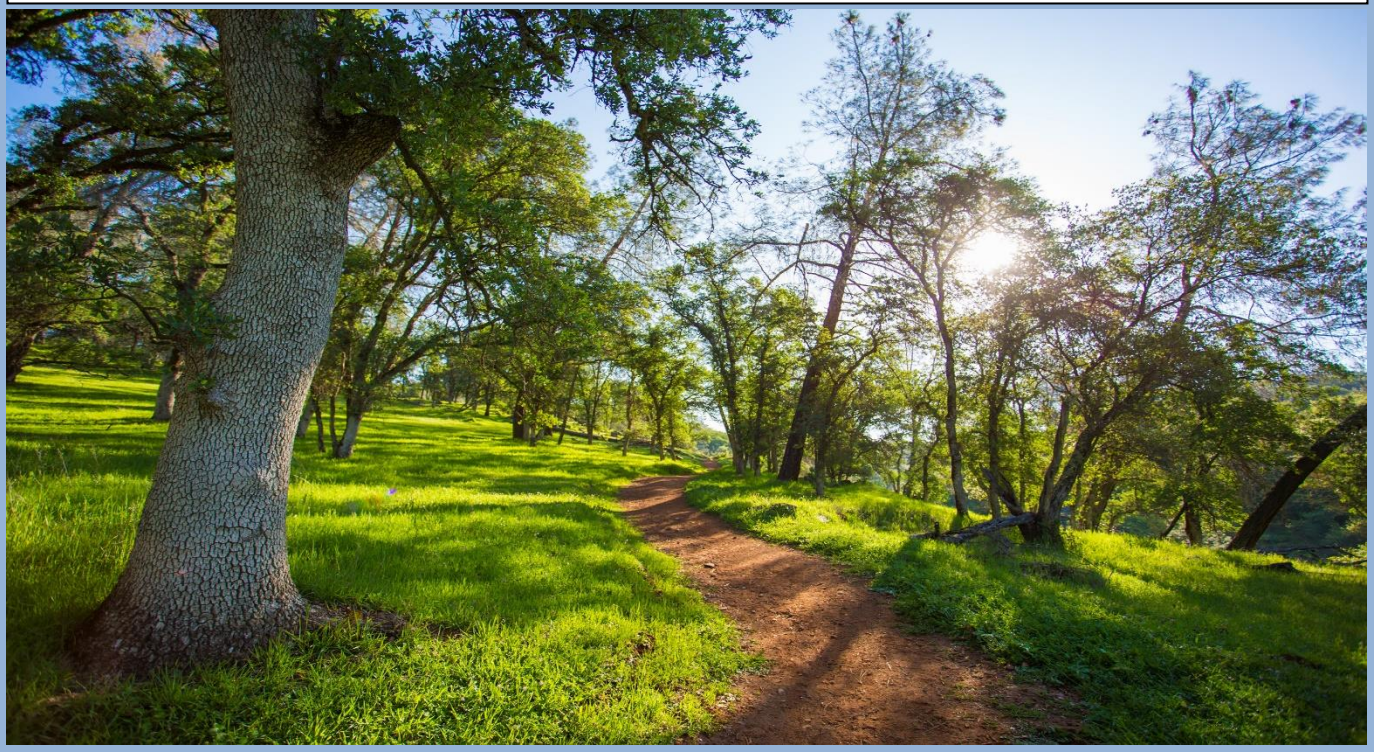
COUNTY OF Placer®

MENTAL HEALTH SERVICES ACT

FY2020-2023 THREE YEAR PLAN AND EXPENDITURE REPORTS

Reporting Proposed Programs, Expenditure Estimates and FY 2018-2019 Data



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 heathier 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 September 22, 2020.

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
Mental Health Director
(PRINT)

Amy Ellis Digitally signed by Amy Ellis Date: 2020.11.03 10:42:28 -08'00'
Signature

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Placer

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

Local Mental Health Director		County Auditor-Controller/City Financial Officer	
Name:	Amy Ellis, MFT	Name:	Andrew Sisk
Telephone Number:	(530) 889-7256	Telephone Number:	(530) 889-4160
E-Mail:	arellis@placer.ca.gov	E-Mail:	auditor@placer.ca.gov

Local Mental Health Mailing Address:

11512 "B" Avenue
Auburn, CA 95603

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

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

Amy Ellis, MFT
Local Mental Health Director (PRINT)

Amy Ellis Digitally signed by Amy Ellis Date: 2020.07.23 12:49:08 -07'00' 7/23/20
Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated February 21, 2020 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Nicole Howard, Assistant Auditor-Controller
County Auditor Controller / City Financial Officer (PRINT)

Nicole Howard for Andrew Sisk Digitally signed by Nicole Howard for Andrew Sisk Date: 2020.07.27 08:24:35 -07'00' 7/27/20
Signature Date

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

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 MHSA 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 MHSA 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:

Family Voice • Cal Voices • AMI Housing, Inc. • Family Members • Mental Health Alcohol Drug Board • NAMI of Placer County	Consumer Voice • AMI Housing, Inc. • Consumer Employees • Consumers of public mental health • People with lived experience
Latino Voice • Latino Leadership Council (LLC) • Gateway Mountain Center • Sierra Community House • Sierra Mental Wellness Group	Native American Voice • Sierra Native Alliance
Youth and TAY Voice • 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	Adults and Older Adults • 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)
Education • Placer County Office of Education (PCOE) • Sierra Community House • Tahoe Truckee Unified School District	Health • California Health and Wellness • Chapa De Indian Health Programs, Inc. • Placer County Medical Clinic • Placer County Public Health • Sutter Roseville Medical Center

Children • 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	Housing • AMI Housing, Inc. • Homeless Resource Council of Sierras • People of Faith • Placer Independent Resources Services • Unity Care
Law Enforcement • Juvenile Probation • Local Police Departments • Sheriff	Substance Use • 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).

Public Comments

The County held a Public Hearing at the Placer County Mental Health, Alcohol and Drug Advisory Board Meeting on August 24, 2020. Meeting minutes are included in Appendix II. There were no verbal comments received during the Public Comment period. Below are written comments received during the 30-day public review and comment period.

(Page numbers refer to Three-Year Plan version released for Public Comment)

Written Comment submitted July 26, 2020 by Scott Feldman

Pg. 95 & 96: *There was a calculation error in FY 21/22 and FY 22/23. Integrated Peer Services Column A Estimated Total Mental Health Expenditures were not added to the total for CSS Total Program Estimated Expenditures in that column.* Response: Thank you. The calculation has been corrected.

Written Comments submitted July 28, 2020 by Gavin OSullivan

I have one point that I know many agree with; that is the increased need in the next few years to keep meeting the Continuum of Care Reform AB403 which seeks to minimize use of residential care when possible and maximize youth's opportunities to live with a stable and permanent family. Easier said than done. I believe our FSP Wraparound is the main vehicle built specifically to meet this need. My hope is that we can expand our reach to serve more families in the coming years. Response: Thank you for your feedback.

Written Comments submitted August 18, 2020 by Jennifer Wellenstein, Turning Point

Pg. 22: *The description of Turning Point Assertive Community Treatment Full-Service Partnership did not transfer correctly into the plan. A revised description has been provided.* Response: Thank you. The description has been replaced with the revision.

Written Comments submitted August 21, 2020 by Claire Buckley

Pg. 86, Para 3: *Shouldn't July 31, 2014 be July 31, 2024?* Response: Yes, thank you. The date has been corrected.

The remainder of Ms. Buckley's full written submission, including footnotes, follows:

Overall review: I think this is a fairly comprehensive 3-year plan, however I am disappointed to see little or no support for specific services to the Older Adult community (A), and the LGBTQ community (B) in this plan; and I would be interested in seeing more guidance around culturally competent (C) services addressing: access, equity, diversity, and inclusivity of behavioral health services to marginalized communities.

A. Older Adult Services

Many service providers welcome older adults by default, however, with the exception of the Senior Peer Counselling program there appear to be no service providers or programs specifically targeted to this population. It is unfortunate there are limited agencies in Placer County serving older adults, as county demographics tell us approximately 20% of the population are 65 or older and it is recognized this age group have an increasingly higher suicide rate than younger generations.

Looking at last years (FY 2018-19) aggregate data tells us that the 60+ population constituted only 9.3% of all services provided, yet they make up almost 20% of the population. This lack of services may be due to the lack of older adult service providers in the community however it is also possible that access to services is a limiting factor for older adult populations.

We see from the annual Point-In-Time count the number and percentage of older adults who find themselves homeless is increasing year after year, and so it is sad to see the target for older adults served in the FSP program is only 35 when 39 were served last year and there appears to be of increasing need.

B. LGBTQ Community Services

It is unfortunate there are no LGBTQ service providers in Placer County offering specific services and programs to the community, and many LGBTQ behavioral health and housing needs are met by agencies in neighboring Sacramento county. It is hoped that this shortage can be addressed in the future and that more can be done to correct disparities in the behavioral health needs, and to reduce barriers to service for LGBTQ community members here in Placer County. Some relevant background information from recent surveys in the county, state and nation:

1) Excerpts from Placer County LGBTQ Needs Assessment Report 2018[1]

The size of the LGBTQ population in Placer County is estimated to be around 20,000, inclusive of all age groups.

> *The California Healthy Kids Survey 2015-2017 in Placer County (7th, 9th and 11th grade students) reported 6% (604) identified as Lesbian/Gay/Bisexual, 1% (101) identified as Transgender, and 5% (503) identified as Questioning or Queer.*
>
> *In 2015/16 of 150 Sierra College students surveyed, 22.54% (35 individuals) self-reported as LGBTQ+.*
>
> *Certain LGBTQ+ populations face very distinctive challenges to access services related to intersections of gender identity, sex, age, and ethnicity/race. Lack of inclusion, understanding of identity, harassment, and discrimination remain among those challenges.*
>
> *LGBTQ+ older adults are more likely to express reluctance to participate in support programs based on a previous negative experience; LGBTQ+ younger adults and youth have reported negative experiences, however, are more likely to express the need for*

[1] *It is not clear if this report is accessible online.*

change and systems improvement. LGBTQ+ persons of color continue to report inadequate systems in place emphasizing lack of cultural knowledge and language from providers and educators.

Suicide is the third-leading cause of death among adolescents and non-suicidal self-harm occurs in 13%-45% of individuals within this age group, making these phenomena major public health concerns. Lesbian, gay, bisexual, and transgender (LGBT) youth particularly are at risk for engaging in these behaviors. With each incidence of verbal or physical harassment, the risk of self-harm among LGBTQ+ youth is 2.5 times more likely. Increasing our community knowledge about the specific risk factors associated with suicidal ideation and self-harm behaviors in the population remains a priority to support cultural shifts and supports.

2) Excerpts from a 2018 LGBTQ report from the Horizons Foundation[2] identified the following issues concerning behavioral health services in the Bay Area:

A strong majority of respondents surveyed feel it is important to have access to LGBTQ-specific services in every area included in the survey, from health care and behavioral health to drug and alcohol recovery services, legal and housing services, and social and community spaces and events, though most do not have access to LGBTQ-focused providers. A combination of strategies to expand the availability of LGBTQ-focused direct services and LGBTQ- competency training and technical assistance for mainstream providers would help address the great need for such services indicated by community members.

Specific findings from this 2018 survey highlight the following areas of concern for LGBTQ community members:

i. Higher rates of depression, anxiety, and suicide in the LGBTQ community.
ii. Discrimination in the mental health profession.
iii. Lack of trained and culturally competent mental health providers.

3) Excerpts from a 2020 National Survey on LGBTQ Mental Health from the Trevor Project[3] identified the following issues concerning behavioral health services for the LGBTQ community.

40% of LGBTQ respondents seriously considered attempting suicide in the past twelve months, with more than half of transgender and nonbinary youth having seriously considered suicide.

46% of LGBTQ youth report they wanted psychological or emotional counseling from a mental health professional but were unable to receive it in the past 12 months.

C. Cultural Competence

It is also disappointing to see a lack of guidance on cultural competence identified in the plan; where cultural competence to many appears to be implicitly addressed by access to bilingual or multilingual staff; with the exception of the services offered by Latino Leadership Council, and Sierra Native Alliance. I believe there needs to be more explicit guidance to improve equitable access to services, removal of barriers, and inclusion of all cultural groups, unserved and under-served communities in our behavioral health services.

[2] https://www.horizonsfoundation.org/wp-content/uploads/2019/03/SF-Bay-Area-LGBTQ-Needs-Assessment-Report-2018-.pdf
[3] https://www.thetrevorproject.org/survey-2020/

Response: This feedback is informative and very much appreciated.

Both Older Adults and LGBTQ were identified as priority populations during the community planning process, and as such, were specifically included in the MHSA Request for Proposal. Unfortunately, there was an inadequate response of services expressly addressing these needs. Senior Peer Counseling, for instance, was a specific service identified in the RFP that did not receive any proposals. The Adult System of Care will continue to ensure delivery of this service under the Three-Year Plan. Latino Leadership Council was the only organization that submitted a proposal for a targeted LGBTQ service, which will also be funded as part of the Three-Year Plan.

We concur there needs to be a continued effort as a community to identify how to meet the needs of the LGBTQ and Older Adult communities and will address our progress in our Annual Updates. For instance, while we can better articulate how our current service providers are addressing the needs of the Older Adult and LGBTQ communities, we must also seek additional guidance on how to improve and expand our efforts. We can collaborate with the local communities, advocates such as yourself, the Older Adult Advisory Committee, and active LGBTQ organizations in surrounding communities. We can ensure the county-funded senior peer warm line continues, and 211, partially funded by MHSA, improves access and linkage to services and resources. We can also explore additional training for our service providers to ensure a safe environment for LGBTQ to self-identify when receiving services.

We also join with you about the importance of specific and ongoing guidance to ensure culturally competent and responsive services within our community. We will explore how to best represent this guidance and progress with these efforts in future plan updates.

While not specifically articulated in this Three-Year Plan, Placer County does include language in all of its mental health service contracts requiring adherence with current State statutory, regulatory and policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 10-02, 2010 Cultural Competence Plan Requirements (CCPR). This guidance establishes new standards and criteria for the entire County Mental Health System, including Medi-Cal services, MHSA, and Realignment as part of working toward achieving cultural and linguistic competence. The county also requires all MHSA contracted providers to develop an outreach and engagement strategy to improve access, inclusivity and reduce stigma. Delivering Prevention and Early Intervention services in the community by our community-based organizations is also an important component of improving access to unserved and underserved populations.

Ongoing efforts to improve guidance include the Workforce, Education and Training Committee prioritizing cultural competence for trainings offered to our community, such as Implicit Bias, Cultural Humility, Indigenous Psychology, Cultural Broker Series as well as regional/statewide trainings to better inform practices within our behavioral health system. Placer County Health and Human Services (HHS) has recently formed a cross-discipline committee to focus on its recent Strategic Plan priority of strengthening the cultural and linguistic responsiveness of the HHS Workforce. The Systems of Care are focused on enhancing our community-involved Cultural and Linguistics Competency (CLC) Committee (newly named “Placer READI” - Race, Equity, Access, Diversity, Inclusion) and our internal policy commitment to developing staff competencies to provide services that respond appropriately to a person's unique cultural identity.

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** 35
Turning Point Community Programs: Assertive Community Treatment FSP	

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 is 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 (TPCP) FSP is an Adult Assertive Community Treatment (AACT) program that provides intensive outpatient mental health services designed to collaborate with individuals with a Severe Mental Illness (SMI) who are at risk of involvement, or currently involved with, the criminal justice system, experiencing homelessness, and/or had one or more psychiatric hospitalizations. TPCP utilizes a multidisciplinary team designed to provide support to the individual in the community environment. Coordinated services include initial and ongoing assessments, psychiatric and medication services, rehabilitation, case management, family support and education, individual and group therapy, and housing/employment assistance. Services focus on the individual, and utilize a strength-based approach, with intensive forensic interventions within the recovery model philosophy. Services also include outreach and engagement, while facilitating multi-agency collaboration and joint planning. After-hours on-call support is offered 24 hours a day, 7 days a week, 365 days a year. As a component of the AACT program, TPCP is also Placer County's Assisted Outpatient Treatment provider.

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: *Promotores; Therapy; LGBTQ Therapy; Adult Wellness Groups and Forums*
	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 (SFBT)
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 MHSA 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 MHSA, 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 MHSA 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. MHSA 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 livings 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 homeless, 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 MHSA 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 MHSA 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 MHSA 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 MHSA eligibility: a severe and persistent mental illness.

Placer County obligated MHSA 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 MHSA 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: *Promotores; Therapy; Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Therapy; Adult Wellness Groups and Forums*
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. LLS 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: *Court Appointed Special Advocates (CASA); Youth Mentors and Family Mentors*
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*: *Parenting and Family Services and Supports; Positive Indian Parenting; Native Youth Services and Supports*
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 to 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 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 MHSA 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 MHSA 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 MHSA 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

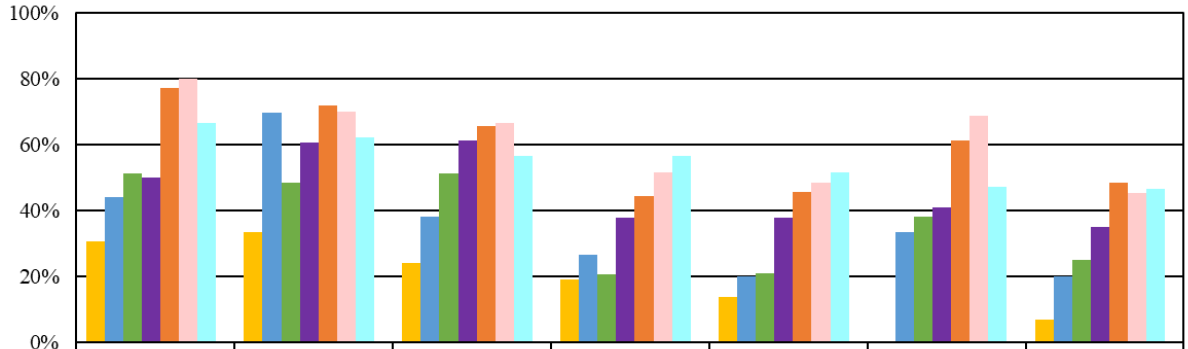
    - Little communication
    - Independent decision- making
- Cooperation
    - Information sharing
    - Somewhat defined roles
    - Formal communication
    - Independent decision-making
- Coordination
    - Information & resource sharing
    - Defined roles
    - Frequent communication
    - Some shared 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

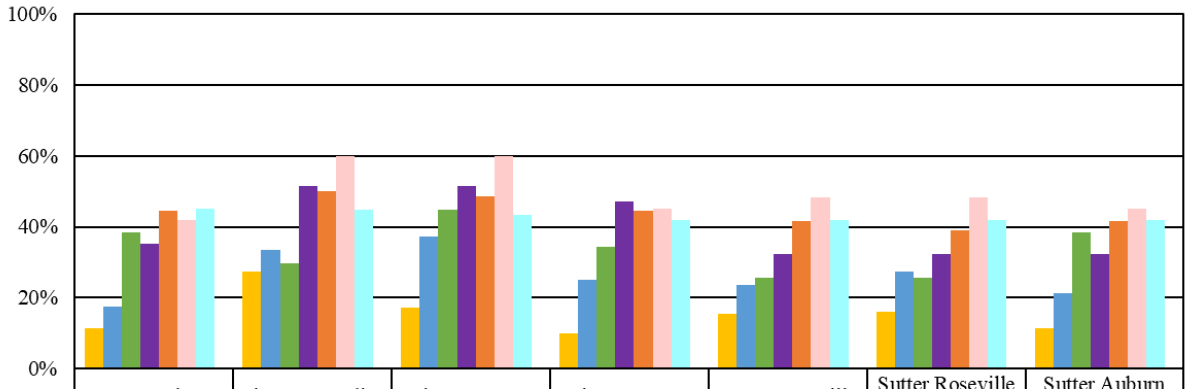
July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	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

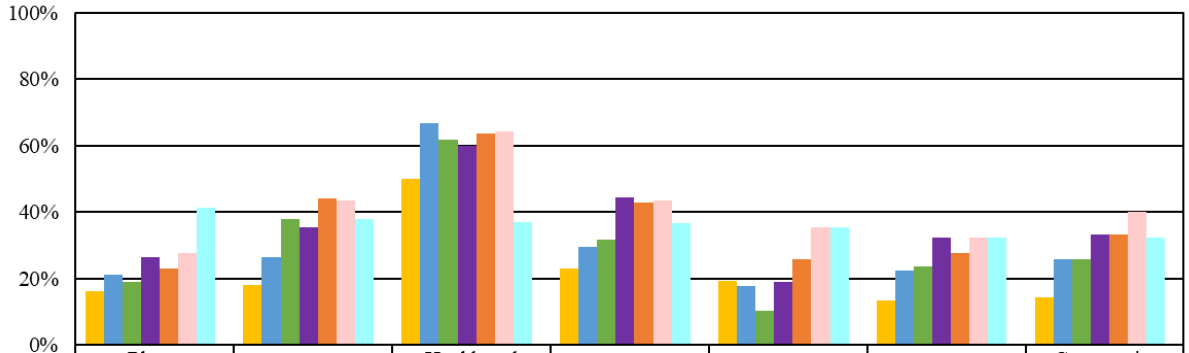
July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	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

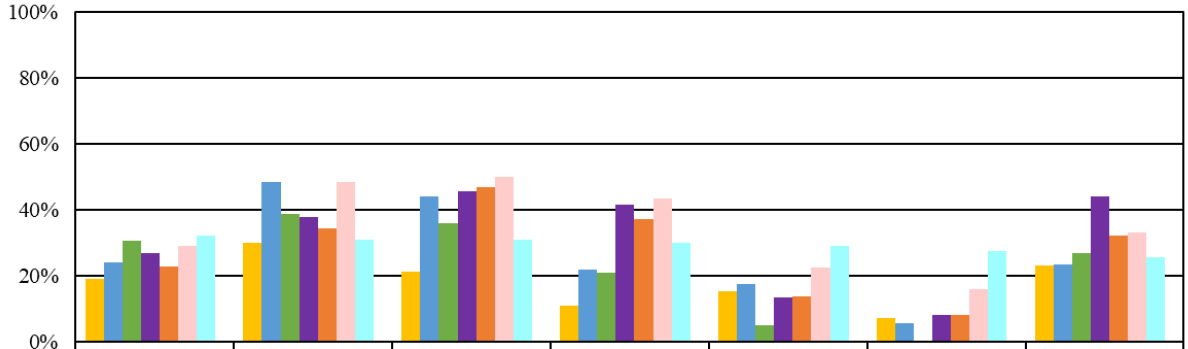
July 2016, July 2017, January & July 2018, January & July 2019, January 2020



	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

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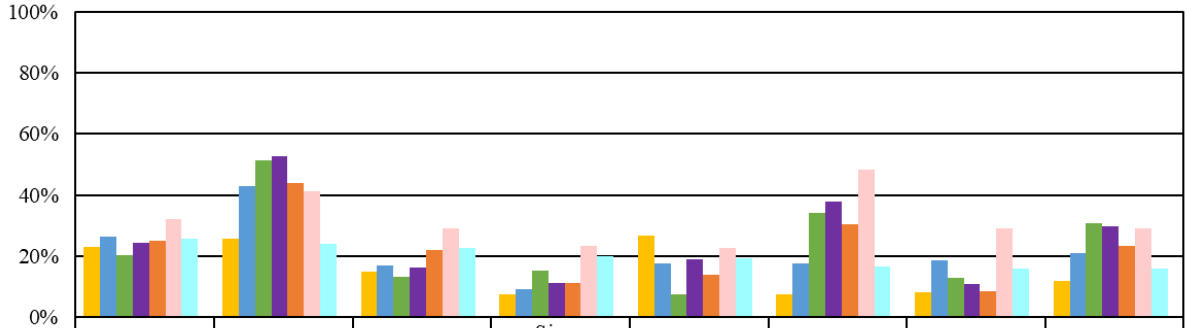
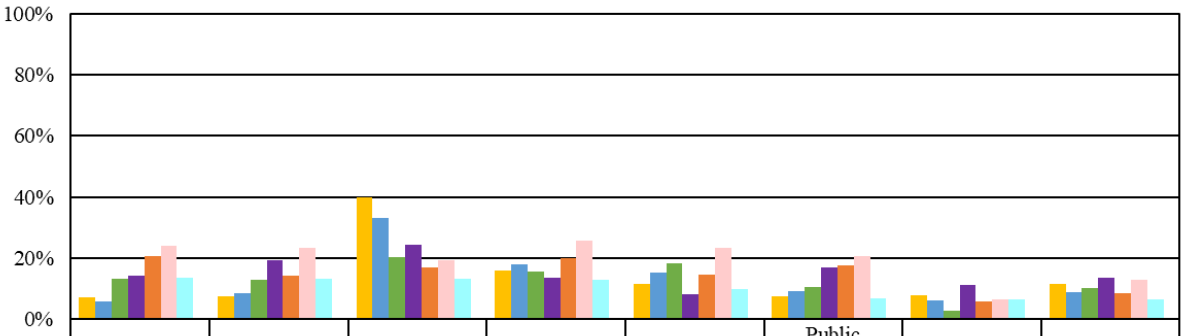


	Stand Up Placer	VOA Homeless Shelter	Progress House	Sierra Foothills AIDS Foundation - RN and CM	Seniors First	Western Sierra Medical Clinic	Nivano Health	St. Vincent de Paul
July, 2016 % Collaborative	23.1%	25.9%	14.8%	7.7%	26.9%	7.4%	8.3%	12.0%
July, 2016 N	26	27	27	26	26	27	24	25
July, 2017 % Collaborative	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 Conservator-ship	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, 2024. 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 MHSA 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 MHSA 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 MHSA 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 MHSA 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

CAPITAL FACILITIES AND TECHNOLOGY NEEDS
3-YEAR BUDGET ESTIMATES

WORKFORCE EDUCATION AND TRAINING
3-YEAR BUDGET ESTIMATES

HOUSING
3-YEAR BUDGET ESTIMATES

FY 2020/21 Thru FY 2022/23 Three Year Mental Health Services Act Expenditure Plan
Funding Summary

County: **Placer** Date: **7/24/2020**

	MHSA Funding						
	A	B	C	D	E	F	G
	Community Services and Supports	***Prevention and Early Intervention***	***Innovation***	***Housing*** *(One-time Funding)*	***Capital Facilities and Technological Needs***	***WET***	***Prudent Reserve***
A. Estimated FY 2020/21 Funding							
1. Unspent Funds from Prior Fiscal Years	3,493,325	1,388,163	545,425	-	269,337	(40,966)	2,819,664
2. Estimated New FY2020/21 Funding	10,812,368	2,703,092	711,340	-	-		
3. Transfer in FY2020/21	(740,000)				450,000	290,000	-
4. Access Local Prudent Reserve in FY2020/21							
5. Estimated Available Funding for FY2020/21	13,565,693	4,091,255	1,256,765	-	719,337	249,034	2,819,664
B. Estimated FY2020/21 MHSA Expenditures	13,037,232	3,072,465	775,000		450,000	249,034	-
Estimated FY2020/21 Unspent Fund Balance	528,461	1,018,790	481,765	-	269,337	-	2,819,664
C. Estimated FY 2021/22 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	528,461	1,018,790	481,765	-	269,337	-	2,819,664
2. Estimated New FY2021/22 Funding	10,344,740	2,586,185	680,575	-	-		
3. Transfer in FY2021/22	(380,663)				155,663	225,000	-
4. Access Local Prudent Reserve in FY2021/22							
5. Estimated Available Funding for FY2021/22	10,492,538	3,604,975	1,162,340	-	425,000	225,000	2,819,664
D. Estimated FY2021/22 MHSA Expenditures	10,492,539	2,934,412	190,852		425,000	225,000	-
Estimated FY2021/22 Unspent Fund Balance	(0)	670,563	971,488	-	-	-	2,819,664
E. Estimated FY 2022/23 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	(0)	670,563	971,488	-	-	-	2,819,664
2. Estimated New FY2022/23 Funding	7,756,028	1,939,007	510,265	-	-		
3. Transfer in FY2022/23	-				-	-	
4. Access Local Prudent Reserve in FY2022/23	2,546,075						(2,546,075)
5. Estimated Available Funding for FY2022/23	10,302,103	2,609,570	1,481,753	-	-	-	273,589
F. Estimated FY2022/23 MHSA Expenditures	10,302,102	2,609,569	-		-	-	-
G. Estimated FY2022/23 Unspent Fund Balance	0	0	1,481,753	-	-	-	273,589

H. Estimated Local Prudent Reserve Balance		
1. Estimated Local Prudent Reserve Balance on June 30, 2020		2,819,664
2. Contributions to the Local Prudent Reserve in FY 2020/21		
3. Distributions from the Local Prudent Reserve in FY 2020/21		
4. Actual Local Prudent Reserve Balance on June 30, 2021		2,819,664
5. Contributions to the Local Prudent Reserve in FY 2021/22		-
6. Distributions from the Local Prudent Reserve in FY 2021/22		-
7. Actual Local Prudent Reserve Balance on June 30, 2022		2,819,664
8. Contributions to the Local Prudent Reserve in FY 2022/23		-
9. Distributions from the Local Prudent Reserve in FY 2022/23		(2,546,075)
10. Estimated Local Prudent Reserve Balance on June 30, 2023		273,589

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1 Full Service Partnership Program - Children's	2,202,132	1,514,212	687,920		-	
2 Full Service Partnership Program - TAY to Older Adults	7,013,489	3,649,396	3,364,093		-	
3 Housing Supports (FSP)	737,093	737,093				
4 Integrated Peers Services (FSP)	627,294	627,294				
5 Wellness Centers (FSP)	165,000	165,000				
System Transformation (ST) Programs (Non-FSP)						
1 General System Transformation	50,000	50,000	-			
2 Mental Health Services	629,079	566,077	63,002			
3 Housing Supports (ST)	1,714,489	1,714,489	-			
4 Integrated Peers Services (ST)	1,177,279	1,177,279	-			
5 Crisis Services	1,332,385	1,226,647	105,739			
6 System Transformation Culturally Specific Supports	684,755	629,746	55,009			
7 Wellness Centers (ST)	615,000	615,000	-			
CSS Administration	300,000	300,000	-	-	-	-
CSS Evaluation	65,000	65,000	-	-	-	-
CSS Program Estimated Expenditures	17,312,994	13,037,232	4,275,762	-	-	-
FSP Programs as a Percent of Total	63.40%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 7/27/2020

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1 Full Service Partnership Program - Children's	1,954,180	1,343,718	610,463		-	
2 Full Service Partnership Program - TAY to Older Adults	6,318,770	3,276,477	3,042,293		-	
3 Housing Supports (FSP)	691,360	691,360				
4 Integrated Peers Services (FSP)	596,557	596,557				
5 Wellness Centers (FSP)	146,422	146,422				
System Transformation (ST) Programs (Non-FSP)						
1 General System Transformation	44,370	44,370	-			
2 Mental Health Services	643,383	519,142	124,240			
3 Housing Supports (ST)	440,048	440,048				
4 Integrated Peers Services (ST)	1,041,638	1,041,638				
5 Crisis Services	1,080,682	986,849	93,833			
6 System Transformation Culturally Specific Supports	607,654	558,839	48,815			
7 Wellness Centers (ST)	545,402	545,402	-			
CSS Administration	266,221	266,221	-	-	-	-
CSS Evaluation	35,496	35,496	-	-	-	-
CSS Program Estimated Expenditures	14,412,182	10,492,539	3,919,644	-	-	-
FSP Programs as a Percent of Total	68.79%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Placer Date: 7/27/2020

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1 Full Service Partnership Program - Children's	1,974,731	1,357,849	616,882		-	
2 Full Service Partnership Program - TAY to Older Adults	6,385,220	3,310,933	3,074,287		-	
3 Housing Supports (FSP)	631,375	631,375				
4 Integrated Peers Services (FSP)	602,831	602,831				
5 Wellness Centers (FSP)	147,961	147,961				
System Transformation (ST) Programs (Non-FSP)						
1 General System Transformation	44,837	44,837	-			
2 Mental Health Services	650,149	524,602	125,547			
3 Housing Supports (ST)	355,002	355,002				
4 Integrated Peers Services (ST)	1,052,592	1,052,592				
5 Crisis Services	948,195	853,376	94,820			
6 System Transformation Culturally Specific Supports	614,044	564,716	49,328			
7 Wellness Centers (ST)	551,138	551,138	-			
CSS Administration	269,021	269,021	-	-	-	-
CSS Evaluation	35,869	35,869	-	-	-	-
CSS Program Estimated Expenditures	14,262,967	10,302,102	3,960,864	-	-	-
FSP Programs as a Percent of Total	69.80%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
1 Prevention	1,196,363	1,162,126	34,237			
2 Early Intervention	798,253	707,225	91,028			
3 Outreach for Early Recognition of Mental Illness	227,964	227,964				
4 Suicide Prevention	135,767	135,767				
5 Stigma and Discrimination Reduction	231,383	231,383				
6 Access and Linkage	262,999	262,999				
PEI Administration	200,000	200,000				
PEI Evaluation	145,000	145,000				
Total PEI Program Estimated Expenditures	3,197,729	3,072,465	250,529	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
1 Prevention	1,204,248	1,156,199	48,048			
2 Early Intervention	723,920	615,511	108,409			
3 Outreach for Early Recognition of Mental Illness	227,964	227,964				
4 Suicide Prevention	135,767	135,767				
5 Stigma and Discrimination Reduction	231,383	231,383				
6 Access and Linkage	292,588	292,588				
PEI Administration	200,000	200,000				
PEI Evaluation	75,000	75,000				
Total PEI Program Estimated Expenditures	3,090,870	2,934,412	312,916	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
1 Prevention	1,070,936	1,028,207	42,729			
2 Early Intervention	643,781	547,373	96,408			
3 Outreach for Early Recognition of Mental Illness	202,728	202,728				
4 Suicide Prevention	120,738	120,738				
5 Stigma and Discrimination Reduction	205,768	205,768				
6 Access and Linkage	260,198	260,198				
PEI Administration	177,860	177,860				
PEI Evaluation	66,697	66,697				
Total PEI Program Estimated Expenditures	2,748,707	2,609,569	295,596	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1 Homeless Integrated Care Coordination and Evaluation	658,750	658,750				
2						
INN Evaluation	116,250	116,250				
Total INN Program Estimated Expenditures	775,000	775,000	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1 Homeless Integrated Care Coordination and Evaluation		190,852				
2						
INN Evaluation						
Total INN Program Estimated Expenditures	190,852	190,852	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1						
2						
INN Evaluation						
Total INN Program Estimated Expenditures	-	-	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1 County Behavioral Health Facility Renovations	150,000	150,000				
2						
3						
CFTN Programs - Technological Needs Projects						
1 AVATAR - Electronic Health Record Enhancements and Maintenance	200,000	200,000				
2 MHSA Data Portal - Licenses, Enhancements, Maintenance	100,000	100,000				
3						
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	450,000	450,000	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1 County Behavioral Health Facility Renovations	150,000	150,000				
2						
3						
CFTN Programs - Technological Needs Projects						
1 AVATAR - Electronic Health Record Enhancements and Maintenance	200,000	200,000				
2 MHSA Data Portal - Licenses, Enhancements, Maintenance	75,000	75,000				
3						
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	425,000	425,000	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1	-	-				
2						
3	-					
CFTN Programs - Technological Needs Projects						
1	-	-				
2	-	-				
3						
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	-	-	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1 WET	213,643	213,643				
2 OSHPD Statewide WET Grant Match	35,391	35,391				
3	-					
WET Administration (included)	-					
Total WET Program Estimated Expenditures	249,034	249,034	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1 WET	189,609	189,609				
2 OSHPD Statewide WET Grant Match	35,391	35,391				
3	-					
WET Administration (included)	-					
Total WET Program Estimated Expenditures	225,000	225,000	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1	-	-				
2	-	-				
3	-					
WET Administration (included)	-					
Total WET Program Estimated Expenditures	-	-	-	-	-	-

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Housing (One-Time Funding) Worksheet

County: Placer Date: 7/24/2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1	-	-				
Housing Administration	-					
Total Housing Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1	-	-				
Housing Administration	-					
Total Housing Program Estimated Expenditures	-	-	-	-	-	-

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated MediCal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1	-	-				
Housing Administration	-					
Total Housing Program Estimated Expenditures	-	-	-	-	-	-

APPENDIX I
MHSA Annual Evaluation Report

MHSA FY 2020-2023 Three-Year Program and Expenditure Plan
Appendix I – Annual Evaluation Report
Reporting FY 2018-2019 Programs and Data

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DATA NOTES

Data listed as "Unknown" includes data marked "unknown" and may also include data that was not reported (not marked).

Please refer to the marked appendix for definitions of data collection tools.

AGGREGATED DATA FOR SERVICES
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	1,343	20.0%
16 - 25 years	983	14.6%
26 - 59 years	2,780	41.4%
60+ years	626	9.3%
Prefer not to answer	-	-
Unknown	989	14.7%
Unduplicated Total	**6,721**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	563	8.4%
Asian	96	1.4%
Black	183	2.7%
Native Hawaiian or Other Pacific Islander	35	0.5%
White/ Caucasian	3,904	58.1%
Other	733	10.9%
More than one race	155	2.3%
Prefer not to answer	121	1.8%
Unknown	931	13.9%
Unduplicated Total	**6,721**	**100.0%**

Primary Language	# Served	% Served
English	4,919	73.2%
Spanish	923	13.7%
Other	42	0.6%
Prefer not to answer	-	-
Unknown	837	12.5%
Unduplicated Total	**6,721**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	38	0.6%
Mexican/ Mexican-American/ Chicano	1,180	17.6%
Puerto Rican	21	0.3%
South American	39	0.6%
Hispanic/ Latino (undefined)	303	4.5%
Other Hispanic/ Latino	33	0.5%
Hispanic or Latino Subtotal	**1,614**	**24.0%**
Non-Hispanic or Non-Latino as follows:		
African	56	0.8%
Asian Indian/ South Asian	12	0.2%
Cambodian	-	-
Chinese	9	0.1%
Eastern European	53	0.8%
European	501	7.5%
Filipino	36	0.5%
Japanese	15	0.2%
Korean	5	0.1%
Middle Eastern	16	0.2%
Vietnamese	6	0.1%
Non-Hispanic/ Non-Latino (undefined)	1,936	28.8%
Other Non-Hispanic/ Non-Latino	129	1.9%
Non-Hispanic or Non-Latino Subtotal	**2,774**	**41.3%**
More than one ethnicity	130	1.9%
Prefer not to answer	121	1.8%
Ethnicity unknown	2,082	31.0%
Unduplicated Total	**6,721**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	1,464	21.8%
Female	2,454	36.5%
Prefer not to answer	21	0.3%
Unknown	2,782	41.4%
Unduplicated Total	**6,721**	**100.0%**

Gender (Current)	# Served	% Served
Male	2,496	37.1%
Female	3,437	51.1%
Transgender (Male to Female)	5	0.1%
Transgender (Female to Male)	8	0.1%
Transgender (Undefined)	5	0.1%
Genderqueer	3	0.0%
Questioning or Unsure	3	0.0%
Another gender identity	12	0.2%
Prefer not to answer	70	1.0%
Unknown	682	10.1%
Unduplicated Total	**6,721**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	22	0.3%
Heterosexual/ Straight	2,534	37.7%
Bisexual	72	1.1%
Questioning/ Unsure	19	0.3%
Queer	4	0.1%
Another sexual orientation	11	0.2%
LGBQ (undefined)	2	0.0%
Prefer not to answer	322	4.8%
N/A	851	12.7%
Unknown	2,884	42.9%
Unduplicated Total	**6,721**	**100.0%**

Military Status**	# Served	% Served
Active Military	23	0.3%
Veteran	188	2.8%
Served in Military	18	0.3%
Family of Military	449	6.7%
No Military	3,630	54.0%
Prefer not to answer	23	0.3%
Unknown	2,387	35.5%
Unduplicated Total	**6,721**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	134	2.0%
Difficulty hearing or speaking	81	1.2%
Other communication disability	2	0.0%
Cognitive	203	3.0%
Physical/ Mobility	189	2.8%
Chronic Health Condition	891	13.3%
Other non-communication disability	211	3.1%
No Disability	2,207	32.8%
Prefer not to answer	119	1.8%
Unknown	3,422	50.9%
Unduplicated Total	**6,721**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	130	1.9%
6 - 12 months ago	91	1.4%
1 - 4 years ago	361	5.4%
Over 5 years ago	334	5.0%
Other	8	0.1%
Prefer not to answer	120	1.8%
N/A	2,440	36.3%
Unknown	3,237	48.2%
Unduplicated Total	**6,721**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

COMMUNITY SERVICES AND SUPPORTS
Children's FSP Overview

Program Overview
Children's Full-Service Partnership (FSP) activities are intensive programs 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. The FSP program provides 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 Qualifications
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 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: The child displays at least ONE of the following features:

1. Psychotic features.
2. Risk of suicide.
3. Risk of violence due to a mental disorder.

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

Transition Age Youth (TAY) are generally served in Children's System of Care until age 18, and then by the Adult System of Care. This section will include services for those under age 18. Details of each program and support services will follow.

Children's FSP Programs	Target to be Served
Children's System of Care - Wraparound Children's Receiving Home of Sacramento – Sprouts Uplift Family Services - Fast Track Wraparound	100

CHILDREN'S SYSTEM OF CARE (CSOC)
Wraparound

Program Overview

Placer County Wraparound is an intensive, individualized service delivery model 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 Placer County Reintegration Wraparound, which is a subset of the children's wraparound program. Reintegration Wraparound provides specialized services in partnership with the Probation Department for qualified children who have parents involved in the criminal justice system.

