online training, users enter a virtual environment, assume the role of an educator, and engage in conversations with three emotionally responsive student avatars that exhibit signs of psychological distress, including thoughts of suicide. County Educators in grades K-12 can

access this training, with a goal of training 3,000 educators in the next three years.

SIERRA COMMUNITY HOUSE

[Suicide Prevention Activities \(Tahoe\)](#)

Suicide Prevention Activities provides education, outreach, and strategies that will mobilize the community to provide postvention support after a death by suicide and prevent future suicides. This includes conducting outreach and developing a comprehensive set of strategies to mobilize the Tahoe Truckee community to prevent future suicides. The goal is to create a community free of suicide by offering a variety of mental health trainings, outreach events, postvention support services, data analysis and systems advocacy. This includes holding tabling at community events, distributing Know the Signs coasters at bars, maintaining the SPC website, utilizing ASIST other trainings to the community.

PREVENTION AND EARLY INTERVENTION

Stigma and Discrimination Reduction

PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM

The Placer County MHSAs Stigma and Discrimination Reduction program and PEI category includes direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

Stigma and Discrimination Reduction activities may include, but are not limited to, social marketing campaigns; speakers' bureaus; and other direct-contact approaches; targeted education and training; anti-stigma advocacy; web-based campaigns; efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services; and efforts to encourage self-acceptance for individuals with a mental illness.

PEI STIGMA AND DISCRIMINATION REDUCTION PROGRAM – ACTIVITIES

Activities
AMI Housing: Community Engagement
California Mental Health Authority: Statewide PEI Initiatives
Gateway Mountain Center: LatinX Youth and Transitional Youth Leadership Development* (Tahoe)
Sierra Community House: Mental Health Stigma Reduction
Sierra Community House: Latino Community Outreach* (Tahoe)

**Indicates a Culturally Specific Support (PEI)*

AMI HOUSING

Community Engagement

AMIH's Community Engagement activities will implement targeted outreach efforts aimed at reducing negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness and/or to seeking mental health service. These outreach activities will increase acceptance, dignity, inclusion, and equity for individuals in the community who

are living with mental illness and their families. Outreach efforts will be focused on businesses, community agencies, educational entities and community groups who traditionally do not interface with the mental health field. Activities will provide learning opportunities within natural settings, such as a workplace enrichment event, educational presentations and seminars to local businesses, community agencies, education entities, and other community venues. Presentations will offer different viewpoints for the audience; one of a professional background and the other from a lived experience background. The education and outreach activities will focus on reducing stigma and increasing acceptance by providing the audience with a combination of educational material, lived experience stories, and opportunities for them to engage in experiential learning through activities geared toward what it is like to experience a mental health challenge firsthand or to love someone who has. Activities will also be offered at scheduled events such as the Big Time Pow Wow, local fairs and farmers markets, events at Sierra College and local schools, and any other identified community event where the general public will attend.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

[Statewide PEI Initiatives](#)

Statewide Prevention and Early Intervention (PEI) activities are conducted by California Mental Health Services Authority (CalMHSA) to improve mental health outcomes for the state's individuals, families, and communities. CalMHSA has implemented statewide prevention and early intervention programs since 2011 to reduce negative outcomes for people experiencing mental illness and prevent mental illness from becoming severe and disabling. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention. These activities utilize the evidence-based program Each Mind Matters.

GATEWAY MOUNTAIN CENTER

[LatinX Youth and Transitional Youth Leadership Development \(Tahoe\)*](#)

LatinX Youth and Transitional Youth Leadership Development activities offered by Gateway Mountain Center in Tahoe are designed to train older transitional age youth to become certified in Mindfulness-Based Substance use Treatment (MBSAT). These youth will provide peer counseling to youth attending North Tahoe High School and will discuss critical teen issues, such as bullying, anxiety, teen dating violence, sexual violence, tolerance, suicidal ideation, depression, non-suicidal self-injury, and media influence. Group awareness activities will be held to decrease stigma around mental health in their school and community. Services are available in English and Spanish.

SIERRA COMMUNITY HOUSE

MH Stigma Reduction: Youth Empowerment Groups (Tahoe)

Youth Empowerment Groups will be offered by Sierra Community House in Tahoe to local students to enhance a variety of skills and opportunities. Topics for these groups include creating positive environments and communities, promoting healthy friendships, relationships and choices, increasing positive self-worth, engaging and empowering youth to speak out and model healthy lifestyles, and increasing the understanding of mental health stigmas and how to support others and seek help. Empowerment groups for young men and young women help individuals identify personal strengths and supportive resources and develop new ways of thinking and addressing challenges-both internal and external. The Young Men's Work is a program for young men who are working together to solve problems without resorting to violence. The program gives adolescent males learn what it means to be a man, addressing male violence, and helps young men break the cycle of violence passed from generation to generation. Activities and materials help young men successfully resolve conflict. The Young Women's Lives groups helps to empower young women to face many issues as they mature, such as eating disorders, depression, shame, low self-esteem, substance abuse, and abusive relationships. This curriculum helps young women face problems, identify personal strengths and supportive resources, and develop new ways of thinking and addressing challenges-both internal and external. Services are available in English and Spanish.

SIERRA COMMUNITY HOUSE

Latino Community Outreach (Tahoe)*

Latino Community Outreach activities in Tahoe will offer workshops, support groups and/or peer support services to offer mental health education and support Latino individuals. Culturally and linguistically appropriate referrals to mental health services will be offered to participants requesting additional help and/or those demonstrating signs or symptoms of needing mental health services. Training Workshops are open to all members of the Tahoe community and are presented in Spanish. The participant group ranges from interested community members seeking to improve their lives to seasoned Promotoras, some of whom have served as community educators for many years. The Group Supports program is offered to graduates of the Latino Leadership Groups. These groups provide additional support to the attendees and help strengthen the skills learned in the Leadership Groups. The Youth Latino Leadership Support group is open to all Latino Youth, 6-18 years old, in the North Lake Tahoe community. The Promotoras are bi-cultural and bi-lingual paraprofessionals that help connect Latino families to mental health resources and to promote the well-being of the Latino community in the Tahoe/ Truckee region. Services are available in English and Spanish.

PREVENTION AND EARLY INTERVENTION

Access and Linkage to Treatment

PEI ACCESS AND LINKAGE TO TREATMENT PROGRAM

The Placer County MHS Access and Linkage to Treatment program and PEI category includes activities to connect children, TAY, adults, and older adults with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples include, but are not limited to, activities that focus on screening; assessment; referral; phone help lines; and mobile response.

