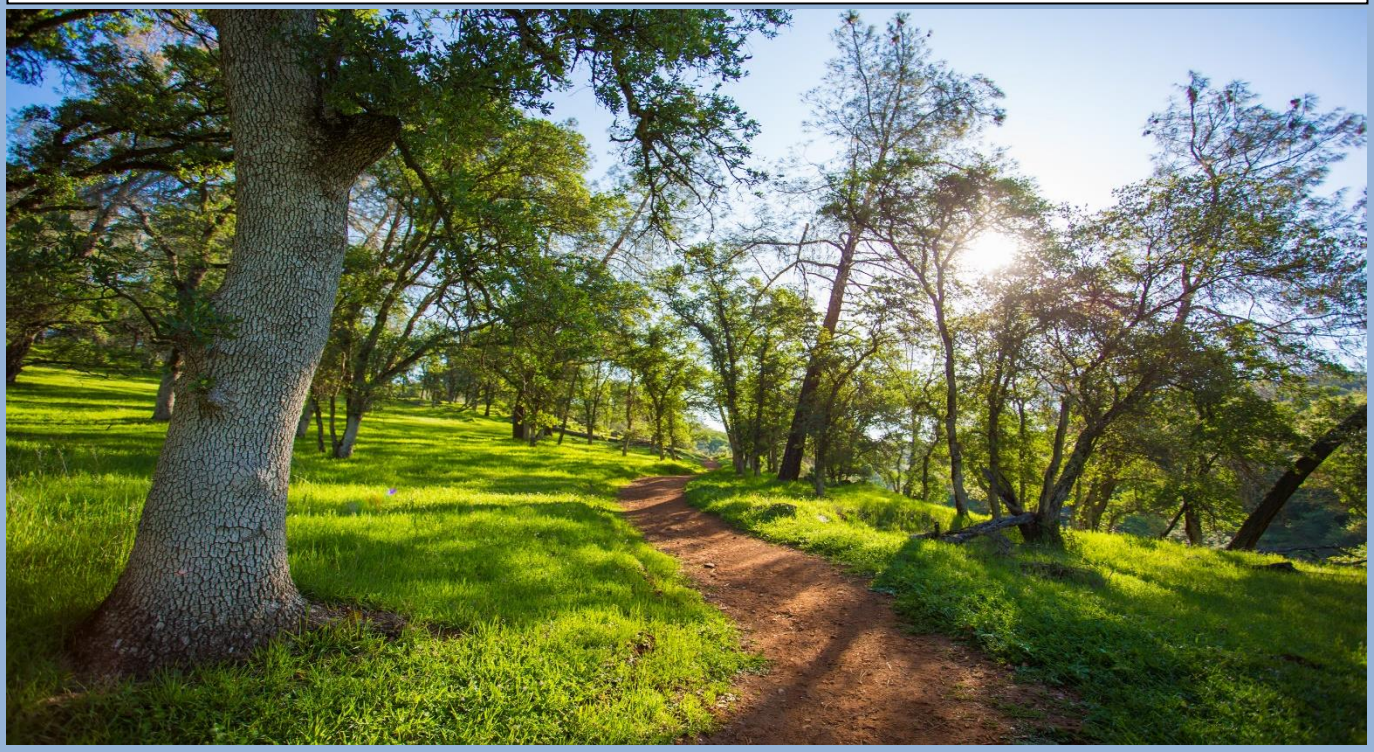
COUNTY OF Placer®

MENTAL HEALTH SERVICES ACT
FY2022-2023 ANNUAL UPDATE
Reporting FY2022-2023 MHSA Budgets and Program Updates and FY2020-2021 Programs and Data



Greetings,

Welcome to the Placer County Mental Health Services Act Fiscal Year (FY) 2022-2023 Annual Update. 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. As we enter the final year in our MHSA Three-Year Plan, we recognize the incredible resilience, collaboration, and innovation our community has shown to respond to an unprecedented public health crisis these past two years.