Placer County Wraparound is grounded in a strengths-based perspective, utilizing a collaborative team approach. The Placer Wraparound Model utilizes Family Team Meetings to develop plans, identify measurable goals, and implement plans and services. The Family Team Meetings are generally held in the family home, or an alternate place, depending on the family's wishes. The Wraparound teams may include family, friends, neighbors, school personnel, parent advocates, community partners, as well as county program staff.

There is a mental health coordinator/facilitator and parent advocate assigned to each family. There are four (4) phases, which include Family and Team Engagement, Plan Development, Plan Implementation, and Transition. The team works together toward determining what specific interventions, supports, and services will meet the needs of the youth and family.

Services are available in English and Spanish.

Target Population

This program is an intensive Full-Service Partnership (FSP) program for children ages 0 - 15, Transition Age Youth (TAY) ages 16 - 17, and their families. The FSP program provides a full range of individualized mental health and supportive services to children and youth under the age of 18 years who have a Serious Emotional Disturbance (SED) and behavioral concerns. Children's Wraparound will continue to provide services to TAY, who turn 18 while receiving services, to stabilize the youth and family, and make a transition plan to further care.

Children are referred to Wraparound through Child Welfare, Probation Department, educational settings, the Placer County mental health team, and other mental health professionals in the community.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

CSOC **Wraparound** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	35	50.0%
16 - 25 years	35	50.0%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**70**	**100.0%**

Gender (Current)	# Served	% Served
Male	39	55.7%
Female	31	44.3%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**70**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	-	-
Unknown	70	100.0%
Unduplicated Total*	**70**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	-	-
Asian	1	1.4%
Hispanic	11	15.7%
Black	4	5.7%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	38	54.3%
Other	-	-
More than one race	-	-
Prefer not to answer	-	-
Unknown	16	22.9%
Unduplicated Total*	**70**	**100.0%**

Primary Language	# Served	% Served
English	60	85.7%
Spanish	3	4.3%
Other	-	-
Prefer not to answer	-	-
Unknown	7	10.0%
Unduplicated Total*	**70**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	3	4.3%
No	50	71.4%
Unknown	17	24.3%
Unduplicated Total*	**70**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year.
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

CHILDREN'S RECEIVING HOME OF SACRAMENTO
Sprouts

Program Overview

The Children's Receiving Home of Sacramento operates a Trauma Informed Care Program for Preschool Aged Children, called "Sprouts." The Sprouts preschool program provides a warm and playful atmosphere, with a variety of therapeutic services for young children with a history of trauma. This program is designed to help reduce family stress, reduce the need for future services, and give these children the opportunity for a healthy childhood. The program provides a safe, nurturing environment for children to heal from trauma, while at the same time offering the relevant skills necessary to maintain educational placement in the future.

The program provides site-based, daily, therapeutic classroom and home-based services. It incorporates elements of the Creative Curriculum, Incredible Years, Trauma-Focused Social Emotional, and Theraplay Curriculums. Services include team discussions and planning, adjunctive therapies, and play therapy approaches. There is coordination and linkage with sustainable community services, and collateral services are offered to the families of children served by the Sprouts program.

Target Population

Children ages two (2) to six (6) with a trauma-related background. Children are referred to the Sprouts Program through Placer County CSOC.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

Children's Receiving Home **Sprouts** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	7	63.6%
6 - 15 years	4	36.4%
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**11**	**100.0%**

Gender (Current)	# Served	% Served
Male	8	72.7%
Female	3	27.3%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**11**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	-	-
Unknown	11	100.0%
Unduplicated Total*	**11**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	1	9.1%
Asian	-	-
Hispanic	1	9.1%
Black	1	9.1%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	5	45.5%
Other	3	27.3%
More than one race	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**11**	**100.0%**

Primary Language	# Served	% Served
English	11	100.0%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**11**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	-	-
No	1	9.1%
Unknown	10	90.9%
Unduplicated Total*	**11**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

UPLIFT FAMILY SERVICES
Fast Track Wraparound

Program Overview

The Uplift Family Services Fast Track Wraparound (FTW) program offers intensive, short-term wraparound services for youth (ages 0 - 18) with a Serious Emotional Disturbance (SED) and their families. Services are provided to youth and families in their homes, schools, and community. The anticipated length of service is six (6) months or less. FTW is designed as a "front end" service, and is available to families who may not need, or meet the criteria for, higher-level services such as Placer County Wraparound.

Services are available in English and Spanish.

Target Population

FTW serves children and youth (ages 0 - 18) and their families. Ideal referrals are those families with one (1) or more family members who have mental health issues that are impacting family functioning. These families may need parental and/or life coaching to ameliorate issues that have led to a referral to Child Welfare Services (CWS).

Youth and families are primarily identified and referred to FTW by Placer County Child Welfare Service (CWS). Families who are referred to FTW have been initially assessed by CWS, but do not meet the criteria for ongoing CWS involvement (e.g., the family is not an open CWS case; and/or there is no significant child abuse or neglect.)

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

Uplift Family Services **Fast Track Wraparound** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	-	-
6 - 15 years	43	78.2%
16 - 25 years	12	21.8%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**55**	**100.0%**

Gender (Current)	# Served	% Served
Male	29	52.7%
Female	26	47.3%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**55**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	-	-
Unknown	55	100.0%
Unduplicated Total*	**55**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	3	5.5%
Asian	-	-
Hispanic	8	14.5%
Black	4	7.3%
Native Hawaiian or Other Pacific Islander	2	3.6%
White/ Caucasian	29	52.7%
Other	2	3.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	7	12.7%
Unduplicated Total*	**55**	**100.0%**

Primary Language	# Served	% Served
English	51	92.7%
Spanish	1	1.8%
Other	-	-
Prefer not to answer	-	-
Unknown	3	5.5%
Unduplicated Total*	**55**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	3	5.5%
No	11	20.0%
Unknown	41	74.5%
Unduplicated Total*	**55**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

COMMUNITY SERVICES AND SUPPORTS
Transition Age Youth FSP Overview

Transition Age Youth (TAY) Full-Service Partnership (FSP) Programs are intensive services for those between the ages of sixteen and twenty-five 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 - 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, and the ASOC uses a "Whatever it Takes" model to engage the homeless and co-occurring individuals. All programs provide 24/7 support as required by regulation. The FSP programs 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 Qualifications

1. 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 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: The child displays at least ONE of the following features:
      1. Psychotic features.
      2. Risk of suicide.
      3. Risk of violence due to a mental disorder.

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

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

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

AMI HOUSING
Transitional Age Youth (TAY) Housing

Program Overview

The Transitional Age Youth (TAY) Program known as George's House, is an 18-month transitional housing program. This program 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 and is designed to provide structure. The residents earn a sense of accomplishment as they demonstrate independence and advance through the Phases, until they are ready to transition to full independence. Services are provided in both English and Spanish.

Program learning outcomes include:

1. Identify meals to prepare within budgetary restrictions and demonstrates the ability to shop for and prepare meals.
2. Demonstrate an ability to think critically, solve problems, and communicate effectively.
3. Demonstrate an ability to maintain a clean dwelling,
4. Demonstrate an ability to care for oneself including medical and dental wellness, personal development, and money management skills.
5. Possess the knowledge to prepare a resume, apply for employment, conduct oneself during an interview, and maintain employment.
6. Complete a personal Wellness Action Recovery Plan (WRAP).

Target Population

TAY are between the ages of 18 and 25 years. TAY receiving FSP services prior to turning 25 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 homelessness; aging out of the child and youth mental health system, child welfare systems, and/or 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.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

AMIH **TAY Housing** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)
- Housing Destination at Exit (Appendix I.C)
- Income Received at Exit (Appendix I.C)

Demographics
FY 2018-2019

AMI Housing, Inc. TAY Housing served 7 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

COMMUNITY SERVICES AND SUPPORTS
Adult FSP Services and Supports Overview

Program Overview

Adult/Older Adult Full-Service Partnership (FSP) programs 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 FSP programs are 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 FSP programs assist 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 can 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 FSP Qualifications

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.

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 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:

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 of the following situations:
    a. They are unserved and one 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 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.

Placer County's System of Care Transitional Age Youth (TAY) are generally served in Children's System of Care until age 18 and then by the Adult System of Care and Turning Point Community Services. This section will include services for those 18 years and older. Details of each program will follow.

Adult FSP Programs	Target to be Served
Adult System of Care: Homeless Outreach Program Adult System of Care: Co-Occurring Program Turning Point Community Services - Assertive Community Treatment	200

Older Adult FSP Programs	Target to be Served
Adult System of Care: Homeless Outreach Program Adult System of Care: Co-Occurring Program Turning Point Community Services - Assertive Community Treatment	35

ADULT SYSTEM OF CARE (ASOC)
Co-Occurring Program FSP

Program Overview

The ASOC Co-Occurring FSP program works with individuals who have both Serious Mental Illness (SMI) and substance use diagnoses. The Co-Occurring FSP program delivers services to individuals who are at risk of psychiatric hospitalization, homelessness, and/or those ready to transition out of higher levels of care, including Psychiatric Health Facilities (PHF), psychiatric inpatient hospitals, or jail. In addition to receiving co-occurring services from ASOC, some clients also receive services in the form of withdrawal management, residential, transitional living, and/or outpatient services from Granite Wellness Centers (GWC; formerly Community Recovery Resources) or Progress House, two local substance use disorder organizational providers. Engagement is achieved in the least restrictive environment to support recovery and reduce the overutilization of short term and costly emergency services.

Once enrolled into FSP services, the individual develops treatment plan goals and services are delivered to support the individual's mental health and substance use treatment needs. The FSP staff use creative approaches to engage individuals to enroll into needed services. FSP clients are provided intensive services including targeted case management, rehabilitation, and supports needed to facilitate access to medical, mental health, substance use, and other identified service needs. Services conclude when an individual is able to continue to recover and make progress with their co-occurring symptoms with less intensive services. Services are available in English and Spanish.

Target Population

The Co-Occurring FSP Program offers services to adults age 18 and older with an SMI and co-occurring substance use disorder. FSP services work with Transition Age Youth (TAY), age 18-25; Adults, age 26-59; and Older Adults, age 60 and older.

Individuals are identified by community members, family, professionals, or are self-referred. Individuals can also be referred due to frequent utilization of emergency services, or be referred from other care professionals. Individuals who are admitted to a Psychiatric Health Facility (PHF) two (2) times or more within six (6) months are also referred directly to the program. The program's "no wrong door approach" links individuals to the appropriate FSP services, based on criteria, location, and program availability.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

ASOC **Co-Occurring FSP Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	2	3.2%
26 - 59 years	57	91.9%
60+ years	3	4.8%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**62**	**100.0%**

Gender (Current)	# Served	% Served
Male	33	53.2%
Female	27	43.5%
Transgender	2	3.2%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**62**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	1	1.6%
LGBQ	-	-
Prefer not to answer	-	-
Unknown	61	98.4%
Unduplicated Total*	**62**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	1	1.6%
Asian	-	-
Hispanic	6	9.7%
Black	1	1.6%
Native Hawaiian or Other Pacific Islander	1	1.6%
White/ Caucasian	52	83.9%
Other	1	1.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**62**	**100.0%**

Primary Language	# Served	% Served
English	61	98.4%
Spanish	-	-
Other	1	1.6%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**62**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	4	6.5%
No	46	74.2%
Unknown	12	19.4%
Unduplicated Total*	**62**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Outreach Contacts
FY 2018-2019

# Clients*	14
# Outreach Contacts	62
# Avg. Contacts/Client	4.4

# Outreach Contacts**	**# Clients**	**% Clients**
1 Contacts	1	7.1%
2 Contacts	2	14.3%
3 - 5 Contacts	8	57.1%
6+ Contacts	3	21.4%
Unduplicated Total*	**14**	**100.0%**

*The number of clients receiving Outreach Contacts may not equal the total number of clients in the program.
**This number refers to the total number of direct outreach contacts each participant received. Description of Outreach contacts in Appendix I.C.

Outreach Disposition
FY 2018-2019

	# Clients	**% Clients**
Enrolled in FSP	4	28.6%
Declined Services	1	7.1%
Pending	8	57.1%
Left County	1	7.1%
Unduplicated Total***	**14**	**100.0%**

***Clients may have more than one outreach disposition.

ADULT SYSTEM OF CARE (ASOC)
Homeless FSP

Program Overview

ASOC Homeless FSP offers intensive mental health services to adults with Serious Mental Illness (SMI), and who may have a substance abuse disorder. Its target population is individuals who are experiencing, or at risk of experiencing, homelessness. Some may be involved with the criminal justice system, and some may be high utilizers of psychiatric inpatient hospitals, emergency rooms, and crisis residential facilities. In addition, individuals are considered unserved or underserved. The objective of the FSP Homeless Program is to initially offer outreach services to high-risk individuals and engage them in mental health and substance use services in the least restrictive environment. These services help support health, self-sufficiency, and establish them with medical, psychiatric, and housing services. The Program operates out of ASOC's Dewitt Clinic in Auburn. It serves all of Placer County and collaborates with various county departments as well as community agencies, to provide intensive case management services and community support for its enrolled clients.

Enrollment in the Homeless FSP program starts with an initial referral to the team. A case manager provides outreach services to high-risk individuals prior to beginning the enrollment process. The purpose of the initial outreach is to determine if the client meets FSP guidelines, to build rapport, and establish a trusting relationship to help engage the individual. Upon enrollment, the case manager and the client work together to develop a client-driven treatment plan that outlines goals and interventions toward the client's recovery and self-sufficiency.

FSP case managers follow the "whatever it takes" case management approach. Case managers collaboratively work with probation and the court / legal systems to assist their clients to meet their legal responsibilities. They also provide wrap-around services and support with doctor's appointments, job coaching, housing placement, and establishing income. The ASOC FSP Homeless Program minimizes barriers for their clients to meet their community obligations and recovery plan goals, by providing clients with access to motel vouchers, housing, food, bus passes, clothing, etc.

FSP case managers provide crisis intervention, when needed, such as assessing for 5150 holds and crisis stabilization placement. FSP case managers are 5150 certified and work with law enforcement to perform 5150 holds in the community. Housing programs are available to address the demand for housing placement of this high-intensity population. FSP funds are utilized to develop and fund specific housing programs and address various levels of care in order to meet the needs of the individuals in the program. This range of FSP housing includes Board and Care, Emergency Housing, Transitional Housing, and Permanent Supportive Housing.

Many of these housing programs are the result of ASOC's collaboration with AMI Housing (AMIH). This partnership has increased the availability of housing for FSP clients within our County. As mentioned above, various levels of care are available to meet the changing needs of this population. Monarch House, an emergency placement site can be used when transitioning out of higher levels of care as well as for housing evaluations and respite care. Newcastle House is a transitional placement where FSP clients can build skills in order to prepare for more independent settings. There are also several permanent supportive housing programs including group living locations like Timberline House, Pioneer House, Granite House, and Placer Street. Other permanent supportive programs are individual units such as Main Street. This

collaboration has also worked to not only assist FSP clients in securing, but also in maintaining housing. This is achieved by collaborating on early intervention programs and building skills to help clients maintain their housing.

The ASOC FSP Homeless program also works to locate and engage underserved populations within our County. One of these groups is the Latino community. We have worked to build a relationship with the Latino Leadership Council and accept referrals for outreach and engagement of community members they have identified. In order to support this collaboration and better serve the Latino community, the Homeless FSP program hired a bilingual and bicultural counselor who can provide culturally relevant services to these clients in their primary language. This has been especially beneficial in engaging and supporting these monolingual clients.

The Homeless FSP program now has access to medical and medication management services at Cirby Hills and Dewitt. Since the addition of a Psychiatric Nurse Practitioner at the Dewitt location, the program has been able to provide valuable treatment options to clients in locations more convenient to improve appointment attendance and participation. The program recently added a Registered Nurse who provides additional medication management support including injectable medications, medication boxes, as well as medical advocacy and education.

Target Population

The Homeless FSP program provides services to adults age 18 and older with a severe mental illness (SMI) who may have a co-occurring substance use disorder, and who are experiencing, or at risk of experiencing, homelessness due to a mental illness.

Referrals are made directly to the program, or through the ASOC 24-Hour Intake line, by various county agencies and departments, including law enforcement, community partners, family members, and ASOC. MHSA FSP enrollment guidelines include clients with an unserved or underserved mental illness, high utilization of emergency services, and a willingness to engage in services.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

ASOC **Homeless FSP** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	3	3.8%
26 - 59 years	60	75.9%
60+ years	16	20.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**79**	**100.0%**

Gender (Current)	# Served	% Served
Male	48	60.8%
Female	31	39.2%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**79**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	10	12.7%
LGBQ	-	-
Prefer not to answer	-	-
Unknown	69	87.3%
Unduplicated Total*	**79**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	1	1.3%
Asian	-	-
Hispanic	10	12.7%
Black	6	7.6%
Native Hawaiian or Other Pacific Islander	1	1.3%
White/ Caucasian	57	72.2%
Other	2	2.5%
More than one race	-	-
Prefer not to answer	-	-
Unknown	2	2.5%
Unduplicated Total*	**79**	**100.0%**

Primary Language	# Served	% Served
English	75	94.9%
Spanish	4	5.1%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**79**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	2	2.5%
Family of Military	3	3.8%
No	39	49.4%
Unknown	35	44.3%
Unduplicated Total*	**79**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military and Disability.

Outreach Contacts
FY 2018-2019

# Clients*	30
# Outreach Contacts	160
# Avg. Contacts/Client	5.3

# Outreach Contacts**	**# Clients**	**% Clients**
1 Contacts	4	13.3%
2 Contacts	6	20.0%
3 - 5 Contacts	8	26.7%
6+ Contacts	12	40.0%
Unduplicated Total*	**30**	**100.0%**

*The number of clients receiving Outreach Contacts may not equal the total number of clients in the program.
**This number refers to the total number of direct outreach contacts each participant received. Description of Outreach contacts in Appendix I.C.

Outreach Disposition
FY 2018-2019

	# Clients	**% Clients**
Enrolled in ASOC	4	13.3%
Enrolled in FSP	13	43.3%
Referred to Community Provider	2	6.7%
Declined Services	2	6.7%
Pending	6	20.0%
Left County	1	3.3%
Unable to Locate	2	6.7%
Unduplicated Total***	**30**	**100.0%**

***Clients may have more than one outreach disposition.

TURNING POINT
Assertive Community Treatment FSP

Program Overview

Turning Point Community Programs, Coloma Center is a Full-Service Partnership (FSP) providing intensive outpatient mental health services designed to collaborate with individuals with a Severe Mental Illness (SMI). Coloma Center is an Adult Assertive Community Treatment (AACT) program that utilizes a multidisciplinary team consisting of LMFTs, LCSWs, ASW/AMFT interns, intake/assessment coordinators, rehabilitation experts, family and youth coordinators, a peer support specialist, a housing/employment coordinator, a nurse, and a psychiatrist.

The AACT program is designed to provide support to the individual in the community environment. AACT staff initially provide outreach to high-risk individuals who are referred to the program, to help engage them and begin the assessment and enrollment process. Once a trusting relationship has been developed and the individual is engaged, coordinated services include initial and ongoing assessments, psychiatric and medication services, rehabilitation, case management, family support and education, individual and group therapy, and housing/employment assistance. Services focus on the individual, and utilize a strength-based approach, with intensive forensic interventions within the recovery model philosophy. Services also include outreach and engagement, while facilitating multi-agency collaboration and joint planning. After-hours on-call support is offered 24 hours a day, 7 days a week, 365 days a year.

As a component of the AACT program, Turning Point is Placer County's Assisted Outpatient Treatment (AOT) provider. The law outlines very specific program guidelines and criteria for AOT. Individuals engaging in AOT services receive all of the benefits of the Full-Service Partnership (FSP) whether initiated through the court process or by voluntary self-engagement in the program.

Services are available in English and Spanish.

Target Population

The target population consists of adults ages 18 years & older, including Transition Age Youth (TAY) ages 16-17; adults ages 18-59, and older, older adults (ages 60+). This also includes hard-to-engage individuals. The priority target population is comprised of individuals who have an SMI and meet the following criteria:

(1) Diagnosed with a severe psychiatric impairment as defined in DSM-V and includes Schizophrenia, Schizoaffective, Delusional Disorder, Psychotic Disorder NOS, Bipolar I or II, Post-Traumatic Stress Disorder, and Major Depressive Disorder
(2) Exhibits an impaired level of functioning that prevents them from sustaining themselves in the community without treatment, supervision, rehabilitation, and supports
(3) Has an illness and impaired level of functioning which is persistent in duration
(4) At risk of involvement, or currently involved with, the criminal justice system, experiencing homelessness, and/or had one or more psychiatric hospitalizations

In addition, Turning Point Coloma Center has partnered with Placer County Children's System of Care (CSOC) to provide services to 16-17-year-old TAY, as well as AMI Housing (AMIH) for a TAY specialty transitional house.

Referrals are received directly through Placer County CSOC or Adult System of Care (ASOC). In addition, individuals or families can contact the program directly to inquire about services and be assessed for eligibility. Immediate eligibility for services is determined by the level of priority, level of impairment, and immediacy of needed services.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

Turning Point **Assertive Community Treatment (ACT)** collected the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	25	16.9%
26 - 59 years	103	69.6%
60+ years	20	13.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**148**	**100.0%**

Gender (Current)	# Served	% Served
Male	98	66.2%
Female	50	33.8%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**148**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	2	1.4%
Unknown	146	98.6%
Unduplicated Total*	**148**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	5	3.4%
Asian	2	1.4%
Hispanic	20	13.5%
Black	8	5.4%
Native Hawaiian or Other Pacific Islander	1	0.7%
White/ Caucasian	110	74.3%
Other	1	0.7%
More than one race	-	-
Prefer not to answer	-	-
Unknown	1	0.7%
Unduplicated Total*	**148**	**100.0%**

Primary Language	# Served	% Served
English	145	98.0%
Spanish	2	1.4%
Other	-	-
Prefer not to answer	-	-
Unknown	1	0.7%
Unduplicated Total*	**148**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	3	2.0%
Family of Military	4	2.7%
No	51	34.5%
Unknown	90	60.8%
Unduplicated Total*	**148**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Outreach Contacts
FY 2018-2019

# Clients*	80
# Outreach Contacts	330
# Avg. Contacts/Client	4.1

# Outreach Contacts**	**# Clients**	**% Clients**
1 Contacts	20	25.0%
2 Contacts	12	15.0%
3 - 5 Contacts	25	31.3%
6+ Contacts	23	28.8%
Unduplicated Total*	**80**	**100.0%**

*The number of clients receiving Outreach Contacts may not equal the total number of clients in the program.
**This number refers to the total number of direct outreach contacts each participant received. Description of Outreach contacts in Appendix I.C.

Outreach Disposition
FY 2018-2019

	# Clients	**% Clients**
Enrolled in ASOC	8	10.0%
Enrolled in FSP	20	25.0%
Referred to Community Provider	20	25.0%
Referred to AOT	10	12.5%
Declined Services	2	2.5%
One-time Contact	6	7.5%
Pending	15	18.8%
Left County	-	-
Unable to Locate	-	-
Unduplicated Total***	80	100.0%

***Clients may have more than one outreach disposition

COMMUNITY SERVICES AND SUPPORTS
Full-Service Partnership Data and Outcomes

The following graphs are unduplicated counts of clients served across all of the different Full Service Partnership (FSP) programs during FY 2018-2019. The graphs will cover all clients, clients age 0 - 15, clients age 16 - 25, clients age 26 - 59, and clients age 60 and over.

Demographics - FSP Clients All Ages
FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	7	1.7%
6 - 15 years	81	19.5%
16 - 25 years	77	18.6%
26 - 59 years	211	50.8%
60+ years	39	9.4%
Unknown	-	-
Unduplicated Total	**415**	**100.0%**

Gender (Current)	# Served	% Served
Male	247	59.5%
Female	166	40.0%
Transgender	2	0.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**415**	**100.0%**

Sexual Orientation*	# Served	% Served
Heterosexual/ Straight	11	2.7%
LGBQ	2	0.5%
Prefer not to answer	3	0.7%
Unknown	399	96.1%
Unduplicated Total	**415**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	11	2.7%
Asian	3	0.7%
Black	25	6.0%
Hispanic	53	12.8%
Native Hawaiian or Other Pacific Islander	6	1.4%
White/ Caucasian	264	63.6%
Other	19	4.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	34	8.2%
Unduplicated Total	**415**	**100.0%**

Primary Language	# Served	% Served
English	393	94.7%
Spanish	9	2.2%
Other	1	0.2%
Unknown	12	2.9%
Unduplicated Total	**415**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	5	1.2%
Family of Military	17	4.1%
No	193	46.5%
Unknown	200	48.2%
Unduplicated Total	**415**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation.
**Participants may choose more than one option for Military.

Demographics - FSP Clients 0-15 years

FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	7	8.0%
6 - 15 years	81	92.0%
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	-	-
Unknown	-	-
Unduplicated Total	**88**	**100.0%**

Gender (Current)	# Served	% Served
Male	53	60.2%
Female	35	39.8%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**88**	**100.0%**

Sexual Orientation*	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	-	-
Unknown	88	100.0%
Unduplicated Total	**88**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	3	3.4%
Asian	1	1.1%
Black	8	9.1%
Hispanic	14	15.9%
Native Hawaiian or Other Pacific Islander	1	1.1%
White/ Caucasian	36	40.9%
Other	4	4.5%
More than one race	-	-
Prefer not to answer	-	-
Unknown	21	23.9%
Unduplicated Total	**88**	**100.0%**

Primary Language	# Served	% Served
English	81	92.0%
Spanish	3	3.4%
Other	-	-
Unknown	4	4.5%
Unduplicated Total	**88**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	2	2.3%
No	18	20.5%
Unknown	68	77.3%
Unduplicated Total	**88**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation.
**Participants may choose more than one option for Military.

Demographics - FSP Clients 16-25 years

FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	-	-
6 - 15 years	-	-
16 - 25 years	77	100.0%
26 - 59 years	-	-
60+ years	-	-
Unknown	-	-
Unduplicated Total	**77**	**100.0%**

Gender (Current)	# Served	% Served
Male	-	-
Female	-	-
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	-	-

Sexual Orientation*	# Served	% Served
Heterosexual/ Straight	-	-
LGBQ	-	-
Prefer not to answer	1	1.3%
Unknown	76	98.7%
Unduplicated Total	**77**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	2	2.6%
Asian	-	-
Black	5	6.5%
Hispanic	10	13.0%
Native Hawaiian or Other Pacific Islander	2	2.6%
White/ Caucasian	42	54.5%
Other	5	6.5%
More than one race	-	-
Prefer not to answer	-	-
Unknown	11	14.3%
Unduplicated Total	**77**	**100.0%**

Primary Language	# Served	% Served
English	68	88.3%
Spanish	1	1.3%
Other	-	-
Unknown	8	10.4%
Unduplicated Total	**77**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	4	5.2%
No	31	40.3%
Unknown	42	54.5%
Unduplicated Total	**77**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation.
**Participants may choose more than one option for Military.

Demographics - FSP Clients 26-59 years

FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	-	-
6 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	211	100.0%
60+ years	-	-
Unknown	-	-
Unduplicated Total	**211**	**100.0%**

Gender (Current)	# Served	% Served
Male	138	65.4%
Female	71	33.6%
Transgender	2	0.9%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**211**	**100.0%**

Sexual Orientation*	# Served	% Served
Heterosexual/ Straight	8	3.8%
LGBQ	2	0.9%
Prefer not to answer	2	0.9%
Unknown	199	94.3%
Unduplicated Total	**211**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	6	2.8%
Asian	2	0.9%
Black	10	4.7%
Hispanic	25	11.8%
Native Hawaiian or Other Pacific Islander	2	0.9%
White/ Caucasian	156	73.9%
Other	9	4.3%
More than one race	-	-
Prefer not to answer	-	-
Unknown	1	0.5%
Unduplicated Total	**211**	**100.0%**

Primary Language	# Served	% Served
English	205	97.2%
Spanish	5	2.4%
Other	1	0.5%
Unknown	-	-
Unduplicated Total	**211**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	4	1.9%
Family of Military	9	4.3%
No	123	58.3%
Unknown	75	35.5%
Unduplicated Total	**211**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation.
**Participants may choose more than one option for Military.

Demographics - FSP Clients 60+ years

FY 2018-2019

Age Group	# Served	% Served
0 - 5 years	-	-
6 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	39	100.0%
Unknown	-	-
Unduplicated Total	**39**	**100.0%**

Gender (Current)	# Served	% Served
Male	17	43.6%
Female	22	56.4%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**39**	**100.0%**

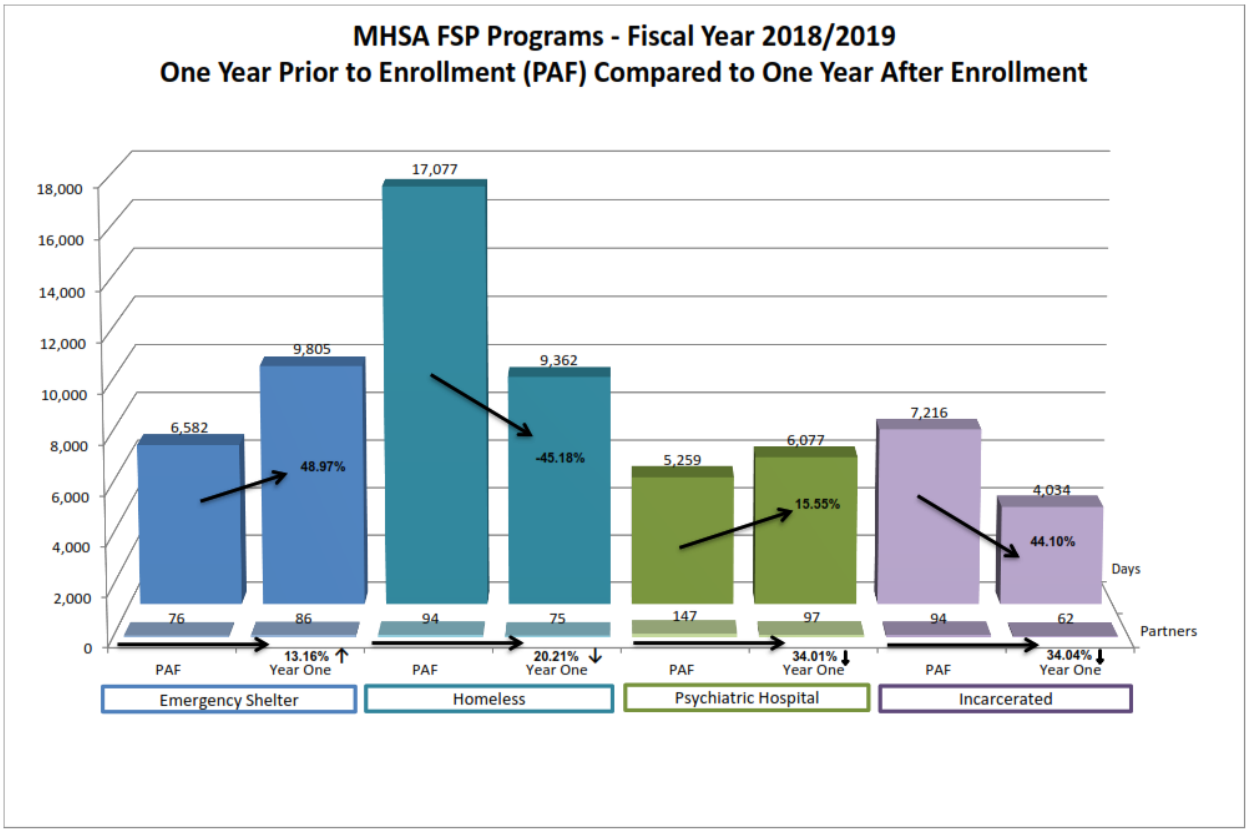
Sexual Orientation*	# Served	% Served
Heterosexual/ Straight	3	7.7%
LGBQ	-	-
Prefer not to answer	-	-
Unknown	36	92.3%
Unduplicated Total	**39**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	2	5.1%
Hispanic	4	10.3%
Native Hawaiian or Other Pacific Islander	1	2.6%
White/ Caucasian	30	76.9%
Other	1	2.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	1	2.6%
Unduplicated Total	**39**	**100.0%**

Primary Language	# Served	% Served
English	39	100.0%
Spanish	-	-
Other	-	-
Unknown	-	-
Unduplicated Total	**39**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	1	2.6%
Family of Military	2	5.1%
No	21	53.8%
Unknown	15	38.5%
Unduplicated Total	**39**	**100.0%**

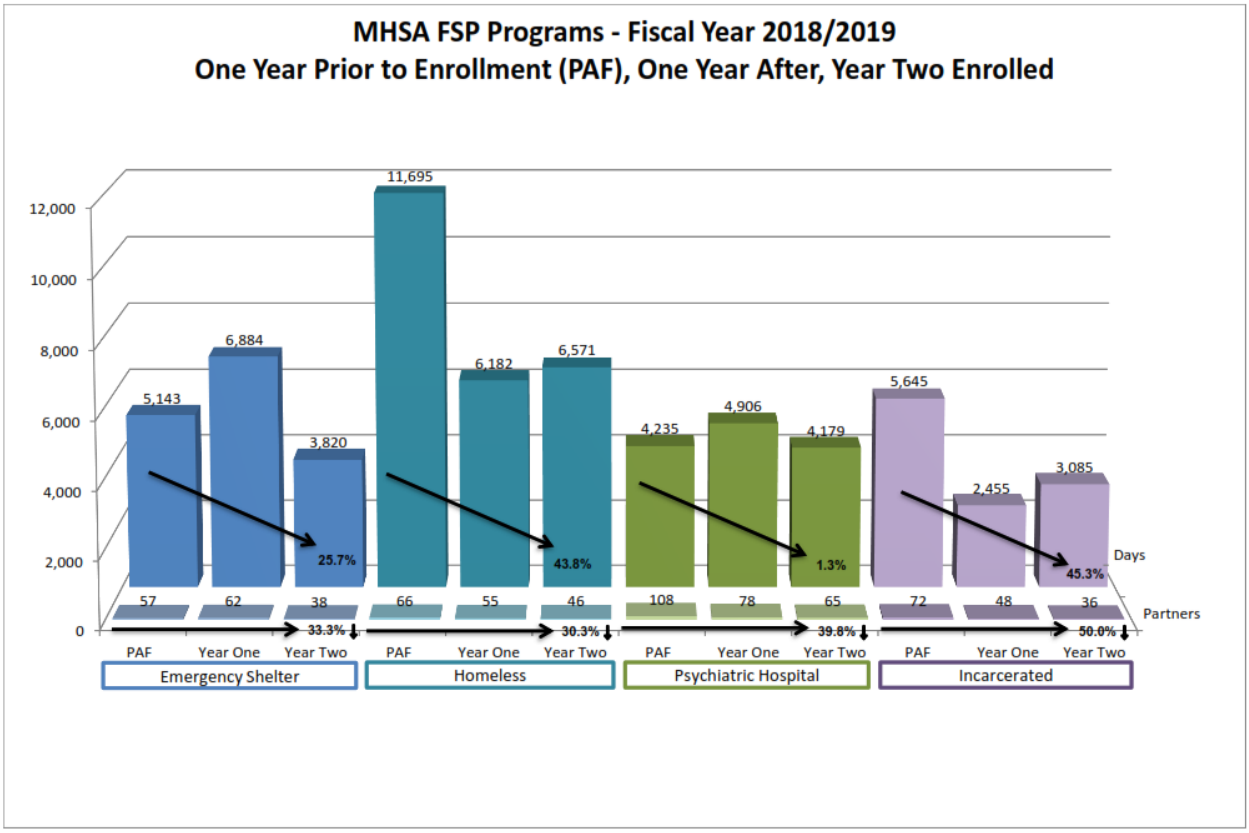
*Children under 11 years old are not asked to report Sexual Orientation.
**Participants may choose more than one option for Military.



For partners who completed one year and were active in FY 2018-2019, the FSP program shows a decrease in partners who report residency for the categories Homeless (20.21%), Psychiatric Hospital (34.01%), and Incarcerated (34.04%). The number increased for Emergency Shelter (13.16%). The number of days reported decreased for Homeless (45.18%) and Incarcerated (44.10%). The number increased for Emergency Shelter (48.97%) and Psychiatric Hospital (15.55%). The number of partners who were in the Psychiatric Hospital decreased while the number of days for those partners increased, showing that the length of stay increased, per partner, in this residential category.

At Least 1 Year	Prior Year		First Year	
Residential Type	**Partners**	**Days**	**Partners**	**Days**
Emergency Shelter	76	6,582	86	9,805
Homeless	94	17,077	75	9,362
Psychiatric Hospital	147	5,259	97	6,077
Incarcerated*	94	7,216	62	4,034

**Includes Jail, Prison, Juvenile Hall, and Division of Juvenile Justice (DJJ)*



For partners who completed two years and were active in FY 2018-2019 the FSP program shows a decrease in partners who report residency across all categories: Emergency Shelter (33.3%), Homeless (30.3%), Psychiatric Hospital (39.8%), and Incarcerated (50.0%). The number of days reported for these categories also decreased when compared to the partners' year prior (Prior Year) to enrollment: Emergency Shelter (25.7%), Homeless (43.8%), Psychiatric Hospital (1.3%), and Incarcerated (45.3%).

At Least 2 Years	Prior Year		First Year		Second Year	
Residential Type	**Partners**	**Days**	**Partners**	**Days**	**Partners**	**Days**
Emergency Shelter	17	5,143	62	6,884	38	3,820
Homeless	66	11,695	55	6,182	46	6,571
Psychiatric Hospital	108	4,235	78	4,906	65	4,179
Incarcerated*	72	5,645	48	2,455	36	3,085

**Includes Jail, Prison, Juvenile Hall, and Division of Juvenile Justice (DJJ)*

COMMUNITY SERVICES AND SUPPORTS (CSS)
General System Development/Transformation

System Development/ Transformation activities improve programs, services, and supports for community members experiencing mental health concerns. System Development/ Transformation activities help counties improve programs, services, and supports for all clients and families and are used to change service delivery systems and build transformational programs and services. For example, System Development/ Transformation services may include client and family services, such as peer support, education and advocacy services, and mobile crisis services. System Development/ Transformation programs also promote interagency and community collaboration and services, and develop 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.

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

System Transformation Programs:
CSS Housing Projects (ST and FSP Funded)
Adult System of Care - Adult Crisis Response Team
Adult System of Care - Adult Reintegration Team
Adult System of Care - Dewitt Bridge Housing Program
Adult System of Care - Follow-Up Services
Adult System of Care - Mobile Crisis Triage
Adult System of Care - Welcome Center and Cirby Clubhouse
AMI Housing, Inc. - Monarch House
AMI Housing - Path to Independence
AMI Housing - Peer Supported Transitional Housing
AMI Housing - Transitional Employment Services
Cal Voices - Consumer Affairs Supervisor, Family Advocates, and Family and Friends Coordinators
Children's System of Care - Family Mobile Crisis Team
Children's System of Care - School County Collaborative
Latino Leadership Council - Latino Supports [Found in PEI Section of the report]
Lighthouse Counseling and Family Resource Center - Mental Health Services [Found in PEI Section of the report]

- Attachment Based Family Therapy
- Road to Wellness
- Trauma Focused CBT

Nevada Sierra Connecting Point - 211 Resource Line
Sierra Mental Wellness Group - Bilingual Therapy
Sierra Native Alliance - Recovery Services and Supports
Whole Person Learning - Youth Empowerment Support Program

CSS Housing

Program Description

Main Street
Placer County obligated MHSA 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 MHSA or Whole Person Care Housing subsidy. In addition, the project accepts vouchers from Housing Urban Development (HUD), Housing Choice, and VASH. Program outcomes are included under the AMIH program reports.

Shared Permanent Supportive Housing
Placer County obligated MHSA funds to two (2) six-bedroom homes, one in the City of Rocklin and one in the City of Auburn. The homes were purchased in December 2019 and will be ready for occupancy in February 2020. AMIH was awarded through an RFP process to be the owner and operator. Residents of the program must have the highest vulnerability on the Coordinated Entry By-Name List and meet MHSA eligibility: a severe and persistent mental illness. Residents pay 40% of their income toward their rent and utilities. The remaining rent is covered by MHSA subsidies or Housing Urban Development (HUD) vouchers.

Tahoe - Truckee Shared Housing
Placer County obligated MHSA funds to one (1) four to six-bedroom home in the Tahoe Truckee region. AMIH was awarded through an RFP process to be the owner and operator. A property has yet to be identified. Residents of the program must have the highest vulnerability on the Coordinated Entry By-Name List and meet MHSA eligibility: a severe and persistent mental illness. Residents pay 40% of their income toward their rent and utilities. The remaining rent is covered by MHSA subsidies or Housing Urban Development (HUD) vouchers.

Main Street Plaza Apartments - Meta Housing
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 and Supports funds and two hundred and fifty thousand dollars of Capital Facility funds were 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.

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. The project is expected to begin construction as early as Spring 2020.

Board and Care Facility

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 to identify a contractor to own and operate the facility. The project is receiving funding from the Homeless Emergency Aid Program Grant towards purchase of the facility. MHSA funds may be considered to augment dollars for purchase, rehabilitation or program.

Other Housing Projects

Placer County will continue to obligate MHSA funding to housing projects, as they become available and are within the funding allocation in CSS. Specific housing details are not available for the future; however, all opportunities will be vetted with the community prior to purchase as allowed by law and regulations.