PEI ACCESS AND LINKAGE TO TREATMENT PROGRAM – ACTIVITIES

Activities
Adult System of Care: Senior Peer Counseling
Sierra Community House: Homeless Outreach (Tahoe)
Unity Care: Homeless TAY Outreach
What's Up Wellness: Student Mental Health Screenings (Tahoe)

ADULT SYSTEM OF CARE

Senior Peer Counseling

Senior Peer Counseling (SPC) is a free, short-term, peer support, goal-oriented program for residents in Placer County, who are 55 years and older. Senior Peer Counselors work individually with clients in their home for short-term support with issues such as family conflict, adjustment to health or living situation, substance use, change in independence level (e.g., loss of driver's license), caregiver stress, situational depression, situational anxiety, access to community resources, grief/loss, loneliness, and other age-related transitional concerns. Peer Counselors are volunteers who bring their life experience and are trained to listen, support, and gently coach the client towards their stated goals. The Peer Counselor shares information about services in the area and by encouraging and supporting the client through the process and help link the individual when there is a need to access organizations, or insurance companies, in order to seek professional mental health services.

SIERRA COMMUNITY HOUSE

[Homeless Outreach \(Tahoe\)](#)

The Homeless Outreach program through Sierra Community House provides a unique and targeted service to the population experiencing homelessness in the Tahoe area. The Outreach Coordinator works with the homeless population to promote safety, facilitate and support change, provide needed supplies, and offer support to educate individuals experiencing homelessness about mental health and substance abuse issues. The coordinator provides information on available resources, refers individuals to treatment, and help link them to treatment services. In addition, individuals are supported to apply for benefits, connect to housing, and employment services.

UNITY CARE

[Homeless TAY Outreach](#)

Homeless TAY Outreach is designed to reach and engage homeless and at-risk of homelessness Transitional Age Youth (TAY) and provide them connections to services for mental health issues, shelter, housing, and other needs that address self-sufficiency. Youth may have a history of systems involvement, such as juvenile probation and/or foster care, as well as risk of mental health and/or substance use disorders. Unity Care will anchor this program alongside its housing program to maximize housing support for youth who are eligible for both services. By working collaboratively with existing housing services, Unity Care can place eligible youth in available housing, as well as support discharged clients with additional resources to secure housing and other needed services. Unity Care will conduct outreach and one-on-one sessions with youth in a trauma-informed, community-based model. Staff will meet youth at schools and in the community to effectively engage at-risk youth. Unity Care Group will collaborate with and refer clients to the Coordinated Entry System, the community-based Placer County TAY Housing Collaborative, and mental health services, as needed. Informational materials about program services will be available in both Spanish and English across the community and at events.

WHAT'S UP WELLNESS

[What's Up Wellness: Student Mental Health Screenings \(Tahoe\)](#)

What's Up Wellness provides universal, school-based mental health screenings in the Tahoe Area, which meets the Tier 1 requirements for high school districts. It offers universal screenings to all 9th grade students enrolled at Tahoe Truckee Unified School District (TTUSD), a school district that serves both Placer and Nevada County residents. Case management services are available to youth and their families. What's Up Wellness continues its critical partnerships with TTUSD Wellness Centers, Sierra Community House, Tahoe Truckee Community Collaborative, and other youth-serving organizations to identify urgent needs for youth and their families, working to bridge those gaps with available resources.

INNOVATION

INNOVATION COMPONENT DESCRIPTION AND MILESTONES

The vision of the MHSa Homeless Integrated Care Coordination and Evaluation (HICCE) Innovation (INN) Project is to:

- Build upon our existing infrastructure and organizational programs to create a comprehensive network of care in Placer County to improve services to the homeless and other high-risk individuals;
- Learn how to expand and strengthen collaboration and coordination of services across agencies and organizations to promote access, address unmet needs, and improve outcomes; and
- Learn how to support data sharing across diverse entities to create a safety net that meets the complex needs of persons who are homeless and/or have chronic health conditions,
- Utilize evaluation activities to share outcomes, identify barriers to success, and identify when the system is meeting the needs of complex individuals.

The Innovation Project utilizes the HICCE vision to support the activities of the Whole Person Care (WPC) project by creating the capacity to build collaboration, develop Memorandums of Understanding (MOUs), and create agreements needed to collect and share information across organizations and utilize evaluation activities to share outcomes. This creates a continuous evaluation and feedback process to modify and improve services, meet individuals' needs, and achieve positive outcomes, such as stable housing; reduce Emergency Department (ED) utilization; reduce physical and psychiatric hospitalizations; reduce recidivism; and management of health and behavioral health needs.

The Innovation Project develops the opportunity to utilize multiple resources to create a cohesive safety net to quickly identify high-need individuals, engage and link them to needed services, and evaluate the success of the collaboration. This project includes implementing technology to help immediately identify people in the hospital and/or Emergency Department to ensure the Team responds within a short period of time to offer services to meet the individual's needs. This project also includes utilizing technology to develop the capacity to identify persons who are homeless, individuals in the shelters, and/or persons released from higher levels of care, including justice-related settings.

The HICCE utilizes the Systems Management, Advocacy, and Resource Team (SMART) model of interagency coordination and collaboration to address both system-level issues as well as identify the needs of persons who are homeless, mentally ill, justice involved and may have chronic health conditions. HICCE Innovation activities identify opportunities to share resources, information, data, and services, to strengthen collaboration across multiple organizations, including hospitals, Emergency Departments, Federally Qualified Health Centers (FQHCs), and managed care plans (e.g., Anthem, California Health and Wellness). This collaboration and coordination of services expands service and housing options; increases housing placements; changes the community culture of how to address homelessness; and helps to address community stigma.

This collaboration will also help reduce the number of days individuals experience homelessness, improve health and behavioral health symptoms, and improve individuals' ability to live in stable housing. Agencies will improve communication and coordination of services for shared clients and make linkage and referrals for needed services.

The plan for this INN Project was approved in March 2017. Please refer to the following link for the Placer County MHSa FY 2016-2021 Innovation Five-Year Plan and Expenditure Reports: <https://www.placer.ca.gov/Archive.aspx?AMID=69>. As demonstration of the early outcomes for the improved innovative collaboration, in December 2017, Sutter Health, Inc. offered Placer County \$1,000,000 to purchase two houses, which supported the goals of HICCE and WPC to provide housing to identified members. This is a clear demonstration of the immediate success of this collaborative project to improving outcomes for high-risk adults.