Looking ahead to FY 2022-23 and beyond, the Placer County Systems of Care will continue to gauge trends in well-being, stress and coping among our residents, monitor the MHSA fiscal outlook, and continue to adjust and adapt as needed to ensure needed services and supports are not disrupted. Our goal for each Placer resident is to experience support and wellness in our community. To do so, we must also grow in our own cultural awareness and understanding and continue to address system inequities based on race, ethnicity, age, sexual orientation, gender identity and culture as well as the resulting impact on social determinants of health. The Systems of Care will continue to work with advocates for the unserved and underserved to ensure the needs of diverse individuals, families, and communities are integrated into all aspects of program development, implementation, and evaluation.

This Report highlights the accomplishments of the FY 2020-2021 and details the stakeholder informed and approved Annual Update to the FY 2020-2023 Three-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, subsequent annual updates, 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 over 6,000 residents with or at risk of mental health concerns. Despite ongoing challenges with workforce recruitment and retention, our providers continued to respond quickly in an ever-changing environment to ensure services and supports would be delivered effectively and safely.

New opportunities lie on the horizon for the System of Care, with the expansion of CalAIM in 2022, increased statewide grant opportunities for community-based crisis services and infrastructure, including mobile crisis and 24/7 bed capacity solutions for individuals with behavioral health disorders, increased housing supports and homeless outreach, and additional school-based youth supports. We will be gearing up a new electronic health record system in 2023. Our new MHSA Innovation Project, a Behavioral Health Adult Crisis Respite Center at the Cirby Hills facility, will open its doors in 2022. Now named “Lotus,” this project will pave the way for much needed short-term crisis care outside of highly impacted hospital emergency rooms.

Placer has excellent partnerships and services who will help our community continue to thrive and grow. Our ability to evaluate programs continues to improve, 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 Annual Update, attached hereto, was adopted by the County Board of Supervisors on August 23, 2022**.**

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	Amy Ellis Digitally signed by Amy Ellis Date: 2022.09.02 11:20:52 -07'00'	9/2/2022
Mental Health Director (PRINT)	Signature	Date

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, CPA
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: 2022.05.31 08:45:40 -07'00'
Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, 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 12/17/21 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2022, 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.

ANDREW C. SISK
County Auditor Controller / City Financial Officer (PRINT)

Andrew C. Sisk 6/16/22
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MENTAL HEALTH SERVICES ACT
Introduction and Overview

INTRODUCTION
The Placer County Mental Health Services Act (MHSA) FY 2022-2023 Annual Update and Expenditure Report 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 2022-2023 Annual Update serves three purposes: 1) it provides a program description, target population and demographic information for the MHSA services provided in FY 2020-2021; 2) it includes the budget for services to be provided in fiscal year 2022-2023 and 3) outlines services and any changes to services for FY 2022-2023.

MHSA FY 2022-2023 ANNUAL UPDATE 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 Annual Update: 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 2022-2023.

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.
- In 2020, Placer County conducted another extensive community planning process to develop the current FY 2020-2023 MHSA 3-Year Plan, approved by the Board of Supervisors on September 22, 2020.
- This current Annual Update highlights the accomplishments of the FY 2020-2021 and details services and funding being provided for FY 2022-2023 in all MHSA components as part of the 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 412,300 as of July 1, 2021 (Source: United States Census Bureau QuickFacts). 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.

From 2010 to 2020, California's population grew by 5.8% (or 2.4 million), according to decennial census counts, slower than the rate of growth in the rest of the nation (6.8%). Placer County in contrast, grew by 16.16%. In 2020, the county's largest city, Roseville, grew 2.4 %, placing it in the top 10 fastest growing cities in the state. Placer County routinely ranks in the top five for growth, quality of life and healthiest counties in California.

According to the US Census, 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, not Hispanic or Latino (71.5%) which represents a 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 2021. Approximately 6.5% of the population lives below the poverty level, a decrease of 1.3% 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 for 2018-2020 in Placer (12.4 per 100,000) is statistically similar to the previous 2 years and is slightly higher than the statewide average of (10.5 per 100,000). Individuals ages 50+ accounted for 67.8% of deaths by suicide in 2019-2020.

Another significant factor in this county is the large number of older adults. Almost twenty percent 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.

The results of the 2022 Placer County Continuum of Care Homeless Point in Time have not yet been released. The Point in Time Count provides a snapshot of homeless numbers on a single day. In 2020, a total of 744 individuals were counted as experiencing homelessness in Placer. 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. The majority of individuals experiencing homelessness were unsheltered (54%). Placer County has a significantly higher chronically homeless population than other subpopulations, estimated at 42% of all homeless persons.