NEVADA SIERRA CONNECTING POINT
211 Resource Line

Program Overview

2-1-1 is a comprehensive source of local human and social services information where specialists are available 24/7 to help callers access the best local resources and services to address needs. Types of referrals could include:

- supplemental food and nutrition programs
- shelter and housing options and utilities assistance
- emergency information and disaster relief
- employment and education opportunities
- services for veterans
- health care, vaccination and health epidemic information
- addiction prevention and rehabilitation programs
- reentry help for ex-offenders
- support groups for individuals with mental illnesses or special needs
- a safe, confidential path out of physical and/or emotional domestic abuse
- human trafficking supports

Services are provided in both English and Spanish.

Target Population

This service will be available countywide.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

2-1-1 is a new program that is in the planning phase. The program has not begun delivering services under this funding, yet.

ADULT SYSTEM OF CARE (ASOC)
Adult Crisis Response Team (ACR)

Program Overview

The Adult Crisis Response team (ACR) provides crisis intervention services by being co-located at the Sutter Roseville Medical Center for adults ages 18 and older.

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 ACR 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, the ACR works to develop the best and safest plan possible. The ACR does this by working closely with the individual, supporting family and friends, and providing follow-up services after the person leaves the hospital.

Adult 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.

Services are available in English and Spanish.

Target Population

The ACR team provides services to any individual, ages 18 and older, who is 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. The ASOC ACR Team works closely with Sutter Health medical staff to identify individuals potentially experiencing a mental health crisis and coordinates a response once the patient has received the appropriate medical treatment.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

ASOC **Adult Crisis Response (ACR) Team** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	59	18.9%
26 - 59 years	198	63.5%
60+ years	55	17.6%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**312**	**100.0%**

Gender (Current)	# Served	% Served
Male	159	51.0%
Female	153	49.0%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**312**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	4	1.3%
LGBQ	-	-
Prefer not to answer	-	-
Unknown	308	98.7%
Unduplicated Total*	**312**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	6	1.9%
Asian	4	1.3%
Hispanic	33	10.6%
Black	16	5.1%
Native Hawaiian or Other Pacific Islander	4	1.3%
White/ Caucasian	228	73.1%
Other	21	6.7%
More than one race	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**312**	**100.0%**

Primary Language	# Served	% Served
English	308	98.7%
Spanish	1	0.3%
Other	3	1.0%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**312**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	11	3.5%
Family of Military	26	8.3%
No	171	54.8%
Unknown	104	33.3%
Unduplicated Total*	**312**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Outcomes
FY 2018-2019

	ACR		Non-ACR		Total	
Hospitalized	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
No	168	53.85%	1,492	49.63%	**1,660**	**50.03%**
Yes	144	46.15%	1,514	50.37%	**1,658**	**49.97%**
Total	**312**	**100.00%**	**3,006**	**100.00%**	**3,318**	**100.00%**

ADULT SYSTEM OF CARE (ASOC)
Adult Reintegration Team (ART)

Program Overview

The Adult Reintegration Team (ART) serves individuals age 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. This population has been identified as inappropriately served and in need of assistance to move to a lower level of care. Individuals who are receiving services in these facilities are identified by the ASOC and/or staff at the facility. The ART works closely with the facilities to assess individuals' readiness to re-enter the community and provide support to these individuals during their transition. The ART team provides outreach to each individual to begin developing a relationship with the person, assessing their readiness for discharge, and building their trust. The ART develops treatment goals, provides supportive services, and helps clients develop the skills needed to integrate into lower levels of care and/or back into the community. A goal of the program is to move individuals back into the community and enroll them in the FSP program in order to continue to help support them in a successful transition to independent living. Once in the community the ART delivers supportive, community-based services to ensure continuity of care.

IMDs are located in Angwin, Eureka, Merced, Modesto, Redding, Riverside, Sacramento, Stockton, San Jose, and Delhi, California. Augmented Board and Cares (B&Cs) are located in Carmichael, Davis, Modesto, Yuba City, and Auburn. ART liaisons visit these facilities monthly to outreach to clients, engage them, and encourage them to work toward discharge readiness goals.

Typical criteria for community readiness include those required by a standard B&C facility: no assaultive behavior; medication compliance; the ability to attend to their personal hygiene with prompting; and an ability to behave safely when going into the community on peer passes.

Services are available in English and Spanish.

Target Population

All clients of ART are conservatees, or highly likely to become conservatees, based on the client's acute need for recurrent and lengthy psychiatric stays. Most are experiencing homelessness at the point of entry and have demonstrated both grave disability and inability to adequately shelter themselves due to mental illness.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Other outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

ASOC **Adult Reintegration Team (ART)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)

The following data shows the demographic information for all individuals served by ART across all service settings including IMD, Board and Care, and State Hospital(s).

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	2	3.5%
26 - 59 years	31	54.4%
60+ years	24	42.1%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**57**	**100.0%**

Gender (Current)	# Served	% Served
Male	34	59.6%
Female	23	40.4%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**57**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	5	8.8%
LGBQ	-	-
Prefer not to answer	-	-
Unknown	52	91.2%
Unduplicated Total*	**57**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	1	1.8%
Asian	2	3.5%
Hispanic	6	10.5%
Black	5	8.8%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	41	71.9%
Other	1	1.8%
More than one race	-	-
Prefer not to answer	-	-
Unknown	1	1.8%
Unduplicated Total*	**57**	**100.0%**

Primary Language	# Served	% Served
English	55	96.5%
Spanish	-	-
Other	1	1.8%
Prefer not to answer	-	-
Unknown	1	1.8%
Unduplicated Total*	**57**	**100.0%**

Military Status***	# Served	% Served
Active Military	-	-
Veteran	-	-
Family of Military	2	3.5%
No	23	40.4%
Unknown	32	56.1%
Unduplicated Total*	**57**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Outreach Contacts
FY 2018-2019

# Clients*	41
# Outreach Contacts	346
# Avg. Contacts/Client	8.4

Number of Outreach Contacts**	# Clients	% of Clients
1 Contacts	1	2.4%
2 Contacts	1	2.4%
3 - 5 Contacts	6	14.6%
6+ Contacts	33	80.5%
Unduplicated Total*	**41**	**100.0%**

*The number of clients receiving Outreach Contacts may not equal the total number of clients in the program.
**This number refers to the total number of direct outreach contacts each participant received. Description of Outreach contacts in Appendix I.B.

Outreach Disposition
FY 2018-2019

	# Clients	% Clients
Enrolled in ASOC	3	7.3%
Pending	38	92.7%
Unduplicated Total***	**41**	**100.0%**

***Not all participants receive outreach contacts. Participants may have multiple outreach dispositions.

Outcomes
FY 2018-2019

	Institution for Mental Disease (IMD)		Augmented Board & Care (B&C)	
	# Clients	% of Clients	# Clients	% of Clients
Unduplicated Total	**36**	**100.0%**	**21**	**100.0%**
Number of Clients in IMD or B&C for entire FY	19	52.8%	11	52.4%
Number of Clients Admitted in FY, still in IMD or B&C	10	27.8%	6	28.6%
Number of Clients Discharged in FY	**7**	**19.4%**	**4**	**19.0%**

	Institution for Mental Disease (IMD)		Augmented Board & Care (B&C)	
Outcome for Discharged Clients: Living Situation at Time of Discharge	**# Clients**	**% of Clients**	**# Clients**	**% of Clients**
Community/ House/ Apartment	-	-	1	25.0%
Supported housing	-	-	-	-
Non-Augmented Board and Care	-	-	1	25.0%
Board and Care	5	71.4%	-	-
IMD	-	-	1	25.0%
Homeless	-	-	-	-
Jail	1	14.3%	1	25.0%
Medical Hospital	-	-	-	-
SNF	1	14.3%	-	-
Deceased	-	-	-	-
Total Discharged Clients	**7**	**100.0%**	**4**	**100.0%**

	Institution for Mental Disease (IMD)		Augmented Board & Care (B&C)	
Full-Service Partnership (FSP) Status	**# Clients**	**% of Clients**	**# Clients**	**% of Clients**
IMD or B&C Discharged Clients who are FSP	2	28.6%	3	75.0%
IMD or B&C Discharged Clients who are not FSP	5	71.4%	1	25.0%
Total Discharged Clients	**7**	**100.0%**	**4**	**100.0%**

ADULT SYSTEM OF CARE (ASOC)
Casa Dewitt Bridge Housing Program

Program Overview

The Casa Dewitt Bridge Housing Program is an evidenced-based housing model geared towards providing short-term housing to individuals awaiting permanent housing placement. This is an extension of Board and Care in that residents receive supportive services consisting of case management for linkage to mental health services, income benefits, either SSI or earned income, and permanent housing placement The Bridge Housing model supports Housing First. It provides a safe, clean, and sober supportive environment. Residents of the Bridge Program have permanent housing vouchers or are waiting for housing placement. Bridge Housing minimizes the barriers of homelessness by allowing the residents to have access to food, showers, and stability. The length of stay for this model normally does not exceed 90 days. In addition to Bridge Housing, the Casa Dewitt Bridge Housing Program will provide transitional housing services to 50% of the participants. Participants under the transitional housing program can stay up to 24 months all the while working towards eliminating barriers to permanent housing. Participants of both programs must be willing to participate in daily chores, receive services and support geared towards securing housing, and, also participate in groups and activities to learn and increase independent living skills.

Target Population

Participants eligible for this program must be Placer County residents, be homeless, have a mental illness, and are ready to move to permanent housing. Qualifying residents for the Bridge Program must have a housing voucher issued to them or are waiting to be issued a voucher, 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.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

ASOC **Casa Dewitt Bridge Housing Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Housing Destination at Exit (Appendix I.C)
- Income Received at Exit (Appendix I.C)

The Casa Dewitt Bridge Housing Program started in January 2019, so the following FY 2018-2019 data represents a partial year (January – June 2019).

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	12	75.0%
60+ years	4	25.0%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**16**	**100.0%**

Gender (Current)	# Served	% Served
Male	10	62.5%
Female	6	37.5%
Transgender	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**16**	**100.0%**

Primary Language	# Served	% Served
English	16	100.0%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**16**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Hispanic	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	14	87.5%
Other	-	-
More than one race	2	12.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**16**	**100.0%**

Military Status*	# Served	% Served
Active Military	-	-
Veteran	5	31.3%
Family of Military	-	-
No	11	68.8%
Unknown	-	-
Unduplicated Total	**16**	**100.0%**

*Participants may choose more than one option for Military.

Living Arrangement at Exit	# Exits	% of Exits
Permanent Housing	2	40.0%
Transitional Housing	-	-
Long Term Care/ Nursing	-	-
Homeless	2	40.0%
Homeless - Emergency Housing	1	20.0%
Psychiatric Inpatient	-	-
Substance Use Treatment Facility	-	-
Medical Hospital	-	-
Jail	-	-
Deceased	-	-
Other	-	-
Unknown	-	-
Total Exits**	**5**	**100.0 %**

A description of the outcomes/indicators selected, the instruments used for this program, and the frequency of data collection is outlined in Appendix I.C.
**Participants may enroll and exit multiple times.

ADULT SYSTEM OF CARE (ASOC)
Follow-up Services

Program Overview

The Follow-Up Services (FUS) program provides mental health crisis follow-up services to adult individuals who receive a crisis evaluation by ASOC crisis staff. Follow-up services are voluntary and are offered to all adults who receive crisis services through ASOC.

ASOC recognizes that, whether or not an individual requires acute psychiatric inpatient care upon evaluation, the individual is likely to require a significant level of ongoing 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 ASOC clinic, or at the individual's residence.

Services are available in English and Spanish.

Target Population

Adult residents who received crisis services and an evaluation at Sutter hospitals, who are not already linked with ASOC services, can be eligible for FUS. The crisis evaluator refers the patient 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.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

ASOC **MHSA Follow-up Services** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	139	17.9%
26 - 59 years	512	65.9%
60+ years	126	16.2%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**777**	**100.0%**

Gender (Current)	# Served	% Served
Male	374	48.1%
Female	402	51.7%
Transgender	1	0.1%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**777**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	4	0.5%
LGBQ	1	0.1%
Prefer not to answer	-	-
Unknown	772	99.4%
Unduplicated Total*	**777**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	9	1.2%
Asian	10	1.3%
Hispanic	90	11.6%
Black	37	4.8%
Native Hawaiian or Other Pacific Islander	6	0.8%
White/ Caucasian	565	72.7%
Other	55	7.1%
More than one race	-	-
Prefer not to answer	-	-
Unknown	5	0.6%
Unduplicated Total*	**777**	**100.0%**

Primary Language	# Served	% Served
English	763	98.2%
Spanish	7	0.9%
Other	5	0.6%
Prefer not to answer	-	-
Unknown	2	0.3%
Unduplicated Total*	**777**	**100.0%**

Military Status***	# Served	% Served
Active Military	4	0.5%
Veteran	39	5.0%
Family of Military	70	9.0%
No	415	53.4%
Unknown	249	32.0%
Unduplicated Total*	**777**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Unduplicated Individuals with One or More Contacts Made*	483
Total Unduplicated Individuals	777
% of Individuals with One or More Contacts Made	**62.2%**

*Individuals may receive more than one contact by the FUS team.

ADULT SYSTEM OF CARE (ASOC)
Mobile Crisis Triage

Program Overview

The Mobile Crisis Triage (MCT) program delivers crisis intervention and assessment services to Placer County residents in need, 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 (e.g., homes, shelters, clinics, streets, parking lots, telephone emergency/crisis line). Goals of the program are to reduce psychiatric hospitalizations, reduce utilization of emergency departments and law enforcement, and to improve the overall client experience during a crisis event.

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

This Physical and Behavioral Health Mobile Crisis Triage (P/B MCT) provides appropriate behavioral health crisis intervention and assessment in the community to those experiencing a mental health crisis, with the added benefit of providing physical health care triage services. The addition of a nurse will provide a smoother transition for medical clearance prior to entering into the Psychiatric Health Facility or Crisis Residential Facility. In many instances, the nurse will be able to provide needed medical clearance and thereby help avoid an unnecessary visit to the emergency department for someone in crisis. In addition, the nurse will help with any imminent physical health care needs, provide diagnostic evaluation of any physical co-morbidities that are exacerbating presenting symptoms and behaviors. The nurse will also help provide quick linkage to primary care services, as well as offer valuable physical health follow-up services for up to 60 days post crisis and assist with any urgent crisis needs in the behavioral health clinic.

MCT teams also provide follow-up services for those individuals not requiring psychiatric hospitalization. Follow-up services include referrals and linkages to various county and community resources, advocacy, case management, and brief supportive therapy. 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.

Target Population

Any resident of Placer County who is 16 years or older and experiencing a mental health crisis is eligible to receive MCT services. There are multiple service locations including private residence, medical clinics, shelters, streets, parking lots, or wherever the services are needed and requested. MCT referrals come from a variety of sources including law enforcement agencies, medical clinics, community-based organizations, and shelters. Residents of Placer County may also independently call the County 24/7 crisis line to request MCT services.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

ASOC **Mobile Crisis Triage (MCT)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Phone Satisfaction Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	86	24.3%
26 - 59 years	199	56.2%
60+ years	69	19.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**354**	**100.0%**

Gender (Current)	# Served	% Served
Male	167	47.2%
Female	186	52.5%
Transgender	1	0.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total*	**354**	**100.0%**

Sexual Orientation**	# Served	% Served
Heterosexual/ Straight	4	1.1%
LGBQ	1	0.3%
Prefer not to answer	1	0.3%
Unknown	348	98.3%
Unduplicated Total*	**354**	**100.0%**

Race/Ethnicity	# Served	% Served
American Indian or Alaska Native	4	1.1%
Asian	10	2.8%
Hispanic	33	9.3%
Black	12	3.4%
Native Hawaiian or Other Pacific Islander	1	0.3%
White/ Caucasian	219	61.9%
Other	32	9.0%
More than one race	-	-
Prefer not to answer	-	-
Unknown	43	12.1%
Unduplicated Total*	**354**	**100.0%**

Primary Language	# Served	% Served
English	299	84.5%
Spanish	2	0.6%
Other	2	0.6%
Prefer not to answer	-	-
Unknown	51	14.4%
Unduplicated Total*	**354**	**100.0%**

Military Status***	# Served	% Served
Active Military	2	0.6%
Veteran	10	2.8%
Family of Military	24	6.8%
No	142	40.1%
Unknown	176	49.7%
Unduplicated Total*	**354**	**100.0%**

*Demographics are shown for participants who are active in the program during the fiscal year
**Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
***Participants may choose more than one option for Military.

Outcomes
FY 2018-2019

Hospitalized	# Clients	% Clients
No	182	60.47%
Yes	119	39.53%
Total	**301**	**100.00%**

Law Enforcement Time	Minutes	N
Average response time from **Request to MCT arrival**	26.88	193
Average time from **MCT arrival to Law Enforcement Leaving**	32.19	193

ADULT SYSTEM OF CARE (ASOC)
Dewitt and Cirby Wellness Centers

Program Overview

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. A number of activities are offered at each location. Some of the activities offered are outlined below. 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 online job applications, etc. Staff and peers are available to link individuals with referrals to County or community-based services. These two (2) programs provide an array of peer-run and supported activities.

Groups/Classes: The Wellness Centers offer a variety of courses and support groups. Courses include but are not limited to two (2) evidence-based practices with Seeking Safety and Peer-to-Peer offered by peers and staff, Women's and Men's support groups, Smoking Cessation, art groups, etc. Participants are encouraged to participate in Life Skills and Social Skills classes, as well as attend job and housing groups.

Recreational Opportunities: Staff organize and facilitate weekly recreational opportunities such as walking groups, movie day, and arts and crafts. Some activities are only available at one of the centers, the monthly calendars provide information for participants on the location of activities.

Local Resources: Staff organizes group transports to and from local food banks for clients who do not have a means to access this resource. In addition, clients may receive assistance with getting transportation to local Social Security Administration (SSA) or Department of Motor Vehicles (DMV) offices based on client needs.

Social Security Benefits: Participants who are in need of checking the status of, applying to, appealing, or reapplying for social security benefits can come to the Wellness Centers to meet with a SOAR (SSI/SSDI Outreach Access and Recovery) Trained case manager.

A staff member has been trained to become a SOAR case manager to assist clients with completing their social security application. Minor changes will be coming to the client registration and sign-in process to not only streamline the procedure, but also capture more accurate information for next year's reporting. Additionally, the Dewitt Wellness Center will be collaborating with the local Veterans Affairs office to have outreach to those with a history of military service to link them up to potential benefits they may not be accessing. Furthermore, the Dewitt Wellness Center and Whole Person Care from Placer County Public Health partnered to bring services to clients using the Dewitt Wellness Center meeting rooms. The Dewitt Wellness Center has successfully partnered with the Auburn Right Hand Shelter to identify common participants of both locations to develop streamlined and congruent goals and interventions for those participants.

Services are available in English and Spanish.

Target Population

The Dewitt Wellness Center and Cirby Wellness Center are open to anyone, age 18 and older, regardless of whether they are receiving services through Placer County ASOC. Due to the content of the services offered at these sites, the target population is primarily comprised of individuals experiencing, or at risk of homelessness, have a mental illness, and/or are working towards recovery. Services are available to individuals 18 years of age and older. Individuals are often referred through local non-profits, churches, shelters, community-based organizations, hospitals, and/or law enforcement. A formal referral is not required and participants may simply walk through the door. Participants are required to complete a registration form, including emergency contacts, medical concerns, and agree to the program rules at their first visit. New guests meet with a Wellness Center staff to discuss the various programs and classes offered as well as assist the guest in signing up for classes, when interested. Clients referred to the wellness Center by their case managers are linked to a Wellness Center liaison to coordinate care and linkage of services with their case managers.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

ASOC **Dewitt Wellness Center and Cirby Wellness Center** collect the following information:

- Service-Level Data (Appendix I.B)

Services Delivered

	FY 2018-19
	# Attendees
Number Who Come to Wellness Centers (Duplicated Count)	12,583
Number Who Participate in Groups or Activities (Duplicated Count)	452

AMI HOUSING
Monarch House/Emergency Housing

Program Overview

The AMI Housing, Inc. (AMIH) program provides a number of different housing options for adults and older adults. The emergency housing program known as Monarch House offers a home with live-in peer support for short-term temporary housing for the Adult System of Care (ASOC) Full-Service Partnership (FSP) participants and for clients referred by the ASOC Mobile Crisis Team.

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.

Services are provided in both English and Spanish.

Target Population

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

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

AMIH **Monarch House/Emergency Housing** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- FSP Outcomes (Appendix I.C)
- Housing Destination at Exit (Appendix I.C)
- Income Received at Exit (Appendix I.C)

Demographics
FY 2018-2019

AMI Housing, Inc. Monarch House/Emergency Housing served 47 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

AMI HOUSING
Path to Independence

Program Overview

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.

Services are provided in both English and Spanish.

Target Population

The target population for this program are TAY, adults, and older adults with mental illness who may or may not be homeless and are18 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.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

AMIH **Path to Independence** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Housing Destination at Exit (Appendix I.C)
- Income Received at Exit (Appendix I.C)

Demographics
FY 2018-2019

AMI Housing, Inc. Path to Independence served 44 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

AMI HOUSING
Peer Supported Transitional Housing

Program Overview

AMI Housing, Inc. (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: PSTH house, a four-bedroom home in Auburn, and Full-Service Partnership (FSP) house, a four-bedroom home in Newcastle.

This program employs peer counselors in addition to traditional case managers. Peer counselors have lived experience and utilize that experience to assist residents. The FSP 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 livings 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.

Services are provided in both English and Spanish.

Target Population

PSTH House: Adults who are or who are at risk of experiencing homeless, not receiving case management, over the age of 18, and have little or no income. This home houses up to six (6) residents at a time.

FSP House: Adults enrolled in ASOC FSPs who are 18 and older. This home houses up to five (5) FSP residents at a time.

Residents are referred through ASOC and may come from psychiatric hospitals, medical hospitals, family, homeless shelters, and/or from the streets.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

AMIH **Peer Supported Transitional Housing** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Housing Destination at Exit (Appendix I.C)
- Income Received at Exit (Appendix I.C)

Demographics
FY 2018-2019

AMI Housing, Inc. Peer Supported Transitional Housing served 29 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

AMI HOUSING
Transitional Employment Services

Program Overview

AMI Housing, Inc. (AMIH) offers a Transitional Employee (TE) program that demonstrates that people with a mental illness can work and provide a valuable service to our mental health system. AMIH employs peers to work in many different programs in the Adult System of Care (ASOC). There are 11 TE positions: two (2) at the Welcome Center, two (2) at the Cirby Clubhouse, one (1) at the front desk, one (1) with Adult Protective Services (APS), one (1) at In-Home Supportive Services (IHSS), one (1) with Alcohol and Other Drug (AOD), one (1) with the AOD Full-Service Partnership (FSP) program, one (1) with the FSP housing team, one (1) with Conditional Release Program (CONREP), and one (1) with the ongoing mental health team. Duties for the positions involve supporting the teams that they work with, client interaction, peer support, general clerical tasks, transporting clients, leading groups, and other various tasks. Some positions are entry level, while others require a higher skillset.

County/contract-employed consumers serve as Peer Advocates for up to four (4) years. Peer Advocates and Navigators receive trainings including Motivational Interviewing, Seeking Safety, Mental Health First Aid, and California Association Social Rehabilitation (CASRA) Certification. These training opportunities promote recovery, rehabilitation, and the rights of people with psychiatric disabilities and their families. In addition, each TE meets with the AMIH supervisor on a regular basis for job coaching and to identify the potential skill development needed to attain a permanent job in the workforce, preferably in the mental health field.

Services are provided in both English and Spanish.

Target Population

Participants in this program are adults with lived mental health experience, or family members of a person with lived experience, who are looking to transition back into the workforce. AMIH recruits through a variety of sources, including ASOC, the Placer Community Network, Homeless Resource Council of the Sierras, Placer Consortium on Homelessness, and Indeed for employers.

Applicants are interviewed and chosen based on their previous job experience, qualifications, and desire to learn additional job skills in the mental health workforce. AMIH performs an initial screening interview, then selected applicants have a second interview with the appropriate ASOC supervisor. The supervisor selects the applicant best suited to the available position. AMIH works collaboratively with ASOC to ensure that employees are given the best chance to succeed by placing them in appropriate job positions where they will develop employment skills.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

AMIH **Transitional Employment Services** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Employment Status (Appendix I.C)

Demographics
FY 2018-2019

AMI Housing, Inc. Transitional Employment Services served 18 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

CAL VOICES
Consumer Affairs Supervisor, Family Advocates, and Family and Friends Coordinators

Program Overview

Cal Voices (a continuation of NorCal Mental Health America) delivers several programs, including Consumer Affairs Supervisor, Family Advocates, and Family and Friends Coordinators.

The Consumer Affairs Supervisor (CAS) supervises two (2) Family and Friends Coordinators (FFC) for tasks such as, staff training and supervision, program development and evaluation, and facilitation of integration of FFC staff activities with those of various Adult System of Care (ASOC) departments and community agencies. The CAS supports the ASOC in the development of consumer and peer workforce initiatives. This position also provides a consumer perspective and feedback to help the ASOC improve services. This feedback brings consumer voice to planning and implementation activities, to ensure that services meet the needs of individuals in the system. This role is filled by a person with lived experience navigating and receiving public mental health services. The role of the CAS is to provide an opportunity for consumers and peers working in Placer County to participate in leadership and training opportunities to promote system transformation, and to improve outcomes. The CAS serves on various ASOC committees to provide technical assistance, guidance, and a consumer voice in the development of client driven services and to promote recovery principles.

A large focus in the scope of work is towards the implementation of the MHSA Workforce Education and Training (WET) strategic plan objectives related to consumers and peer staff support. This is accomplished through the Leadership Group by: (1) giving consumers voice in the development of ASOC services (Consumer Council); (2) reducing stigma in the community, community-based agencies, and system of care through public speaking engagements given by people who share their stories of recovery from a mental health condition (Speakers Bureau); and (3) providing assistance to the training and support of the peer workforce.

The Family Advocates program is designed to provide individualized and tailored support, mentoring, and advocacy to parents whose children receive services in the Children's System of Care (CSOC). The CSOC includes Wraparound, specialty mental health, Juvenile Probation, Child Welfare Services (CWS), Special Education, and Juvenile Drug Court "Seven Challenges." Cal Voices employs parents or caregivers who have been recipients of similar services and overcome such challenges. The Family Advocate Program began in 1999 with one (1) Family Advocate. Since then, it has grown to employ 11 full-time staff and volunteer support in Tahoe.

The Family Advocates Program provides 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. Family Advocates also participate and contribute to various outreach and engagement activities sponsored by Placer County.

The Family Advocates program also coordinates and facilitates a monthly child welfare orientation class. This class utilizes parent volunteers who have been through the child welfare system with their own children and have successfully reunified with their children. They offer

hope, education about the court process, and tips for case planning to parents who have recently had their child(ren) detained through child welfare. The Family Advocates have implemented a parent, caregiver, and family member support group, for those who are raising children with a mental health challenge and/or behavioral challenges. This support group provides participants with community support, a safe place to talk to people with similar lived experiences, and educational workshops to promote knowledge of mental health and services. They have also provided a support group for parents with children in the drug court program: Placer County Juvenile and Family Treatment Court. This group provides community resources and support while their child is in the drug court program. Two advocates worked in conjunction with Probation to facilitate a monthly support group for parents of children in out of home placement.

The Family Advocate Program receives funding from MHSA and other county funding. The data in this report includes all families served, regardless of funding source. Six (6) staff are solely funded by county realignment fund dollars and four (4) staff are funded by MHSA. Three (3) staff are bilingual/bicultural. One (1) staff person provides services to individuals who are returning to the community through the Public Safety Realignment (AB109) Program. This staff person also provides services to the individual's family. In addition, one (1) staff person provides services to the Wraparound MHSA FSP.

The Family and Friends Coordinators (FFCs) guide family members or support persons of clients in the ASOC. FFCs provide support and referrals to family members and support persons whose loved ones receive inpatient and/or outpatient mental health and substance use services. FFCs conduct outreach at community events as well as at ASOC programs such as screening clinics. While conducting outreach, FFCs provide information to clients and community members about Cal Voices' programs, ASOC services, and community partner programs.

FFCs provide Wellness Recovery Action Plan (WRAP) groups for ASOC clients, family members and support persons. Family and Friends Coordinators work with the Consumer Affairs Supervisor to promote WRAP's benefits to the ASOC staff, clients, and the larger community.

Services are provided in both English and Spanish.

Target Population

The CAS includes an array of individuals depending on the scope of work focus, such as, current and previous recipients of ASOC services, agencies employing peer staff, individuals working as a peer within Placer County, ASOC staff, and community members. People are identified through ASOC staff, ASOC Organizational Leadership, community-based agencies, and through various marketing flyers to recruit members and participate in the Consumer Council and Speakers Bureau.

The Family Advocates program includes parents who have a child(ren) with a significant mental health and/or behavioral challenge who are receiving services through CSOC. The program also serves Spanish-Monolingual families. Referrals are made by CSOC staff, schools, and/or community-based agencies. Referrals are made when a parent/caregiver is in need of support with engaging in CSOC services, completing school Individualized Education Plans (IEP), and/or navigating complicated system services, including dependency and delinquency court.

The FFC program includes family members and other support people of clients of the ASOC. Referrals come primarily from other ASOC departments, especially the Clinical Services Team and Adult Protective Services. The FFCs also receive referrals from CSOC staff and partners (including Cal Voices Family Advocates, embedded in CSOC) of families whose children are aging out of children's services.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Cal Voices **Consumer Affairs Supervisor (CAS), Family Advocates, and Family and Friends Coordinators (FFC)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Child Welfare Class Evaluation (Family Advocates) (Appendix I.C)
- WRAP Group Survey (FFC) (Appendix I.C)

The Demographic Data Tables below show information for all three (3) programs combined.

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	21	3.6%
16 - 25 years	18	3.1%
26 - 59 years	125	21.5%
60+ years	34	5.8%
Prefer not to answer	-	-
Unknown	384	66.0%
Unduplicated Total	**582**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	10	1.7%
Asian	2	0.3%
Black	22	3.8%
Native Hawaiian or Other Pacific Islander	3	0.5%
White/ Caucasian	324	55.7%
Other	18	3.1%
More than one race	-	-
Prefer not to answer	2	0.3%
Unknown	201	34.5%
Unduplicated Total	**582**	**100.0%**

Primary Language	# Served	% Served
English	343	58.9%
Spanish	42	7.2%
Other	1	0.2%
Prefer not to answer	-	-
Unknown	196	33.7%
Unduplicated Total	**582**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	0.2%
Mexican/ Mexican-American/ Chicano	76	13.1%
Puerto Rican	3	0.5%
South American	6	1.0%
Hispanic/ Latino (undefined)	1	0.2%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**87**	**14.9%**
Non-Hispanic or Non-Latino as follows:		
African	14	2.4%
Asian Indian/ South Asian	1	0.2%
Cambodian	-	-
Chinese	-	-
Eastern European	10	1.7%
European	23	4.0%
Filipino	3	0.5%
Japanese	1	0.2%
Korean	1	0.2%
Middle Eastern	3	0.5%
Vietnamese	1	0.2%
Non-Hispanic/ Non-Latino (undefined)	36	6.2%
Other Non-Hispanic/ Non-Latino	7	1.2%
Non-Hispanic or Non-Latino Subtotal	**100**	**17.2%**
More than one ethnicity	-	-
Prefer not to answer	13	2.2%
Ethnicity unknown	382	65.6%
Unduplicated Total	**582**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	92	15.8%
Female	293	50.3%
Prefer not to answer	1	0.2%
Unknown	196	33.7%
Unduplicated Total	**582**	**100.0%**

Gender (Current)	# Served	% Served
Male	93	16.0%
Female	299	51.4%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	1	0.2%
Transgender (Undefined)	1	0.2%
Genderqueer	-	-
Questioning or Unsure	1	0.2%
Another gender identity	2	0.3%
Prefer not to answer	-	-
Unknown	185	31.8%
Unduplicated Total	**582**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	3	0.5%
Heterosexual/ Straight	335	57.6%
Bisexual	7	1.2%
Questioning/ Unsure	3	0.5%
Queer	1	0.2%
Another sexual orientation	1	0.2%
LGBQ (undefined)	-	-
Prefer not to answer	5	0.9%
N/A	1	0.2%
Unknown	226	38.8%
Unduplicated Total	**582**	**100.0%**

Military Status**	# Served	% Served
Active Military	2	0.3%
Veteran	10	1.7%
Served in Military	3	0.5%
Family of Military	23	4.0%
No Military	276	47.4%
Prefer not to answer	2	0.3%
Unknown	266	45.7%
Unduplicated Total	**582**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	4	0.7%
Difficulty hearing or speaking	3	0.5%
Other communication disability	-	-
Cognitive	16	2.7%
Physical/ Mobility	8	1.4%
Chronic Health Condition	36	6.2%
Other non-communication disability	24	4.1%
No Disability	163	28.0%
Prefer not to answer	17	2.9%
Unknown	334	57.4%
Unduplicated Total	**582**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	7	1.2%
6 - 12 months ago	8	1.4%
1 - 4 years ago	59	10.1%
Over 5 years ago	60	10.3%
Other	5	0.9%
Prefer not to answer	39	6.7%
N/A	186	32.0%
Unknown	218	37.5%
Unduplicated Total	**582**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Child Welfare Class Evaluation*

	% Agree	N
It gave me hope to hear from parents who went through the system.	95%	19
I feel more confident about working with my social worker.	89%	19
I understand more about the court process.	95%	19
I have a better understanding of what I need to do with my care.	95%	19

WRAP Group Survey*

	% "Yes" Responses Before Training	% "Yes" Responses After Training	N
Do you know how to advocate for yourself to get what it is you want, need, and deserve for yourself?	50.0%	100.0%	6
Do you have any special things you do to ensure that you get good health care for yourself?	83.3%	100.0%	6
Do you have a list of things you do every day to keep yourself well?	50.0%	83.3%	6
Do you know what your triggers are?	50.0%	100.0%	6
Do you know the early warning signs that your symptoms are worsening?	83.3%	100.0%	6
Do you know those symptoms that indicate you are feeling much worse?	50.0%	100.0%	6
If you know what it is, are you developing one for yourself, or are you thinking about developing one for yourself?	33.3%	100.0%	6
Do you like yourself?	83.3%	100.0%	6
Do you know how to change negative thoughts to positive ones?	66.7%	100.0%	6
Do you feel that your symptoms might be caused by bad things that have happened?	83.3%	100.0%	6
Do you know things you can do and/or do to keep yourself from hurting yourself when you are feeling badly?	83.3%	100.0%	6
Do you think your lifestyle helps you to feel better and get well?	83.3%	100.0%	6
Do you think there are some things about your lifestyle that you could change to help yourself feel better?	83.3%	100.0%	6
Is it hard to do things that will help you recover?	50.0%	83.3%	6

*Outcome data is dependent on severity and length of individual cases. A description of the outcomes/indicators selected, the instruments used for this program, and the frequency of data collection is outlined in Appendix I.C.

CHILDREN'S SYSTEM OF CARE (CSOC)
Family Mobile Team (FMT)

Program Overview

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 family and youth crises in the community along with Roseville patrol officers or immediately after the scene is secured. They also collaborate with the school resource officers affiliated with Roseville Police, as well as Roseville school personnel after the school mental health personnel have completed an initial assessment. 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.

The team closely collaborates with CSOC colleagues, including Child Welfare Services when there is already involved with the family, mental health, and/or substance use services to help meet the goals of the family.

FMT is co-located with the Roseville Police Department, which is centrally located in the region, to reduce response times. The FMT has two mini-teams consisting of the practitioner and Parent/Family Partner so that one team can be available to respond to crises, while the other team is completing follow-up support to the youth and/or family. The Youth Advocate has a critical role in follow-up services with youth involved in crises to connect with youth on school campuses, or after school, in the community.

The team is operational from 9:30 a.m. to 8:00 p.m. seven days a week.

Services are available in English and Spanish.

Target Population

Children and Youth from birth to age 18 who are experiencing a mental health crisis, primarily located in the Roseville community, but also to the greater south county area including Lincoln, Rocklin, and Loomis as call volume is better understood and resources allow.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

FMT began delivering services in late July 2019 so FY 2018-19 data is not available.

CHILDREN'S SYSTEM OF CARE (CSOC)
School County Collaborative

Program Overview
This will be a joint project with a new 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 will primarily focus on providing increased and efficient services to students who are at-risk/currently experiencing mental health needs, although school-wide and county-wide outcomes will be measured.

School-based mental health staff will provide a continuum of integrated mental health services at Roseville High School, Woodcreek High School, West Park High School, Buljan Middle School, Sargeant Elementary School and Spanger Elementary School. Staff will include Mental Health Specialists, i.e., Licensed Marriage and Family Therapists or Licensed Clinical Social Workers (1 FTE for each high school and middle school; 0.5 FTE for each elementary school) and a Family/Youth/Community Liaison (someone with lived experience utilizing county systems or other community based providers and resources) for each school, a Project Coordinator and the County Clinical Supervisor.

The Mental Health Specialists and Family Liaisons will 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.

Some services are available in English and Spanish.

Target Population
Students and the families of the six (6) schools in the Roseville High School District and Roseville City School District.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Services began in August 2019.

SIERRA MENTAL WELLNESS GROUP
Bilingual Therapy

Program Overview
The Bilingual Therapist from Sierra Mental Wellness Group (SMWG) 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 not only provides a space for clients to receive therapy in a private, confidential, comfortable office, but also allows members of the community with limited transportation to access Mental Health services.

The bilingual therapist 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. The team provides education to local service providers, community organizations, and employers regarding Perinatal Mood and Anxiety Disorders.

Services are available in English and Spanish.

Target Population
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. These partners include private and county-based primary care providers in Kings Beach, Truckee, Tahoe City, and surrounding areas. Family Advocates from partner agencies are also instrumental in connecting community members to mental health services. Partner agencies include Sierra Community House, Tahoe Forest Hospital Outreach Teams, Wellness Neighborhood teams, Home Visitors and parent educators from Truckee Tahoe Healthy Babies, Early Headstart, Public Health Nursing and WIC.

Children are referred from Truckee Tahoe Unified School District schools, like Kings Beach Elementary, Tahoe Lake Elementary Camp RideOut, North Tahoe Middle School, North Tahoe high school and the STEPP, as well as the Tahoe Forest pediatrics multispecialty clinic. In addition, given the extended duration and proven track record of the Bilingual Therapy program, community members feel comfortable self-referring, as well as recommending their friends and family.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Sierra Mental Wellness Group **Bilingual Therapy** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Eyberg Child Behavior Inventory (Appendix I.C)
- Participant Perception of Care Survey (Appendix I.C)
- Patient Health Questionnaire Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	2	5.9%
16 - 25 years	2	5.9%
26 - 59 years	28	82.4%
60+ years	1	2.9%
Prefer not to answer	-	-
Unknown	1	2.9%
Unduplicated Total	**34**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	30	88.2%
Other	-	-
More than one race	2	5.9%
Prefer not to answer	1	2.9%
Unknown	1	2.9%
Unduplicated Total	**34**	**100.0%**

Primary Language	# Served	% Served
English	-	-
Spanish	34	100.0%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	34	100.0%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**34**	**100.0%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	-	-
Unduplicated Total	**34**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	11	32.4%
Female	23	67.6%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

Gender (Current)	# Served	% Served
Male	10	29.4%
Female	23	67.6%
Transgender (Male to Female)	1	2.9%
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	22	64.7%
Bisexual	1	2.9%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	1	2.9%
LGBQ (undefined)	-	-
Prefer not to answer	5	14.7%
N/A	2	5.9%
Unknown	3	8.8%
Unduplicated Total	**34**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	32	94.1%
Prefer not to answer	-	-
Unknown	2	5.9%
Unduplicated Total	**34**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	1	2.9%
Other communication disability	-	-
Cognitive	2	5.9%
Physical/ Mobility	1	2.9%
Chronic Health Condition	2	5.9%
Other non-communication disability	-	-
No Disability	-	-
Prefer not to answer	2	5.9%
Unknown	1	2.9%
Unduplicated Total	**34**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	6	17.6%
6 - 12 months ago	7	20.6%
1 - 4 years ago	10	29.4%
Over 5 years ago	7	20.6%
Other	-	-
Prefer not to answer	2	5.9%
N/A	1	2.9%
Unknown	1	2.9%
Unduplicated Total	**34**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Standardized Outcome Measure*

	FY 2018-19
% Improved**	**100%**
Number of Participants***	N=10
Instrument	Patient Health Questionnaire Pre to Post

*Outcome data is dependent on severity and length of individual cases.
**Improvement defined as a lower depression category score at post-treatment measurement compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

SIERRA NATIVE ALLIANCE
Recovery Services and Supports

Program Overview
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 conduct outreach, motivational enhancement, and intake. They provide recovery coaching, case management, and supportive services, such as transportation and activities for children while parents are attending services. SNA recovery counselors provide assessment, mental health screening, integrated treatment planning, counseling, and referral services. Counselors coordinate care with probation officers, child welfare workers, mental health providers, and residential treatment programs.

Services are available in English and Spanish.

Target Population
The target population is individuals ages 14 years and older. The Warrior Down program was initially developed for the forensic population, and it has been utilized by both Native and non-Native participants who have been diagnosed with, or are at risk for, co-occurring disorders. Native Americans experience two (2) to three (3) times the rates of violence and report two (2) times the rates of Post-Traumatic Stress Disorder (PTSD) than other ethnicities, contributing to high rates of mental health issues.