By combining the activities of the WPC pilot project with the goals of the HICCE Innovation Project, both projects benefit. Many organizations are committed to participating in the combined projects and learning how to strengthen collaboration, coordinate services, and develop data sharing protocols. With the involvement of these multiple organizations and agencies, the Innovation Project has additional funding, support, and organizational commitment to try new approaches to improve services. The Innovation Project benefits from the WPC pilot by having a larger network of organizations willing to participate. This network strengthens the commitment to learn new strategies for enhancing coordination and collaboration across all organizations as well as expand capacity to serve more people.

A number of key goals were accomplished in the first year. Memorandum of Understanding (MOUs) and Business Associate Agreements have been developed between Placer County and local managed care plans, FQHCs,

and other organizations to create the capacity to share data. This collaboration helps to improve services and outcomes.

Placer County also uses the Collective Medical Technologies communication tool, PreManage. Using this tool, the Team is immediately notified by e-mail when a member has been admitted to a local Emergency Department (ED) and/or hospital. The implementation of PreManage through Collective Medical Technologies has allowed the Team to receive timely notification of ED visits and hospitalizations, so a staff person can quickly follow-up with the member to ensure timely support and link the member to needed services.

Pilot Year 1 of the WPC Pilot was dedicated to writing the WPC Pilot application and planning innovation and implementation activities. The WPC Team began enrolling members in April 2017 and served 419 WPC members between April 2017 and December 2019 (Program Years 2, 3 and 4). Of those members, 206 were enrolled in the Comprehensive Complex Care Coordination (CCCC). Members in the CCCC are offered an array of services, including a Tailored Plan of Care; mental health and/or substance use treatment services; case management; and linkage to services (with transportation available), as needed.

The WPC Team has excelled at meeting the key metrics required as part of the WPC. For example, the WPC Team completed Assessments and Tailored Plans of Care within 30 days of enrollment to the CCCC for 120/122 (98%) of CCCC members in Program Year 2, 41/41 (100%) in Program Year 3, and 52/52 (100%) in Program Year 4. This illustrates how services have been implemented and are successful at identifying and linking high-need individuals to the appropriate level of services.

The majority of WPC members are experiencing homelessness when they enter the program. In order to provide housing services for these individuals, the WPC Team enrolls members in the Housing Bundle, which includes several components: 1) intensive services to help members become “housing ready;” 2) services to identify and resolve barriers to the member meeting their goals; 3) ongoing coordination with landlords, or potential landlords; and 4) ongoing support to members after they are placed in a stable living situation. In Program Year 2, 111/122 CCCC members (91%) were enrolled in and received Housing Bundle services. In Program Year 3, 124/129 CCCC members (96%) were enrolled in and received Housing Bundle services. In Program Year 4, 118/121 CCCC members (98%) were enrolled in and received Housing Bundle services.

The WPC Team also opened a Medical Respite program, which supports collaboration between WPC, Adult System of Care (ASOC), and the organizational provider. Placer County contracts with the Gathering Inn (TGI) to

operate a Medical Respite program. TGI had previous experience operating a medical respite program and was successful at quickly implementing this program. The Medical Respite provides services to homeless individuals who have been discharged from a hospital but need additional support and shelter to help recover from their physical health conditions. The TGI case management staff works closely with WPC staff to help link members to their medical providers, advocate for members to secure benefits and other services, link members to home health care, and enroll members with In-Home Supportive Services. Additionally, these members become a high priority for housing support services. The collaboration between agencies has been effective at helping to stabilize health conditions and achieving positive outcomes by identifying additional housing resources. Of the 41 members in Program Year 3 who stayed in medical respite for at least 14 days, 30 (73%) experienced health improvement upon discharge. This continues to be a highly affected program with consistent results across the years.

The coordination and collaboration across systems, using PreManage, as well as ongoing and immediate communication with the Team and hospital/ED staff, is extremely effective and results in the ability to follow-up on the majority of ED visits within seven (7) days. In Program Year 2, the WPC Team identified 142 Emergency Department (ED) visits for WPC members who were enrolled in CCCC. The WPC Team successfully followed up with the member within seven (7) days of their ED visit for 130/142 (92%) of the ED visits. In Program Year 3, the percent increased to 210/221 (95%) of the ED visits. In Program Year 4, the percent increased further, to 178/185 (96%) of the ED visits. This shows the importance of using technology and strong collaboration across organizations, to improve outcomes for complex individuals.

COLLABORATION EVALUATION AND DATA ANALYSIS

To help evaluate and measure the HICCE and WPC collaboration and coordination across organizations, a Collaboration Survey was distributed to 44 agencies through email in July 2017. This online survey collected information on the levels of self-reported collaboration in July 2016 and July 2017. Follow-up surveys have been distributed in January and July 2018, January and July 2019, and January 2020 to assess current levels of collaboration. Each agency was asked to rate collaboration with the other agencies using the following response options:

- No Interaction
 - No experience or interaction with organization
- Networking
 - Aware of organization

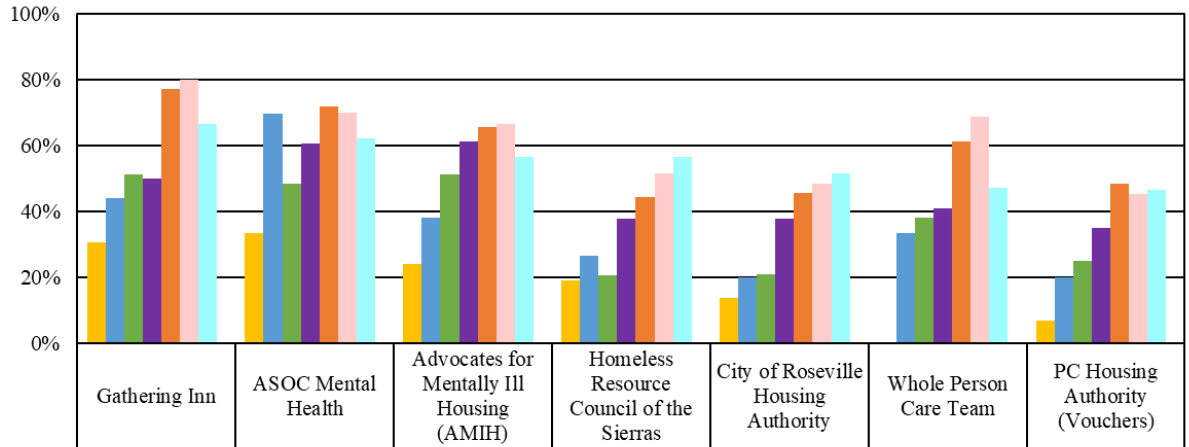
- Loosely defined roles
- Little communication
- Independent decision- making
- Cooperation
 - Information sharing
 - Somewhat defined roles
 - Formal communication
 - Independent decision-making
- Coordination
 - Information & resource sharing
 - Defined roles
 - Frequent communication
 - Some shared decision making
- Collaboration
 - Information & resource sharing
 - Defined and/or shared roles
 - Frequent communications with mutual trust
 - Consensus is reached on shared decisions

A summary of the survey responses is provided. The following six (6) graphs display the 44 agencies' responses to the collaboration survey across the seven (7) time periods. The agencies are organized by the level of collaboration at the most recent reporting period (January 2020).