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. Additional challenges for participants include experiences of violence, homelessness, residential care, hospitalization, and incarceration.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

SNA **Recovery Services and Supports** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Addiction Severity Index - Lite (Appendix I.C)
- Parent Protective Factors Survey Pre/Post (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	26	17.1%
16 - 25 years	12	7.9%
26 - 59 years	102	67.1%
60+ years	4	2.6%
Prefer not to answer	-	-
Unknown	8	5.3%
Unduplicated Total	**152**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	103	67.8%
Asian	1	0.7%
Black	2	1.3%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	31	20.4%
Other	2	1.3%
More than one race	3	2.0%
Prefer not to answer	-	-
Unknown	10	6.6%
Unduplicated Total	**152**	**100.0%**

Primary Language	# Served	% Served
English	146	96.1%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	6	3.9%
Unduplicated Total	**152**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	1	0.7%
Puerto Rican	12	7.9%
South American	1	0.7%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**14**	**9.2%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	1	0.7%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	9	5.9%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**10**	**6.6%**
More than one ethnicity	2	1.3%
Prefer not to answer	-	-
Ethnicity unknown	126	82.9%
Unduplicated Total	**152**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	70	46.1%
Female	76	50.0%
Prefer not to answer	-	-
Unknown	6	3.9%
Unduplicated Total	**152**	**100.0%**

Gender (Current)	# Served	% Served
Male	70	46.1%
Female	76	50.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	6	3.9%
Unduplicated Total	**152**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	107	70.4%
Bisexual	1	0.7%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	4	2.6%
N/A	23	15.1%
Unknown	17	11.2%
Unduplicated Total	**152**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	0.7%
Veteran	3	2.0%
Served in Military	1	0.7%
Family of Military	6	3.9%
No Military	109	71.7%
Prefer not to answer	-	-
Unknown	35	23.0%
Unduplicated Total	**152**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	10	6.6%
Difficulty hearing or speaking	3	2.0%
Other communication disability	-	-
Cognitive	17	11.2%
Physical/ Mobility	5	3.3%
Chronic Health Condition	64	42.1%
Other non-communication disability	-	-
No Disability	80	52.6%
Prefer not to answer	-	-
Unknown	29	19.1%
Unduplicated Total	**152**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	3	2.0%
6 - 12 months ago	-	-
1 - 4 years ago	6	3.9%
Over 5 years ago	42	27.6%
Other	-	-
Prefer not to answer	-	-
N/A	68	44.7%
Unknown	33	21.7%
Unduplicated Total	**152**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Standardized Outcome Measure*

	FY 2018-19
% Improved**	**90%**
Number of Participants***	N=29
Instrument	Addiction Severity Index Pre to Post

*Outcome data is dependent on severity and length of individual cases. A description of the outcomes/indicators selected, the instruments used for this program, and the frequency of data collection is outlined in Appendix I.C.
**Improvement for Addiction Severity defined as fewer days using substances, or maintenance of substance-free lifestyle, during the prior 30 days at post-treatment as compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

WHOLE PERSON LEARNING
Youth Empowerment Support (YES) Program

Program Overview

The YES Program provides direct one on one peer support services for Transition Age Youth (TAY), 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. YSCs attend state and national conferences, community-level meetings, events, committees, boards, etc. Locally, they and YES leadership attend Campaign for Community Wellness (CCW) Steering Committee, Workforce Education and Training (WET) Committee, Children's System of Care (CSOC) Wraparound Leadership Team, Latino Leadership Council Meetings, and other meetings and events. YES also provides annual Youth Development Institute Trainings, as well as trainings that support TAY needs and culture.

Although YES positions are employed by Whole Person Learning, they are co-located within the CSOC offices to promote collaboration with multiple system staff. 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).

YES is funded from multiple funding sources including county Realignment dollars, MHSA CSS, System Transformation, and Full-Service Partnership.

Services are provided in both English and Spanish.

Target Population

Historically, TAY have been identified as an underserved population in Placer County. There is a continual need for TAY engagement, participation and voice in services. 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. Referrals are received from a variety of sources including law enforcement, education, child welfare, mental health, and/or substance use treatment providers. In addition, TAY, family members, and youth refer to the program. Each referral is reviewed thoroughly and assigned to a YSC with similar experiences. YES staff work collaboratively with each participant's support system and the community at large, including adults and older adults, to effectively provide services to TAY.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Whole Person Learning **YES Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- YES Program Questionnaire (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	22	32.8%
16 - 25 years	39	58.2%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	6	9.0%
Unduplicated Total	**67**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	5	7.5%
Asian	2	3.0%
Black	4	6.0%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	41	61.2%
Other	11	16.4%
More than one race	-	-
Prefer not to answer	-	-
Unknown	4	6.0%
Unduplicated Total	**67**	**100.0%**

Primary Language	# Served	% Served
English	59	88.1%
Spanish	3	4.5%
Other	-	-
Prefer not to answer	-	-
Unknown	5	7.5%
Unduplicated Total	**67**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	10	14.9%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	6	9.0%
Hispanic or Latino Subtotal	**16**	**23.9%**
Non-Hispanic or Non-Latino as follows:		
African	3	4.5%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	1	1.5%
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	39	58.2%
Non-Hispanic or Non-Latino Subtotal	**43**	**64.2%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	8	11.9%
Unduplicated Total	**67**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	25	37.3%
Female	37	55.2%
Prefer not to answer	1	1.5%
Unknown	4	6.0%
Unduplicated Total	**67**	**100.0%**

Gender (Current)	# Served	% Served
Male	25	37.3%
Female	34	50.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	1	1.5%
Transgender (Undefined)	-	-
Genderqueer	2	3.0%
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	1	1.5%
Unknown	4	6.0%
Unduplicated Total	**67**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	43	64.2%
Bisexual	9	13.4%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	1	1.5%
LGBQ (undefined)	-	-
Prefer not to answer	3	4.5%
N/A	-	-
Unknown	11	16.4%
Unduplicated Total	**67**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	15	22.4%
No Military	47	70.1%
Prefer not to answer	-	-
Unknown	5	7.5%
Unduplicated Total	**67**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	1	1.5%
Other communication disability	-	-
Cognitive	13	19.4%
Physical/ Mobility	1	1.5%
Chronic Health Condition	5	7.5%
Other non-communication disability	40	59.7%
No Disability	10	14.9%
Prefer not to answer	-	-
Unknown	12	17.9%
Unduplicated Total	**67**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	1	1.5%
6 - 12 months ago	3	4.5%
1 - 4 years ago	19	28.4%
Over 5 years ago	7	10.4%
Other	-	-
Prefer not to answer	-	-
N/A	8	11.9%
Unknown	29	43.3%
Unduplicated Total	**67**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

YES Program Questionnaire Results*

YES Program Questionnaire Results*	% Agree	N
I feel I got the support I needed to accomplish my goals.	85.7%	7
I feel like I learned tools that will help me meet my future goals.	85.7%	7
I felt empowered in my decisions due to the support I received from my Youth Support Coordinator.	100.0%	7
I built a stronger support system while working with a Youth Coordinator.	100.0%	7

*A description of the outcomes/indicators selected, the instruments used for this program, and the frequency of data collection is outlined in Appendix I.C.

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention and Early Intervention (PEI) Services are intended to prevent mental illnesses from becoming severe and disabling. The program emphasizes improving timely access to services for underserved populations. Twenty percent of MHSA funds are dedicated to PEI services.

PEI regulations were codified in October 2015; and were amended in July 2018. In addition, SB1004 was signed into law in September 2018 that established statewide priorities for PEI services and additional technical assistance to implementing best practices. These requires will go into effect January 1, 2020.

Utilizing PEI guidelines, the FY 2017-2020 3-Year Evaluation Report included activities for all seven (7) sections for PEI services. These sections include 1) prevention, 2) early intervention, 3) outreach for increasing recognition of early signs of mental illness, 4) suicide prevention, 5) stigma and discrimination reduction, 6) access and linkage to treatment, and 7) improving timely access to services for underserved populations. Some programs address more than one service section but to reduce confusion programs have one primary goal.

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

Many prevention 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.

Early intervention is treatment and other services to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early interventions emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, Incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and/or removal of children from their homes.

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

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

Suicide Prevention are activities to prevent suicide as a consequence of mental illness. This category of activities does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Suicide prevention activities that aim 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.

Stigma and Discrimination Reduction are 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. Examples of Stigma and Discrimination Reduction activities 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.

Access and Linkage to Treatment are 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 of Access and Linkage to Treatment activities include but are not limited to, activities with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

Improving Timely Access to Services for Underserved Populations activities increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services. Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations. Following this PEI overview, detailed reports of each PEI activity are provided. Information in these reports include program description, target population, unduplicated numbers (within the specific activity) served for FY 2018-2019, demographic, services, and outcome data of participants served, outreach data, and evaluation summaries for the program.

Prevention:
Big Brothers Big Sisters - Big Brothers Big Sisters Mentoring
Boys and Girls Club of North Lake Tahoe - Youth Prevention Programs
Child Advocates of Placer County - Court Appointed Special Advocates
Granite Wellness Centers - Parent Project
Granite Wellness Centers - Student Assistance Program
KidsFirst - Active Parenting Now (with Placer County Office of Education)
KidsFirst - Forever Fathers
KidsFirst - Incredible Years (with Placer County Office of Education)
KidsFirst - Leadership Enrichment and Activities Programs
Latino Leadership Council - Latino Support
Latino Leadership Council - Parent Project
Latino Leadership Council - Youth Services and Supports
Lighthouse Counseling and FRC - Teaching Pro-Social Skills
Lilliput - Home to Stay
North Tahoe Family Resource Center - Parent Education
Sierra Native Alliance - Native Parenting Services and Supports
Sierra Native Alliance - Youth Services and Supports
Tahoe SAFE Alliance - Youth Empowerment Groups
Tahoe Truckee Unified School District - Tahoe Truckee Wellness Program

Early Intervention:
Gateway Mountain Center - Whole Hearts, Minds, and Bodies
Granite Wellness Centers - Adolescent Services
KidsFirst - Dinosaur School (with Placer County Office of Education)
KidsFirst - Early Intervention Therapy
KidsFirst - Parent and Baby Wellness
Lighthouse Counseling and FRC - Attachment-Based Family Therapy (also CSS ST)
Lighthouse Counseling and FRC - Road to Wellness (also CSS ST)
Lighthouse Counseling and FRC - Trauma-Focused CBT (also CSS ST)
Sierra Mental Wellness Group - Functional Family Therapy
Sierra Native Alliance - Early Onset Counseling (also CSS ST)
Unity Care - Transition to Independence
Uplift Family Services - North Tahoe Outpatient Program

Outreach for Increasing Recognition of Early Signs of Mental Illness
Placer County Office of Education - Mental Health First Aid
Placer County Office of Education - Positive Behavioral Intervention and Supports
Sierra Native Alliance - Native Community Events
Tahoe SAFE Alliance - Mental Health First Aid

Suicide Prevention
California Mental Health Services Authority - Statewide PEI Project
Placer County Office of Education - Applied Suicide Intervention Skills Training
Placer County Office of Education - Kognito
Placer County Office of Education - SafeTALK
Tahoe Forest Hospital District - Tahoe Truckee Suicide Prevention Coalition

Stigma and Discrimination Reduction
California Mental Health Services Authority - Statewide PEI Project
Adventure Risk Challenge - Youth Outreach
Family Resource Center of Truckee - Promotore Lead Workgroups

North Tahoe Family Resource Center - Latino Leadership Training Series
Tahoe SAFE Alliance - Youth Leadership Group

Access and Linkage to Treatment
Project MANA - Homeless Outreach Program
Senior Peer Counseling

Demographics

Given that some participants may obtain services for more than one program, or more than one provider, there may be some duplicated persons within these charts. Each activity, if it serves direct clients and was providing services in FY 2018-2019, will have each program's unduplicated data in the individual reports.

BIG BROTHERS BIG SISTERS
(TTCF MINI GRANT)
Big Brothers Big Sisters Mentoring

Program Overview
By partnering with North Lake Tahoe County agencies, law enforcement, schools, and community nonprofits, Big Brothers Big Sisters (BBBS) identifies children at risk of mental health symptoms. Although not restricted to low income families, the majority of BBBS children come from families who are in the free and reduced lunch program, and are among the residents in this area who are living under 200% of the poverty level. Children are paired with professionally-supported one-to-one volunteer mentors (ages 16+) to supplement other mental health strategies with regular check-ins. Mentorships reduce risk behaviors and distress in children, and increase resilience, positive behaviors, and functioning. The BBBS program helps these children by reaching out, listening, and caring.

BBBS has reached out to adults to serve as mentors through Sierra Nevada College, service clubs, and businesses in the North Tahoe region. BBBS also has a great relationship with Squaw Valley Academy, the local private boarding school. Squaw Valley Academy's high school students mentor members at the Boys &Girls Club after school, one (1) day a week. This Site-Based program has proven to be a positive experience for both the elementary age students as well as the high school mentors. 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. Events include: making holiday ornaments, snow sledding, a Valentine's Day party, Mentor appreciation meals, community cleaning and beautifying events, etc.

BBBS expects a one (1) year minimum commitment from mentoring matches because research has shown that matches that remain together for at least one (1) year demonstrate higher relationship quality and more positive outcomes for the mentored children.

Program Indicators
This 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.

Target Population
BBBS mentoring services focus on children ages six (6) to 18.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Big Brothers, Big Sisters **Site - and Community - Based Programs** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)

- Strength of Relationship (SoR) Survey* (Appendix I.C)
- Youth Outcome Survey (YOS)* (Appendix I.C)

*The SoR and YOS are outcome measures collected nationally by Big Brothers Big Sisters of America.

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	19	79.2%
16 - 25 years	5	20.8%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**24**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	16	66.7%
Other	1	4.2%
More than one race	1	4.2%
Prefer not to answer	1	4.2%
Unknown	5	20.8%
Unduplicated Total	**24**	**100.0%**

Primary Language	# Served	% Served
English	10	41.7%
Spanish	13	54.2%
Other	-	-
Prefer not to answer	-	-
Unknown	1	4.2%
Unduplicated Total	**24**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	18	75.0%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**18**	**75.0%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	6	25.0%
Unduplicated Total	**24**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	10	41.7%
Female	14	58.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**24**	**100.0%**

Gender (Current)	# Served	% Served
Male	10	41.7%
Female	14	58.3%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**24**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	12	50.0%
N/A	12	50.0%
Unknown	-	-
Unduplicated Total	**24**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	1	4.2%
No Military	19	79.2%
Prefer not to answer	-	-
Unknown	4	16.7%
Unduplicated Total	**24**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	4.2%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	19	79.2%
Prefer not to answer	2	8.3%
Unknown	2	8.3%
Unduplicated Total	**24**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	4	16.7%
6 - 12 months ago	-	-
1 - 4 years ago	3	12.5%
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	15	62.5%
Unknown	2	8.3%
Unduplicated Total	**24**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

BOYS AND GIRLS CLUB (BGC) OF NORTH LAKE TAHOE
(TTCF MINI GRANT)
Youth Prevention Programs

Program Overview
Prevention activities and programs provide high-risk youth with skills, inspiration, motivation, and tools to help reduce risk factors and increase protective factors. The Tahoe Truckee region presents unique and challenging situations for families and youth, including unreliable seasonal work, poverty, both physical and cultural isolation, and issues with legal status. Boys and Girls Club (BGC) utilizes a SMART (Skills Mastery and Resistant Training) 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).

SMART Programming is for children ages 6-18 with weekly activities and sessions that teach education, prevention techniques and skills to develop self-esteem and healthy lifestyles. These sessions also provide opportunities for youth to connect with caring adults and other peers.

Other daily opportunities and programs are available for youth in kindergarten - 12th grade—all at an affordable fee so that every family has access to positive, engaging, and fun out-of-school time programs for their children.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide prevention services for children ages 6-12 years old, and girls ages 12-18 years old, to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
The target population for SMART Programs are children ages 6-12 who can either be referred into the program from counselors, teachers or parents or choose to participate themselves.

All other prevention programs are aimed at youth ages 6-18 who need a safe and positive place to spend their out-of-school time hours and who may be more susceptible to risky behaviors.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

BGC of North Lake Tahoe **Youth Prevention Program** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	71	100.0%
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**71**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	1	1.4%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	36	50.7%
Other	15	21.1%
More than one race	-	-
Prefer not to answer	-	-
Unknown	19	26.8%
Unduplicated Total	**71**	**100.0%**

Primary Language	# Served	% Served
English	15	21.1%
Spanish	23	32.4%
Other	-	-
Prefer not to answer	-	-
Unknown	33	46.5%
Unduplicated Total	**71**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	25	35.2%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	17	23.9%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**42**	**59.2%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	29	40.8%
Unduplicated Total	**71**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	25	35.2%
Female	46	64.8%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**71**	**100.0%**

Gender (Current)	# Served	% Served
Male	25	35.2%
Female	46	64.8%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**71**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	60	84.5%
Unknown	11	15.5%
Unduplicated Total	**71**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	4	5.6%
Prefer not to answer	-	-
Unknown	67	94.4%
Unduplicated Total	**71**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	36	50.7%
Prefer not to answer	1	1.4%
Unknown	34	47.9%
Unduplicated Total	**71**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	2	2.8%
Unknown	69	97.2%
Unduplicated Total	**71**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

CHILD ADVOCATES OF PLACER COUNTY

(PCF MINI GRANT)

Court Appointed Special Advocates (CASA)

Program Overview

Court Appointed Special Advocates (CASA) recruits, trains, and supervises adult volunteers, who are assigned to mentor and advocate for foster children 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." To make this a reality, CASA volunteers are able to request services and make recommendations for the child through court reports and direct communication with the County social workers.

Services are available in English and Spanish.

Program Indicators

This 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.

Target Population

CASA's target population is foster children (0-18 years) who have been removed from home and placed in foster care by the Juvenile Dependency court. The Placer CASA program assigns volunteers to about 300 Placer County foster children annually.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Child Advocates of Placer County **Court Appointed Special Advocates** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Case Outcome at Discharge (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	250	80.6%
16 - 25 years	60	19.4%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**310**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	3	1.0%
Asian	3	1.0%
Black	12	3.9%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	207	66.8%
Other	38	12.3%
More than one race	15	4.8%
Prefer not to answer	-	-
Unknown	32	10.3%
Unduplicated Total	**310**	**100.0%**

Primary Language	# Served	% Served
English	305	98.4%
Spanish	5	1.6%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**310**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	36	11.6%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**36**	**11.6%**
Non-Hispanic or Non-Latino as follows:		
African	12	3.9%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	3	1.0%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**15**	**4.8%**
More than one ethnicity	15	4.8%
Prefer not to answer	-	-
Ethnicity unknown	244	78.7%
Unduplicated Total	**310**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	162	52.3%
Female	148	47.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**310**	**100.0%**

Gender (Current)	# Served	% Served
Male	162	52.3%
Female	148	47.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**310**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	184	59.4%
N/A	-	-
Unknown	126	40.6%
Unduplicated Total	**310**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	-	-
Prefer not to answer	-	-
Unknown	310	100.0%
Unduplicated Total	**310**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	-	-
Prefer not to answer	-	-
Unknown	310	100.0%
Unduplicated Total	**310**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	310	100.0%
Unduplicated Total	**310**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

GRANITE WELLNESS CENTERS
Parent Project®

Program Overview
Parent Project® is a program that consists of activity-based instruction, 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 strategies to address school attendance/performance, relationships, family dynamics, alcohol and other drug use, violence, and running away.

Parent Project classes occur at the Roseville and Auburn campuses of Granite Wellness Centers (formerly Community Recovery Resources (CoRR)). Groups are facilitated by two (2) certified instructors, co-trained in substance use disorder treatment. Services include an adjacent teen support program using the Teen Success curriculum, which parallels the adult program and adds elements from "Why Try." This not only gives parents a safe place to bring their teens, but, in addition, the teens receive education on risky behaviors, skill-building focused on controlling impulsive behaviors, and a friendly support group for teens struggling with family and behavioral issues. In this way, parents and teens are better able to collaborate and adapt to changes in the home structure because both are knowledgeable about the goals and strategies behind the training. Services are available in English.

Participants become closely bonded during the group process, and the discussions are enriching, lively, and supportive. Parents can continue with the group process by joining the Family Resource Education Series offered through the campus programs.

Program Indicators
This program is intended to provide prevention services for families with youth ages 12-18 to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
The Parent Project serves families with youth ages 12-18 exhibiting high risk and/or challenging behaviors. The program is open to any family in Placer County and is especially promoted to parents enrolled in the Granite Wellness Centers adult substance use program. Those parents often struggle with managing their own impulses and behaviors, while at the same time parenting teens in a family system disrupted by substance use and mental health problems.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Granite Wellness Centers **Parent Project** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	2	3.2%
16 - 25 years	1	1.6%
26 - 59 years	33	52.4%
60+ years	6	9.5%
Prefer not to answer	-	-
Unknown	21	33.3%
Unduplicated Total	**63**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	1	1.6%
Black	2	3.2%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	35	55.6%
Other	3	4.8%
More than one race	4	6.3%
Prefer not to answer	2	3.2%
Unknown	16	25.4%
Unduplicated Total	**63**	**100.0%**

Primary Language	# Served	% Served
English	46	73.0%
Spanish	2	3.2%
Other	-	-
Prefer not to answer	-	-
Unknown	15	23.8%
Unduplicated Total	**63**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	1.6%
Mexican/ Mexican-American/ Chicano	4	6.3%
Puerto Rican	-	-
South American	1	1.6%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**6**	**9.5%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	1	1.6%
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	5	7.9%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	1	1.6%
Non-Hispanic or Non-Latino Subtotal	**7**	**11.1%**
More than one ethnicity	-	-
Prefer not to answer	6	9.5%
Ethnicity unknown	44	69.8%
Unduplicated Total	**63**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	17	27.0%
Female	30	47.6%
Prefer not to answer	-	-
Unknown	16	25.4%
Unduplicated Total	**63**	**100.0%**

Gender (Current)	# Served	% Served
Male	17	27.0%
Female	30	47.6%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	16	25.4%
Unduplicated Total	**63**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	41	65.1%
Bisexual	1	1.6%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	5	7.9%
N/A	-	-
Unknown	16	25.4%
Unduplicated Total	**63**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	9	14.3%
Served in Military	-	-
Family of Military	2	3.2%
No Military	37	58.7%
Prefer not to answer	-	-
Unknown	15	23.8%
Unduplicated Total	**63**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	2	3.2%
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	11	17.5%
Other non-communication disability	-	-
No Disability	35	55.6%
Prefer not to answer	1	1.6%
Unknown	16	25.4%
Unduplicated Total	**63**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	3	4.8%
6 - 12 months ago	1	1.6%
1 - 4 years ago	10	15.9%
Over 5 years ago	3	4.8%
Other	-	-
Prefer not to answer	-	-
N/A	23	36.5%
Unknown	23	36.5%
Unduplicated Total	**63**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

GRANITE WELLNESS CENTERS
Student Assistance Program (SAP)

Program Overview

The Student Assistance Program (SAP) is a collaborative program between Granite Wellness Centers (formerly Community Recovery Resources (CORR)), Placer County Office of Education (PCOE), and Juvenile Probation. SAP supports schools with services designed for students who have a first-time offense for possession, or being under the influence of a substance (e.g., alcohol, marijuana, etc.). This is a prevention and early intervention for a population that may be at-risk for developing behavioral health problems and includes an emphasis on the development of protective factors to improve student behavioral health.

SAP is serving 8 schools in Placer County and includes both comprehensive high schools and alternative high schools. The expanded program is the result of outreach to school districts, administrators and counselors. Current schools are: Del Oro HS, Granite Bay HS, iCare Pathways, Rocklin HS, Lincoln HS, Victory HS, Whitney HS, and Placer HS.

The program consists of eight (8) weeks of one (1) hour classes based on evidence-based curriculum from The Change Company, Motivational Interviewing, and Cognitive-Behavioral Therapy. Students may enter the program at any time in order to complete the eight (8) week cycle. The program is designed to administer drug testing three (3) times during the eight (8) weeks (beginning, middle and end), and students successfully complete the program based on attendance, participation, and a final negative Urine Analysis (UA) test. A couple of high schools chose not to participate in the UA portion of the program. All tests are unobserved at school sites, so SAP is unable to guarantee the reliability of the results.

Services are available in English and Spanish.

Program Indicators

This program is intended to provide prevention services for high school students to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population

The Student Assistance Program serves high school students with a first time offense for possession, or being under the influence of a substance. Across all schools, school administration refers students to the program. Students can also self-refer or be referred by parents.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Granite Wellness Centers **Student Assistance Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Youth Outcome Questionnaire - Self Report (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	86	40.8%
16 - 25 years	95	45.0%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	30	14.2%
Unduplicated Total	**211**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	7	3.3%
Asian	3	1.4%
Black	10	4.7%
Native Hawaiian or Other Pacific Islander	5	2.4%
White/ Caucasian	127	60.2%
Other	17	8.1%
More than one race	19	9.0%
Prefer not to answer	6	2.8%
Unknown	17	8.1%
Unduplicated Total	**211**	**100.0%**

Primary Language	# Served	% Served
English	180	85.3%
Spanish	10	4.7%
Other	6	2.8%
Prefer not to answer	-	-
Unknown	15	7.1%
Unduplicated Total	**211**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	5	2.4%
Mexican/ Mexican-American/ Chicano	32	15.2%
Puerto Rican	1	0.5%
South American	4	1.9%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	3	1.4%
Hispanic or Latino Subtotal	**45**	**21.3%**
Non-Hispanic or Non-Latino as follows:		
African	7	3.3%
Asian Indian/ South Asian	1	0.5%
Cambodian	-	-
Chinese	-	-
Eastern European	2	0.9%
European	21	10.0%
Filipino	5	2.4%
Japanese	2	0.9%
Korean	1	0.5%
Middle Eastern	4	1.9%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	14	6.6%
Non-Hispanic or Non-Latino Subtotal	**57**	**27.0%**
More than one ethnicity	11	5.2%
Prefer not to answer	13	6.2%
Ethnicity unknown	85	40.3%
Unduplicated Total	**211**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	134	63.5%
Female	60	28.4%
Prefer not to answer	5	2.4%
Unknown	12	5.7%
Unduplicated Total	**211**	**100.0%**

Gender (Current)	# Served	% Served
Male	135	64.0%
Female	58	27.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	2	0.9%
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	4	1.9%
Unknown	12	5.7%
Unduplicated Total	**211**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	0.5%
Heterosexual/ Straight	171	81.0%
Bisexual	12	5.7%
Questioning/ Unsure	2	0.9%
Queer	-	-
Another sexual orientation	1	0.5%
LGBQ (undefined)	-	-
Prefer not to answer	7	3.3%
N/A	2	0.9%
Unknown	15	7.1%
Unduplicated Total	**211**	**100.0%**

Military Status**	# Served	% Served
Active Military	7	3.3%
Veteran	29	13.7%
Served in Military	5	2.4%
Family of Military	17	8.1%
No Military	114	54.0%
Prefer not to answer	6	2.8%
Unknown	35	16.6%
Unduplicated Total	**211**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	15	7.1%
Difficulty hearing or speaking	6	2.8%
Other communication disability	-	-
Cognitive	14	6.6%
Physical/ Mobility	2	0.9%
Chronic Health Condition	26	12.3%
Other non-communication disability	1	0.5%
No Disability	133	63.0%
Prefer not to answer	10	4.7%
Unknown	16	7.6%
Unduplicated Total	**211**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	19	9.0%
6 - 12 months ago	6	2.8%
1 - 4 years ago	12	5.7%
Over 5 years ago	6	2.8%
Other	1	0.5%
Prefer not to answer	30	14.2%
N/A	76	36.0%
Unknown	61	28.9%
Unduplicated Total	**211**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

KIDSFIRST
Active Parenting Now

Program Overview
Active Parenting Now (APN) empowers parents enrolled in the program and teaches parenting skills. These skills help parents address sensitive issues with their children, such as drug abuse, sexual activity, self-harm, and violence. APN is a video-based, interactive learning experience, featuring group discussion and practice activities. Classes are held once a week for two (2) hours over a six (6) week period. Services are available in English and Spanish.

The purpose of the class is for parents to prepare their teens to survive and thrive in our society. There are three (3) skill areas that parents focus on throughout the program: supporting skills, discipline skills, and problem solving skills. Supporting skills teaches the teen how to better relate to others and build relationships. Discipline skills help the teen learn from the consequences of their actions. Problem solving skills teach the teen how to cope with conflict and make difficult decisions.

Program Indicators
This program is intended to provide prevention services for parents with youth ages 13-17 to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
The target population for this program is parents with youth ages 13-17.

Families are referred to the Active Parenting Now class at KidsFirst by school districts, county courts, social workers, other counseling agencies, and family members. KidsFirst attends outreach events to provide education on available resources such as our Active Parenting Now class. Classes are available to Placer County residents.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Active Parenting Now** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

KidsFirst Active Parenting Now served six (6) participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

KIDSFIRST
Forever Fathers

Program Overview
Formerly known as The Supporting Fathers Project, the renamed "Forever Fathers" is an evidence-informed intervention group. It is co-facilitated by men with support group and therapeutic experiences. Fathers and male caregivers meet two (2) hours a week for 11 weeks 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. They also mentor other fathers who are struggling.

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 the KidsFirst agency, including services, programs, and ways to seek additional help (e.g. counseling, basic needs, other parenting classes).

The support groups meet at the KidsFirst office in Roseville.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide prevention services for fathers with children aged 0-18 to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
Fathers with children aged 0-18. During intake, a KidsFirst case manager informs the men of the Forever Fathers group to determine if the program will be a good fit for their family. In addition, KidsFirst staff attend outreach and education events in order to provide information to the community about available resources. KidsFirst was also able to create male/father-centered services to appeal to male clients. The support group is open to any Placer County father.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Forever Fathers** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)

Demographics
FY 2018-2019

KidsFirst Forever Fathers served 21 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

KIDSFIRST
Incredible Years

Program Overview
The Incredible Years parent training intervention is a 12-week program focused on strengthening parenting competencies (monitoring, positive discipline, confidence, etc.) and fostering parents' involvement in children's school experiences. This promotes children's academic, social, and emotional competencies, and reduces conduct problems. Classes meet once a week for two (2) hours.

Parents who attend and graduate from the Incredible Years program are better able to coach their children in a healthy and developmentally appropriate manner. Furthermore, parents understand routines, incentives, and active ignorance, and are able to implement positive discipline techniques. As a result, children show a decrease in their negative behaviors, an increase in self-esteem, and thrive in a healthy, nurturing environment.

Classes are offered in English and Spanish throughout the community, for ease of access.

Program Indicators
This program is intended to provide prevention services for families with children under the age of 13 to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
Placer County families with children under the age of 13.

Families are referred by school districts, county courts, social workers, day-care centers, other counseling agencies, and family members.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Incredible Years** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	10	58.8%
60+ years	1	5.9%
Prefer not to answer	-	-
Unknown	6	35.3%
Unduplicated Total	**17**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	5.9%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	7	41.2%
Other	2	11.8%
More than one race	-	-
Prefer not to answer	1	5.9%
Unknown	6	35.3%
Unduplicated Total	**17**	**100.0%**

Primary Language	# Served	% Served
English	11	64.7%
Spanish	1	5.9%
Other	-	-
Prefer not to answer	-	-
Unknown	5	29.4%
Unduplicated Total	**17**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	2	11.8%
South American	-	-
Hispanic/ Latino (undefined)	1	5.9%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**3**	**17.6%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	2	11.8%
European	1	5.9%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	1	5.9%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	1	5.9%
Non-Hispanic or Non-Latino Subtotal	**5**	**29.4%**
More than one ethnicity	1	5.9%
Prefer not to answer	-	-
Ethnicity unknown	8	47.1%
Unduplicated Total	**17**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	3	17.6%
Female	8	47.1%
Prefer not to answer	1	5.9%
Unknown	5	29.4%
Unduplicated Total	**17**	**100.0%**

Gender (Current)	# Served	% Served
Male	3	17.6%
Female	8	47.1%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	1	5.9%
Unknown	5	29.4%
Unduplicated Total	**17**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	10	58.8%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	2	11.8%
N/A	-	-
Unknown	5	29.4%
Unduplicated Total	**17**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	11	64.7%
Prefer not to answer	1	5.9%
Unknown	5	29.4%
Unduplicated Total	**17**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	2	11.8%
Difficulty hearing or speaking	1	5.9%
Other communication disability	-	-
Cognitive	1	5.9%
Physical/ Mobility	1	5.9%
Chronic Health Condition	4	23.5%
Other non-communication disability	-	-
No Disability	8	47.1%
Prefer not to answer	-	-
Unknown	6	35.3%
Unduplicated Total	**17**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	1	5.9%
Over 5 years ago	1	5.9%
Other	-	-
Prefer not to answer	1	5.9%
N/A	12	70.6%
Unknown	2	11.8%
Unduplicated Total	**17**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

KIDSFIRST
Leadership Enrichment & Activities Program

Program Overview
Leadership Enrichment & Activities Program (LEAP) is an established after-school peer-to-peer mentoring and enrichment program. One program (LEAP Jr.) is offered for grades K - 6 and one program (LEAP) is offered for youth ages 11 and older. LEAP programs enable youth to experience healthy interactions with peers and positive role models, including law enforcement and other adults in the community. These peer support/mentoring groups help to build youth resilience and develop positive cultural identity. Additionally, youth mentors/volunteers from the community and local high schools support the program. This not only enriches the lives of the volunteers, but also the lives of the children they mentor.

LEAP is conducted three (3) days per week: Monday through Wednesday for two (2) hours in the afternoon. Many children stay for the duration of the school year. A three (3) week enrichment program is provided during the summer in July for LEAP Jr. and LEAP also supports activities throughout the summer months.

LEAP is conducted in English. However, there are bilingual staff and volunteers, who are available to assist, as needed.

Program Indicators
This program is intended to provide prevention services for children and youth to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
LEAP Jr. – Children in grades kindergarten through 6th grade.
LEAP – Youth ages 11 and older.

Youth are referred through schools, word-of-mouth, the KidsFirst intake process, and other KidsFirst services and classes. All youth who live in Placer County are eligible and accepted into the program on a first-come, first-served basis.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **LEAP** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	16	66.7%
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	8	33.3%
Unduplicated Total	**24**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	4.2%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	9	37.5%
Other	1	4.2%
More than one race	2	8.3%
Prefer not to answer	-	-
Unknown	11	45.8%
Unduplicated Total	**24**	**100.0%**

Primary Language	# Served	% Served
English	6	25.0%
Spanish	11	45.8%
Other	-	-
Prefer not to answer	-	-
Unknown	7	29.2%
Unduplicated Total	**24**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	7	29.2%
South American	-	-
Hispanic/ Latino (undefined)	2	8.3%
Other Hispanic/ Latino	1	4.2%
Hispanic or Latino Subtotal	**10**	**41.7%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	1	4.2%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**1**	**4.2%**
More than one ethnicity	-	-
Prefer not to answer	2	8.3%
Ethnicity unknown	11	45.8%
Unduplicated Total	**24**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	6	25.0%
Female	6	25.0%
Prefer not to answer	-	-
Unknown	12	50.0%
Unduplicated Total	**24**	**100.0%**

Gender (Current)	# Served	% Served
Male	6	25.0%
Female	6	25.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	12	50.0%
Unduplicated Total	**24**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	17	70.8%
Unknown	7	29.2%
Unduplicated Total	**24**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	2	8.3%
No Military	13	54.2%
Prefer not to answer	-	-
Unknown	9	37.5%
Unduplicated Total	**24**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	4.2%
Difficulty hearing or speaking	1	4.2%
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	1	4.2%
Chronic Health Condition	5	20.8%
Other non-communication disability	-	-
No Disability	7	29.2%
Prefer not to answer	-	-
Unknown	12	50.0%
Unduplicated Total	**24**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	1	4.2%
Unknown	23	95.8%
Unduplicated Total	**24**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

LATINO LEADERSHIP COUNCIL (LLC)
Latino Support

Program Overview
Latino Leadership Council (LLC) Latino Support 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 are mobile, and provide services in different community locations to meet the needs of the individual. Promotores mitigate transportation issues, and, because they work evenings and weekends, they are often the first contact with families.

Promotores offer weekly peer-to-peer groups in Auburn, Roseville, and/or Lincoln 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 provided in Spanish. A weekly evening/ weekend women's group, called "El Rincón de las Comadres," connects women together to achieve wellness through cultural arts and crafts in Auburn, Roseville and Lincoln. "Superación Personal" are peer-led groups that address depression, anxiety, health, and other topics relevant to the group in Roseville and Lincoln.

Services are available in English and Spanish.

Program Indicators
These programs are 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.

Target Population
Promotores assist all Latino people, with a focus on monolingual Spanish-speaking residents, as they have fewer resources in Placer County.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Latino Leadership Council **Latino Support** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Patient Health Questionnaire - 9 Survey (Superación Personal ; Appendix I.C)
- Generalized Anxiety Disorder - 7 Survey (Superación Personal ; Appendix I.C)

Demographics
FY 2018-2019

Age Group	El Rincón de las Comadres (RC)		Superación Personal (SP)	
	# Served	% of Served	# Served	% of Served
0 - 15 years	9	8.0%	2	1.6%
16 - 25 years	4	3.6%	2	1.6%
26 - 59 years	25	22.3%	54	43.5%
60+ years	8	7.1%	13	10.5%
Prefer not to answer	-	-	-	-
Unknown	66	58.9%	53	42.7%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Race	RC		SP	
	# Served	% of Served	# Served	% of Served
American Indian or Alaska Native	-	-	-	-
Asian	-	-	-	-
Black	-	-	-	-
Native Hawaiian or Other Pacific Islander	-	-	-	-
White/ Caucasian	41	36.6%	39	31.5%
Other	3	2.7%	15	12.1%
More than one race	-	-	-	-
Prefer not to answer	1	0.9%	14	11.3%
Unknown	67	59.8%	56	45.2%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Primary Language	RC		SP	
	# Served	% of Served	# Served	% of Served
English	3	2.7%	1	0.8%
Spanish	44	39.3%	70	56.5%
Other	-	-	-	-
Prefer not to answer	-	-	-	-
Unknown	65	58.0%	53	42.7%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Demographics (continued)
FY 2018-2019

Ethnicity	RC		SP	
	# Served	% of Served	# Served	% of Served
Hispanic or Latino:				
Caribbean	-	-	-	-
Central American	3	2.7%	-	-
Mexican/ Mexican-American/ Chicano	42	37.5%	67	54.0%
Puerto Rican	-	-	-	-
South American	4	3.6%	4	3.2%
Hispanic/ Latino (undefined)	-	-	1	0.8%
Other Hispanic/ Latino	-	-	-	-
Hispanic or Latino Subtotal	**49**	**43.8%**	**72**	**58.1%**
Non-Hispanic or Non-Latino as follows:				
African	-	-	-	-
Asian Indian/ South Asian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	-	-
Eastern European	-	-	-	-
European	-	-	-	-
Filipino	-	-	-	-
Japanese	-	-	-	-
Korean	-	-	-	-
Middle Eastern	-	-	-	-
Vietnamese	-	-	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-	-	-
Other Non-Hispanic/ Non-Latino	-	-	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**	**0**	**0.0%**
More than one ethnicity	-	-	-	-
Prefer not to answer	-	-	-	-
Ethnicity unknown	63	56.3%	52	41.9%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	RC		SP	
	# Served	% of Served	# Served	% of Served
Male	6	5.4%	5	4.0%
Female	43	38.4%	67	54.0%
Prefer not to answer	-	-	1	0.8%
Unknown	63	56.3%	51	41.1%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Gender (Current)	RC		SP	
	# Served	% of Served	# Served	% of Served
Male	6	5.4%	5	4.0%
Female	43	38.4%	68	54.8%
Transgender (Male to Female)	-	-	-	-
Transgender (Female to Male)	-	-	-	-
Transgender (Undefined)	-	-	-	-
Genderqueer	-	-	-	-
Questioning or Unsure	-	-	-	-
Another gender identity	-	-	-	-
Prefer not to answer	-	-	-	-
Unknown	63	56.3%	51	41.1%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Sexual Orientation***	RC		SP	
	# Served	% of Served	# Served	% of Served
Gay or Lesbian	-	-	-	-
Heterosexual/ Straight	40	35.7%	70	56.5%
Bisexual	-	-	-	-
Questioning/ Unsure	-	-	-	-
Queer	-	-	-	-
Another sexual orientation	-	-	-	-
LGBQ (undefined)	-	-	-	-
Prefer not to answer	-	-	1	0.8%
N/A	8	7.1%	2	1.6%
Unknown	64	57.1%	51	41.1%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Demographics (continued)
FY 2018-2019

Military Status**	RC # Served	RC % of Served	SP # Served	SP % of Served
Active Military	-	-	-	-
Veteran	1	0.9%	-	-
Served in Military	-	-	-	-
Family of Military	1	0.9%	-	-
No Military	42	37.5%	64	51.6%
Prefer not to answer	-	-	-	-
Unknown	68	60.7%	60	48.4%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Disability**	RC # Served	RC % of Served	SP # Served	SP % of Served
Difficulty seeing	1	0.9%	2	1.6%
Difficulty hearing or speaking	2	1.8%	1	0.8%
Other communication disability	-	-	-	-
Cognitive	-	-	-	-
Physical/ Mobility	1	0.9%	5	4.0%
Chronic Health Condition	6	5.4%	15	12.1%
Other non-communication disability	-	-	-	-
No Disability	31	27.7%	46	37.1%
Prefer not to answer	1	0.9%	-	-
Unknown	73	65.2%	64	51.6%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

Onset of First Mental Health Symptoms	RC # Served	RC % of Served	SP # Served	SP % of Served
Less than 6 months ago	-	-	6	4.8%
6 - 12 months ago	1	0.9%	3	2.4%
1 - 4 years ago	3	2.7%	9	7.3%
Over 5 years ago	-	-	1	0.8%
Other	-	-	-	-
Prefer not to answer	-	-	1	0.8%
N/A	34	30.4%	39	31.5%
Unknown	74	66.1%	65	52.4%
Unduplicated Total	**112**	**100.0%**	**124**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes

Standardized Outcome Measures*

	FY 2018-19	FY 2018-19
% Improved**	**16.7%**	**83.3%**
Number of Participants***	N=12	N=12
Instrument	Generalized Anxiety Disorder (GAD) – 7: Pre to Post	Patient Health Questionnaire (PHQ) – 9: Pre to Post

*Outcome data is dependent on severity and length of individual cases. A description of the outcomes/indicators selected, the instruments used for this program, and the frequency of data collection is outlined in Appendix I.C.

**Improvement for the GAD-7 and PHQ-9 defined as a lower score at post as compared to baseline (pre) measurement.

***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

LATINO LEADERSHIP COUNCIL (LLC)
Parent Project®

Program Overview
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. Parent Project® classes are conducted in Auburn, Lincoln and Roseville in locations that are easily accessible via walking or car.

During the parenting sessions, childcare is provided for 0 - 6 year olds, youth groups for 7 - 12 year olds, and teen groups for youth 13+. The curriculum taught to the parents is also taught to the youth 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.

Program Indicators
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.

Target Population
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. Since the inception of the Parent Project® curriculum, many participating families have promoted the class to other community members. Word-of-mouth and the reputation of the Latino Leadership Council (LLC), and the supports they receive, have been crucial to the program's success.

Youth who participate in the Parent Project® weekly classes are also referred to other youth groups that meet weekly or monthly. For instance, some youth enjoy the Parent Project® session so much that they also participate in a youth group called YEAGA or Peace 4 the Streets (please see those respective sections for more information). Both groups serve to reinforce what the youth has learned in the Parent Project® classes and create more opportunities for relationship building among other youth and the facilitators.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Latino Leadership Council **Parent Project** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory Pre/Post (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	80	35.4%
16 - 25 years	15	6.6%
26 - 59 years	72	31.9%
60+ years	-	-
Prefer not to answer	-	-
Unknown	59	26.1%
Unduplicated Total	**226**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	0.4%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	135	59.7%
Other	15	6.6%
More than one race	-	-
Prefer not to answer	2	0.9%
Unknown	73	32.3%
Unduplicated Total	**226**	**100.0%**

Primary Language	# Served	% Served
English	3	1.3%
Spanish	161	71.2%
Other	1	0.4%
Prefer not to answer	-	-
Unknown	61	27.0%
Unduplicated Total	**226**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	9	4.0%
Mexican/ Mexican-American/ Chicano	158	69.9%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	4	1.8%
Hispanic or Latino Subtotal	**171**	**75.7%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	55	24.3%
Unduplicated Total	**226**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	73	32.3%
Female	98	43.4%
Prefer not to answer	-	-
Unknown	55	24.3%
Unduplicated Total	**226**	**100.0%**

Gender (Current)	# Served	% Served
Male	73	32.3%
Female	97	42.9%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	1	0.4%
Unknown	55	24.3%
Unduplicated Total	**226**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	108	47.8%
Bisexual	-	-
Questioning/ Unsure	1	0.4%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	61	27.0%
Unknown	56	24.8%
Unduplicated Total	**226**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	148	65.5%
Prefer not to answer	-	-
Unknown	78	34.5%
Unduplicated Total	**226**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	0.4%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	5	2.2%
Physical/ Mobility	3	1.3%
Chronic Health Condition	11	4.9%
Other non-communication disability	-	-
No Disability	145	64.2%
Prefer not to answer	5	2.2%
Unknown	61	27.0%
Unduplicated Total	**226**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	8	3.5%
6 - 12 months ago	3	1.3%
1 - 4 years ago	3	1.3%
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	153	67.7%
Unknown	59	26.1%
Unduplicated Total	**226**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

LATINO LEADERSHIP COUNCIL (LLC)
Youth Services and Supports

Program Overview
Latino Leadership Council (LLC) delivers several programs, including Youth Empowerment and Goals Association (YEAGA), Peace 4 the Streets, and the Arts Action Academy (AAA) to provide youth with writing classes for personal growth. LLC also offers leadership groups to promote positive cultural connections and assist Latino youth in developing resiliency.

YEAGA and Peace 4 the Streets are focused on helping youth build connections to each other and teaching them about the dangers that can sidetrack them from a successful life. Peace 4 the Streets runs groups in Lincoln for all age groups and YEAGA runs monthly youth groups in Roseville. Peace 4 the Streets and YEAGA groups serve to reinforce what individuals learn at Parent Project groups and often provide life skills and other supports.

The groups often deal with cultural norms that can be damaging to relationships. For instance, machismo in men, or the subservient role that girls and women often take in their families, are discussed to help youth understand some barriers they face due to their culture. All groups are open to youth in Placer County. All information that the youth share at these groups remains confidential. In some situations, the facilitators may have a meeting with the youth and the parent to ensure the parent understands some of the challenges the youth may have at school or in other areas of their lives.

The AAA provides a free, weekly writing class facilitated by program mentors or participants. Classes cover different styles of writing, always acknowledging writing as a tool for personal growth. The program provides a safe space for young people to share their stories, express themselves, and learn new things together. It creates an environment of acceptance and belonging that gives participants peer and mentor support in their lives and endeavors.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide prevention services for youths to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
Groups are open to all youth who want to participate. Participants are referred by Promotores, schools, or other organizations who identify youth who may be struggling and could benefit from these groups. Often, participants bring other family members, or friends, to the group.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Latino Leadership Council **Youth Services and Supports** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
0 - 15 years	17	23.0%	6	6.1%	11	15.1%
16 - 25 years	14	18.9%	2	2.0%	8	11.0%
26 - 59 years	5	6.8%	5	5.1%	5	6.8%
60+ years	-	-	-	-	-	-
Prefer not to answer	-	-	-	-	-	-
Unknown	38	51.4%	85	86.7%	49	67.1%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Race	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
American Indian or Alaska Native	1	1.4%	1	1.0%	3	4.1%
Asian	-	-	-	-	-	-
Black	2	2.7%	-	-	4	5.5%
Native Hawaiian or Other Pacific Islander	-	-	-	-	-	-
White/ Caucasian	26	35.1%	41	41.8%	15	20.5%
Other	4	5.4%	4	4.1%	-	-
More than one race	-	-	-	-	2	2.7%
Prefer not to answer	1	1.4%	4	4.1%	3	4.1%
Unknown	40	54.1%	48	49.0%	46	63.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Primary Language	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
English	6	8.1%	3	3.1%	26	35.6%
Spanish	30	40.5%	47	48.0%	-	-
Other	-	-	-	-	-	-
Prefer not to answer	-	-	-	-	-	-
Unknown	38	51.4%	48	49.0%	47	64.4%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Demographics (continued)
FY 2018-2019

Ethnicity	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Hispanic or Latino:						
Caribbean	-	-	-	-	-	-
Central American	-	-	-	-	2	2.7%
Mexican/ Mexican-American/ Chicano	33	44.6%	48	49.0%	2	2.7%
Puerto Rican	-	-	-	-	-	-
South American	1	1.4%	-	-	1	1.4%
Hispanic/ Latino (undefined)	-	-	-	-	-	-
Other Hispanic/ Latino	-	-	-	-	-	-
Hispanic or Latino Subtotal	**34**	**45.9%**	**48**	**49.0%**	**5**	**6.8%**
Non-Hispanic or Non-Latino as follows:						
African	-	-	-	-	1	1.4%
Asian Indian/ South Asian	-	-	-	-	-	-
Cambodian	-	-	-	-	-	-
Chinese	-	-	-	-	2	2.7%
Eastern European	-	-	-	-	1	1.4%
European	-	-	-	-	5	6.8%
Filipino	-	-	-	-	-	-
Japanese	-	-	-	-	-	-
Korean	-	-	-	-	-	-
Middle Eastern	-	-	-	-	-	-
Vietnamese	-	-	-	-	-	-
Non-Hispanic/ Non-Latino (undefined)	1	1.4%	2	2.0%	-	-
Other Non-Hispanic/ Non-Latino	-	-	-	-	1	1.4%
Non-Hispanic or Non-Latino Subtotal	**1**	**1.4%**	**2**	**2.0%**	**10**	**13.7%**
More than one ethnicity	-	-	-	-	1	1.4%
Prefer not to answer	-	-	-	-	4	5.5%
Ethnicity unknown	39	52.7%	48	49.0%	53	72.6%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Male	17	23.0%	31	31.6%	13	17.8%
Female	18	24.3%	18	18.4%	14	19.2%
Prefer not to answer	-	-	-	-	-	-
Unknown	39	52.7%	49	50.0%	46	63.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Gender (Current)	YEAGA		Peace		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Male	17	23.0%	31	31.6%	13	17.8%
Female	17	23.0%	18	18.4%	14	19.2%
Transgender (Male to Female)	-	-	-	-	-	-
Transgender (Female to Male)	-	-	-	-	-	-
Transgender (Undefined)	-	-	-	-	-	-
Genderqueer	-	-	-	-	-	-
Questioning or Unsure	-	-	-	-	-	-
Another gender identity	-	-	-	-	-	-
Prefer not to answer	1	1.4%	-	-	-	-
Unknown	39	52.7%	49	50.0%	46	63.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Sexual Orientation***	YEAGA		PEACE		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Gay or Lesbian	-	-	-	-	-	-
Heterosexual/ Straight	28	37.8%	47	48.0%	18	24.7%
Bisexual	-	-	-	-	4	5.5%
Questioning/ Unsure	1	1.4%	-	-	1	1.4%
Queer	-	-	-	-	-	-
Another sexual orientation	-	-	-	-	-	-
LGBQ (undefined)	-	-	-	-	-	-
Prefer not to answer	-	-	-	-	3	4.1%
N/A	7	9.5%	1	1.0%	-	-
Unknown	38	51.4%	50	51.0%	47	64.4%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Demographics (continued)
FY 2018-2019

Military Status**	YEAGA		PEACE		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Active Military	-	-	-	-	-	-
Veteran	-	-	-	-	1	1.4%
Served in Military	-	-	-	-	-	-
Family of Military	-	-	-	-	2	2.7%
No Military	34	45.9%	40	40.8%	24	32.9%
Prefer not to answer	-	-	-	-	-	-
Unknown	40	54.1%	58	59.2%	46	63.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Disability**	YEAGA		PEACE		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Difficulty seeing	-	-	-	-	4	5.5%
Difficulty hearing or speaking	-	-	-	-	-	-
Other communication disability	-	-	-	-	-	-
Cognitive	1	1.4%	-	-	3	4.1%
Physical/ Mobility	-	-	-	-	1	1.4%
Chronic Health Condition	-	-	-	-	8	11.0%
Other non-communication disability	-	-	-	-	-	-
No Disability	29	39.2%	50	51.0%	13	17.8%
Prefer not to answer	1	1.4%	-	-	1	1.4%
Unknown	43	58.1%	48	49.0%	46	63.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

Onset of First Mental Health Symptoms	YEAGA		PEACE		AAA	
	# Served	% of Served	# Served	% of Served	# Served	% of Served
Less than 6 months ago	1	1.4%	-	-	-	-
6 - 12 months ago	-	-	-	-	-	-
1 - 4 years ago	1	1.4%	1	1.0%	-	-
Over 5 years ago	-	-	-	-	-	-
Other	-	-	-	-	-	-
Prefer not to answer	4	5.4%	-	-	-	-
N/A	23	31.1%	49	50.0%	-	-
Unknown	45	60.8%	48	49.0%	73	100.0%
Unduplicated Total	**74**	**100.0%**	**98**	**100.0%**	**73**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

Teaching Pro-Social Skills

Program Overview

Teaching Pro-Social Skills (TPS), also known as Aggression Replacement Training® (ART), is a cognitive behavioral intervention program. It helps children and adolescents improve social skill competence and moral reasoning, manage anger more effectively, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents.

Each group is facilitated by experienced counselors, Marriage and Family Therapist (MFT), and Masters of Social Work (MSW) Registered Interns and Trainees. The groups are held during the school day on school campuses. The TPS groups run for 10 weeks, two (2) days a week, for 45 - 50 minutes each.

The focus of each group is to provide students with the skills they need to navigate through a variety of personal, social, and school situations. In the group, students are encouraged to build on their sense of self-worth and self-esteem. They work on communication and collaboration skills, decision making, negotiating, and compromising. They also learn to manage and regulate their emotions in a small group setting.

These courses are offered at a variety of community settings and in collaboration with the Placer County Office of Education (PCOE) for school-based services and supports.

Services are available in English and Spanish.

Program Indicators

This program is intended to provide prevention services to youth in grades K - 12 to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population

The program serves grades K - 12.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Lighthouse Counseling and FRC **Teaching Pro-Social Skills** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Sutter-Eyberg Student Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	76	90.5%
16 - 25 years	1	1.2%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	1.2%
Asian	1	1.2%
Black	4	4.8%
Native Hawaiian or Other Pacific Islander	2	2.4%
White/ Caucasian	70	83.3%
Other	-	-
More than one race	-	-
Prefer not to answer	-	-
Unknown	6	7.1%
Unduplicated Total	**84**	**100.0%**

Primary Language	# Served	% Served
English	77	91.7%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	13	15.5%
Puerto Rican	1	1.2%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**14**	**16.7%**
Non-Hispanic or Non-Latino as follows:		
African	5	6.0%
Asian Indian/ South Asian	2	2.4%
Cambodian	-	-
Chinese	-	-
Eastern European	1	1.2%
European	52	61.9%
Filipino	1	1.2%
Japanese	1	1.2%
Korean	-	-
Middle Eastern	-	-
Vietnamese	1	1.2%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**63**	**75.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	54	64.3%
Female	23	27.4%
Prefer not to answer	-	-
Unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Gender (Current)	# Served	% Served
Male	54	64.3%
Female	23	27.4%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	11	13.1%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	5	6.0%
N/A	62	73.8%
Unknown	6	7.1%
Unduplicated Total	**84**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	25	29.8%
Prefer not to answer	-	-
Unknown	59	70.2%
Unduplicated Total	**84**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	77	91.7%
Prefer not to answer	-	-
Unknown	7	8.3%
Unduplicated Total	**84**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	47	56.0%
Unknown	37	44.0%
Unduplicated Total	**84**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

LILLIPUT FAMILIES
Home to Stay

Program Overview
Lilliput Families provides intensive in-home support services and counseling to birth and kinship families whose children are at risk of placement disruption due to emotional, behavioral, and mental health issues. Lilliput provides services focused on family preservation, providing a home-based therapeutic parenting program that utilizes parent coaching, with a focus on integrating skills into daily family life. Families in this program receive up to five (5) hours of parent coaching (skill building) and counseling services per week for up to 12 weeks. Caseloads are intentionally low to ensure an appropriate level of time and intensity while working with families. All services are offered in the family home with flexible scheduling.

Therapists utilize evidence-based treatment approaches, such as the Nurturing Parenting Program and Parenting the Second Time Around. Both programs have a strong emphasis on incorporating trauma-informed and attachment-focused information. The therapists are permanency-focused and have specialized knowledge of issues specific to kinship care. The Lilliput therapists believe in a team approach, and partner with the family to create the goals and service focus. Combining parent coaching and counseling allows all family members to identify what may trigger a child's challenging behaviors, develop tools to manage crises, and utilize self-care. It also encourages the use of both formal and informal supports. Goals for families in this program are enhanced parenting skills, increased protective factors, coping and resiliency skills, improved child and family functioning, and, ultimately, reduced out-of-home placements. The Home to Stay philosophy is that collaboration with all members of a family's "team" ensures a family the best chance at success now and in the future.

Services are available in English.

Program Indicators
This program is intended to provide prevention services for birth and kinship families whose children are at-risk for out-of-home placement to reduce risk factors and/or increase protective factors that lead to improved mental health and emotional functioning.

Target Population
The Home to Stay Program serves birth and kinship families whose children are at-risk for out-of-home placement. Outreach and engagement for program enrollment has included presentations to the Placer County Children's System of Care, community partners, and Lilliput's Kinship Program.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Lilliput Families **Home to Stay** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	13	56.5%
60+ years	9	39.1%
Prefer not to answer	-	-
Unknown	1	4.3%
Unduplicated Total	**23**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	4.3%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	21	91.3%
Other	-	-
More than one race	1	4.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**23**	**100.0%**

Primary Language	# Served	% Served
English	22	95.7%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	1	4.3%
Unduplicated Total	**23**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	1	4.3%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	1	4.3%
Hispanic or Latino Subtotal	**2**	**8.7%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	4.3%
European	6	26.1%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**7**	**30.4%**
More than one ethnicity	1	4.3%
Prefer not to answer	-	-
Ethnicity unknown	13	56.5%
Unduplicated Total	**23**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	6	26.1%
Female	17	73.9%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**23**	**100.0%**

Gender (Current)	# Served	% Served
Male	6	26.1%
Female	17	73.9%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**23**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	18	78.3%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	4.3%
N/A	-	-
Unknown	4	17.4%
Unduplicated Total	**23**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	4	17.4%
Served in Military	-	-
Family of Military	2	8.7%
No Military	15	65.2%
Prefer not to answer	-	-
Unknown	2	8.7%
Unduplicated Total	**23**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	2	8.7%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	3	13.0%
Physical/ Mobility	1	4.3%
Chronic Health Condition	27	117.4%
Other non-communication disability	-	-
No Disability	8	34.8%
Prefer not to answer	-	-
Unknown	1	4.3%
Unduplicated Total	**23**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	1	4.3%
6 - 12 months ago	-	-
1 - 4 years ago	5	21.7%
Over 5 years ago	4	17.4%
Other	-	-
Prefer not to answer	1	4.3%
N/A	6	26.1%
Unknown	6	26.1%
Unduplicated Total	**23**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

NORTH TAHOE FAMILY RESOURCE CENTER (NTFRC)
Parent Education Program

Program Overview
The North Tahoe Family Resource Center (NTFRC) offers four (4) parent education curricula, including: Loving Solutions®, Parent Project, Cooperative Parenting, and Incredible Years. All curricula are offered in both Spanish and English, throughout the year.

Loving Solutions is designed for parents with young children (5 - 10 years) with behavior problems. Also known as "Parent Project®, Jr.," this program utilizes a behavioral model and is structured based on cooperative learning norms with group learning activities. Loving Solutions® also addresses the needs of children with Attention Deficit Disorder (ADD). Classes meet for eight (8) weekly sessions, on an ongoing basis.

Parent Project® consists of activity-based instruction, support groups, and curriculum to help parents of youth (11-19 years old) develop skills to manage adolescent behaviors. Parent Project® teaches concrete prevention, identification, and intervention strategies to address school attendance and performance, relationships, family dynamics, substance use, violence, and running away. Classes meet for eight (8) weekly sessions, on an ongoing basis.

The Incredible Years® evidence-based programs focus on strengthening parenting competencies. NTFRC offers the Infant (0 - 1 year) and the Basic programs (3 - 6 years). Groups focus on: parent-child interactions, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social, emotional, language, and academic development. Both programs are 14 weeks long.

Cooperative Parenting is a video-based program for divorcing, or separating, parents. This eight (8) week, program educates parents on the impact their conflict has on their children, including children's issues after divorce or separation. It teaches parents the practical skills they need to manage anger, increase impulse control, resolve conflict, talk to each other without arguing, and maintain a healthy relationship.

Program Indicators
This program is intended to provide prevention services for adults to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
All program participants live in the Tahoe Truckee region and are parents who self-identify as wanting additional knowledge and support around parenting.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

North Tahoe Family Resource Center **Parent Education** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Eyberg Child Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	1	1.8%
16 - 25 years	5	8.9%
26 - 59 years	42	75.0%
60+ years	-	-
Prefer not to answer	-	-
Unknown	8	14.3%
Unduplicated Total	**56**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	2	3.6%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	23	41.1%
Other	16	28.6%
More than one race	-	-
Prefer not to answer	1	1.8%
Unknown	14	25.0%
Unduplicated Total	**56**	**100.0%**

Primary Language	# Served	% Served
English	16	28.6%
Spanish	34	60.7%
Other	1	1.8%
Prefer not to answer	-	-
Unknown	5	8.9%
Unduplicated Total	**56**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	36	64.3%
Puerto Rican	-	-
South American	3	5.4%
Hispanic/ Latino (undefined)	1	1.8%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**40**	**71.4%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	3	5.4%
European	3	5.4%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**6**	**10.7%**
More than one ethnicity	-	-
Prefer not to answer	2	3.6%
Ethnicity unknown	8	14.3%
Unduplicated Total	**56**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	3	5.4%
Female	47	83.9%
Prefer not to answer	2	3.6%
Unknown	4	7.1%
Unduplicated Total	**56**	**100.0%**

Gender (Current)	# Served	% Served
Male	2	3.6%
Female	47	83.9%
Transgender (Male to Female)	1	1.8%
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	2	3.6%
Unknown	4	7.1%
Unduplicated Total	**56**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	40	71.4%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	1	1.8%
LGBQ (undefined)	-	-
Prefer not to answer	1	1.8%
N/A	1	1.8%
Unknown	13	23.2%
Unduplicated Total	**56**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	1	1.8%
No Military	47	83.9%
Prefer not to answer	-	-
Unknown	8	14.3%
Unduplicated Total	**56**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	1	1.8%
Physical/ Mobility	-	-
Chronic Health Condition	6	10.7%
Other non-communication disability	-	-
No Disability	28	50.0%
Prefer not to answer	2	3.6%
Unknown	21	37.5%
Unduplicated Total	**56**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	2	3.6%
6 - 12 months ago	-	-
1 - 4 years ago	2	3.6%
Over 5 years ago	2	3.6%
Other	-	-
Prefer not to answer	1	1.8%
N/A	12	21.4%
Unknown	37	66.1%
Unduplicated Total	**56**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

SIERRA NATIVE ALLIANCE
Native Parenting Services and Supports

Program Overview
This program includes culturally relevant parenting education, child behavior consultation, case management, and peer support, aiming to increase family resiliency and parenting skills for families with children experiencing emotional distress. Positive Indian Parenting delivers 10-week sessions in combination with bi-monthly Families of Tradition education nights. This reinforces positive parenting values and builds supportive networks. Native communities experience widespread disruption of traditional family structures when Native children are removed to government boarding schools and adopted into non-Native homes. In addition, Native communities experience disproportionate levels of mental health, substance use, incarceration, family violence, and child welfare involvement. Mental health of Native children is impacted by risk factors such as high rates of poverty and single parent households, younger average age of parents, history of parent maltreatment as a child, low parent educational attainment, and loss of family members due to suicide, violent death, and disease (American Indian Children and Families, NICWA 2015). Positive Parenting skills 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 complement the Native Family Advocacy program, increasing positive parenting skills in families who are involved in child mental health and welfare services. Developed by the National Indian Child Welfare Association (NICWA), the Positive Indian Parenting curriculum promotes cultural parenting values, skills, and practices. Education is provided through weekly groups, co-parenting, and individual parenting sessions.

The Families of Tradition curriculum strengthens positive parenting skills within Native communities that have experienced multi-generational substance use and mental health distress. Parenting lessons are delivered in a culturally relevant format, with a meal and family-friendly learning activities, such as traditional Native American stories and crafts. This format encourages participation of alumni and extended family members, building community support networks.

Program Indicators
This program is intended to provide prevention services to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
The services aim to increase family resiliency and parenting skills for families with children experiencing emotional distress.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

SNA **Native Parenting Services and Supports** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Parent Protective Factors Survey Pre/Post (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	11	13.3%
16 - 25 years	10	12.0%
26 - 59 years	56	67.5%
60+ years	2	2.4%
Prefer not to answer	-	-
Unknown	4	4.8%
Unduplicated Total	**83**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	58	69.9%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	19	22.9%
Other	3	3.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	3	3.6%
Unduplicated Total	**83**	**100.0%**

Primary Language	# Served	% Served
English	81	97.6%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	2	2.4%
Unduplicated Total	**83**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	3	3.6%
Puerto Rican	5	6.0%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	1	1.2%
Hispanic or Latino Subtotal	**9**	**10.8%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	1	1.2%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	8	9.6%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**9**	**10.8%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	65	78.3%
Unduplicated Total	**83**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	32	38.6%
Female	49	59.0%
Prefer not to answer	-	-
Unknown	2	2.4%
Unduplicated Total	**83**	**100.0%**

Gender (Current)	# Served	% Served
Male	32	38.6%
Female	49	59.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	2	2.4%
Unduplicated Total	**83**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	68	81.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	1.2%
N/A	11	13.3%
Unknown	3	3.6%
Unduplicated Total	**83**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	2	2.4%
Served in Military	1	1.2%
Family of Military	2	2.4%
No Military	60	72.3%
Prefer not to answer	-	-
Unknown	19	22.9%
Unduplicated Total	**83**	**101.2%**

Disability**	# Served	% Served
Difficulty seeing	5	6.0%
Difficulty hearing or speaking	2	2.4%
Other communication disability	-	-
Cognitive	12	14.5%
Physical/ Mobility	2	2.4%
Chronic Health Condition	22	26.5%
Other non-communication disability	-	-
No Disability	51	61.4%
Prefer not to answer	-	-
Unknown	10	12.0%
Unduplicated Total	**83**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	1	1.2%
6 - 12 months ago	-	-
1 - 4 years ago	2	2.4%
Over 5 years ago	25	30.1%
Other	-	-
Prefer not to answer	-	-
N/A	40	48.2%
Unknown	15	18.1%
Unduplicated Total	**83**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

SIERRA NATIVE ALLIANCE
Youth Services and Supports

Program Overview
Youth Services and Supports are designed to support healthy cultural identity development and resilience through peer mentoring and leadership activities for Native and Latino youth. In addition to three (3), 10-week sessions of Youth White Bison substance use prevention groups, services include leadership development and mentoring activities. Youth Peer Support workers provide advocacy and mentoring for youth involved with the juvenile justice, child welfare, and mental health systems. Youth leadership participants take an active role in community outreach and education events that are a part of the overall Placer MHSA plan.

In addition to the White Bison group, some youth attend an Annual Youth Camp, which utilizes the four-day Gathering of Native Americans (GONA) curriculum to develop youth resiliency and community leadership for suicide prevention. Participants in youth leadership programs serve as "clan leaders," modeling positive cultural identity and values. Through the four-day camp, youth build supportive relationships and participate in wellness activities.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide prevention services for youth to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
Native American youth experience higher rates of anxiety, depression, and substance use than other youth. They also experience a rate of suicide that is 2.5 times higher than youth of other ethnicities (CDC 2012). In addition, Native youth are disproportionately affected by gang involvement, with 15% of Native youth involved in gangs, compared to 8% of Latino, and 6% of African American youth (National Council on Crime and Delinquency 2009).

While the Sierra Native Alliance (SNA) Youth Services and Supports program was originally designed for Native youth, a significant number of Latino youth who identify with indigenous family heritage participate in mentoring services and leadership activities. Coming from disadvantaged backgrounds, participants in mentoring services often have had experience in the child welfare, or juvenile justice system, and/or have had educational challenges. Many have experienced community violence, racism, and discrimination.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

SNA **Youth Services and Supports** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Youth Protective Factors Survey Pre/Post (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	84	51.5%
16 - 25 years	36	22.1%
26 - 59 years	30	18.4%
60+ years	4	2.5%
Prefer not to answer	-	-
Unknown	9	5.5%
Unduplicated Total	**163**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	148	90.8%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	8	4.9%
Other	1	0.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	6	3.7%
Unduplicated Total	**163**	**100.0%**

Primary Language	# Served	% Served
English	154	94.5%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	9	5.5%
Unduplicated Total	**163**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	11	6.7%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	1	0.6%
Hispanic or Latino Subtotal	**12**	**7.4%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	8	4.9%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	1	0.6%
Non-Hispanic or Non-Latino Subtotal	**9**	**5.5%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	142	87.1%
Unduplicated Total	**163**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	79	48.5%
Female	78	47.9%
Prefer not to answer	-	-
Unknown	6	3.7%
Unduplicated Total	**163**	**100.0%**

Gender (Current)	# Served	% Served
Male	79	48.5%
Female	77	47.2%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	0.6%
Prefer not to answer	-	-
Unknown	6	3.7%
Unduplicated Total	**163**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	88	54.0%
Bisexual	2	1.2%
Questioning/ Unsure	1	0.6%
Queer	-	-
Another sexual orientation	1	0.6%
LGBQ (undefined)	-	-
Prefer not to answer	7	4.3%
N/A	52	31.9%
Unknown	12	7.4%
Unduplicated Total	**163**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	1	0.6%
Served in Military	1	0.6%
Family of Military	4	2.5%
No Military	127	77.9%
Prefer not to answer	-	-
Unknown	30	18.4%
Unduplicated Total	**163**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	3	1.8%
Difficulty hearing or speaking	1	0.6%
Other communication disability	-	-
Cognitive	7	4.3%
Physical/ Mobility	1	0.6%
Chronic Health Condition	10	6.1%
Other non-communication disability	-	-
No Disability	116	71.2%
Prefer not to answer	-	-
Unknown	38	23.3%
Unduplicated Total	**163**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	1	0.6%
Over 5 years ago	5	3.1%
Other	-	-
Prefer not to answer	-	-
N/A	122	74.8%
Unknown	35	21.5%
Unduplicated Total	**163**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

TAHOE SAFE ALLIANCE (TSA)
Youth Empowerment Groups

Program Overview
Girls face many issues as they mature, such as eating disorders, depression, shame, low self-esteem, substance use, and abusive relationships. The Young Women's Lives curriculum helps girls face problems, identify personal strengths and supportive resources, and develop new ways of thinking and addressing challenges—both internal and external. Youth Empowerment Girls Groups are 10-week, 45 - 60 minute groups, to address these issues. The groups are held at school during school hours (often during lunch), or after school at the Boys & Girls Club. Groups are held in North Tahoe schools. Multiple curricula are used, depending on the topics, needs and focus of the specific group, but Young Women's Lives is referenced the most.

Young Men's Work is a program for young men that focuses on solving problems without resorting to violence. It explores many issues relevant to young men, such as healthy relationships, self-destructive behavior, alcohol and drug use, being allies to girls and women, and community responsibility. Youth Empowerment Boys Groups are 10-week, 45 - 60 minute groups to address violence, isolation, and building community. The groups are held at school during school hours (often during lunch), or after school at the Boys & Girls Club. Groups are held in North Tahoe schools. Multiple curricula are used, depending on the topics, needs and focus of the specific group, but Young Men's Work is referenced the most.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide prevention services for youth to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

Target Population
This program primarily works with young women and men ages 9 - 18. Participants are referred to the group by counselors, teachers, or Boys & Girls Club staff. Most students are referred due to risk factors of mental health issues such as problems in the home or school, a history of family drug use or gang involvement, abuse in the home, bullying, divorce, or death in the family. Parents/Guardians are asked to give permission for their children to participate.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Tahoe SAFE Alliance **Youth Empowerment Groups** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Social Emotional Assets and Resiliency Scale (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	39	57.4%
16 - 25 years	27	39.7%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	2	2.9%
Unduplicated Total	**68**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	15	22.1%
Other	43	63.2%
More than one race	-	-
Prefer not to answer	9	13.2%
Unknown	1	1.5%
Unduplicated Total	**68**	**100.0%**

Primary Language	# Served	% Served
English	38	55.9%
Spanish	29	42.6%
Other	-	-
Prefer not to answer	-	-
Unknown	1	1.5%
Unduplicated Total	**68**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	49	72.1%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	1	1.5%
Hispanic or Latino Subtotal	**50**	**73.5%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	15	22.1%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**15**	**22.1%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	3	4.4%
Unduplicated Total	**68**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	29	42.6%
Female	38	55.9%
Prefer not to answer	-	-
Unknown	1	1.5%
Unduplicated Total	**68**	**100.0%**

Gender (Current)	# Served	% Served
Male	22	32.4%
Female	44	64.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	1.5%
Prefer not to answer	-	-
Unknown	1	1.5%
Unduplicated Total	**68**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	17	25.0%
Unknown	51	75.0%
Unduplicated Total	**68**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	21	30.9%
Prefer not to answer	-	-
Unknown	47	69.1%
Unduplicated Total	**68**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	46	67.6%
Prefer not to answer	21	30.9%
Unknown	1	1.5%
Unduplicated Total	**68**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	60	88.2%
Unknown	8	11.8%
Unduplicated Total	**68**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Tahoe Truckee Wellness Program

Program Overview

The Tahoe Truckee Unified School District (TTUSD) Wellness Program is a collaboration between the school district and community-based organizations (e.g., Tahoe Safe Alliance, Adventure Risk Challenge, etc.). It provides a youth-friendly point of entry for students to connect to supportive adults and access wellness services at the school sites. Students learn relevant skills for improving their well-being and for understanding how to navigate and access community resources. This program allows students to access services and supports that address physical, mental, and emotional concerns, and engage in activities that will increase their resiliency and overall well-being.

The TTUSD Wellness Program has Wellness Centers at North Tahoe High and Truckee High. The Wellness Centers provide a comfortable setting for students to drop-in during their breaks to ask questions, get support, or just relax. The Centers are furnished with cozy beanbag chairs, couches, artwork, music, games, art supplies, and healthy snacks to make it a fun place for students to hang out. The program also collaborates with Gateway Mountain Center to create an integrated Wellness Curriculum at Sierra High and Placer County Community School, which provides individualized supports and tools for students to develop sustainable wellness practices.

The TTUSD Wellness Program facilitates a Peer Mentor Program that trains students to become Peer Mentors and teaches them skills to better support themselves and their peers. The Peer Mentors run 9th grade Peer Mentor Support Groups, 9th grade educational workshops and offer support to middle school students. Note: Adventure Risk Challenge (ARC) collaborates with the Wellness Program to train the Peer Mentors.

The Wellness Centers also provide leadership opportunities for students to have an authentic voice in shaping school and community initiatives. The leadership opportunities include Sources of Strength Club, Be the Change Club, Pride Club, SAGA (Sexuality and Gender Acceptance) Club, youth leadership workshops, 9th grade Challenge Days, and participation in Community Collaborative and County meetings.

TTUSD Wellness Centers provide trained staff and volunteers to listen to, support, and connect students to community health and wellness resources. 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. Tahoe Forest Hospital created a position called the Youth Health Navigator. This person is a licensed social worker who staffs both Wellness Centers each week to connect with students, offer health screenings, and support students' access to primary, reproductive, behavioral, oral, and vision health services. 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, Uplift school-based therapists, and the What's Up Wellness Program.

The TTUSD Wellness Program offers a variety of wellness workshops to provide students with practical tools to improve their overall health. Topics cover the range of social, emotional, mental, and physically healthy choices and lifestyle tools, such as: Healthy ways to deal with stress, Heart Math, Know the Signs, Mindfulness, and 9th grade Challenge Days (we will be changing this program to Breaking Down the Walls for 10th and 11th graders and using Link Crew for 9th grade supports).

The TTUSD Wellness Centers offer three types of programming. The program tracks data for these three types of programming:

1. **Group Services:** TTUSD Wellness Centers offers several ongoing groups that bring students together to discuss their experiences, share ideas, and provide emotional support for one another. Types of groups are mentioned above.
2. **Drop-In:** The Wellness Center is open for students to drop-in at any time to receive support, be connected to resources, socialize, or just take a break when needed.
3. **Outreach:** The TTUSD Wellness Centers outreach to students by hosting workshops, leadership development days, presentations in the health classes, and Wellness Days at Sierra High and the Community School.

Wellness Center Locations and Hours:

- North Tahoe High – The Wellness Center is located in Room 217 and is open Monday - Thursday: 7:30 - 3:00pm, Friday: 10:30 - 1:00pm
- Truckee High - The Wellness Center is located in Room M1 Monday - Friday: 7:30 - 2:30pm

Services are available in English and Spanish.

Program Indicators

This program is intended to provide 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.

Target Population

The TTUSD Wellness Centers program primarily serves high school students, ages 14 - 18 years, but it also provides peer mentor supports, wellness workshops, and Sources of Strength (SOS) trainings to middle school students, ages 11 - 13 years. Most of the high school students served seek out Wellness Center programming on their own, but the program also receives referrals from the counselors, psychologists, school administrators, and teachers.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

TTUSD **Wellness Center and Peer Mentor Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- TTUSD Boys Group and Girls Group Survey (Appendix I.C)
- TTUSD Peer Mentor Survey (Appendix I.C)
- TTUSD Wellness Center Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	17	18.5%
16 - 25 years	67	72.8%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	8	8.7%
Unduplicated Total	**92**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	2	2.2%
Asian	1	1.1%
Black	1	1.1%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	67	72.8%
Other	8	8.7%
More than one race	3	3.3%
Prefer not to answer	1	1.1%
Unknown	9	9.8%
Unduplicated Total	**92**	**100.0%**

Primary Language	# Served	% Served
English	61	66.3%
Spanish	17	18.5%
Other	-	-
Prefer not to answer	-	-
Unknown	14	15.2%
Unduplicated Total	**92**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	2	2.2%
Mexican/ Mexican-American/ Chicano	26	28.3%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**28**	**30.4%**
Non-Hispanic or Non-Latino as follows:		
African	1	1.1%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	2	2.2%
Eastern European	1	1.1%
European	19	20.7%
Filipino	-	-
Japanese	-	-
Korean	1	1.1%
Middle Eastern	1	1.1%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**25**	**27.2%**
More than one ethnicity	4	4.3%
Prefer not to answer	3	3.3%
Ethnicity unknown	32	34.8%
Unduplicated Total	**92**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	35	38.0%
Female	49	53.3%
Prefer not to answer	-	-
Unknown	8	8.7%
Unduplicated Total	**92**	**100.0%**

Gender (Current)	# Served	% Served
Male	35	38.0%
Female	46	50.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	1	1.1%
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	2	2.2%
Prefer not to answer	-	-
Unknown	8	8.7%
Unduplicated Total	**92**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	92	100.0%
Unduplicated Total	**92**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	-	-
Prefer not to answer	-	-
Unknown	92	100.0%
Unduplicated Total	**92**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	3	3.3%
Other non-communication disability	-	-
No Disability	81	88.0%
Prefer not to answer	1	1.1%
Unknown	8	8.7%
Unduplicated Total	**92**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	5	5.4%
N/A	49	53.3%
Unknown	38	41.3%
Unduplicated Total	**92**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Wellness Center Drop-In Data

FY 2018-2019

Number of Attendees

North Tahoe High	# Attendees	4,010
Truckee High	# Attendees	2,253
Both Schools	# Attendees	**6,263**

Average Attendees per Day

North Tahoe High	# Attendees	4,010
	# Days Available	138
	Avg. Attendees/Day	29
Truckee High	# Attendees	2,253
	# Days Available	129
	Avg. Attendees/Day	17
Both Schools	# Attendees	**6,263**
	# Days Available	**201**
	Avg. Attendees/Day	**31**

Note: Attendees are a duplicated number of drop-in contacts.

GATEWAY MOUNTAIN CENTER
Whole Hearts, Minds, and Bodies
Therapeutic Mentoring

Program Overview
Gateway Mountain Center provides adjunct therapeutic support to youth through two funding sources. CSS Full-Service Partnership (FSP) funding supports youth who need the additional Therapeutic Mentoring to help them achieve optimal outcomes. In addition, PEI Early Intervention funds the therapeutic support program for youth who do not meet FSP criteria. These services support youth for improved outcomes including: decreased incidents of mental health crisis, increased positive socialization, and increased engagement within one's community.

The Therapeutic Mentoring program serves youth in North Tahoe who have symptoms of mental illness, emotional disturbance, and co-occurring substance use disorders. Services include developing a one-on-one personal connection, life-enriching experiences, exercise, proper nutrition, nature-connection, learning new things, and personal reflection through mindfulness based practices. The program is successful with decreasing risk behaviors and distress, increasing coping and resilience, improving functioning, and increasing positive behaviors.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for youth who are experiencing mental health symptoms, early in emergence.

Target Population
Children, adolescent & transitional age youth at risk of being removed from their home and have a Serious Emotional Disturbance (SED) or have mental illness symptoms that are serious, but early in emergence.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Outcome data for FSP clients is combined across all county programs and can be found in the **Community Services and Supports** section of this report.