The percent of agencies reporting increased collaboration and coordination increased dramatically over the seven (7) time periods as these agencies became more involved with the WPC Team and HICCE program. For example, the percent of agencies reporting a collaborative relationship with the Adult System of Care Mental Health Program (ASOC Mental Health) was 33.3% in 2016 and increased to 62.1% in 2020. Most agencies had an increased level of collaboration across the seven (7) time periods.

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

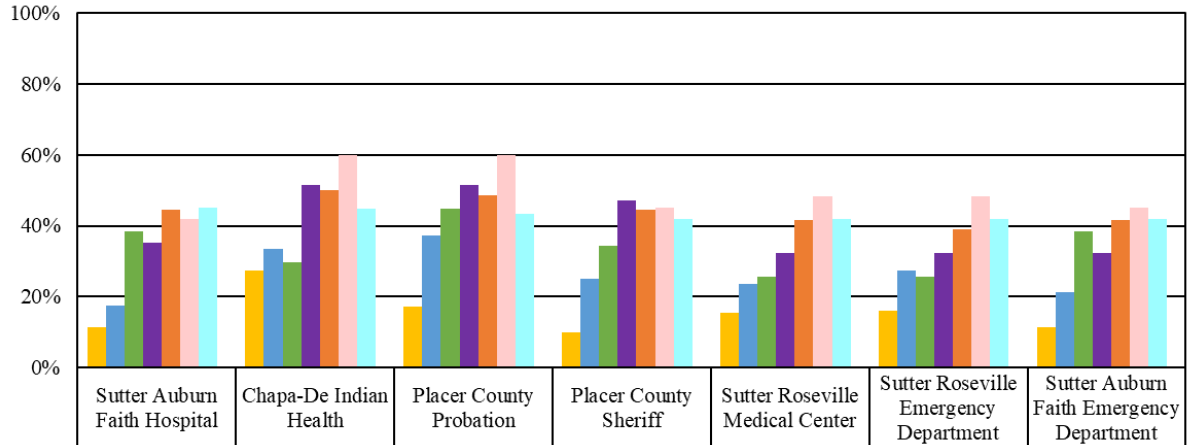
July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	Gathering Inn	ASOC Mental Health	Advocates for Mentally Ill Housing (AMIH)	Homeless Resource Council of the Sierras	City of Roseville Housing Authority	Whole Person Care Team	PC Housing Authority (Vouchers)
July, 2016 % Collaborative	30.8%	33.3%	24.0%	19.2%	13.8%	0.0%	6.9%
July, 2016 N	26	27	25	26	29	25	29
July, 2017 % Collaborative	44.1%	69.7%	38.2%	26.5%	20.0%	33.3%	20.0%
July, 2017 N	34	33	34	34	35	27	35
January, 2018 % Collaborative	51.4%	48.6%	51.4%	20.5%	21.1%	38.1%	25.0%
January, 2018 N	37	35	37	39	38	21	36
July, 2018 % Collaborative	50.0%	60.6%	61.1%	37.8%	37.8%	40.9%	35.1%
July, 2018 N	36	33	36	37	37	22	37
January, 2019 % Collaborative	77.1%	71.9%	65.7%	44.4%	45.7%	61.1%	48.6%
January, 2019 N	35	32	35	36	35	18	35
July, 2019 % Collaborative	80.0%	70.0%	66.7%	51.6%	48.4%	68.8%	45.2%
July, 2019 N	30	30	30	31	31	16	31
January, 2020 % Collaborative	66.7%	62.1%	56.7%	56.7%	51.6%	47.1%	46.7%
January, 2020 N	30	29	30	30	31	17	30

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

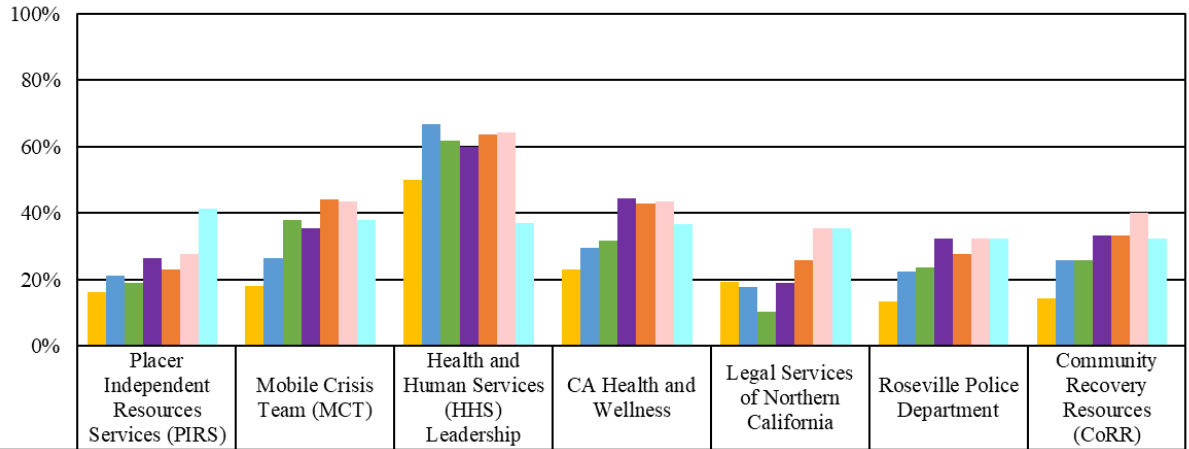
July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	Sutter Auburn Faith Hospital	Chapa-De Indian Health	Placer County Probation	Placer County Sheriff	Sutter Roseville Medical Center	Sutter Roseville Emergency Department	Sutter Auburn Faith Emergency Department
July, 2016 % Collaborative	11.5%	27.3%	17.2%	10.0%	15.4%	16.0%	11.5%
July, 2016 N	26	22	29	30	26	25	26
July, 2017 % Collaborative	17.6%	33.3%	37.1%	25.0%	23.5%	27.3%	21.2%
July, 2017 N	34	30	35	36	34	33	33
January, 2018 % Collaborative	38.5%	29.7%	44.7%	34.2%	25.6%	25.6%	38.5%
January, 2018 N	39	37	38	38	39	39	39
July, 2018 % Collaborative	35.1%	51.4%	51.4%	47.2%	32.4%	32.4%	32.4%
July, 2018 N	37	35	35	36	37	37	37
January, 2019 % Collaborative	44.4%	50.0%	48.6%	44.4%	41.7%	38.9%	41.7%
January, 2019 N	36	34	35	36	36	36	36
July, 2019 % Collaborative	41.9%	60.0%	60.0%	45.2%	48.4%	48.4%	45.2%
July, 2019 N	31	30	30	31	31	31	31
January, 2020 % Collaborative	45.2%	44.8%	43.3%	41.9%	41.9%	41.9%	41.9%
January, 2020 N	31	29	30	31	31	31	31