Gateway Mountain Center **Whole Hearts, Minds, and Bodies** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (TTCF clients only; Appendix I.C)
- Youth Outcome Questionnaire (TTCF clients only; Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	9	69.2%
16 - 25 years	3	23.1%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	1	7.7%
Unduplicated Total	**13**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	8	61.5%
Other	1	7.7%
More than one race	-	-
Prefer not to answer	1	7.7%
Unknown	3	23.1%
Unduplicated Total	**13**	**100.0%**

Primary Language	# Served	% Served
English	7	53.8%
Spanish	4	30.8%
Other	-	-
Prefer not to answer	-	-
Unknown	2	15.4%
Unduplicated Total	**13**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	9	69.2%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**9**	**69.2%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	7.7%
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**1**	**7.7%**
More than one ethnicity	-	-
Prefer not to answer	1	7.7%
Ethnicity unknown	2	15.4%
Unduplicated Total	**13**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	8	61.5%
Female	5	38.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Gender (Current)	# Served	% Served
Male	8	61.5%
Female	5	38.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	10	76.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	7.7%
N/A	2	15.4%
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	10	76.9%
Prefer not to answer	-	-
Unknown	3	23.1%
Unduplicated Total	**13**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	7.7%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	3	23.1%
Physical/ Mobility	-	-
Chronic Health Condition	3	23.1%
Other non-communication disability	1	7.7%
No Disability	4	30.8%
Prefer not to answer	1	7.7%
Unknown	3	23.1%
Unduplicated Total	**13**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	2	15.4%
6 - 12 months ago	-	-
1 - 4 years ago	4	30.8%
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	1	7.7%
N/A	1	7.7%
Unknown	5	38.5%
Unduplicated Total	**13**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

GRANITE WELLNESS CENTERS
Adolescent Services

Program Overview

The Granite Wellness Centers (formerly Community Recovery Resources (CoRR)) Adolescent Services Program provides assessments and individualized treatment plans for youth who are at risk of mental health disorders due to identified substance use or dependence, or who have significant parent/family issues at home. Adolescent Services provides individual rehabilitation and mental health services, group rehabilitation services, and individual/family group therapy services to address the youth's co-occurring symptoms. Adolescent Services also provides case management and referrals to resources that would help the family.

Adolescent Services' goal is to address the family system and engage the family in understanding and learning skills to support their teen with a strength-based, solution-focused approach. Adolescent Services' work is grounded in evidence-based practices such as Motivational Interviewing, Cognitive-Behavioral Therapy, Attachment and Trauma Focused treatment, Brain Development research, and Dialectical Behavior Therapy. Adolescent Services strongly encourages the parents to participate in the Parent Project.

Adolescent Services conducts weekly, observed, drug testing that measures increasing or declining drug use and/or polysubstance use. Other criteria for success include consistent attendance and participation in services, reduction of antisocial behaviors, increased healthy family relationships, and other treatment goals identified in the assessment process.

The Adolescent Services Program takes place on the Roseville and Auburn Granite Wellness Centers campuses. Services are available in English and Spanish.

Program Indicators

This program is intended to provide early intervention and treatment services for youth ages 12 - 18 who are experiencing mental health symptoms, early in emergence.

Target Population

Adolescent Services' target population is youth, ages 12 - 18, at risk for developing co-occurring disorders. Adolescent Services has a multi-pronged outreach program to schools, juvenile probation, other community agencies, resource fairs, and family networking. If the youth displays co-occurring symptoms and family issues during the assessment process, they are referred to Adolescent Services.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Granite Wellness Centers **Adolescent Services Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Youth Outcome Questionnaire (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	20	34.5%
16 - 25 years	24	41.4%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	14	24.1%
Unduplicated Total	**58**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	1	1.7%
Black	-	-
Native Hawaiian or Other Pacific Islander	1	1.7%
White/ Caucasian	33	56.9%
Other	4	6.9%
More than one race	5	8.6%
Prefer not to answer	1	1.7%
Unknown	13	22.4%
Unduplicated Total	**58**	**100.0%**

Primary Language	# Served	% Served
English	43	74.1%
Spanish	1	1.7%
Other	1	1.7%
Prefer not to answer	-	-
Unknown	13	22.4%
Unduplicated Total	**58**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	7	12.1%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**7**	**12.1%**
Non-Hispanic or Non-Latino as follows:		
African	1	1.7%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	10	17.2%
Filipino	1	1.7%
Japanese	-	-
Korean	-	-
Middle Eastern	1	1.7%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	5	8.6%
Non-Hispanic or Non-Latino Subtotal	**18**	**31.0%**
More than one ethnicity	4	6.9%
Prefer not to answer	1	1.7%
Ethnicity unknown	28	48.3%
Unduplicated Total	**58**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	33	56.9%
Female	12	20.7%
Prefer not to answer	-	-
Unknown	13	22.4%
Unduplicated Total	**58**	**100.0%**

Gender (Current)	# Served	% Served
Male	33	56.9%
Female	12	20.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	13	22.4%
Unduplicated Total	**58**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	41	70.7%
Bisexual	4	6.9%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	13	22.4%
Unduplicated Total	**58**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	1.7%
Veteran	3	5.2%
Served in Military	1	1.7%
Family of Military	5	8.6%
No Military	32	55.2%
Prefer not to answer	-	-
Unknown	17	29.3%
Unduplicated Total	**58**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	6	10.3%
Difficulty hearing or speaking	2	3.4%
Other communication disability	-	-
Cognitive	2	3.4%
Physical/ Mobility	1	1.7%
Chronic Health Condition	11	19.0%
Other non-communication disability	-	-
No Disability	26	44.8%
Prefer not to answer	1	1.7%
Unknown	15	25.9%
Unduplicated Total	**58**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	10	17.2%
6 - 12 months ago	4	6.9%
1 - 4 years ago	20	34.5%
Over 5 years ago	1	1.7%
Other	-	-
Prefer not to answer	1	1.7%
N/A	7	12.1%
Unknown	15	25.9%
Unduplicated Total	**58**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

KIDSFIRST
Dinosaur School

Program Overview
The Dina Dinosaur School program for children, ages 4 - 8 years old, is a program that focuses on promoting positive social, emotional, and problem solving skills. 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 complements the Incredible Years parent curriculum, and teaches children self-regulation and positive classroom behavior, enabling them increased success in both social and academic settings.

During a Dinosaur School session, the facilitator uses child-sized boy and girl puppets to connect with and model appropriate child behavior. There is also a dinosaur puppet that teaches school rules and rewards children who are doing well. These puppets implement a series of activities for each session. For example, a friendship session about sharing might be paired with an art project where there are limited supplies, and children have to figure out how to share. A facilitator sits with the students, and "coaches" and comments on pro-social behavior. In the problem-solving session, children are given a problem and asked to think of as many solutions as they can. They receive Dino "bucks" for positive behavior. The Dino bucks can be accumulated and redeemed for small prizes.

Each class is held one (1) afternoon per week for two (2) hours, over a twelve week period.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for children, ages 4 - 8 years, who are experiencing mental health symptoms, early in emergence.

Target Population
The target population for this program is children, ages 4 - 8 years. At each school, teachers will select and refer up to eight (8) students, who exhibit challenging behavioral problems that are impacting their success in the classroom. Examples of challenging behavioral problems include conduct problems, Attention Deficit Hyperactivity Disorder (ADHD), anger, irritable mood, argumentativeness, defiant behavior, vindictiveness, isolation, inattention, impulsiveness, hyperactivity, withdrawal, or proneness to peer ridicule.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Dinosaur School** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Sutter-Eyberg Student Behavior Inventory (Appendix I.C)

Demographics
FY 2018-2019

KidsFirst Dinosaur School served nine (9)participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

KIDSFIRST
Early Intervention Therapy (PCIT & TF-CBT)

Program Overview

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.

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. They learn to manage and resolve distressing thoughts, feelings and behaviors related to trauma. 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.

PCIT and TF-CBT are both offered in English and Spanish.

Program Indicators

These programs are intended to provide early intervention and treatment services for children, youth, and/or adults who are experiencing mental health symptoms, early in emergence.

Target Population

PCIT: Parents with children under seven (7) who are exhibiting behavioral problems, such as aggression, defiance, non-compliance, and temper tantrums.

TF-CBT: Individuals of any age, who may have experienced a trauma and present with symptoms that impact daily functioning.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Early Intervention Therapy** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Eyberg Child Behavior Inventory (PCIT; Appendix I.C)
- UCLA PTSD Reaction Index (TF-CBT; Appendix I.C)

Demographics
FY 2018-2019

Age Group	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
0 - 15 years	11	100.0%	44	57.9%
16 - 25 years	-	-	4	5.3%
26 - 59 years	-	-	24	31.6%
60+ years	-	-	2	2.6%
Prefer not to answer	-	-	-	-
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Race	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
American Indian or Alaska Native	-	-	-	-
Asian	1	9.1%	8	10.5%
Black	-	-	-	-
Native Hawaiian or Other Pacific Islander	-	-	1	1.3%
White/ Caucasian	8	72.7%	45	59.2%
Other	1	9.1%	7	9.2%
More than one race	1	9.1%	6	7.9%
Prefer not to answer	-	-	7	9.2%
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Primary Language	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
English	10	90.9%	65	85.5%
Spanish	-	-	7	9.2%
Other	1	9.1%	2	2.6%
Prefer not to answer	-	-	-	-
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Demographics (continued)
FY 2018-2019

Ethnicity	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Hispanic or Latino:				
Caribbean	-	-	-	-
Central American	-	-	1	1.3%
Mexican/ Mexican-American/ Chicano	-	-	1	1.3%
Puerto Rican	1	9.1%	17	22.4%
South American	-	-	-	-
Hispanic/ Latino (undefined)	-	-	-	-
Other Hispanic/ Latino	-	-	1	1.3%
Hispanic or Latino Subtotal	**1**	**9.1%**	**20**	**26.3%**
Non-Hispanic or Non-Latino as follows:				
African	-	-	1	1.3%
Asian Indian/ South Asian	-	-	2	2.6%
Cambodian	-	-	-	-
Chinese	1	9.1%	-	-
Eastern European	2	18.2%	3	3.9%
European	-	-	11	14.5%
Filipino	-	-	3	3.9%
Japanese	-	-	-	-
Korean	-	-	1	1.3%
Middle Eastern	1	9.1%	-	-
Vietnamese	-	-	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-	1	1.3%
Other Non-Hispanic/ Non-Latino	-	-	1	1.3%
Non-Hispanic or Non-Latino Subtotal	**4**	**36.4%**	**23**	**30.3%**
More than one ethnicity	1	9.1%	8	10.5%
Prefer not to answer	3	27.3%	12	15.8%
Ethnicity unknown	2	18.2%	13	17.1%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Male	6	54.5%	38	50.0%
Female	5	45.5%	35	46.1%
Prefer not to answer	-	-	-	-
Unknown	-	-	3	3.9%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Gender (Current)	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Male	6	54.5%	37	48.7%
Female	5	45.5%	35	46.1%
Transgender (Male to Female)	-	-	-	-
Transgender (Female to Male)	-	-	-	-
Transgender (Undefined)	-	-	-	-
Genderqueer	-	-	-	-
Questioning or Unsure	-	-	-	-
Another gender identity	-	-	-	-
Prefer not to answer	-	-	1	1.3%
Unknown	-	-	3	3.9%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Sexual Orientation***	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Gay or Lesbian	-	-	1	1.3%
Heterosexual/ Straight	-	-	37	48.7%
Bisexual	-	-	2	2.6%
Questioning/ Unsure	-	-	-	-
Queer	-	-	-	-
Another sexual orientation	-	-	-	-
LGBQ (undefined)	-	-	-	-
Prefer not to answer	-	-	3	3.9%
N/A	11	100.0%	31	40.8%
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Demographics (continued)
FY 2018-2019

Military Status**	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Active Military	-	-	2	2.6%
Veteran	-	-	3	3.9%
Served in Military	-	-	-	-
Family of Military	-	-	5	6.6%
No Military	11	100.0%	54	71.1%
Prefer not to answer	-	-	2	2.6%
Unknown	-	-	11	14.5%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Disability**	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Difficulty seeing	-	-	-	-
Difficulty hearing or speaking	-	-	3	3.9%
Other communication disability	-	-	-	-
Cognitive	-	-	5	6.6%
Physical/ Mobility	-	-	4	5.3%
Chronic Health Condition	1	9.1%	9	11.8%
Other non-communication disability	-	-	-	-
No Disability	10	90.9%	58	76.3%
Prefer not to answer	-	-	2	2.6%
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

Onset of First Mental Health Symptoms	PCIT		TF-CBT	
	# Served	% of Served	# Served	% of Served
Less than 6 months ago	3	27.3%	18	23.7%
6 - 12 months ago	3	27.3%	13	17.1%
1 - 4 years ago	4	36.4%	25	32.9%
Over 5 years ago	1	9.1%	9	11.8%
Other	-	-	-	-
Prefer not to answer	-	-	3	3.9%
N/A	-	-	6	7.9%
Unknown	-	-	2	2.6%
Unduplicated Total	**11**	**100.0%**	**76**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

KIDSFIRST
Parent & Baby Wellness

Program Overview
The Parent & Baby Wellness program 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. Weekly outreach activities are intended to educate the community-at-large about perinatal mood disorders and the services available. Primary audiences include hospitals, neonatal services, obstetrics and gynecology physicians. Perinatal Mood Disorder Treatment is offered at both the Roseville and Auburn locations in both English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for parents with children, prenatal to 5 years old, who are experiencing mental health symptoms, early in emergence.

Target Population
Parents with children, prenatal to 5 years old, who are experiencing symptoms of depression and/or anxiety. Referrals are received through community groups (e.g., churches, local support groups), hospitals, doctor's offices, Child Welfare Services (CWS), word-of-mouth, KidsFirst intake, and client self-referrals.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

KidsFirst **Parent & Baby Wellness** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Edinburgh Postnatal Depression Scale (Appendix I.C)

Demographics
FY 2018-2019

KidsFirst Parent & Baby Wellness served seven (7) participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER
Attachment-Based Family Therapy (ABFT)

Program Overview
Attachment-Based Family Therapy (ABFT) is an evidence-based treatment for adolescents, ages 12 - 18, designed to treat youth who are clinically diagnosed with a major depressive disorder, to help eliminate suicidal ideation and reduce dispositional anxiety. ABFT is short-term treatment, approximately 12 - 16 weekly sessions, and aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. During the treatment process, parents become a resource to help the youth cope with stress, experience competency, and explore autonomy. Services are provided on-site at Lighthouse in Lincoln.

Services are available in English and Spanish. ABFT has a bilingual, bicultural therapist.

Program Indicators
This program is intended to provide early intervention and treatment services for youth ages 12 - 18 who are experiencing mental health symptoms.

Target Population
Youth, ages 12 - 18, with depression, anxiety and/or suicidal ideation, and their families.

To ensure access for underserved monolingual Spanish speaking community members, this program is funded with both PEI and System Transformation funds.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Lighthouse **Attachment Based Family Therapy** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Brief FAM (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	63	78.8%
16 - 25 years	1	1.3%
26 - 59 years	4	5.0%
60+ years	-	-
Prefer not to answer	-	-
Unknown	12	15.0%
Unduplicated Total	**80**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	1	1.3%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	51	63.8%
Other	1	1.3%
More than one race	9	11.3%
Prefer not to answer	2	2.5%
Unknown	16	20.0%
Unduplicated Total	**80**	**100.0%**

Primary Language	# Served	% Served
English	51	63.8%
Spanish	12	15.0%
Other	3	3.8%
Prefer not to answer	-	-
Unknown	14	17.5%
Unduplicated Total	**80**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	1.3%
Mexican/ Mexican-American/ Chicano	15	18.8%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**16**	**20.0%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	1.3%
European	19	23.8%
Filipino	1	1.3%
Japanese	-	-
Korean	-	-
Middle Eastern	2	2.5%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	6	7.5%
Non-Hispanic or Non-Latino Subtotal	**29**	**36.3%**
More than one ethnicity	10	12.5%
Prefer not to answer	5	6.3%
Ethnicity unknown	20	25.0%
Unduplicated Total	**80**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	31	38.8%
Female	38	47.5%
Prefer not to answer	-	-
Unknown	11	13.8%
Unduplicated Total	**80**	**100.0%**

Gender (Current)	# Served	% Served
Male	31	38.8%
Female	35	43.8%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	1.3%
Prefer not to answer	2	2.5%
Unknown	11	13.8%
Unduplicated Total	**80**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	23	28.8%
Bisexual	-	-
Questioning/ Unsure	1	1.3%
Queer	-	-
Another sexual orientation	1	1.3%
LGBQ (undefined)	-	-
Prefer not to answer	2	2.5%
N/A	42	52.5%
Unknown	11	13.8%
Unduplicated Total	**80**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	2	2.5%
Served in Military	1	1.3%
Family of Military	14	17.5%
No Military	46	57.5%
Prefer not to answer	-	-
Unknown	17	21.3%
Unduplicated Total	**80**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	3	3.8%
Difficulty hearing or speaking	2	2.5%
Other communication disability	1	1.3%
Cognitive	6	7.5%
Physical/ Mobility	-	-
Chronic Health Condition	7	8.8%
Other non-communication disability	1	1.3%
No Disability	45	56.3%
Prefer not to answer	-	-
Unknown	17	21.3%
Unduplicated Total	**80**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	6	7.5%
6 - 12 months ago	12	15.0%
1 - 4 years ago	36	45.0%
Over 5 years ago	9	11.3%
Other	1	1.3%
Prefer not to answer	-	-
N/A	1	1.3%
Unknown	15	18.8%
Unduplicated Total	**80**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Standardized Outcome Measure*

	FY 2018-19
% Improved**	**52%**
Number of Participants***	N=21
Instrument	Brief FAM Pre to Post

*Outcome data is dependent on severity and length of individual cases.
**Improvement defined as a lower score at post-treatment measurement compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER
Road to Wellness (RTW)

Program Overview
The Road to Wellness (RTW) group is designed for those experiencing anxiety, stress, depression, anger, sleep disorders, fatigue, guilt, or other feelings affecting their mental health and well-being. RTW groups are based on Cognitive Behavioral Therapy (CBT) theory and practice. CBT is an evidence-based practice that focuses on examining the relationships between thoughts, feelings, and behaviors. By exploring patterns of thinking that lead to self-destructive actions and their beliefs, people with mental illness can modify their patterns of thinking to improve coping strategies. RTW provides both individual and group services. There are 12-week group sessions (1.5 hours per session, 10 - 12 people per group). Services are provided on-site at Lighthouse in Lincoln and at host locations within the Placer County area.

Services are provided in both English and Spanish. RTW has a bilingual, bicultural therapist.

Program Indicators
This program is intended to provide early intervention and treatment services for youth ages 12 - 18 who are experiencing mental health symptoms.

Target Population
Youth/young adults with depression, anxiety, sleep disorders, fatigue, guilt, or other feelings affecting their mental health and well-being.

All services are offered at no cost to the client and are provided in both English and Spanish. Clients are often referred to Lighthouse by other agencies or individuals. In addition, Lighthouse receives requests to provide services off-site at host locations.

To ensure access for underserved monolingual Spanish-speaking community members, System Transformation funds, in addition to PEI, are used to fund this service.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Lighthouse Counseling and FRC **Road to Wellness** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Beck Depression Inventory (BDI-II) (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	17	20.7%
16 - 25 years	11	13.4%
26 - 59 years	31	37.8%
60+ years	16	19.5%
Prefer not to answer	-	-
Unknown	7	8.5%
Unduplicated Total	**82**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	1.2%
Asian	1	1.2%
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	64	78.0%
Other	2	2.4%
More than one race	5	6.1%
Prefer not to answer	4	4.9%
Unknown	5	6.1%
Unduplicated Total	**82**	**100.0%**

Primary Language	# Served	% Served
English	68	82.9%
Spanish	11	13.4%
Other	1	1.2%
Prefer not to answer	-	-
Unknown	2	2.4%
Unduplicated Total	**82**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	19	23.2%
Puerto Rican	-	-
South American	1	1.2%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**20**	**24.4%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	3	3.7%
European	24	29.3%
Filipino	1	1.2%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	1	1.2%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	2	2.4%
Non-Hispanic or Non-Latino Subtotal	**31**	**37.8%**
More than one ethnicity	5	6.1%
Prefer not to answer	9	11.0%
Ethnicity unknown	17	20.7%
Unduplicated Total	**82**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	24	29.3%
Female	55	67.1%
Prefer not to answer	1	1.2%
Unknown	2	2.4%
Unduplicated Total	**82**	**100.0%**

Gender (Current)	# Served	% Served
Male	23	28.0%
Female	51	62.2%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	1	1.2%
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	1.2%
Prefer not to answer	4	4.9%
Unknown	2	2.4%
Unduplicated Total	**82**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	3	3.7%
Heterosexual/ Straight	63	76.8%
Bisexual	5	6.1%
Questioning/ Unsure	1	1.2%
Queer	2	2.4%
Another sexual orientation	1	1.2%
LGBQ (undefined)	-	-
Prefer not to answer	5	6.1%
N/A	1	1.2%
Unknown	1	1.2%
Unduplicated Total	**82**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	1.2%
Veteran	7	8.5%
Served in Military	2	2.4%
Family of Military	10	12.2%
No Military	56	68.3%
Prefer not to answer	3	3.7%
Unknown	6	7.3%
Unduplicated Total	**82**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	10	12.2%
Difficulty hearing or speaking	5	6.1%
Other communication disability	-	-
Cognitive	7	8.5%
Physical/ Mobility	4	4.9%
Chronic Health Condition	39	47.6%
Other non-communication disability	-	-
No Disability	39	47.6%
Prefer not to answer	3	3.7%
Unknown	2	2.4%
Unduplicated Total	**82**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	8	9.8%
6 - 12 months ago	5	6.1%
1 - 4 years ago	21	25.6%
Over 5 years ago	28	34.1%
Other	-	-
Prefer not to answer	9	11.0%
N/A	7	8.5%
Unknown	4	4.9%
Unduplicated Total	**82**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Standardized Outcome Measure*

	FY 2018-19
% Improved**	**76%**
Number of Participants***	N=41
Instrument	Beck Depression Inventory Pre to Post

*Outcome data is dependent on severity and length of individual cases.
**Improvement defined as a lower depression category score at post-treatment measurement compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER
Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Program Overview
Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an evidence-based practice that utilizes a psychotherapy approach for caregivers, children, and youth who are experiencing significant emotional and behavioral difficulties related to traumatic life events. TF-CBT provides short-term treatment (approximately 12 weekly sessions) targeted to overcoming specific trauma. To treat trauma-related mental illness, caregivers, children, and youth are taught skills to help process thoughts and feelings related to traumatic life events. They learn to manage and resolve distressing thoughts, feelings and behaviors related to trauma. TF-CBT also helps the caregiver improve their coping skills to create a better living environment for the family. Services are provided on-site at Lighthouse in Lincoln and at host locations within the Placer County area.

Services are provided in both English and Spanish. TF-CBT has a bilingual, bicultural therapist.

Program Indicators
This program is intended to provide early intervention and treatment services for people of all ages who are experiencing mental health symptoms.

Target Population
All ages. If the client is a child, TF-CBT engages the family.

TF–CBT combines cognitive behavior and family theory and adapts them to the treatment of traumatic events. It was created for young people who have developed significant emotional or behavioral difficulties following exposure to a traumatic event (e.g., loss of a loved one, physical abuse, sexual abuse, domestic or community violence, motor vehicle accidents, and more). The program targets both males and females from different socioeconomic backgrounds and from diverse ethnic groups.

To ensure access for underserved monolingual Spanish-speaking community members, these services are funded through both PEI and System Transformation funds.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Lighthouse Counseling and FRC **Trauma-Focused CBT** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- UCLA PTSD Reaction Index DSM-V (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	35	23.3%
16 - 25 years	13	8.7%
26 - 59 years	76	50.7%
60+ years	14	9.3%
Prefer not to answer	-	-
Unknown	12	8.0%
Unduplicated Total	**150**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	2	1.3%
Asian	2	1.3%
Black	1	0.7%
Native Hawaiian or Other Pacific Islander	1	0.7%
White/ Caucasian	102	68.0%
Other	9	6.0%
More than one race	13	8.7%
Prefer not to answer	6	4.0%
Unknown	14	9.3%
Unduplicated Total	**150**	**100.0%**

Primary Language	# Served	% Served
English	104	69.3%
Spanish	32	21.3%
Other	-	-
Prefer not to answer	-	-
Unknown	14	9.3%
Unduplicated Total	**150**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	3	2.0%
Mexican/ Mexican-American/ Chicano	44	29.3%
Puerto Rican	3	2.0%
South American	2	1.3%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	1	0.7%
Hispanic or Latino Subtotal	**53**	**35.3%**
Non-Hispanic or Non-Latino as follows:		
African	1	0.7%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	4	2.7%
European	25	16.7%
Filipino	5	3.3%
Japanese	-	-
Korean	-	-
Middle Eastern	1	0.7%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	5	3.3%
Non-Hispanic or Non-Latino Subtotal	**41**	**27.3%**
More than one ethnicity	13	8.7%
Prefer not to answer	13	8.7%
Ethnicity unknown	30	20.0%
Unduplicated Total	**150**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	42	28.0%
Female	96	64.0%
Prefer not to answer	1	0.7%
Unknown	11	7.3%
Unduplicated Total	**150**	**100.0%**

Gender (Current)	# Served	% Served
Male	42	28.0%
Female	95	63.3%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	0.7%
Prefer not to answer	1	0.7%
Unknown	11	7.3%
Unduplicated Total	**150**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	103	68.7%
Bisexual	4	2.7%
Questioning/ Unsure	2	1.3%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	3	2.0%
N/A	25	16.7%
Unknown	13	8.7%
Unduplicated Total	**150**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	4	2.7%
Served in Military	-	-
Family of Military	8	5.3%
No Military	114	76.0%
Prefer not to answer	2	1.3%
Unknown	22	14.7%
Unduplicated Total	**150**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	8	5.3%
Difficulty hearing or speaking	4	2.7%
Other communication disability	1	0.7%
Cognitive	10	6.7%
Physical/ Mobility	6	4.0%
Chronic Health Condition	60	40.0%
Other non-communication disability	3	2.0%
No Disability	80	53.3%
Prefer not to answer	4	2.7%
Unknown	17	11.3%
Unduplicated Total	**150**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	6	4.0%
6 - 12 months ago	14	9.3%
1 - 4 years ago	61	40.7%
Over 5 years ago	45	30.0%
Other	-	-
Prefer not to answer	2	1.3%
N/A	5	3.3%
Unknown	17	11.3%
Unduplicated Total	**150**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Outcomes
FY 2018-2019

Standardized Outcome Measure*

	FY 2018-19
% Improved**	**72%**
Number of Participants***	N=58
Instrument	UCLA PTSD Reaction Index Pre to Post

*Outcome data is dependent on severity and length of individual cases.
**Improvement defined as a lower score at post-treatment measurement compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

SIERRA MENTAL WELLNESS GROUP
Functional Family Therapy (FFT)

Program Overview
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 a Prevention and 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, based on the family's unique dynamics and strengths. FFT utilizes families' natural resources and abilities, so they are able to maintain their continued success after treatment is completed. It is FFT's overall goal to reduce recidivism rates and increase family functioning independent of the system. Therapy sessions are most often conducted as a home-based service, but clinic settings are also available.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for youth, ages 11 through 17, who are experiencing mental health symptoms, early in emergence.

Target Population
As a PEI evidence-based model, FFT focuses on the wellness and resilience of youth, ages 11 through 17, and their families. FFT referrals are coordinated through Placer County Children's System of Care (CSOC), an integrated mental health service system that is designed to increase clients' accessibility to services. Due to the community collaboration efforts on behalf of CSOC and the FFT Team, FFT referrals are commonly provided through Juvenile Probation, the Diversion Program, schools, Child Welfare Services (CWS), wraparound services, the Crisis Resolution Center (Koinonia), managed care, educationally-related mental health services, and other community resources. FFT continues to have a steady stream of referrals due to the atmosphere of support within these community partnerships.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Sierra Mental Wellness Group **Functional Family Therapy** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Youth Outcome Questionnaire (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	21	75.0%
16 - 25 years	6	21.4%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	1	3.6%
Unduplicated Total	**28**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	2	7.1%
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	20	71.4%
Other	-	-
More than one race	6	21.4%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**28**	**100.0%**

Primary Language	# Served	% Served
English	26	92.9%
Spanish	-	-
Other	2	7.1%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**28**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	6	21.4%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**6**	**21.4%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	1	3.6%
Cambodian	-	-
Chinese	-	-
Eastern European	1	3.6%
European	7	25.0%
Filipino	2	7.1%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	1	3.6%
Non-Hispanic or Non-Latino Subtotal	**12**	**42.9%**
More than one ethnicity	2	7.1%
Prefer not to answer	-	-
Ethnicity unknown	8	28.6%
Unduplicated Total	**28**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	18	64.3%
Female	10	35.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**28**	**100.0%**

Gender (Current)	# Served	% Served
Male	18	64.3%
Female	9	32.1%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	1	3.6%
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**28**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	20	71.4%
Bisexual	3	10.7%
Questioning/ Unsure	1	3.6%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	3.6%
N/A	3	10.7%
Unknown	-	-
Unduplicated Total	**28**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	3.6%
Veteran	1	3.6%
Served in Military	2	7.1%
Family of Military	9	32.1%
No Military	14	50.0%
Prefer not to answer	1	3.6%
Unknown	1	3.6%
Unduplicated Total	**28**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	2	7.1%
Other communication disability	-	-
Cognitive	1	3.6%
Physical/ Mobility	-	-
Chronic Health Condition	2	7.1%
Other non-communication disability	-	-
No Disability	-	-
Prefer not to answer	2	7.1%
Unknown	3	10.7%
Unduplicated Total	**28**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	10	35.7%
Over 5 years ago	10	35.7%
Other	-	-
Prefer not to answer	2	7.1%
N/A	3	10.7%
Unknown	3	10.7%
Unduplicated Total	**28**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

SIERRA NATIVE ALLIANCE
Early Onset Counseling

Program Overview
Sierra Native Alliance (SNA) Early Onset Counseling services include the Women's Healing Group and Individual Counseling services. These services are for Native women and their family members who have experienced trauma. Experiencing the highest rates of violence and sexual assault in the nation, Native women continue to be disproportionately impacted by historical and personal trauma. Group and individual counseling services are provided to reduce mental health distress and prevent the occurrence of severe and persistent mental health conditions in this underserved population. With a lack of culturally relevant counseling resources in Placer County, this program fills a gap to improve access to services for Native women impacted by multiple mental health risk factors. These may include substance use, chronic health conditions, family violence and separation, single parenthood, economic stress, low educational attainment, employment problems, and lack of stable housing.

A 10-week session of trauma-focused group counseling is offered for women. It utilizes a cultural adaptation of the evidence-based Seeking Safety curriculum. This curriculum reduces the impact of trauma and anxiety among survivors of abuse. It focuses on reducing the severity of symptoms and harmful behaviors, such as substance use, isolation, self-harm, and continued engagement in harmful relationships.

Given the traumatic histories of participants, many prefer to attend individual counseling sessions, and culturally relevant counseling services are available one (1) day a week through this project. SNA Peer Support workers also provide peer counseling, case management, and support services to facilitate accessibility, such as transportation and activities for children, while clients are attending counseling services. Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for adult women and their families who are experiencing mental health symptoms, early in emergence.

Target Population
Services are primarily focused on members of the Native community to address the "triangle of risk" created by untreated trauma, mental health disorders, and co-occurring substance use among Native women.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

SNA **Early Onset Counseling** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Symptom Severity Measure (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	66	32.2%
16 - 25 years	25	12.2%
26 - 59 years	97	47.3%
60+ years	10	4.9%
Prefer not to answer	-	-
Unknown	7	3.4%
Unduplicated Total	**205**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	168	82.0%
Asian	1	0.5%
Black	3	1.5%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	24	11.7%
Other	1	0.5%
More than one race	2	1.0%
Prefer not to answer	-	-
Unknown	6	2.9%
Unduplicated Total	**205**	**100.0%**

Primary Language	# Served	% Served
English	196	95.6%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	9	4.4%
Unduplicated Total	**205**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	1	0.5%
Puerto Rican	13	6.3%
South American	1	0.5%
Hispanic/ Latino (undefined)	1	0.5%
Other Hispanic/ Latino	2	1.0%
Hispanic or Latino Subtotal	**18**	**8.8%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	11	5.4%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**11**	**5.4%**
More than one ethnicity	1	0.5%
Prefer not to answer	-	-
Ethnicity unknown	175	85.4%
Unduplicated Total	**205**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	93	45.4%
Female	106	51.7%
Prefer not to answer	-	-
Unknown	6	2.9%
Unduplicated Total	**205**	**100.0%**

Gender (Current)	# Served	% Served
Male	93	45.4%
Female	105	51.2%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	0.5%
Prefer not to answer	-	-
Unknown	6	2.9%
Unduplicated Total	**205**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	144	70.2%
Bisexual	3	1.5%
Questioning/ Unsure	1	0.5%
Queer	-	-
Another sexual orientation	1	0.5%
LGBQ (undefined)	-	-
Prefer not to answer	8	3.9%
N/A	39	19.0%
Unknown	9	4.4%
Unduplicated Total	**205**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	0.5%
Veteran	2	1.0%
Served in Military	3	1.5%
Family of Military	5	2.4%
No Military	158	77.1%
Prefer not to answer	-	-
Unknown	37	18.0%
Unduplicated Total	**205**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	6	2.9%
Difficulty hearing or speaking	4	2.0%
Other communication disability	-	-
Cognitive	16	7.8%
Physical/ Mobility	6	2.9%
Chronic Health Condition	43	21.0%
Other non-communication disability	-	-
No Disability	120	58.5%
Prefer not to answer	-	-
Unknown	53	25.9%
Unduplicated Total	**205**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	2	1.0%
6 - 12 months ago	-	-
1 - 4 years ago	6	2.9%
Over 5 years ago	36	17.6%
Other	-	-
Prefer not to answer	-	-
N/A	114	55.6%
Unknown	47	22.9%
Unduplicated Total	**205**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

UNITY CARE
Transition to Independence

Program Overview
Unity Care uses the Transition to Independence (TIP) model. This model supports youth and young adults with emotional and behavioral challenges to transition to adulthood, through facilitated case management planning. TIP provides participants with a systematic planning process to develop self-sufficiency and successfully achieve goals. In collaboration with their families and other informal support persons, youth develop skills in finding employment, pursuing education opportunities, develop independent living skills, and improve life functioning. TIP promotes positive health and wellness to support transition age youth to become successful adults.

TIP is typically an 18-month program, and services are provided in the participants' venue of choice (e.g., their home, coffee shop, park, school, etc.). TIP participants have access to weekly workshops focused on independent living, courtesy of the Placer County Independent Living Program.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for youth who are experiencing mental health symptoms, early in emergence.

Target Population
The target population is youth ages 14 - 24 years, who reside in Western Placer County, have a mental health diagnosis, and a history of mental health symptoms that impact independence. Youth can be referred to the Program by almost anyone, including their mentor, school personnel, parent or guardian, community provider, Wraparound program, Probation, and/or through self-referral. Youth are selected after reviewing the referral form, conferring with the referring party, and with a County Health and Human Services (HHS) representative to ensure the applicant meets the minimum qualifications for the program. The TIP Facilitator next contacts the applicant to determine if he/she is willing to engage in TIP services. If so, the applicant enters the four (4)-week assessment phase. At the end of four (4) weeks, the TIP Facilitator and applicant discuss whether or not the applicant would like to be enrolled in the program. Participants must be willing to meet weekly with the TIP Facilitator, establish and actively work on transition goals, include their support team in future planning, and attend team meetings.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Unity Care Group **Transition to Independence** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	2	15.4%
16 - 25 years	11	84.6%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	7.7%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	10	76.9%
Other	1	7.7%
More than one race	1	7.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Primary Language	# Served	% Served
English	11	84.6%
Spanish	2	15.4%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	3	23.1%
Puerto Rican	1	7.7%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**4**	**30.8%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	7.7%
European	1	7.7%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	4	30.8%
Non-Hispanic or Non-Latino Subtotal	**6**	**46.2%**
More than one ethnicity	1	7.7%
Prefer not to answer	-	-
Ethnicity unknown	2	15.4%
Unduplicated Total	**13**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	8	61.5%
Female	5	38.5%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Gender (Current)	# Served	% Served
Male	8	61.5%
Female	5	38.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	7.7%
Heterosexual/ Straight	9	69.2%
Bisexual	2	15.4%
Questioning/ Unsure	1	7.7%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	2	15.4%
Served in Military	-	-
Family of Military	1	7.7%
No Military	10	76.9%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**13**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	7.7%
Difficulty hearing or speaking	1	7.7%
Other communication disability	-	-
Cognitive	1	7.7%
Physical/ Mobility	-	-
Chronic Health Condition	3	23.1%
Other non-communication disability	-	-
No Disability	6	46.2%
Prefer not to answer	-	-
Unknown	2	15.4%
Unduplicated Total	**13**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	1	7.7%
1 - 4 years ago	4	30.8%
Over 5 years ago	4	30.8%
Other	-	-
Prefer not to answer	1	7.7%
N/A	1	7.7%
Unknown	2	15.4%
Unduplicated Total	**13**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

UPLIFT FAMILY SERVICES
North Tahoe Outpatient Program

Program Overview
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. The anticipated length of service is 9 - 12 months or less.

Services are available in English and Spanish.

Program Indicators
This program is intended to provide early intervention and treatment services for youth, ages 3 - 18, who are experiencing mental health symptoms.

Target Population
The North Tahoe Outpatient Program serves school-age children and youth and their families in the Tahoe Truckee area of Placer County. The target population includes children and youth with mental health issues that impact their functioning and need therapeutic intervention. Youth and families are referred to the North Tahoe Outpatient Program by Placer County Child Welfare Services (CWS), County Wraparound, and Tahoe-Truckee Unified School District (TTUSD) school counselors.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Uplift Family Services **North Tahoe Outpatient Program** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Participant Perception of Care Survey (Appendix I.C)
- Child and Adolescent Needs and Strengths (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	24	72.7%
16 - 25 years	9	27.3%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**33**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	8	24.2%
Other	19	57.6%
More than one race	1	3.0%
Prefer not to answer	-	-
Unknown	5	15.2%
Unduplicated Total	**33**	**100.0%**

Primary Language	# Served	% Served
English	32	97.0%
Spanish	1	3.0%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**33**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	15	45.5%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	5	15.2%
Hispanic or Latino Subtotal	**20**	**60.6%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	1	3.0%
Prefer not to answer	-	-
Ethnicity unknown	12	36.4%
Unduplicated Total	**33**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	11	33.3%
Female	22	66.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**33**	**100.0%**

Gender (Current)	# Served	% Served
Male	11	33.3%
Female	22	66.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**33**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	4	12.1%
Unknown	29	87.9%
Unduplicated Total	**33**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	-	-
Prefer not to answer	-	-
Unknown	33	100.0%
Unduplicated Total	**33**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	-	-
Prefer not to answer	-	-
Unknown	33	100.0%
Unduplicated Total	**33**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	33	100.0%
Unduplicated Total	**33**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

PLACER COUNTY OFFICE OF EDUCATION
Mental Health First Aid

Program Overview
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.

There are three (3) types of workshops offered, including Veterans, Youth, and Adult Mental Health First Aid. 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. Nationally, 25% of adults, 20% of youth, and 30% of soldiers returning from war are affected by mental illness. Aside from accidents, suicide is the leading cause of death among youth. Developing skills and strategies is therefore a national priority.

Workshops are offered throughout Placer County and provide training to a wide range of individuals, representing individuals from a broad range of backgrounds.

Workshops are available in English and Spanish.

Program Indicators
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. These outreach activities are used to identify unserved and underserved populations and help them access mental health services.

Target Population
MHFA Workshops are offered to first responder service providers (e.g., teachers, law enforcement) as well as other interested community members.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Placer County Office of Education (PCOE) **Mental Health First Aid (MHFA)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- MHFA Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	17	13.7%
26 - 59 years	93	75.0%
60+ years	8	6.5%
Prefer not to answer	-	-
Unknown	6	4.8%
Unduplicated Total	**124**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	0.8%
Asian	3	2.4%
Black	2	1.6%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	77	62.1%
Other	11	8.9%
More than one race	10	8.1%
Prefer not to answer	5	4.0%
Unknown	15	12.1%
Unduplicated Total	**124**	**100.0%**

Primary Language	# Served	% Served
English	90	72.6%
Spanish	21	16.9%
Other	1	0.8%
Prefer not to answer	-	-
Unknown	12	9.7%
Unduplicated Total	**124**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	4	3.2%
Mexican/ Mexican-American/ Chicano	37	29.8%
Puerto Rican	1	0.8%
South American	2	1.6%
Hispanic/ Latino (undefined)	2	1.6%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**46**	**37.1%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	1	0.8%
Cambodian	-	-
Chinese	2	1.6%
Eastern European	3	2.4%
European	15	12.1%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	6	4.8%
Non-Hispanic or Non-Latino Subtotal	**27**	**21.8%**
More than one ethnicity	8	6.5%
Prefer not to answer	4	3.2%
Ethnicity unknown	39	31.5%
Unduplicated Total	**124**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	28	22.6%
Female	89	71.8%
Prefer not to answer	1	0.8%
Unknown	6	4.8%
Unduplicated Total	**124**	**100.0%**

Gender (Current)	# Served	% Served
Male	27	21.8%
Female	88	71.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	3	2.4%
Unknown	6	4.8%
Unduplicated Total	**124**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	2	1.6%
Heterosexual/ Straight	94	75.8%
Bisexual	3	2.4%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	1	0.8%
LGBQ (undefined)	-	-
Prefer not to answer	8	6.5%
N/A	-	-
Unknown	16	12.9%
Unduplicated Total	**124**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	4	3.2%
Served in Military	1	0.8%
Family of Military	12	9.7%
No Military	94	75.8%
Prefer not to answer	-	-
Unknown	13	10.5%
Unduplicated Total	**124**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	8	6.5%
Difficulty hearing or speaking	4	3.2%
Other communication disability	-	-
Cognitive	4	3.2%
Physical/ Mobility	1	0.8%
Chronic Health Condition	38	30.6%
Other non-communication disability	-	-
No Disability	72	58.1%
Prefer not to answer	4	3.2%
Unknown	14	11.3%
Unduplicated Total	**124**	**100.0%**

Demographics (continued)
FY 2018-2019

Role in the Community**	# Served	% Served
Mental Health Professional	1	0.8%
Substance Use Services Provider	4	3.2%
Health Care Provider	1	0.8%
Case Manager	8	6.5%
Nurse	1	0.8%
Child Welfare Services Social Worker	-	-
Educator	10	8.1%
Law Enforcement	1	0.8%
Consumer/ Community Member	4	3.2%
Parent	7	5.6%
Other	40	32.3%
N/A	-	-
Unknown	57	46.0%
Unduplicated Total	**124**	**100.0%**

Where the Information will be Used**	# Served	% Served
Home	13	10.5%
School	17	13.7%
Behavioral Health	8	6.5%
Primary Health Care	4	3.2%
Child Welfare	6	4.8%
Law Enforcement	4	3.2%
Family Resource Center	5	4.0%
Cultural Organization	4	3.2%
Faith-Based Organization	7	5.6%
Senior Center	2	1.6%
Shelter	14	11.3%
Support Group	10	8.1%
Other	21	16.9%
N/A	-	-
Unknown	57	46.0%
Unduplicated Total	**124**	**138.7%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
** Participants may choose more than one option for Military, Disability, Role, and Where the Information will be Used.

PLACER COUNTY OFFICE OF EDUCATION
Positive Behavioral Intervention and Supports

Program Overview
Placer County Office of Education (PCOE) helps participating schools develop and implement Positive Behavioral Intervention and Supports (PBIS). PBIS provides a 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 (3) tiers of prevention and early intervention strategies:

1. Tier I, universal prevention strategies, includes developing student pro-social skills, supporting student strengths, reducing stigma associated with mental health issues, and utilizing data analysis systems to identify student need for more intensive support.

2. Tier II, early intervention, focuses on more intensive, small group services to develop pro-social skills and problem solving, using research-based practice. These interventions are designed to support students and develop positive outcomes prior to needing more intensive mental health and behavioral supports.

3. Tier III, intervention, provides the most intensive and often individualized, or family based, services. Schools are trained to support student wellness through the development and implementation of a core set of skills. Family based interventions place the family at the center of the planning, and provide an intensive, individualized, care management process for youth with serious or complex needs.

Program Indicators
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 children and youth with signs and symptoms of potentially serious emotional disturbance. These outreach activities are used to identify unserved and underserved populations and help them access mental health services.

Target Population
PBIS serves schools and students in Placer County. At a PBIS school, a team reflecting the staff and parent demographics of the school participates in the training.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Placer County Office of Education (PCOE) **Positive Behavioral Intervention and Supports (PBIS)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- PBIS Training Evaluation Form (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	7	2.0%
26 - 59 years	318	91.4%
60+ years	14	4.0%
Prefer not to answer	-	-
Unknown	9	2.6%
Unduplicated Total	**348**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	3	0.9%
Asian	23	6.6%
Black	10	2.9%
Native Hawaiian or Other Pacific Islander	4	1.1%
White/ Caucasian	255	73.3%
Other	15	4.3%
More than one race	12	3.4%
Prefer not to answer	14	4.0%
Unknown	12	3.4%
Unduplicated Total	**348**	**100.0%**

Primary Language	# Served	% Served
English	328	94.3%
Spanish	3	0.9%
Other	4	1.1%
Prefer not to answer	-	-
Unknown	13	3.7%
Unduplicated Total	**348**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	0.3%
Mexican/ Mexican-American/ Chicano	16	4.6%
Puerto Rican	5	1.4%
South American	2	0.6%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**24**	**6.9%**
Non-Hispanic or Non-Latino as follows:		
African	7	2.0%
Asian Indian/ South Asian	3	0.9%
Cambodian	-	-
Chinese	1	0.3%
Eastern European	2	0.6%
European	102	29.3%
Filipino	6	1.7%
Japanese	8	2.3%
Korean	-	-
Middle Eastern	3	0.9%
Vietnamese	1	0.3%
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	26	7.5%
Non-Hispanic or Non-Latino Subtotal	**159**	**45.7%**
More than one ethnicity	19	5.5%
Prefer not to answer	18	5.2%
Ethnicity unknown	128	36.8%
Unduplicated Total	**348**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	57	16.4%
Female	276	79.3%
Prefer not to answer	4	1.1%
Unknown	11	3.2%
Unduplicated Total	**348**	**100.0%**

Gender (Current)	# Served	% Served
Male	57	16.4%
Female	273	78.4%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	1	0.3%
Another gender identity	-	-
Prefer not to answer	6	1.7%
Unknown	11	3.2%
Unduplicated Total	**348**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	6	1.7%
Heterosexual/ Straight	303	87.1%
Bisexual	4	1.1%
Questioning/ Unsure	1	0.3%
Queer	1	0.3%
Another sexual orientation	1	0.3%
LGBQ (undefined)	-	-
Prefer not to answer	17	4.9%
N/A	-	-
Unknown	15	4.3%
Unduplicated Total	**348**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	8	2.3%
Served in Military	-	-
Family of Military	50	14.4%
No Military	269	77.3%
Prefer not to answer	2	0.6%
Unknown	19	5.5%
Unduplicated Total	**348**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	10	2.9%
Difficulty hearing or speaking	3	0.9%
Other communication disability	-	-
Cognitive	7	2.0%
Physical/ Mobility	6	1.7%
Chronic Health Condition	53	15.2%
Other non-communication disability	-	-
No Disability	259	74.4%
Prefer not to answer	4	1.1%
Unknown	21	6.0%
Unduplicated Total	**348**	**100.0%**

Demographics (continued)
FY 2018-2019

Role in the Community**	# Served	% Served
Mental Health Professional	2	0.6%
Substance Use Services Provider	-	-
Health Care Provider	-	-
Case Manager	1	0.3%
Nurse	-	-
Child Welfare Services Social Worker	-	-
Educator	18	5.2%
Law Enforcement	-	-
Consumer/ Community Member	-	-
Parent	2	0.6%
Other	1	0.3%
N/A	-	-
Unknown	327	94.0%
Unduplicated Total	**348**	**100.0%**

Where the Information will be Used**	# Served	% Served
Home	1	0.3%
School	20	5.7%
Behavioral Health	1	0.3%
Primary Health Care	-	-
Child Welfare	-	-
Law Enforcement	-	-
Family Resource Center	-	-
Cultural Organization	-	-
Faith-Based Organization	-	-
Senior Center	-	-
Shelter	-	-
Support Group	-	-
Other	-	-
N/A	-	-
Unknown	328	94.3%
Unduplicated Total	**348**	**100.6%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
** Participants may choose more than one option for Military, Disability, Role, and Where the Information will be Used.

SIERRA NATIVE ALLIANCE
Native Community Events

Program Overview
Sierra Native Alliance (SNA) is a central resource for the Native community of Placer County. SNA works with a network of community partners to host education and cultural events throughout the year. The Native population experiences higher rates of mental health issues and suicide than any other ethnicity (NAMI Multicultural Fact Sheet, 2015). This highlights the importance of outreach and community education activities as a necessary component of connecting with this largely underserved population.

Events, such as the Auburn Big Time-Pow Wow, which is attended by around 4,000 people each year, raise awareness about factors that affect the mental health of Native families. They also help to reduce stigma, and provide information about resources for families experiencing mental health distress. These events also promote mental health resilience; participating in cultural activities has been demonstrated to be a significant protective factor for Native youth and family outcomes. SNA engages youth in the planning and facilitation of community education activities, building leadership and awareness within the Native community. These activities also provide a forum for education of early responders. This facilitates access to education resources for cultural mentors.

Program Indicators
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. These outreach activities are used to identify unserved and underserved populations and help them access mental health services.

Target Population
Universal Prevention activities facilitated by SNA Native Community Events reach out to one of the most impacted, yet underserved, populations within Placer County. Native families in Placer County have reported experiencing mental health distress at a rate 2 - 3 times higher than other ethnicities (California Health Information Survey, 2008). While nearly 30% of the Native population report experiencing distress due to a mental health condition nationwide, only 15% report accessing mental health services in the previous year (NAMI Multicultural Fact Sheet, 2015). With 23% of the Native population lacking health insurance prior to the health care reform, the utilization of public and private mental health services has been extremely low. With a historic lack of trust in health care systems, untreated mental health is a significant contributing factor to high rates of substance use, suicide, family violence, and child neglect within Native families. Native youth experience a rate of suicide 2.5 times the rate of other ethnicities, with suicide being the leading cause of death of Native American males ages 10 - 14 (CDC, 2010).

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

SNA **Native Community Events** collects the following information:
- Service-Level Data (Appendix I.B)

Outreach
FY 2018-2019

Number of Events	22
Estimated Number Attending	14,701
Average Estimated Attendance per Event	**668.2**

TAHOE SAFE ALLIANCE (TSA)
Mental Health First Aid (MHFA)
And Youth Mental Health First Aid

Program Overview

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 in the U.S. It introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments. Participants learn a five-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Youth Mental Health First (YMHFA) is a program designed for adults who regularly interact with adolescents, age 12 - 18. This course introduces the same concepts as MHFA, and specifically focuses on common mental health challenges for youth and the importance of early intervention. YMHFA was not offered during FY 2018-2019, however TSA plans to have it available again in the future.

Services are available in English and Spanish.

Program Indicators

The Outreach for Increasing Recognition of Early Symptoms of Mental Illness Program describes methods used to reach out and train potential responders and service providers to learn how to identify and respond supportively to youth's signs and symptoms of potentially serious mental illness. These outreach activities are used to identify unserved and underserved populations and help them access mental health services.

Target Population

The target population is first responder service providers and other interested community members.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Tahoe SAFE Alliance **Mental Health First Aid** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- MHFA Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	8	42.1%
26 - 59 years	10	52.6%
60+ years	1	5.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	5.3%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	13	68.4%
Other	1	5.3%
More than one race	-	-
Prefer not to answer	4	21.1%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Primary Language	# Served	% Served
English	18	94.7%
Spanish	1	5.3%
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	5	26.3%
Puerto Rican	4	21.1%
South American	1	5.3%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**10**	**52.6%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	2	10.5%
European	3	15.8%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**5**	**26.3%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	4	21.1%
Unduplicated Total	**19**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	4	21.1%
Female	14	73.7%
Prefer not to answer	1	5.3%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Gender (Current)	# Served	% Served
Male	3	15.8%
Female	14	73.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	2	10.5%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	2	10.5%
Heterosexual/ Straight	15	78.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	2	10.5%
N/A	-	-
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	1	5.3%
Served in Military	-	-
Family of Military	2	10.5%
No Military	15	78.9%
Prefer not to answer	1	5.3%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	5.3%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	1	5.3%
Other non-communication disability	-	-
No Disability	15	78.9%
Prefer not to answer	2	10.5%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	-	-
Other	-	-
Prefer not to answer	-	-
N/A	19	100.0%
Unknown	-	-
Unduplicated Total	**19**	**100.0%**

Demographics (continued)
FY 2018-2019

Role in the Community**	# Served	% Served
Mental Health Professional	2	10.5%
Substance Use Services Provider	1	5.3%
Health Care Provider	-	-
Case Manager	2	10.5%
Nurse	-	-
Child Welfare Services Social Worker	-	-
Educator	4	21.1%
Law Enforcement	-	-
Consumer/ Community Member	4	21.1%
Parent	1	5.3%
Other	8	42.1%
N/A	-	-
Unknown	1	5.3%
Unduplicated Total	**19**	**100.0%**

Where the Information will be Used**	# Served	% Served
Home	4	21.1%
School	5	26.3%
Behavioral Health	2	10.5%
Primary Health Care	-	-
Child Welfare	-	-
Law Enforcement	-	-
Family Resource Center	6	31.6%
Cultural Organization	1	5.3%
Faith-Based Organization	-	-
Senior Center	-	-
Shelter	-	-
Support Group	2	10.5%
Other	-	-
N/A	5	26.3%
Unknown	1	5.3%
Unduplicated Total	**19**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
** Participants may choose more than one option for Military, Disability, Role, and Where the Information will be Used.

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. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention. These strategies include:

- Statewide social marketing educational campaigns, including the *Each Mind Matters* (EMM) stigma reduction campaigns and the *Know the Signs* suicide prevention campaign, with an emphasis on reaching diverse communities throughout California
- Community engagement programs, including the *Walk In Our Shoes* stigma reduction programs for middle school students, and the *Directing Change* stigma reduction and suicide prevention program for high schools and higher education
- Technical assistance for counties and community-based organizations to integrate statewide social marketing campaigns into local programs, and to provide support to counties in addressing county-specific stigma reduction and suicide prevention concerns
- Networks and collaborations, such as community-based mini grants to support dissemination of educational outreach materials

Target Population

All California residents.

Resources

FY 2018-2019

In FY 2018-2019, 8 local county agencies, schools and organizations received outreach materials through the collective efforts of all programs implemented under the Statewide PEI Project. These include Placer County Children's System of Care, The Lighthouse Counseling & FRC, Granite Wellness Centers (formerly Community Recovery Resources CoRR), Redwoods Rural Health Center Inc., Roseville City School District, Chilton Middle School, Cirby Elementary School, and Sierra College.

In FY 2018-2019 the Kognito Suicide Prevention and Mental Health trainings were offered to all California Community Colleges staff, faculty, and students. This training is an online avatar-based suicide prevention and mental health. The total number of staff, faculty, and students trained was 315.

Technical assistance (TA) is provided by all Statewide PEI Project contractors, each targeting a different audience. During FY 2018-2019, specific TA consultations included:

- TA to Counties:
  - The EMM Team met with staff from Placer County CSOC to discuss three local priorities: A screening of the S-Word, implementation of a local What I Wish My Parents Knew event, and possible support for their local Native Communities. (YSM, 9.20.2018)
  - The EMM TA Team participated in a call with Placer County Substance Abuse Prevention to provide guidance on implement the initiative "What I Wish My Parents Knew" in local schools to promote mental health and suicide prevention. (YSM, 2.13.2019)
  - The EMM TA Team participated in a call with Placer County Health and Human Services to discuss school-based efforts to raise awareness about mental health and suicide prevention. (YSM, 3.4.2019)
  - The EMM TA Team participated in a strategic planning meeting of the Tahoe Truckee Suicide Prevention Task Force. Discussion included suicide-related data, coalition building and strengthening, and setting priorities for the next two years of work. The 12 participants included Placer and Nevada County staff, Placer County Sheriff, Truckee Police Department, and community organizations from both counties. (YSM, 6.17.19)

- TA to CBOs
  - Total technical assistance consultations: 2

Between July 1, 2018 and June 30, 2019, a total of 12,277 physical, hardcopy materials across EMM programs and initiatives were disseminated throughout Placer County. In addition, county contacts received numerous emails to access and share resources electronically via the EMM Resource Center (www.emmresourcecenter.org).

- 4,818 Lime Green Promotional Materials
- 3,798 EMM Educational Materials
- 1,581 Know the Signs Educational Materials
- 80 Walk in Our Shoes
- 2,000 California Community Colleges Student Mental Health

In the following languages:

- 9,757 English
- 2,520 Spanish

During FY 2018-2019 several mini-grants and sponsor ships were awarded as part of the Statewide PEI Project.

- The Each Mind Matters SanaMente Mini-Grant was awarded to Mil Mujeres Legal Services. Mil Mujeres reached out to over 5,200 people through "Know Your Rights" presentations conducted throughout the state. Presentations were conducted in Spanish around suicide prevention and stigma reduction. These presentations took place at Consulates, churches, schools and community centers where a large number of Latinxs and Spanish-speaking community members gather.
- The Each Mind Matters Lime Green School Mini-Grant was awarded to Cirby Elementary and Chilton Middle School. The schools implemented a Self-Care Scavenger Hunt.

PLACER COUNTY OFFICE OF EDUCATION
Applied Suicide Intervention Skills Training

Program Overview
Applied Suicide Intervention Skills Training (ASIST) is a two-day (15 hours) intensive, interactive, practice-dominated workshop. 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.

The ASIST model teaches effective intervention skills, while helping to build suicide prevention networks in the community.

A Surgeon General study reports that 25% of adults, 20% of youth, and 30% of soldiers returning from war are affected by mental illness. These numbers increase in diverse communities. Therefore, ASIST is a critical element of Placer County's continuum of response to suicide prevention and intervention.

Services are available in English and Spanish.

Program Indicators
The Suicide Prevention Program is intended to change attitudes, knowledge, and/or behavior regarding suicidal behavior related to mental illness.

Target Population
ASIST is for everyone, ages 16 or older, who wants to be able to provide suicide first aid. ASIST is available regardless of prior experience,

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Placer County Office of Education (PCOE) **Applied Suicide Intervention Skills Training (ASIST)** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- ASIST Post Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	14	21.5%
26 - 59 years	43	66.2%
60+ years	2	3.1%
Prefer not to answer	-	-
Unknown	6	9.2%
Unduplicated Total	**65**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	1	1.5%
Black	3	4.6%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	41	63.1%
Other	8	12.3%
More than one race	3	4.6%
Prefer not to answer	1	1.5%
Unknown	8	12.3%
Unduplicated Total	**65**	**100.0%**

Primary Language	# Served	% Served
English	51	78.5%
Spanish	7	10.8%
Other	-	-
Prefer not to answer	-	-
Unknown	7	10.8%
Unduplicated Total	**65**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	2	3.1%
Mexican/ Mexican-American/ Chicano	13	20.0%
Puerto Rican	-	-
South American	1	1.5%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**16**	**24.6%**
Non-Hispanic or Non-Latino as follows:		
African	2	3.1%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	1.5%
European	19	29.2%
Filipino	1	1.5%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	3	4.6%
Non-Hispanic or Non-Latino Subtotal	**26**	**40.0%**
More than one ethnicity	5	7.7%
Prefer not to answer	3	4.6%
Ethnicity unknown	15	23.1%
Unduplicated Total	**65**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	8	12.3%
Female	51	78.5%
Prefer not to answer	-	-
Unknown	6	9.2%
Unduplicated Total	**65**	**100.0%**

Gender (Current)	# Served	% Served
Male	8	12.3%
Female	51	78.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	6	9.2%
Unduplicated Total	**65**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	50	76.9%
Bisexual	4	6.2%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	3	4.6%
N/A	-	-
Unknown	8	12.3%
Unduplicated Total	**65**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	6	9.2%
No Military	52	80.0%
Prefer not to answer	-	-
Unknown	7	10.8%
Unduplicated Total	**65**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	2	3.1%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	1	1.5%
Physical/ Mobility	-	-
Chronic Health Condition	15	23.1%
Other non-communication disability	-	-
No Disability	48	73.8%
Prefer not to answer	-	-
Unknown	6	9.2%
Unduplicated Total	**65**	**100.0%**

Demographics (continued)
FY 2018-2019

Role in the Community**	# Served	% Served
Mental Health Professional	11	16.9%
Substance Use Services Provider	1	1.5%
Health Care Provider	-	-
Case Manager	5	7.7%
Nurse	1	1.5%
Child Welfare Services Social Worker	1	1.5%
Educator	6	9.2%
Law Enforcement	-	-
Consumer/ Community Member	1	1.5%
Parent	4	6.2%
Other	17	26.2%
N/A	-	-
Unknown	22	33.8%
Unduplicated Total	**65**	**100.0%**

Where the Information will be Used**	# Served	% Served
Home	11	16.9%
School	21	32.3%
Behavioral Health	10	15.4%
Primary Health Care	-	-
Child Welfare	1	1.5%
Law Enforcement	2	3.1%
Family Resource Center	5	7.7%
Cultural Organization	-	-
Faith-Based Organization	-	-
Senior Center	-	-
Shelter	2	3.1%
Support Group	2	3.1%
Other	10	15.4%
N/A	-	-
Unknown	23	35.4%
Unduplicated Total	**65**	**133.8%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
** Participants may choose more than one option for Military, Disability, Role, and Where the Information will be Used.

PLACER COUNTY OFFICE OF EDUCATION
Kognito

Program Overview
Kognito is a computer-based, experiential training simulation for teachers in Placer County. This one (1) hour training for Elementary, Middle, and High School Educators is research-proven, and available to all school personnel. These training simulations are designed to prepare teachers, administrators, and staff to recognize when a student is exhibiting signs of psychological distress and to talk to the student, with the goal of connecting them to the appropriate support. In these one (1)-hour online trainings, users enter a virtual environment, assume the role of an educator, and engage in conversations with three (3) emotionally responsive student avatars that exhibit signs of psychological distress, including thoughts of suicide.

Kognito became available to Placer County educators in Fall 2017 and will remain available until Spring 2020.

Program Indicators
Kognito is intended to increase educators' comfort with approaching students who are experiencing psychological distress. In addition, it provides practice in expressing appropriate care and concern and making a warm hand-off to a professional who can help.

This Suicide Prevention Program is intended to change attitudes, knowledge, and/or behavior regarding suicidal behavior related to mental illness.

Target Population
PCOE works with Placer School Districts to facilitate access to this training by all County Educators K - 12 grades. Within the three-year term of this contract, the goal is that 3,000 educators will have received this training in Placer County.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Placer County Office of Education (PCOE) **Kognito** collects the following information:
- Role of trainee (e.g., school staff, student)
- Number of individuals trained

Trainees
FY 2018-2019

School Staff Trainees

Number of Staff Trainees by Type of Training and Role*	At-Risk for Elementary School Educators	At-Risk for Middle School Educators	At-Risk for High School Educators	Total Unduplicated Staff
Teacher	25	203	180	**398**
Administrator	4	7	14	**23**
Support Staff	5	18	27	**47**
Counselor / Psychologist / Social Worker	1	14	17	**30**
Nurse	-	-	1	**1**
Other	-	4	8	**12**
Total Unduplicated Staff	**35**	**246**	**247**	**511**

High School Student Trainees

Number of Student Trainees by Year in School	Total Unduplicated Students
Freshman	363
Sophomore	192
Junior	146
Senior	67
Total Unduplicated Students	**768**

*Staff may complete more than one type of training.

PLACER COUNTY OFFICE OF EDUCATION
SafeTALK

Program Overview
SafeTalk is a four (4)-hour suicide alertness training, which includes presentations and guidance from a LivingWorks registered trainer. It uses simple, yet effective, TALK steps: Tell, Ask, Listen, and Keep Safe.

SafeTALK-trained helpers can recognize warning signs (invitations) and take action by connecting people at risk with life-saving intervention resources. They are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

Services are available in English and Spanish.

Program Indicators
The Suicide Prevention Program is intended to change attitudes, knowledge, and/or behavior regarding suicidal behavior related to mental illness.

Target Population
SafeTALK is an excellent tool for people, age 15 and older, who want to become alert to the dangers of suicide. SafeTALK is accessible regardless of prior experience or training. The program is used by students, teachers, community volunteers, first responders, military personnel, police, public employees, private employees, and professional athletes. SafeTALK skills are also used by formal caregivers, such as social workers, and counselors.

Training happens throughout Placer County, from Western Placer, Roseville and up to the Lake Tahoe Basin area.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Placer County Office of Education (PCOE) **SafeTALK** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- SafeTALK Post Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	6	27.3%
26 - 59 years	13	59.1%
60+ years	2	9.1%
Prefer not to answer	-	-
Unknown	1	4.5%
Unduplicated Total	**22**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	4.5%
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	12	54.5%
Other	5	22.7%
More than one race	1	4.5%
Prefer not to answer	1	4.5%
Unknown	2	9.1%
Unduplicated Total	**22**	**100.0%**

Primary Language	# Served	% Served
English	19	86.4%
Spanish	1	4.5%
Other	-	-
Prefer not to answer	-	-
Unknown	2	9.1%
Unduplicated Total	**22**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	4.5%
Mexican/ Mexican-American/ Chicano	9	40.9%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**10**	**45.5%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	3	13.6%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	1	4.5%
Non-Hispanic or Non-Latino Subtotal	**4**	**18.2%**
More than one ethnicity	2	9.1%
Prefer not to answer	1	4.5%
Ethnicity unknown	5	22.7%
Unduplicated Total	**22**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	3	13.6%
Female	18	81.8%
Prefer not to answer	-	-
Unknown	1	4.5%
Unduplicated Total	**22**	**100.0%**

Gender (Current)	# Served	% Served
Male	3	13.6%
Female	18	81.8%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	1	4.5%
Unduplicated Total	**22**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	4.5%
Heterosexual/ Straight	18	81.8%
Bisexual	1	4.5%
Questioning/ Unsure	1	4.5%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	1	4.5%
Unduplicated Total	**22**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	3	13.6%
No Military	17	77.3%
Prefer not to answer	-	-
Unknown	2	9.1%
Unduplicated Total	**22**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	1	4.5%
Chronic Health Condition	7	31.8%
Other non-communication disability	-	-
No Disability	16	72.7%
Prefer not to answer	-	-
Unknown	2	9.1%
Unduplicated Total	**22**	**100.0%**

Demographics (continued)
FY 2018-2019

Role in the Community**	# Served	% Served
Mental Health Professional	-	-
Substance Use Services Provider	1	4.5%
Health Care Provider	-	-
Case Manager	3	13.6%
Nurse	-	-
Child Welfare Services Social Worker	1	4.5%
Educator	5	22.7%
Law Enforcement	1	4.5%
Consumer/ Community Member	1	4.5%
Parent	-	-
Other	4	18.2%
N/A	-	-
Unknown	6	27.3%
Unduplicated Total	**22**	**100.0%**

Where the Information will be Used**	# Served	% Served
Home	9	40.9%
School	6	27.3%
Behavioral Health	1	4.5%
Primary Health Care	1	4.5%
Child Welfare	1	4.5%
Law Enforcement	1	4.5%
Family Resource Center	4	18.2%
Cultural Organization	3	13.6%
Faith-Based Organization	3	13.6%
Senior Center	1	4.5%
Shelter	1	4.5%
Support Group	2	9.1%
Other	3	13.6%
N/A	-	-
Unknown	6	27.3%
Unduplicated Total	**22**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
** Participants may choose more than one option for Military, Disability, Role, and Where the Information will be Used.

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT (TTUSD)

(TTCF MINI GRANT)

Tahoe Truckee Suicide-Prevention Coalition

Program Overview

The Tahoe Truckee Suicide-Prevention Coalition is a collaborative effort between Sierra Community House, the Community Collaborative of Tahoe Truckee, Nevada County, Placer County, Tahoe Forest Hospital, Tahoe Truckee Unified School District, and Sierra College. Sierra Community House is the lead agency and oversees the Suicide Prevention Coordinator position. The goal of the Coalition is to provide education, outreach and a comprehensive set of strategies to mobilize the Tahoe Truckee community to prevent future suicides. The Coalition works 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.

In particular, the Tahoe Truckee Suicide-Prevention Coalition actively promotes the Statewide Suicide Prevention Campaign: "Know the Signs (KTS)." Goals include educating the public about the signs of suicide, reducing stigma and discrimination, increasing awareness to strengthen social connections, and connecting community members with mental health resources. Through outreach, education, and collaboration the Coalition hopes to prevent future suicides in the Tahoe Truckee community.

Program Indicators

The Suicide Prevention Program is intended to change attitudes, knowledge, and/or behavior regarding suicidal behavior related to mental illness.

Target Population

This project is directed to the entire community, but specifically targets outreach and prevention strategies to youth (age 12 - 24 years), seniors, and middle-aged males.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

TTUSD **Tahoe Truckee Suicide Prevention Coalition** collects the following information:

- Service-Level Data (Appendix I.B)

Services Delivered
FY 2018-2019

Number of Outreach Events and Estimated Attendance

	# Events	Estimated # Attending
"Suicide: The Ripple Effect" Movie Showing & Panel	1	Unknown
Creating Authentic Relationships Speaker - Sam Himelstein	1	45
Earth Day Festival Booth	1	500
Know the Signs Cultural Competency training	1	12
Know the Signs Training	1	25
Tahoe Talks: Teen Suicide	1	15
Trauma- Informed Care Speaker- Sam Himelstein	1	50
Total	**7**	**647**

ADVENTURE RISK CHALLENGE (ARC)

(TTCF MINI GRANT)

Youth Outreach

Program Overview

Adventure Risk Challenge (ARC) offers community-based programming to at-risk youth in the Tahoe-Truckee region. ARC leads monthly weekend retreats and multi-week summer courses for youth that build a culture of openness, sharing, and combat students' feelings of isolation and negative self-worth. PEI funding provides support for mental health stigma reduction activities on these wilderness trips, including journaling activities on student mental health challenges, open and vulnerable group sharing, and workshops and lessons related to feelings of exclusion, depression, anxiety, and more. The combination of being in a tranquil, natural setting and in a supportive small group allows students to be honest about their thoughts and feelings. On weekend and summer trips, ARC students participate in journaling activities that describe stories of struggles with self-acceptance and overcoming challenges. Sharing their writing in small groups helps students overcome the stigma of sharing their feelings and struggles with others.

ARC's stigma reduction efforts are supported by Barbara Ilfeld, MSN, RNCS, CGP, FAGPA, who is a resource for staff in the high schools and for ARC students. Barbara offers a group session twice per summer and meets one-on-one with students as needed. For many students, this is the first time that they've connected with a mental health professional. Group and on-on-one conversations with Barbara can serve to break the barrier students feel in seeking help.

Program Indicators

The Stigma and Discrimination Reduction program is intended to change attitudes, knowledge, and/or behavior related to mental illness and/or seeking mental health services.

Target Population

ARC serves at-risk high-school aged students in the Tahoe-Truckee region; most come from families that live below the poverty line; approximately 70% identify as Latino/a; many are typically the first generation in their families to graduate from high school and attend college. ARC youth are at risk of mental health issues due to a lack of family resources and the challenge of navigating the social and emotional pressures of high school without outside support.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

ARC **Youth Outreach** collects the following information:

- Sign-in Sheets

Services Delivered

Drop-In Office Hours – Individual Outreach	**FY 2018-19**
Number of Hours	109.0
Unduplicated Number of Youth	91
Average Hours per Youth	**1.2**

FAMILY RESOURCE CENTER OF TRUCKEE
Promotore Lead Workgroups

Program Overview
Latino Cultural Brokers (Community Health Workers), also known as Promotores, are trained para-professionals, who provide culturally appropriate services to the Latino community. Promotores reach out to the community to provide interactive mental health workshops that are aimed at education, peer network creation, and stigma reduction. Promotores assist Latino community members in navigating and accessing the resources and services available in the community. The Promotore team works closely with the FRC staff to complement and inform the Family Resource Center of Truckee (FRCoT) program planning, promote events and resources, and facilitate a welcoming atmosphere for Latino community members. The Promotores utilize cultural brokering as a key approach to increase access to, and to enhance the delivery of, culturally competent care. Services are available in English and Spanish.

The FRCoT Promotore team is working closely with the North Tahoe FRC (NTFRC) Promotore team as a regional community effort to increase healthcare access and education opportunities in the larger Latino community. As a part of the program's regional Promotore approach, Interactive Mental Health Workshops, offered by the FRCoT Promotore team, are now offered throughout the area in accessible community locations (e.g., local apartment complexes and community centers). The workshops run for eight (8) weeks and include discussions of behavioral health and reflective craft activities. FRCoT Promotores have developed and strengthened their workshops through partnerships with the NTFRC, Sierra Mental Wellness Group, Nevada County Behavioral Health Department, Tahoe Forest Hospital, and the local apartment complexes. Through the workshops, participants increase their knowledge of mental health issues, the resources available in the community, and how to access those resources.

Program Indicators
The Stigma and Discrimination Reduction program is intended to change attitudes, knowledge, and/or behavior related to mental illness and/or seeking mental health services.

Target Population
The Promotore Program serves Latino Community Members. Most workshops are open to all adult participants, but generally have female attendees. In an attempt to also serve the Latino male population, the Promotores have participated in program planning efforts out of the NTFRC to provide workshops and reach the broader community. The Promotores also offer workshops for teens and middle schoolers.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Family Resource Center of Truckee **Promotore Lead Work Groups** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Attitude Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	55	31.6%
16 - 25 years	7	4.0%
26 - 59 years	80	46.0%
60+ years	3	1.7%
Prefer not to answer	-	-
Unknown	29	16.7%
Unduplicated Total	**174**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	101	58.0%
Other	37	21.3%
More than one race	-	-
Prefer not to answer	8	4.6%
Unknown	28	16.1%
Unduplicated Total	**174**	**100.0%**

Primary Language	# Served	% Served
English	4	2.3%
Spanish	145	83.3%
Other	-	-
Prefer not to answer	-	-
Unknown	25	14.4%
Unduplicated Total	**174**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	2	1.1%
Mexican/ Mexican-American/ Chicano	144	82.8%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	4	2.3%
Other Hispanic/ Latino	2	1.1%
Hispanic or Latino Subtotal	**152**	**87.4%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	-	-
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**0**	**0.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	22	12.6%
Unduplicated Total	**174**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	32	18.4%
Female	120	69.0%
Prefer not to answer	2	1.1%
Unknown	20	11.5%
Unduplicated Total	**174**	**100.0%**

Gender (Current)	# Served	% Served
Male	32	18.4%
Female	120	69.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	1	0.6%
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	1	0.6%
Unknown	20	11.5%
Unduplicated Total	**174**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	91	52.3%
Bisexual	-	-
Questioning/ Unsure	1	0.6%
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	8	4.6%
N/A	49	28.2%
Unknown	25	14.4%
Unduplicated Total	**174**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	137	78.7%
Prefer not to answer	5	2.9%
Unknown	32	18.4%
Unduplicated Total	**174**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	3	1.7%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	-	-
Chronic Health Condition	-	-
Other non-communication disability	-	-
No Disability	103	59.2%
Prefer not to answer	20	11.5%
Unknown	39	22.4%
Unduplicated Total	**174**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	1	0.6%
6 - 12 months ago	-	-
1 - 4 years ago	2	1.1%
Over 5 years ago	2	1.1%
Other	-	-
Prefer not to answer	13	7.5%
N/A	27	15.5%
Unknown	129	74.1%
Unduplicated Total	**174**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

NORTH TAHOE FAMILY RESOURCE CENTER (NTFRC)
Latino Leadership Training Series

Program Overview

The NTFRC Latino Leadership Training Series focuses on building individual, family, and community capacity in the Latino community. This program is a culturally-appropriate resource for positive mental health activities and practices for the Latino community. It engages participants to expand their understanding of human development and healthful habits, and provides structure and accountability for personal growth. Culturally competent facilitators seek to reduce stigma for mental health services through their presentations, regular conversation topics, and meetings. They also provide "warm handoffs" to the NTFRC advocate team and/or clinical service providers, when appropriate. Services are available in English and Spanish.

The Training Workshops program is led by bilingual and bicultural presenters with content-area expertise. The program seeks to "grow Promotores" who are community educators and leaders, modelling and promoting healthy practices for self-care, relationships, parenting, and utilization of medical and mental health services. Multiple intensive workshops ranging from two (2) to five (5) days in length, are held throughout the year, including courses in leadership fundamentals, parent leadership, leadership within partnerships, and marriage. The program a weekend intensive program on life leadership for Latino teens. At the completion of the workshops, graduates have opportunities to lead as Promotores, most immediately within the Latino Leadership Council. A fundamental goal of the program is to move community members out of isolation and provide formal support and naturally occurring support. Free childcare is provided

The Group Support program is a series of ongoing support groups. The program follows a peer facilitator format and is led by Promotores, who are often graduates of the leadership program. Support groups meet weekly, on an ongoing basis throughout the year. The Latino Leadership Council meets once a month.

Program Indicators

The Stigma and Discrimination Reduction program is intended to change attitudes, knowledge, and/or behavior related to mental illness and/or seeking mental health services.

Target Population

The Training Workshops program is open to all members of the community, and is presented in Spanish. The teen Latino Leadership intensive is facilitated in both Spanish and English.

The Group Support program is offered to graduates of the Latino Leadership Groups. The Youth Latino Leadership Support group is open to Latino Youth (6 - 18 years) in North Lake Tahoe.

Evaluation Activities

Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

North Tahoe Family Resource Center **Latino Leadership Training Series** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	8	9.1%
16 - 25 years	8	9.1%
26 - 59 years	44	50.0%
60+ years	5	5.7%
Prefer not to answer	-	-
Unknown	23	26.1%
Unduplicated Total	**88**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	20	22.7%
Other	40	45.5%
More than one race	1	1.1%
Prefer not to answer	-	-
Unknown	27	30.7%
Unduplicated Total	**88**	**100.0%**

Primary Language	# Served	% Served
English	8	9.1%
Spanish	61	69.3%
Other	2	2.3%
Prefer not to answer	-	-
Unknown	17	19.3%
Unduplicated Total	**88**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	65	73.9%
Puerto Rican	-	-
South American	1	1.1%
Hispanic/ Latino (undefined)	2	2.3%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**68**	**77.3%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	1.1%
European	1	1.1%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**2**	**2.3%**
More than one ethnicity	1	1.1%
Prefer not to answer	-	-
Ethnicity unknown	17	19.3%
Unduplicated Total	**88**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	8	9.1%
Female	64	72.7%
Prefer not to answer	-	-
Unknown	16	18.2%
Unduplicated Total	**88**	**100.0%**

Gender (Current)	# Served	% Served
Male	8	9.1%
Female	64	72.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	16	18.2%
Unduplicated Total	**88**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	1.1%
Heterosexual/ Straight	58	65.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	1.1%
N/A	8	9.1%
Unknown	20	22.7%
Unduplicated Total	**88**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	66	75.0%
Prefer not to answer	-	-
Unknown	22	25.0%
Unduplicated Total	**88**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	2	2.3%
Difficulty hearing or speaking	1	1.1%
Other communication disability	-	-
Cognitive	1	1.1%
Physical/ Mobility	3	3.4%
Chronic Health Condition	11	12.5%
Other non-communication disability	-	-
No Disability	50	56.8%
Prefer not to answer	2	2.3%
Unknown	25	28.4%
Unduplicated Total	**88**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	2	2.3%
6 - 12 months ago	-	-
1 - 4 years ago	5	5.7%
Over 5 years ago	6	6.8%
Other	-	-
Prefer not to answer	1	1.1%
N/A	24	27.3%
Unknown	50	56.8%
Unduplicated Total	**88**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

TAHOE SAFE ALLIANCE (TSA)
Youth Leadership Group

Program Overview
The Youth Leadership Group receives training on, and has discussions around, teen issues. These issues include bullying, anxiety, teen dating violence, sexual violence, tolerance, suicidal ideation, depression, non-suicidal self-injury, and media influence. The group creates awareness activities to decrease stigma around mental health in their school and community. The group meets weekly during lunch, and other times as needed, at North Tahoe High School.

A Tahoe SAFE Alliance staff member is trained in Mental Health First Aid (MHFA) and uses components of this in education with the leadership group. School staff are offered the eight (8)-hour training.

Services are available in English and Spanish.

Program Indicators
The Stigma and Discrimination Reduction program is intended to change attitudes, knowledge, and/or behavior related to mental illness and/or seeking mental health services.

Target Population
The Youth Leadership Group is for any North Tahoe High School student interested in the mission to end stigma surrounding mental health.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Tahoe SAFE Alliance **Leadership Group** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Attitude Survey (Appendix I.C)

Demographics
FY 2018-2019

Tahoe SAFE Alliance Youth Leadership Group served 16 participants in FY 2018-2019.

In order to ensure client confidentiality, and comply with MHSOAC privacy regulations, demographic and service-level data has been removed for programs that served fewer than 10 people in the fiscal year, or in specific circumstances where participants in the program could be identified.

PROJECT MANA
(TTCF MINI GRANT)
Homeless Outreach Program

Program Overview
The Project MANA Homeless Outreach Coordinator provides outreach to individuals experiencing homelessness in the North Tahoe region. The Coordinator works to:

- Promote Safety: engage with individuals experiencing homelessness in order to reduce the risk of harm and enhance safety (e.g., provide sleeping bags on cold nights); and stabilize acute symptoms via crisis intervention.
- Form Relationships: engage with individuals in a manner that promotes trust, safety and autonomy, while developing relevant goals.
- Learn Common Language Construction: attempt to understand individuals by learning the meaning of his or her gestures, words, and actions; promote mutual understanding; and jointly define goals.
- Facilitate and Support Change: prepare individuals to achieve and maintain positive change; explore ambivalence, reinforce healthy behaviors, develop skills, and create needed supports; and utilize Change Model and Motivational Interviewing Principles.
- Form Cultural and Ecological Considerations: prepare and support individuals for a successful transition to new relationships, ideas, services, resources, treatment, etc.

The Homeless Outreach Coordinator provides essential items, such as clothes, sleeping bags, personal hygiene items, etc. The Coordinator supports and assists individuals to utilize warming shelters and educates individuals about mental health and substance use issues and resources.

If an individual experiencing homelessness is severely mentally ill, the Coordinator refers them to treatment and assists them in attending treatment services. The Coordinator supports the individual until the individual is comfortable with the service provider. The Coordinator also assists individuals and/or families to connect to housing, the CalWORKs One Stop Office, and/or apply for mainstream benefits (e.g., SSI, CalWORKs, CalFresh, Medi-Cal, General Assistance, etc.)

Program Indicators
Access and Linkage Services refers and connects children and adolescents with a serious emotional disturbance, and adults and seniors with severe mental illness, as early in the onset of these conditions as practical, to medically necessary care and treatment provided, administered, or overseen by county mental health programs.