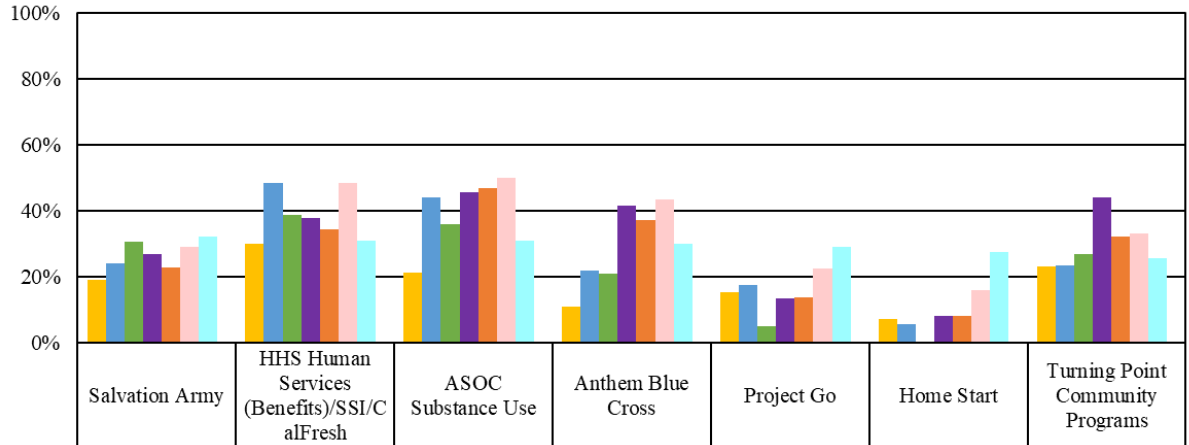
Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

July 2016, July 2017, January & July 2018, January & July 2019, January 2020



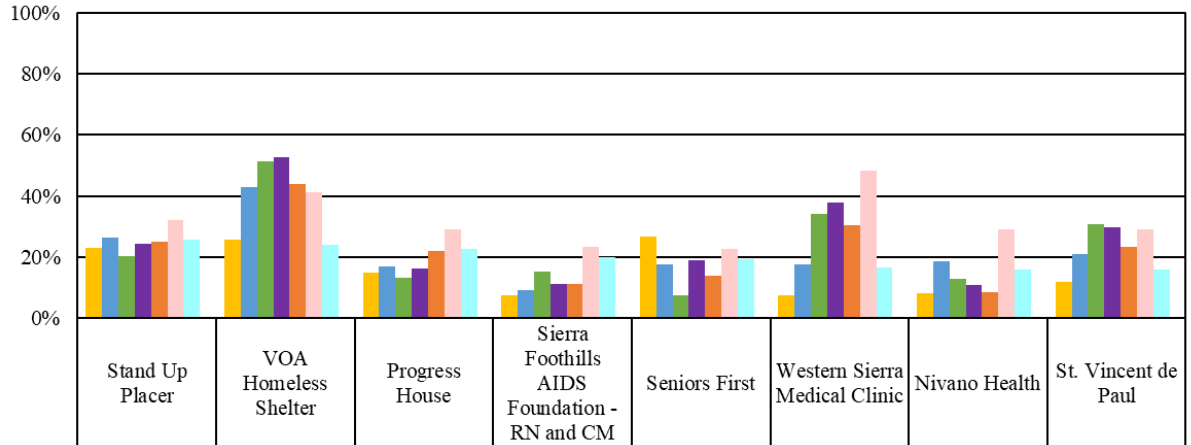
	Placer Independent Resources Services (PIRS)	Mobile Crisis Team (MCT)	Health and Human Services (HHS) Leadership	CA Health and Wellness	Legal Services of Northern California	Roseville Police Department	Community Recovery Resources (CoRR)
■ July, 2016 % Collaborative	16.0%	17.9%	50.0%	23.1%	19.2%	13.3%	14.3%
July, 2016 N	25	28	24	26	26	30	28
■ July, 2017 % Collaborative	21.2%	26.5%	66.7%	29.4%	17.6%	22.2%	25.7%
July, 2017 N	33	34	30	34	34	36	35
■ January, 2018 % Collaborative	18.9%	37.8%	61.8%	31.6%	10.3%	23.7%	25.6%
January, 2018 N	37	37	34	38	39	38	39
■ July, 2018 % Collaborative	26.5%	35.3%	60.0%	44.4%	18.9%	32.4%	33.3%
July, 2018 N	34	34	35	36	37	37	36
■ January, 2019 % Collaborative	22.9%	44.1%	63.6%	42.9%	25.7%	27.8%	33.3%
January, 2019 N	35	34	33	35	35	36	36
■ July, 2019 % Collaborative	27.6%	43.3%	64.3%	43.3%	35.5%	32.3%	40.0%
July, 2019 N	29	30	28	30	31	31	30
■ January, 2020 % Collaborative	41.4%	37.9%	37.0%	36.7%	35.5%	32.3%	32.3%
January, 2020 N	29	29	27	30	31	31	31

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies
 July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	Salvation Army	HHS Human Services (Benefits)/SSI/CalFresh	ASOC Substance Use	Anthem Blue Cross	Project Go	Home Start	Turning Point Community Programs
July, 2016 % Collaborative	19.2%	30.0%	21.4%	11.1%	15.4%	7.4%	23.1%
July, 2016 N	26	30	28	27	26	27	26
July, 2017 % Collaborative	24.2%	48.6%	44.1%	21.9%	17.6%	5.7%	23.5%
July, 2017 N	33	35	34	32	34	35	34
January, 2018 % Collaborative	30.8%	38.9%	36.1%	21.1%	5.1%	0.0%	27.0%
January, 2018 N	39	36	36	38	39	38	37
July, 2018 % Collaborative	27.0%	37.8%	45.7%	41.7%	13.5%	8.1%	44.1%
July, 2018 N	37	37	35	36	37	37	34
January, 2019 % Collaborative	22.9%	34.3%	47.1%	37.1%	13.9%	8.3%	32.4%
January, 2019 N	35	35	34	35	36	36	34
July, 2019 % Collaborative	29.0%	48.4%	50.0%	43.3%	22.6%	16.1%	33.3%
July, 2019 N	31	31	30	30	31	31	30
January, 2020 % Collaborative	32.3%	31.0%	31.0%	30.0%	29.0%	27.6%	25.8%
January, 2020 N	31	29	29	30	31	29	31

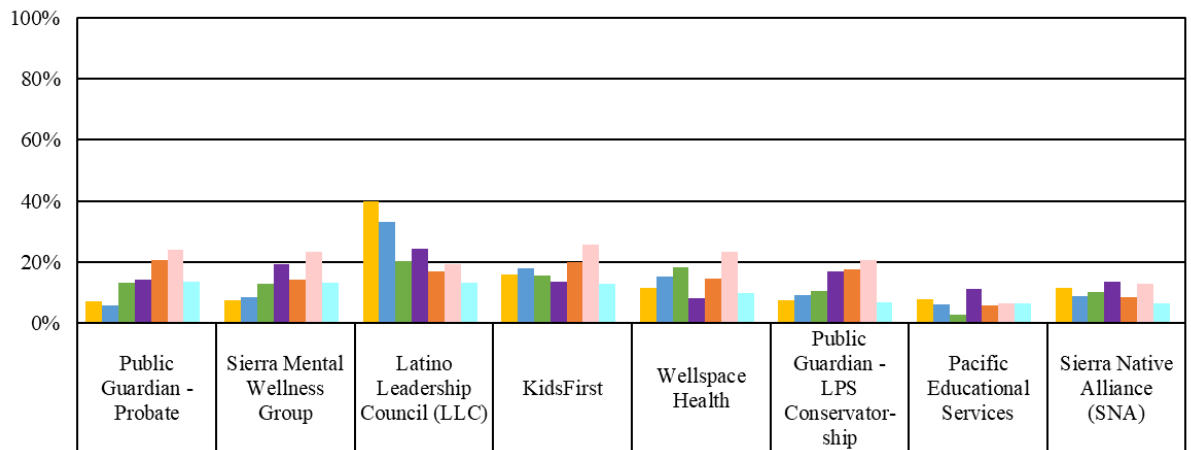
Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies
 July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	Stand Up Placer	VOA Homeless Shelter	Progress House	Sierra Foothills AIDS Foundation - RN and CM	Seniors First	Western Sierra Medical Clinic	Nivano Health	St. Vincent de Paul
July, 2016 % Collaborative	23.1%	25.9%	14.8%	7.7%	26.9%	7.4%	8.3%	12.0%
July, 2016 N	26	27	27	26	26	27	24	25
July, 2017 % Collaborative	26.5%	42.9%	17.1%	9.1%	17.6%	17.6%	18.8%	21.2%
July, 2017 N	34	35	35	33	34	34	32	33
January, 2018 % Collaborative	20.5%	51.3%	13.2%	15.4%	7.7%	34.2%	12.8%	30.8%
January, 2018 N	39	39	38	39	39	38	39	39
July, 2018 % Collaborative	24.3%	52.8%	16.2%	11.4%	18.9%	37.8%	10.8%	29.7%
July, 2018 N	37	36	37	35	37	37	37	37
January, 2019 % Collaborative	25.0%	44.1%	22.2%	11.4%	13.9%	30.6%	8.6%	23.5%
January, 2019 N	36	34	36	35	36	36	35	34
July, 2019 % Collaborative	32.3%	41.4%	29.0%	23.3%	22.6%	48.4%	29.0%	29.0%
July, 2019 N	31	29	31	30	31	31	31	31
January, 2020 % Collaborative	25.8%	24.1%	22.6%	20.0%	19.4%	16.7%	16.1%	16.1%
January, 2020 N	31	29	31	30	31	30	31	31

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	Public Guardian - Probate	Sierra Mental Wellness Group	Latino Leadership Council (LLC)	KidsFirst	Wellspace Health	Public Guardian - LPS Conservatorship	Pacific Educational Services	Sierra Native Alliance (SNA)
July, 2016 % Collaborative	7.1%	7.4%	40.0%	16.0%	11.5%	7.7%	8.0%	11.5%
July, 2016 N	28	27	25	25	26	26	25	26
July, 2017 % Collaborative	5.9%	8.6%	33.3%	18.2%	15.2%	9.1%	6.3%	8.8%
July, 2017 N	34	35	33	33	33	33	32	34
January, 2018 % Collaborative	13.2%	12.8%	20.5%	15.8%	18.4%	10.5%	2.8%	10.3%
January, 2018 N	38	39	39	38	38	38	36	39
July, 2018 % Collaborative	14.3%	19.4%	24.3%	13.5%	8.3%	17.1%	11.1%	13.5%
July, 2018 N	35	36	37	37	36	35	36	37
January, 2019 % Collaborative	20.6%	14.3%	17.1%	20.0%	14.7%	17.6%	5.7%	8.6%
January, 2019 N	34	35	35	35	34	34	35	35
July, 2019 % Collaborative	24.1%	23.3%	19.4%	25.8%	23.3%	20.7%	6.5%	12.9%
July, 2019 N	29	30	31	31	30	29	31	31
January, 2020 % Collaborative	13.8%	13.3%	13.3%	12.9%	10.0%	6.9%	6.5%	6.5%
January, 2020 N	29	30	30	31	30	29	31	31

As the WPC team and HICCE continue to work with the health plans to receive current and baseline data on members, the WPC team also encourages them to refer individuals who have the highest ED use to WPC. California Health and Wellness has begun referring individuals to WPC. The WPC team schedules regular case management consultation phone meetings with Anthem Blue Cross and California Health and Wellness in order to effectively collaborate on member care. As Placer County continues to build collaborative partnerships regarding information sharing between multiple systems, the system will continue to strengthen services, improve health outcomes, and reduce costs.

INNOVATION PROJECT SUSTAINABILITY

Project sustainability is in flux at this point. Whole Person Care was scheduled to transition into being funded by Managed Care plans through Cal-Aim, but the budget crisis brought about by COVID-19 has put those plans off for a year. DHCS is working with federal and state representatives to attempt to continue the waiver for one more year until Cal-Aim can take over. It is not known at this

time whether or not the Federal government will approve the extension and it appears that we may not hear until late in 2020. HHS is committed to continuing Whole Person Care at some level and will continue to develop different strategies to help sustain this important, cost-effective program.