Target Population
Individuals experiencing or at risk of homelessness in the North Tahoe region.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Project MANA **Homeless Outreach Services** collects the following information:

- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	1	8.3%
26 - 59 years	6	50.0%
60+ years	5	41.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	2	16.7%
Black	-	-
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	9	75.0%
Other	-	-
More than one race	-	-
Prefer not to answer	1	8.3%
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Primary Language	# Served	% Served
English	12	100.0%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**0**	**0.0%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	-	-
European	9	75.0%
Filipino	-	-
Japanese	2	16.7%
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**11**	**91.7%**
More than one ethnicity	-	-
Prefer not to answer	1	8.3%
Ethnicity unknown	-	-
Unduplicated Total	**12**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	10	83.3%
Female	2	16.7%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Gender (Current)	# Served	% Served
Male	10	83.3%
Female	2	16.7%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	12	100.0%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	12	100.0%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	8.3%
Difficulty hearing or speaking	1	8.3%
Other communication disability	-	-
Cognitive	1	8.3%
Physical/ Mobility	4	33.3%
Chronic Health Condition	18	150.0%
Other non-communication disability	-	-
No Disability	-	-
Prefer not to answer	-	-
Unknown	1	8.3%
Unduplicated Total	**12**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	-	-
Over 5 years ago	5	41.7%
Other	-	-
Prefer not to answer	1	8.3%
N/A	6	50.0%
Unknown	-	-
Unduplicated Total	**12**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

ADULT SYSTEM OF CARE
Senior Peer Counseling

Program Overview
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.

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.

New clients start by setting small goals that they will work towards, leading to a sense of autonomy and purpose. Goals are set during an initial six (6)-week time frame by the new client and Peer Counseling volunteer. For example, someone who is new to the area, feeling lonely, and having trouble connecting to the community may contact SPC. With the Peer Counselor, this client may set goals to find a few activities to become involved in at the local senior center, community center, gym, church, etc. The Peer Counselor can help by sharing information about services in the area and by encouraging and supporting the client through the process. Peer Counselors will be in a unique position to help because they will have had lived experience with the activities that they assist the clients with; for example, settling into a new community. In addition, the Peer Counselor will be trained on how to effectively support the client when the client needs to contact organizations, or insurance companies, in order to seek professional mental health services.

Target Population
The target population is older adults, age 55 and older, in Placer County.

Community members can be referred to the program by a medical provider, other Placer County agencies, family, neighbors, and clients may self-refer.

Evaluation Activities
Evaluation activities provide information to meet the requirements outlined by the Department of Health Care Services (DHCS) and the Oversight and Accountability Commission (OAC) for MHSA services. Data is reported on an ongoing basis to the evaluation team.

Adult System of Care **Senior Peer Counseling** collects the following information:
- Demographics (Appendix I.A)
- Service-Level Data (Appendix I.B)
- Patient Health Questionnaire – 9 Survey (Appendix I.C)
- Generalized Anxiety Disorder-7 (GAD-7) Survey (Appendix I.C)

Demographics
FY 2018-2019

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	2	1.6%
60+ years	124	98.4%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**126**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	1	0.8%
Asian	5	4.0%
Black	1	0.8%
Native Hawaiian or Other Pacific Islander	1	0.8%
White/ Caucasian	103	81.7%
Other	5	4.0%
More than one race	10	7.9%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**126**	**100.0%**

Primary Language	# Served	% Served
English	121	96.0%
Spanish	1	0.8%
Other	4	3.2%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**126**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	2	1.6%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**2**	**1.6%**
Non-Hispanic or Non-Latino as follows:		
African	1	0.8%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	1	0.8%
Eastern European	5	4.0%
European	91	72.2%
Filipino	4	3.2%
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	4	3.2%
Non-Hispanic or Non-Latino Subtotal	**106**	**84.1%**
More than one ethnicity	12	9.5%
Prefer not to answer	-	-
Ethnicity unknown	6	4.8%
Unduplicated Total	**126**	**100.0%**

Demographics (continued)
FY 2018-2019

Gender (Assigned at Birth)	# Served	% Served
Male	21	16.7%
Female	105	83.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**126**	**100.0%**

Gender (Current)	# Served	% Served
Male	21	16.7%
Female	105	83.3%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**126**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	0.8%
Heterosexual/ Straight	122	96.8%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	-	-
N/A	-	-
Unknown	3	2.4%
Unduplicated Total	**126**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	12	9.5%
Served in Military	-	-
Family of Military	95	75.4%
No Military	5	4.0%
Prefer not to answer	-	-
Unknown	2	1.6%
Unduplicated Total	**126**	**90.5%**

Disability**	# Served	% Served
Difficulty seeing	18	14.3%
Difficulty hearing or speaking	21	16.7%
Other communication disability	-	-
Cognitive	-	-
Physical/ Mobility	44	34.9%
Chronic Health Condition	227	180.2%
Other non-communication disability	-	-
No Disability	9	7.1%
Prefer not to answer	-	-
Unknown	9	7.1%
Unduplicated Total	**126**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	5	4.0%
6 - 12 months ago	3	2.4%
1 - 4 years ago	5	4.0%
Over 5 years ago	12	9.5%
Other	1	0.8%
Prefer not to answer	-	-
N/A	20	15.9%
Unknown	80	63.5%
Unduplicated Total	**126**	**100.0%**

*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military and Disability.

Appendix I.A
Demographic Information Collected

Demographic data is collected at the time of enrollment to the program, for individuals who will be receiving ongoing services. An example template of the Demographic Form is below.

MHSA Use Only

Placer County
Template
Demographic Form
Ages 12 and Older
Program

Intake Only (planned ongoing services)

We collect demographic information from our participants to help understand who is receiving services. We use this information to help understand the needs of our participants and to improve our services. The demographic information that you provide is very important to us and will be kept confidential. Thank you for completing this form.

Date of Request for Service: | **Date First Service Received:**

Participant Name:

Participant ID# (if available):

Date of Birth: | **Phone #:**

Primary Language (Language Spoken at Home):
❑ English
❑ Spanish
❑ Other: _____

Interpreter Needed:
❑ Yes
❑ No

Race *(check all that apply)*:
❑ American Indian or Alaska Native
❑ Black/African American
❑ White/Caucasian
❑ Native Hawaiian or Other Pacific Islander
❑ Prefer not to answer
❑ Asian
❑ Other: _____

Ethnicity *(check all that apply)*: ❑ Unknown ❑ Prefer not to answer

If Hispanic or Latino:
❑ Mexican/Mexican-American/Chicano
❑ Puerto Rican
❑ South American
❑ Caribbean
❑ Central American
❑ Other: _____

If Non-Hispanic or Non-Latino:
❑ African
❑ Asian Indian/South Asian
❑ Cambodian
❑ Chinese
❑ Eastern European
❑ European
❑ Filipino
❑ Japanese
❑ Korean
❑ Middle Eastern
❑ Vietnamese
❑ Other: _____

Sexual Orientation: *Do you think of yourself as:*
❑ Heterosexual/Straight ❑ Lesbian ❑ Queer ❑ Prefer not to answer
❑ Bisexual ❑ Gay ❑ Questioning ❑ Another sexual orientation: _____

Assigned Gender at Birth: ❑ Male ❑ Female ❑ Prefer not to answer

Current Gender Identity: *How would you describe your gender identity?*
❑ Male ❑ Trans Male/FTM ❑ Questioning ❑ Prefer not to answer
❑ Female ❑ Trans Female/MTF ❑ Genderqueer ❑ Another gender identity: _____

Military/Service Involvement: *Have you or your family ever served in the military? (check all that apply)*
❑ No ❑ Prefer not to answer
❑ Veteran ❑ Active Military ❑ Unknown
❑ Served ❑ Family of Military

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328)

Page 1 of 3

Placer County
Template
Demographic Form
Ages 12 and Older

Participant Name: _____

Disability: *Do you have any of the following disabilities, that have lasted at least 6 months, and substantially limit a major life activity? (check all that apply)*

❑ No Disability ❑ Prefer not to answer

Communication ❑ Prefer not to answer
❑ Difficulty seeing ❑ Difficulty hearing or speaking ❑ Other: _____

Cognitive Impairment (Other than mental health) ❑ Prefer not to answer
❑ Developmental disability ❑ Alzheimer's ❑ Learning disability
❑ Traumatic brain injury ❑ Dementia ❑ Other: _____

Physical/Mobility ❑ Prefer not to answer
❑ Difficulty walking ❑ Wheelchair ❑ Paralysis ❑ Other: _____

Chronic Health Condition ❑ Prefer not to answer

❑ Asthma	❑ Chronic Renal Disease	❑ Hypertension
❑ Cancer	❑ COPD	❑ Lyme Disease
❑ Chronic Liver Disease	❑ Coronary Artery Disease	❑ Substance Use Disorder
❑ Chronic or Congestive Heart Failure	❑ Diabetes	❑ Other: _____
	❑ Hepatitis C	❑ Other: _____
❑ Chronic Pain	❑ Hyperlipidemia	❑ Other: _____

Reason for Requesting Services *(check all that apply)*:

❑ Child Behaviors	❑ Mental Health Issues	❑ Cultural Support
❑ School Behaviors	❑ Hearing Voices	❑ Physical/Health Issues
❑ Parenting Skills	❑ Depressed/Anxious	❑ Linkage to Services
❑ Family Issues	❑ Suicidal Thoughts	❑ Self-Help Groups
❑ Abuse/Domestic Violence	❑ Alcohol Use Treatment	❑ Social Support
❑ Anger Management	❑ Substance Use Treatment	❑ Financial Benefits
❑ Court Ordered	❑ WRAP Plan	❑ Other: _____
❑ Housing	❑ Immigration	❑ Other: _____
❑ Experienced/Witnessed Trauma		

Onset of First Mental Health Symptoms: *When did you first start experiencing the mental health symptoms that brought you here today?*

❑ Less than 6 months	❑ 1 – 4 years ago	❑ Over 10 years ago	❑ Prefer not to answer
❑ 6 – 12 months ago	❑ 5 – 9 years ago	❑ Other	❑ N/A

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328)

Placer County
Template
Demographic Form
Ages 12 and Older

Participant Name: _____

Please include information for family members involved in your services. Additional family members can be attached on another page.

FAMILY INFORMATION		
	Family Member 1	**Family Member 2**
Family Member Name:		
Relationship to Participant:		
Age:		
Lives with Participant:	❑ Yes ❑ No	❑ Yes ❑ No
	Family Member 3	**Family Member 4**
Family Member Name:		
Relationship to Participant:		
Age:		
Lives with Participant:	❑ Yes ❑ No	❑ Yes ❑ No
	Family Member 5	**Family Member 6**
Family Member Name:		
Relationship to Participant:		
Age:		
Lives with Participant:	❑ Yes ❑ No	❑ Yes ❑ No

******PROVIDERS PLEASE COMPLETE THE FOLLOWING INFORMATION******

Referred By:

CSOC
- ❑ Children's Mental Health
- ❑ Child Welfare Services (CWS)
- ❑ Wraparound

ASOC
- ❑ Adult Mental Health
- ❑ Adult Protective Services
- ❑ In-Home Support Services
- ❑ Substance Use
- ❑ Wellness Centers
- ❑ Mobile Crisis Triage (MCT)

Community Provider/Agency
- ❑ FSP Program
- ❑ Cultural Broker/Promotora
- ❑ Family Resource Center (FRC)
- ❑ Housing Program
- ❑ Shelter
- ❑ Head Start
- ❑ First Five
- ❑ Mental Health Services (Community)
- ❑ Substance Use (Community)
- ❑ Youth Program
- ❑ School/Education
- ❑ Social Services Agency

- ❑ Medical Clinic
- ❑ Public Health
- ❑ Faith-Based Org
- ❑ Department of Social Services (Benefits)
- ❑ Hospital
- ❑ FQHC/Indian/Rural Health
- ❑ Physician/MD
- ❑ Therapist/Psychiatrist (Private)
- ❑ Self
- ❑ Family/Friend

- ❑ Probation/Parole
- ❑ Law Enforcement
- ❑ Jail/JDF
- ❑ Court
- ❑ AB109
- ❑ Conservator
- ❑ Other: _____

Completed By (please print): **Date:**

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328)
This Program is funded through Placer County Health and Human Services MHSA funds.
Please submit form to: 530-231-5663 (FAX) or https://spaces.hightail.com/uplink/ideaconsulting (secure upload)
Contact I.D.E.A. Consulting with any questions: 530-758-8815 or ncallahan.idea@gmail.com

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Appendix I.B
Service Level Data

Service-Level Data is collected for persons enrolled in services on an ongoing basis. Service-level data provides information on the different types of services delivered on each individual and helps to assess the types and amount of services received for each person. The types of services delivered varies for each program. Services delivered by a program may include one or more of the following:

- **Assessment/Screening**: Assessment/screening is an activity designed to evaluate the current status of a participant's mental, emotional, or behavioral health with the purpose of making a diagnosis. Assessment services include one or more of the following: mental status determinations: analysis of the participant's clinical history; analysis of relevant biopsychosocial and cultural issues and history; diagnosis; reassessments, and Performance Outcome Measures.

- **Case management**: Case management/linkage services assist a participant to access needed medical, educational, social, prevocational, rehabilitative, or other community services. Service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure participant access to services and the service delivery system; monitoring of the participant's progress; placement services; and plan development. Case management/linkage may be either face-to-face or by telephone with the participant or significant support persons, and may be provided anywhere in the community.

- **Child and Family Team Meeting**: A Child and Family Team meeting is a gathering of family members, other people considered family (but not blood related), friends, support persons, and other persons who are invested who join together to strengthen a family and develop a care plan for the individual to achieve safety and well-being.

- **Collateral**: Collateral is a service activity delivered to a significant support person or persons in a participant's life for the purpose of providing support to the participant in achieving participant plan goals. Collateral services include one or more of the following: consultation and/or training of the significant support person(s) that would assist the participant in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the participant; and family counseling with the significant support person(s) to improve the functioning of the participant. The participant may or may not be present for this service activity. A significant support person is defined as a person who, in the opinion of the participant or the person providing the services, has or could have a significant role in the successful outcome of treatment, including but not limited to the parents, legal guardian, and/or relatives of the participant, a person living in the same household as the participant, a legal representative of the participant who is not a minor, a person living in the same household as the participant, and relatives of the participant. Contacts with significant support persons in the participant's life are directed exclusively to the mental health needs of the participant.

- **Crisis Services**: Crisis services are an unplanned, expedited service, to or on behalf of a participant to address a condition that requires more timely response than a regularly scheduled visit. Crisis services are an emergency response service enabling a participant

to cope with a crisis, while assisting the participant in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. Crisis services may be provided face-to-face, by telephone or by telemedicine with the participant and/or significant support persons, and may be provided in a clinic setting or anywhere in the community.

- **Group Services or Individual/ Family Therapy:** A service activity that is a therapeutic intervention and consists of the participant's and/or family's goals that focuses primarily on symptom reduction as a means to improve functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a participant in acquiring greater personal, interpersonal and community functioning. This service may include family therapy at which the participant is present. Therapy services can only be delivered by a licensed, or intern (waivered), professional within the staff's scope of license. Therapy services may be delivered to a participant or group of participants.

- **Individual/ Family Therapy:** See Group Services, above.

- **Individual Parenting**: The Sierra Native Alliance Native Parenting Services and Supports program conducts individual, one-on-one parenting support services for their participants. This service supplements the program's Group Parenting classes.

- **Medication Support**: Uplift Family Services Tahoe Outpatient Therapy program conducts medication support for their clients.

- **Outreach**: Outreach services engage individuals who may need services but are not receiving them. Services may include informing at-risk populations about the need for and availability of mental health services, engaging individuals to build a trusting relationship, and providing educational and/or informing materials to the community, to help improve access to services. Services may be provided face-to-face or by telephone, and may be provided in a clinic setting or anywhere in the community.

- **Rehabilitation Mental Health Services**: Rehabilitation services are recovery- or resiliency-focused services identified to address a mental health need in the participant service plan. This service activity provides assistance in restoring, improving, and/or preserving a participant's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the participant. Rehabilitation also includes support resources. Rehabilitation activities are designed to teach a skill as a means to improve functional impairments. Services enable the participant to overcome limitations due to a mental disorder and teach the participant to perform these activities for themselves. These activities may include assistance in improving, maintaining, or restoring functional skills: shopping and cooking meals, daily living skills, social and leisure skills, and grooming and personal hygiene skills. It may include planning social activities with the participant consistent with the participant's socialization goals and encouraging/monitoring the participant's participation in these activities. Rehabilitation may be provided to a participant or a group of participants.

- **Support services**: Support services assist participants in their recovery, teaching skills and mentoring others to supplement existing treatment services with education, empowerment, and aid in navigating the service delivery system.

- **Transportation**: Sierra Native Alliance provides transportation services to many of their participants. This includes transportation to and from group or individual therapy services.

- **Wraparound**: Wraparound includes a team of individuals who are relevant to the well-being of the child or youth (e.g., family members and other natural supports, service providers, and agency representatives) collaboratively developing an individualized plan of care, implementing this plan, and evaluating success over time.

In addition to service-level data, the following information may be collected by some programs:

- Referrals to other services
- Reasons for Discharge

Appendix I.C
Outcome Instruments

Addiction Severity Index – Lite (ASI-Lite): The ASI-Lite is an instrument used to assess an individual's use of alcohol and drugs. Each question identifies an individual's substance use in the past 30 days, overall lifetime substance use, and the route of substance use. It is collected at intake (pre) and at discharge from services (post).

Applied Suicide Intervention Skills Training (ASIST) Post Survey: The ASIST Post Survey is made up of 15 questions used to evaluate the ASIST training. Participants of ASIST complete the survey at the end of the two-day interactive training to provide feedback on the quality of the training and lessons learned from the training.

Attitude Survey: The Attitude Survey is a county-produced outcome tool to measure an individual's perception of others who have a mental illness. The survey is administered at the end of each training session. Each question requires two (2) responses: 1) the individual's attitude prior to the training, and 2) the individual's attitude after attending the training. This helps measure the individual's change in attitude as a result of the training.

Beck Depression Inventory (BDI-II): The BDI-II is a self-report questionnaire used to determine an individual's level of depression. The questionnaire is made up of 21 items that assess emotions and behaviors of an individual in the past two (2) weeks. These emotions and behaviors include sadness, pessimism, changes in sleeping pattern, irritability, changes in appetite, etc. The score reflects the individual's level of depression, ranging from no depression to extreme depression. It is collected at intake (pre) and at discharge from services (post).

Brief Family Assessment Measure-III (FAM) General Scale: The Brief FAM is a 14-item tool used to assess family functioning such as role performance, involvement, control, values and norms, accomplishment, communication, and affective expression. The assessment is completed by adolescents, their parents, or caregivers. It is collected at intake (pre) and at discharge from services (post).

Court Appointed Special Advocate (CASA) Case Outcome at Discharge: Child Advocates of Placer County tracks the status, or case outcome, of foster children when they are discharged from the CASA program. There possible outcomes that a foster child can come to are reunification with family, adoption, guardianship, non-minor dependency, petition to dismiss, jurisdiction dismissed, transferred out of county/state, or the child turning 18. Of the eight (8) possible outcomes, reunification with the child's family is the ultimate goal of Child Advocates.

Child and Adolescent Needs and Strengths Assessment (CANS): The CANS is designed for use at two (2) levels: for the individual child and family, and for the system of care. The CANS provides a structured assessment of a child along a set of dimensions relevant to service-planning and decision-making. It provides an assessment of the child/youth currently in care and the functioning of the current system in relation to the needs and strengths of the child and family. It identifies "service gaps" in the current services system. This information can then be used to develop services that are appropriate for the child and family. It is collected at intake (pre), periodically, and at discharge from services (post).

Child Welfare Class Evaluation: The Cal Voices Child Welfare Class Evaluation is completed by participants of the Family Advocates program after completion of the Child Welfare Class. It consists of 13 questions assessing skills learned in and perceived support from the class.

Developmental Assets Profile (DAP) survey: The DAP measures the youth's decrease of risk factors and/or the increase of protective factors at intake (pre) and discharge from services (post).

Edinburgh Postnatal Depression Scale (EPDS): The EDPS is a 10-question self-rating scale used to screen and identify women who are at risk for 'perinatal' depression. It is designed for women who are pregnant, or have recently had a baby. It can also be used to measure for general depression in the larger population. It is only a screening tool used to identify individuals who are at risk for perinatal depression, it does not diagnose depression. It is collected at intake (pre) and at discharge from services (post). It can be collected more frequently, as appropriate.

Employment Status: Employment status is collected at intake and discharge. This information documents the individual's employment, full or part-time work. In addition, for those not in the workforce, it documents if the individual is looking for work, a home maker, student, retired, volunteer, or resident of an institution.

Eyberg Child Behavior Inventory (ECBI) Rating Scale: The ECBI is completed by the parent and assesses the child's behavior at home. It includes 36 items that assess typical problems reported by parents of conduct-disordered children. Items are rated on the intensity of the behavior and how problematic the behavior is. The ECBI is completed by the parent at intake (pre) and discharge from services (post). The ECBI and Sutter-Eyberg Student Behavior Inventory are companion rating scales for children ages 2 - 16. The Sutter-Eyberg Student Behavior Inventory is completed by the teacher. The ECBI is collected at intake (pre) and at discharge from services (post).

FSP Outcomes: Full-Service Partnership (FSP) forms are used to track outcome measures for persons enrolled in an FSP program. This program provides "whatever it takes" to support the FSP partner to remain living in the community. Each FSP form is described below:

- **Partnership Assessment Form (PAF)**: The PAF is completed when an FSP Partner begins the FSP program. This form collects information on the Partner's history in key life areas for different timeframes (current, past 12 months, etc.). Information collected includes indicators on residential living situation, education, employment, financial status, support system, legal issues, emergency interventions, health status, and substance use. In addition, information on the individual's ability to perform Activities of Daily Living (ADL) are collected (e.g., bathing, dressing, toileting, transfer, continence, feeding, walking, house confinement). For older adults, information is collected on Intensive Activities of Daily Living (IADL) (e.g., telephone, walking distance, groceries, meals, housework, handyman, laundry, medication, money).

- **Key Event Tracking (KET)**: The KET form is completed as changes occur for the client. The form collects information on specific life domains such as changes in residential status, employment, emergency room visits, arrests, and discontinuations from the program. There is no limit to the number of KET forms that can be completed; the form is completed any time a key event happens.

- **Three month quarterly (3M)**: The 3M is completed every three months. The first 3M is due 90 days after the partnership began (i.e., FSP enrollment date). The quarterly schedule begins with the date the partnership was established. Information collected includes education, sources of financial support, legal issues, health status, substance use, and activities.

Generalized Anxiety Disorder-7 (GAD-7) Survey: The GAD-7 Survey is a 7-item self-administered questionnaire used to screen the severity of an individual's anxiety. A score of 10 or greater determines that the individual has moderate anxiety and further evaluation is recommended. It is collected at intake (pre) and at discharge from services (post).

Housing Destination at Exit: Information on the person's living situation is collected when they are discharged from the program. This information documents if they moved to a rental property, a shelter or motel, jail, had another living situation, or were homeless. In addition, this form collects information on whether the individual had a housing subsidy to help pay the rent.

Income Received at Exit: Information on the individual's source of income is collected when they exit the program. This information documents if the person had earned income, insurance, Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI), general assistance, or another source of income.

Mental Health First Aid Survey (MHFA): The MHFA Survey is administered at the completion of an 8-hour MHFA training. It is used to gather feedback on the training provided, asking questions about the presenters, practical application of the presentation, and the attendee's demographic information.

Parent Protective Factor survey: The Parent Protective Factor survey assesses growth in protective factors for those who participate in peer support, outreach, and education services. It is collected at intake (pre) and at discharge from services (post).

Participant Perception of Care (PPC) Survey: The PPC is a self-report satisfaction rating scale that is completed by persons, age 12 and older, receiving ongoing services. This survey is completed at discharge from services and measures the individual's perception of services received and provides information on access, quality, and effectiveness of services.

Patient Health Questionnaire (PHQ): The PHQ is a self-administered diagnostic tool for mental health disorders. It obtains information about an individual's anxiety, mood, physical and mental health, eating habits, and alcohol consumption. It is collected at intake (pre) and at discharge from services (post).

Patient Health Questionnaire – 9 Survey (PHQ-9): The PHQ-9 is a self-administered diagnostic tool to screen and measure the severity of depression of an individual. It is easy and quick to use, and can be administered at different time frames of treatment to show improvement or changes in symptoms of depression. It is collected at intake (pre) and at discharge from services (post). It may be collected more frequently, as needed.

PBIS Training Evaluation Form: The PBIS Training Evaluation Form is administered at the end of each training to participants who rate their level of confidence in implementing course lessons. It also measures the participants' rating of the quality of the training and trainers.

Phone Satisfaction Survey: The Mobile Crisis Triage Phone Satisfaction Survey is completed by clients after receiving services. It consists of seven questions regarding client satisfaction with the services delivered by the Mobile Crisis Triage Team.

SafeTALK Post Survey: The safeTALK Post Survey is completed by participants at the end of the workshop. It consists of four (4) questions regarding the participant's ability to intervene and help individuals at risk of suicide before and after having completed the workshop.

Social Emotional Assets and Resiliency Scales (SEARS): The SEARS measures students' assets and resilience, taking into account problem-solving skills, interpersonal skills, the ability to make and

maintain friendships, the ability to cope with adversity, and the ability to be optimistic when faced with adversity. The scales are intended to be used for screening, assessment, decision-making, intervention planning, intervention monitoring, program evaluation, and research. It is collected at intake (pre) and at discharge from services (post).

- **SEARS-A:** The SEARS-A consists of 35 items for students grades seven (7) to 12.
- **SEARS-C:** The SEARS-C consists of 35 items for students grades three (3) to seven (7).

Strength of Relationship (SOR): The SOR is a Big Brothers Big Sisters required scale to assess the quality of the relationships between Big Pals and Little Pals, in order to monitor the success of the match. It is administered at intake, periodically, and at discharge from the program.

Sutter-Eyberg Student Behavior Inventory (SESBI) Rating Scale: The SESBI is completed by the child's teacher and assesses the child's behavior at school. It includes 38 items that assess typical problems reported by parents of children with conduct-disorder. Items are rated on the intensity of the behavior and how problematic the behavior is. The SESBI is completed at intake (pre) and discharge from services (post). The ECBI and SESBI are companion rating scales for children ages 2 - 16.

Symptoms Severity Measures: The Symptoms Severity Measures assesses participants' posttraumatic stress, general anxiety, and depression symptoms. It is collected at intake (pre) and at discharge from services (post).

TTUSD Boys Group and Girls Group Survey: The TTUSD Boys Group and Girls Group Survey is completed by participants of the Boys Group and of the Girls Group at the end of the academic year. It consists of 12 questions regarding the participant's ability to deal with stress and anxiety, as well as questions regarding satisfaction with the group and facilitators.

TTUSD Peer Mentor Survey: The TTUSD Link Crew Peer Mentor Survey is completed by TTUSD Link Crew Peer Mentors at the end of the academic years. It consists of18 questions assessing skills learned and satisfaction with the Link Crew Peer Mentor training.

TTUSD Wellness Center Survey: The TTUSD Wellness Center Survey is completed by participants of the Wellness Center programs at the end of the academic year. It consists of 11 questions regarding participant perceived support from and satisfaction with the Wellness Center.

WET Training Evaluation Survey: The Workforce, Education, and Training (WET) Training Evaluation Survey collects information on the trainee's perception of the training received. The survey obtains information on the appropriateness of the content, the quality of the information and presentation, the value of the information, and the overall rating. This survey is collected at the end of the training.

WRAP Group Survey: The Wellness and Recovery Action Plan (WRAP) Pre/Post Survey collects information from the individual prior to the WRAP training and at the end of the training. The survey provides information on the person's perception of hope, responsibility for wellness, values regarding learning about symptoms, and understanding of triggers. The summary helps document the wellness and recovery principles taught during the course, and if the individual gained insight and skills to help manage their personal wellness and recovery.

UCLA PTSD Reaction Index: The PTSD Reaction Index is a self-report instrument that screens for trauma exposure and assesses posttraumatic stress symptoms. It is used for children ages 6 and older. There is also a caregiver-report version. It assesses the impact of trauma for school-age children and adolescents. It is completed at intake (pre), during treatment, and at discharge from services (post).

Youth Empowerment Support Program Questionnaire (YES): The YES Program Questionnaire is used to evaluate and improve the YES Program to better serve youth and young adults in the future.

Youth Outcome Survey (YOS): The YOS is a Big Brothers Big Sisters required scale to assess the Little Pals on social skills, academic aptitude, attitudes toward substance use and legal involvement, family functioning, school absences, direct legal involvement, and whether the youth has a special adult in their life who they often spend time with. It is collected at intake (pre), periodically, and at discharge from services (post).

Youth Outcome Questionnaire (YOQ): The YOQ is a 64-item report completed by the parent/guardian. It is a measure of treatment progress for children and adolescents (ages 4 - 17) receiving mental health intervention. It is designed to reflect the total amount of distress a child or adolescent is experiencing. It is collected at intake (pre) and at discharge from services (post).

Youth Outcome Questionnaire-Self Report (YOQ-SR): The YOQ-SR is the self-report version of the YOQ. It is designed to capture younger clients' voice. It can be used in tracking treatment progress for adolescents receiving therapy or counseling. It is collected at intake (pre) and at discharge from services (post).

Youth Protective Factors Survey (YPF): The YPF survey measures the balance of strengths and challenges the youth is experiencing. The survey measures relationships between the youth and parents/guardians, extended family and community supports, progress and experience at school/work, quality of relationships with peers, and spiritual and cultural connections. It is collected at intake (pre) and discharge from services (post).

APPENDIX II
MHSA Public Hearing Minutes

PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG BOARD

MONTHLY BOARD MEETING MINUTES

August 24, 2020

Mental Health Board
Members in Attendance
Buckley, Claire
Del Pozo, Jessica
Jullien, Joanna
Leighton, Linda
McLennan, Geoff

Absent Members
Baggett, Brandy
Cataldo, Lisa
Holmes, Jim

Staff and Guests
Abrahamson, Twylla
Compton, Suzanne
Ellis, Amy
Gelly, Cassie
Genschmer, Scott
Headrick, Kyleene
Morris, Penny
Menesses, Brittany
Osborne, Marie

PUBLIC HEARING – Placer County, Mental Health Services Act (MHSA) FY 2020-2023 Three Year Plan and Expenditure Reports
Geoff McLennan, Chairperson of the MHADAB called the Public Hearing to order at 7:48 p.m.

- Sue Compton read the ground rules for public comment period.
  - Each speaker will have five minutes to speak,
  - please take turns and wait to be acknowledged prior to speaking.
  - Remember we will only be receiving input and staff will not respond to the merits of any plan.
  - Our staff will only ask questions to clarify a speaker's remarks.
  - If anyone does not wish to speak but has comments, they may designate someone else to make their comments.
  - There is no cross talk, we are here to receive your suggestions.
  - No decisions will be made tonight.

- No comments were received.

Public Hearing concluded at 7:49 p.m.

Jessica Del Pozo
Secretary/Treasurer, Mental Health, Alcohol and Drug Board

APPENDIX III
Board of Supervisor Plan Approval

The following items were approved by the Board of Supervisors at their regular meeting on September 22, 2020 by the votes as shown.

3. HEALTH AND HUMAN SERVICES
A. Homekey Program Application
1. Adopted Resolution 2020-201 authorizing the Director of Health and Human Services, or Designee, to apply for $1,400,000 from the Homekey Program, and sign the resulting agreement and all related paperwork with Risk Management and County Counsel concurrence.
MOTION Holmes/Gustafson Vote 4:0 (Weygandt Absent)
AYES: Holmes, Uhler, Gustafson, Gore
ABSENT: Weygandt

B.COVID-19 Epidemiology and Laboratory Capacity Enhancing Detection Funding | Accept the Grant Award from California Department of Public Health
1. Adopted Resolution 2020-202 to accept the grant award from the California Department of Public Health (CDPH) to support public health response to COVID-19 in an amount not to exceed $3,083,968 for the period of May 18, 2020 through November 17, 2022, and authorized the Director of Health and Human Services to sign the award and related documentation with Risk Management and County Counsel concurrence, and to sign subsequent amendments not to exceed $100,000 consistent with the subject matter and scope of work with Risk Management and County Counsel concurrence.
MOTION Uhler/Holmes Vote 4:0 (Weygandt Absent)
AYES: Holmes, Uhler, Gustafson, Gore
ABSENT: Weygandt

C. Placer County Mental Health Services Act Services and Expenditure Plan FY 2020-2023
1. Adopted the Placer County Mental Health Services Act Services and Expenditure Plan FY 2020-2023.
MOTION Holmes/Gustafson Vote 4:0 (Weygandt Absent)
AYES: Holmes, Uhler, Gustafson, Gore
ABSENT: Weygandt

D. Mental Health Service Act Contracts
1. Approved the award of competitive Request for Proposal (RFP) No 20079 for Mental Health Services Act (MHSA) services to the 11 proposers identified in Attachment 1 of the staff report.
2. Approved the 11 agreements identified in Attachment 1 of the staff report related to RFP No. 20079 to provide MHSA services from October 01, 2020, through June 30, 2022,

in an aggregate amount not to exceed $17,101,127, including the option to extend these contracts for one additional one-year term.
3. Authorized the Director of Health and Human Services to execute the agreements with Risk Management and County Counsel concurrence and to sign subsequent amendments not to exceed 10 percent of the total contract amount or $100,000, whichever is less, consistent with the subject matter and scope of work with Risk Management and County Counsel concurrence.
MOTION Holmes/Gustafson Vote 4:0 (Weygandt Absent)
AYES: Holmes, Uhler, Gustafson, Gore
ABSENT: Weygandt

11. HEALTH AND HUMAN SERVICES
A. Transitional Housing Program Allocation Award | Resolution to Apply for and Accept
1. Adopted Resolution 2020-199 to apply for and accept the Transitional Housing Program Allocation award issued by the State of California, Department of Housing and Community Development and authorized the Director of Health and Human Services to sign the award acceptance and related documentation with County Counsel concurrence.

Please let me know if you need anything further.

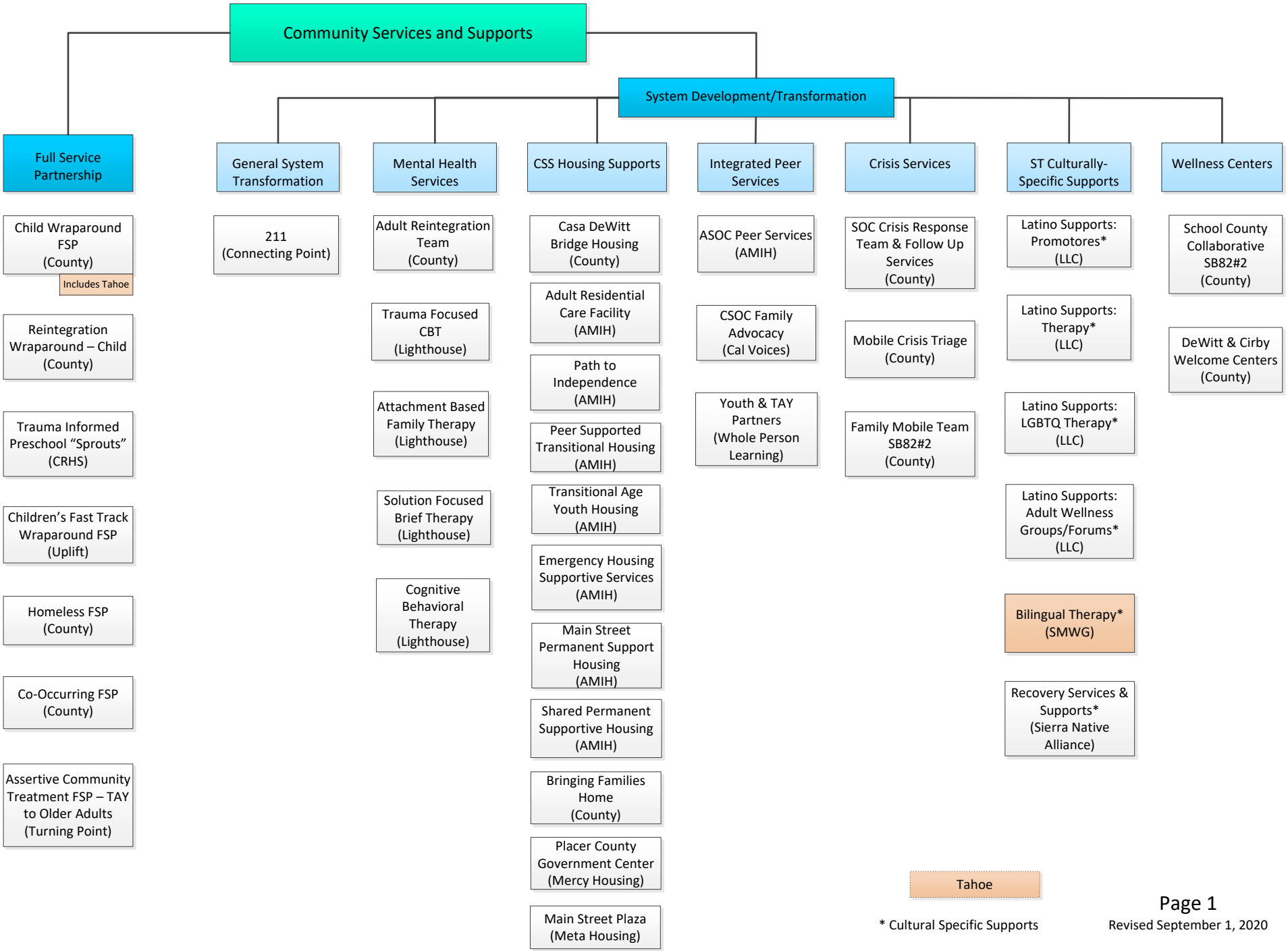
Thank you,

Megan Wood, Clerk of the Board
Placer County Board of Supervisors
175 Fulweiler Ave. Auburn CA 95603
530.886.4650 Office | 530.906.2945 Cell
mwood@placer.ca.gov

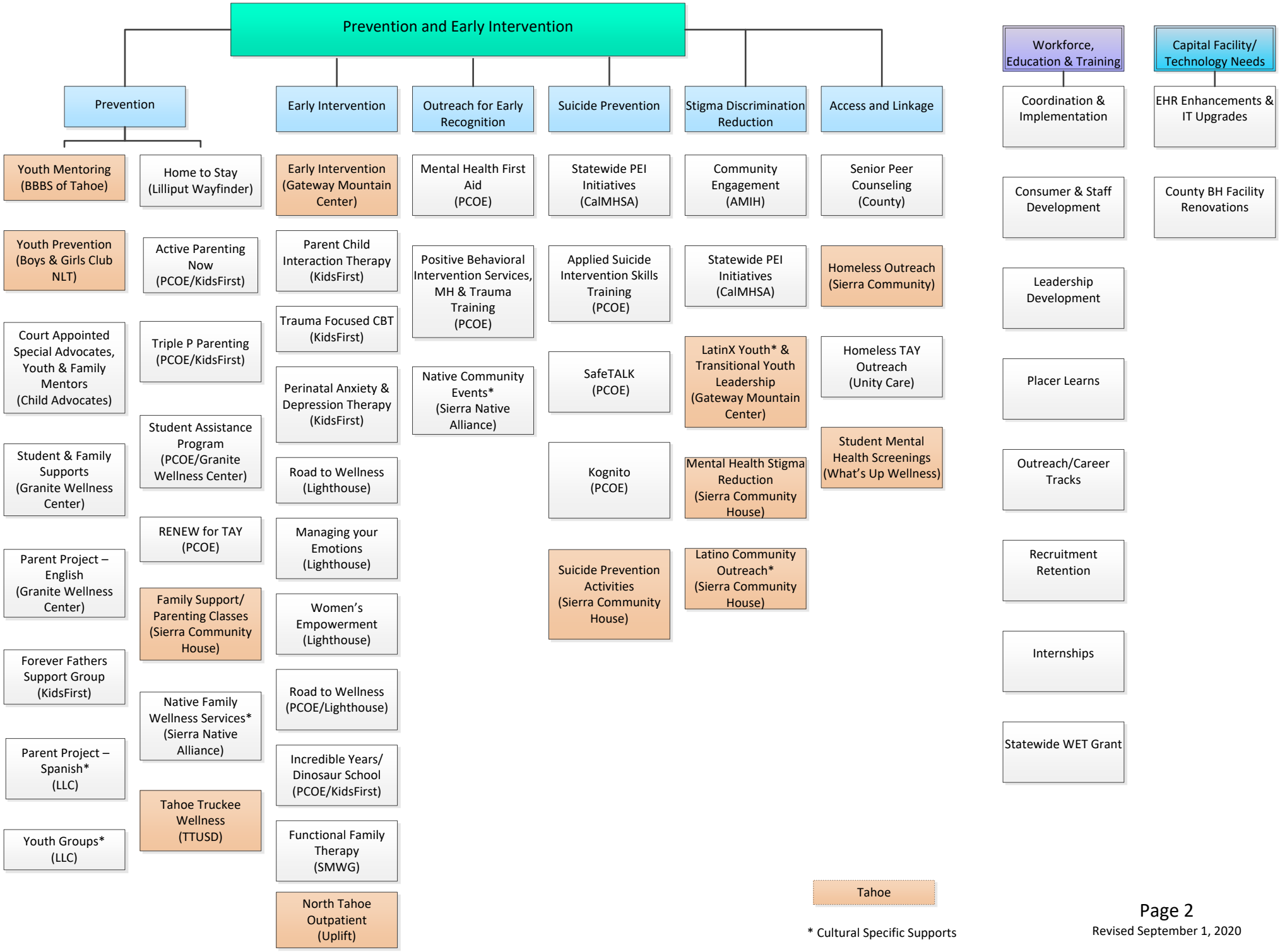
APPENDIX IV

MHSA 2020-2023 Program and Activities Flow Chart

Placer County MHSA Programs & Activities
FY2020-2023



Revised September 1, 2020



* Cultural Specific Supports

Revised September 1, 2020