Absent any revisions to current regulations to allow for component flexibilities in response to the COVID-19 impacts to MHSA, Placer County will need to identify a new Innovation Project as we near the end of the current 5 Year Innovation Plan in 2021.

WORKFORCE EDUCATION AND TRAINING

WET COMPONENT ACTIVITIES

The Workforce Education and Training (WET) component is designed to identify training needs and opportunities to address mental health workforce issues that may include: a shortage of mental health workers; a lack of diversity in the mental health workforce; under-representation of mental health staff with consumer and family member experience; and experience in racially, ethnically, and/or culturally-diverse communities.

ACTION #1

WET Coordination and Implementation

The WET Coordinator supports planning and implementation activities regarding stakeholder events; participation in regional meetings and statewide training; and ensuring the successful implementation of WET. The WET Coordinator conducts ongoing outreach to engage diverse communities in planning, implementation, and evaluation of training events. The WET Coordinator role transitioned to the MHSA Coordinator in July 2020.

ACTION #2

Consumer and Staff Development

WET trainings are available to Placer County Systems of Care, consumers, family members, and community partners who have frequent contact with mental health consumers and staff. The WET Coordinator reviews each topic to ensure MHSA principles are integrated into the training. The goal of these trainings is to strengthen the public mental health workforce in a variety of areas by being staff-centered and focused on increasing skills and linguistic competencies. Funds are also available to offer peer certified trainings for consumers, family members, individuals from underrepresented racial, ethnic, and cultural groups, community mental health providers, and mental health staff. The WET Coordinator ensures ongoing certification of courses to offer continuing education credits to help engage professionals to attend these valuable trainings.

ACTION #3

Leadership Development

WET also supports developing leadership opportunities for people within the public and private mental health delivery system. A number of different opportunities to develop and strengthen leadership skills are identified, such as

the Placer County Speaker's Bureau, which trains individuals with lived experience to speak about MHSA core values. Additional opportunities for consumer and family members include Consumer Council and stigma reduction efforts which support the Peer Network and promotes Peer Support across the Placer continuum of care.

ACTION #4

Placer Learns

Placer Learns delivers, and manages educational opportunities and online learning for staff, consumers, family members, and community-based organizations. In-house trainings are developed to meet the specific needs identified within our system and community. The effectiveness of trainings is monitored through evaluations and pre- and post-tests.

ACTION #5

Outreach and Enhanced Career Tracts

Outreach and Enhanced Career Tracts supports collaboration between mental health providers and educational entities to encourage students to learn about the advantages of working in the public mental health system. Stipends and incentives are offered to persons interested in pursuing education in the mental health field, with a focus on promoting diversity and increasing consumer and family member participation in the work force. Work force shortages in Placer County and around the state include the need for additional licensed clinical social workers, certified and/or trained para-professional direct service staff, and diverse staff who are bicultural and bilingual. There is also a critical need for Psychiatric Nurses and Psychiatrists, as well as mental-health-trained supervisors and managers. In addition, contracted community-based organizations are encouraged to develop their own practicum sites so students are able to gain mental health experience during their education.

ACTION #6

Increased Recruitment and Retention Efforts

Strategies to increase recruitment and retention amongst staff include offering individualized training opportunities, required certifications and licensure testing, and preparation materials for required certifications and licensure.

Strategies are identified to encourage the development of a culturally diverse and consumer and family member workforce. By decreasing stigma and increasing cultural competence, a welcoming environment is created, where people feel free to share and develop their strengths.

ACTION #7

Internship Programs

WET funding is used to support students to gain experience and knowledge in working for the public mental health system with a recovery approach. A number of strategies may be included, such as expand internship programs: supervision for registered associates, students, and post-graduates; and consumers and family member interns who want practical experience to pursue a mental health career. Addition positions will be created in Placer County to expand opportunities for these positions. In addition, community-based organizations may apply and develop their own clinical supervision programs, and/or receive necessary clinical supervision in other programs.

STATEWIDE WET GRANT

The Office of Statewide Health Planning and Development (OSHPD) administers the statewide WET Program. State budget appropriations fund the WET program, which promotes the expansion of post-secondary education and training to meet mental health workforce shortage needs. In January 2019, the California Behavioral Health Planning Council (CBHPC) approved the 2020-2025 MHSA WET Five-Year Plan (WET Plan). The WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. The WET Plan also serves as a guide for WET programming in Fiscal Year (FY) 2020-21 through FY 2025-26. OSHPD has actively engaged with MHSA Regional Partnerships (RPs) and stakeholders in implementing the WET Plan. Placer County is a part of the Central Regional Partnership (RP).

A one-time \$40 million statewide WET grant opportunity will be awarded by OSHPD in September 2020, which will result in WET RPs administering programs that oversee training and support in the Public Mental Health System workforce in their region. Per the requirement, the Central RP submitted a joint application in July 2020 to apply for the RP's share of grant funds, a total of \$8,595,832, which includes a required 33% RP Local Match (\$2,132,800). If the grant is awarded, matching funds must be contributed no later than July 31, 2014. The Central RP will work collaboratively to identify priorities at the local level to address the following components: 1) Pipeline Development; 2) Undergraduate College and University Scholarships; 3) Clinical Master and Doctoral Graduate Education Stipends; 4) Loan Repayment Program; 5) Retention Activities; and 6) Grant Administration. Placer County has committed its portion of the local match, a total of \$106,173, with allocation of the match towards the following priorities: 20% - Item 3, 40% - Item 4, 30% - Item 5, 10% - Item 6. In addition, the county requested the ability to maintain control over development and implementation of Retention Activities that are most effective for the unique needs of the community.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

CFTN COMPONENT PROJECTS

The Capital Facilities and Technological Needs (CFTN) component is intended to produce long-term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups.

These efforts include development of a variety of technology uses and strategies and/or of community-based facilities, which support integrated service, and experiences that are culturally and linguistically appropriate. Goals are also to support an increase in peer-support and consumer-run facilities, development of community-based, less restrictive settings that will reduce the need for incarceration or institutionalization, and the development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services, and supports for clients and their families.

CAPITAL FACILITIES PROJECT

County Behavioral Health Facility Renovations

Placer County purchased the Adult System of Care (ASOC) Cirby Hills facility in Roseville at the end of 2019 and utilized MHPA CF funds for partial down payment and other purchase costs. This facility services the Western edge (and most highly populated area) of the County with integrated services such as: county mental health services, physical health care, co-occurring substance use, mental health emergency care, crisis stabilization services, and wellness supports. Some areas of this space (e.g., waiting room, group rooms, and other gathering areas) will require improvement to better meet the needs of consumers. ASOC also operates out of the County-owned Dewitt facility in Auburn, and Children's System of Care (CSOC) operates out of the County-owned Sunset building in Rocklin and leased-space at Enterprise in Auburn. Setting aside capital facility funds for the County Behavioral Health service sites allow for the opportunity to improve the client flow, create a more welcoming and engaging experience, and better meet the mental health service needs of the community. Security alerts and light renovations are some of the measures required to better respond to emergent client needs and create a welcoming environment to clients and community.

TECHNOLOGICAL NEEDS PROJECT

EHR Enhancements and IT Upgrades

Placer County is on track to implement enhancements to the Electronic Health Record (Avatar), including restructuring cases from episodes to programs, implementing full electronic health records through document scanning, reconfiguring our Managed Services Organization (MSO) and Authorization processes, implementing a health information exchange, and improving direct access for consumers to better align with best practices. The online MHSA Data Portal will be officially launched in 2020 for electronic data collection of records that are not in Avatar (e.g., PEI, Innovations, System Development, etc.). The new system aims to improve timely data collection, accuracy, and reporting. The goal with continued system enhancement is to continue to improve consumer movement through the system while implementing new technologies. Funding will be required for professional consultation, acquisition of commercial software applications, development of software interfaces, modifications of existing software applications, community-based provider licenses for the MHSA Data Portal, and hardware required to implement this software and strategies.

Housing (One-Time Funds)

HOUSING (ONE-TIME FUNDS) PROJECTS

Placer County has obligated all of its original MHSAs Housing Program monies; these were one-time funds for the development of two (2) housing projects. Placer County assigned their funds to the California Housing Finance Authority (CalHFA), which is currently the Agency responsible for the management of the program funds. The County has an agreement to assure supportive services are offered to the residents of both housing projects. CalHFA returned unused funds which were applied to development of Meta Housing: Main Street Plaza Apartments in FY 2019-2020. (For details on the Meta Housing project, see "CSS Housing Supports.")

AMIH HOUSING

[Timberline Shared Housing](#)

In collaboration with the Advocates for the Mentally Ill Housing (AMIH), Turning Point Community Programs, and ASOC, the Timberline Housing Project has been successfully operating since January 2010. At any given time, the Project serves five (5) single adults in a five-bedroom home in Auburn. The Project, owned and managed by AMIH, has supportive services provided by the ASOC and Turning Point. Since July 2011, Placer County ASOC has utilized one (1) to two (2) Project Based Shelter Plus Care vouchers for these projects. These vouchers assist with the overall subsidies to the project, extending the ongoing operating cost. Program outcomes are included under the AMIH program reports.

AMIH HOUSING

[Placer Street Shared Housing](#)

Construction/rehabilitation was completed in December 2012. The project is six (6), two bedroom/ two and a half bath units with garages, located in Auburn. This project provides housing for at least 12 people. AMIH is the owner and property manager; and the ASOC and Turning Point Community Programs provide ongoing supportive services. Residents of the program meet the MHSAs Housing Program eligibility: a severe and persistent mental illness, homeless or at-risk of homelessness, and in-need of Full-Service Partnership (FSP) services. Residents pay 30% of their income toward their rent and utilities. The remaining rent is covered by MHSAs Housing subsidy or Housing Urban Development (HUD) Shelter Plus Care vouchers. Program outcomes are included under the AMIH program reports. AMIH submits annual reports to CalHFA with Turning Point and Placer County Adult System of Care supportive services documentation.

PRUDENT RESERVE

Welfare & Institutions Code (WIC) Section 5847(b)(7), (f), requires each county to establish and maintain a prudent reserve to ensure that in years in which revenues for the Mental Health Services Fund are below recent averages, the county will be able to continue to serve children, adults and seniors that it had been serving through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI). WIC Code section 5892(b)(2) was added in 2018 and requires counties to maintain a prudent reserve not to exceed 33 percent of the average Community Services and Supports (CSS) revenue received for the Local Mental Health Services Fund in the preceding five years, and to reassess and certify the maximum amount beginning in FY 2019-2020 and every five years thereafter. The balance in Placer County's MHSA Prudent Reserve account currently meets this requirement. Per regulations, interest earned on this account will be transferred to CSS.

Title 9 of the California Code of Regulations (9 CCR § 3420.35) indicates that "Counties shall transfer funds from its Prudent Reserve into its CSS Account in a year in which the County's projected allocation of funds for the CSS Account is not sufficient to continue to serve the same number of individuals the County served in the previous fiscal year under the following CSS service categories: Full Service Partnership, General System Development, and Outreach and Engagement. If the balance of the Prudent Reserve is less than the difference between the projected allocation of funds and the projected cost, the County shall transfer the entire balance of funds in the Prudent Reserve to the CSS Account."

The COVID-19 pandemic is forecasted to impact statewide economic conditions to the effect of a twenty-five (25%) reduction in MHSA funding allocations to the counties by FY 2022-2023. Based on the statewide projections combined with the forecasted county expenditures, Placer County is projected to transfer \$2,546,075 from Prudent Reserve to CSS in FY 2022-2023, resulting in an \$273,589 balance in Prudent Reserve.

Placer County will continue to involve community stakeholders as the financial projections for MHSA are re-assessed. Adjustments to these projections will be addressed in each upcoming Annual Update.

ESTIMATED NUMBERS TO BE SERVED; ESTIMATED EXPENDITURES; AND AVERAGE COST PER PERSON

MHSA Funds Only

Program Type	Estimated Number to be Served	Estimated Expenditures	Average Cost Per Person
Children FSP (Ages 0-15)	100	\$1,310,000	\$13,100
TAY FSP (Ages 16-25)	65	\$1,085,500	\$16,700
Adult FSP (Ages 26-59)	200	\$3,400,000	\$17,000
Older Adult FSP (Ages 60+)	35	\$700,000	\$20,000
System Transformation	3,000	\$4,900,000	\$1,633
Prevention and Early Intervention	3,750	\$2,700,000	\$720

MHSA 3-YEAR EXPENDITURE PLANS

3-YEAR FUNDING SUMMARY

COMMUNITY SERVICES AND SUPPORTS

3-YEAR BUDGET ESTIMATES

PREVENTION AND EARLY INTERVENTION

3-YEAR BUDGET ESTIMATES

INNOVATION

3-YEAR BUDGET ESTIMATES

WORKFORCE EDUCATION AND TRAINING

3-YEAR BUDGET ESTIMATES

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

3-YEAR BUDGET ESTIMATES

HOUSING

3-YEAR BUDGET ESTIMATES