Unserved and underserved populations identified as priorities during the FY 2020-2023 Community Planning Process were Transitional Age Youth (ages 16-25), Older Adults (ages 60+), LGBTQ+, Native American, and Latino communities.

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.

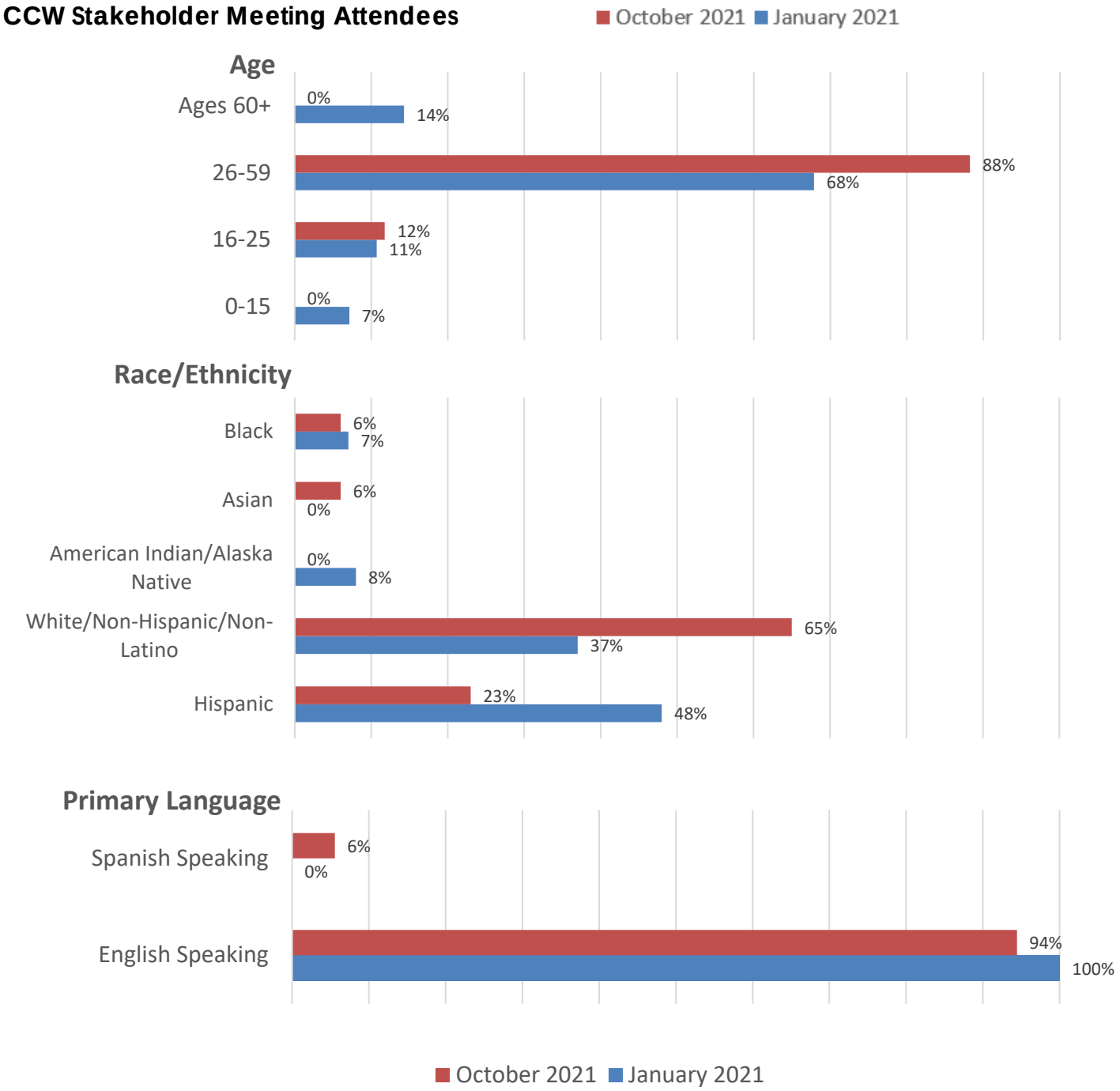
Stakeholders and Meaningful Involvement

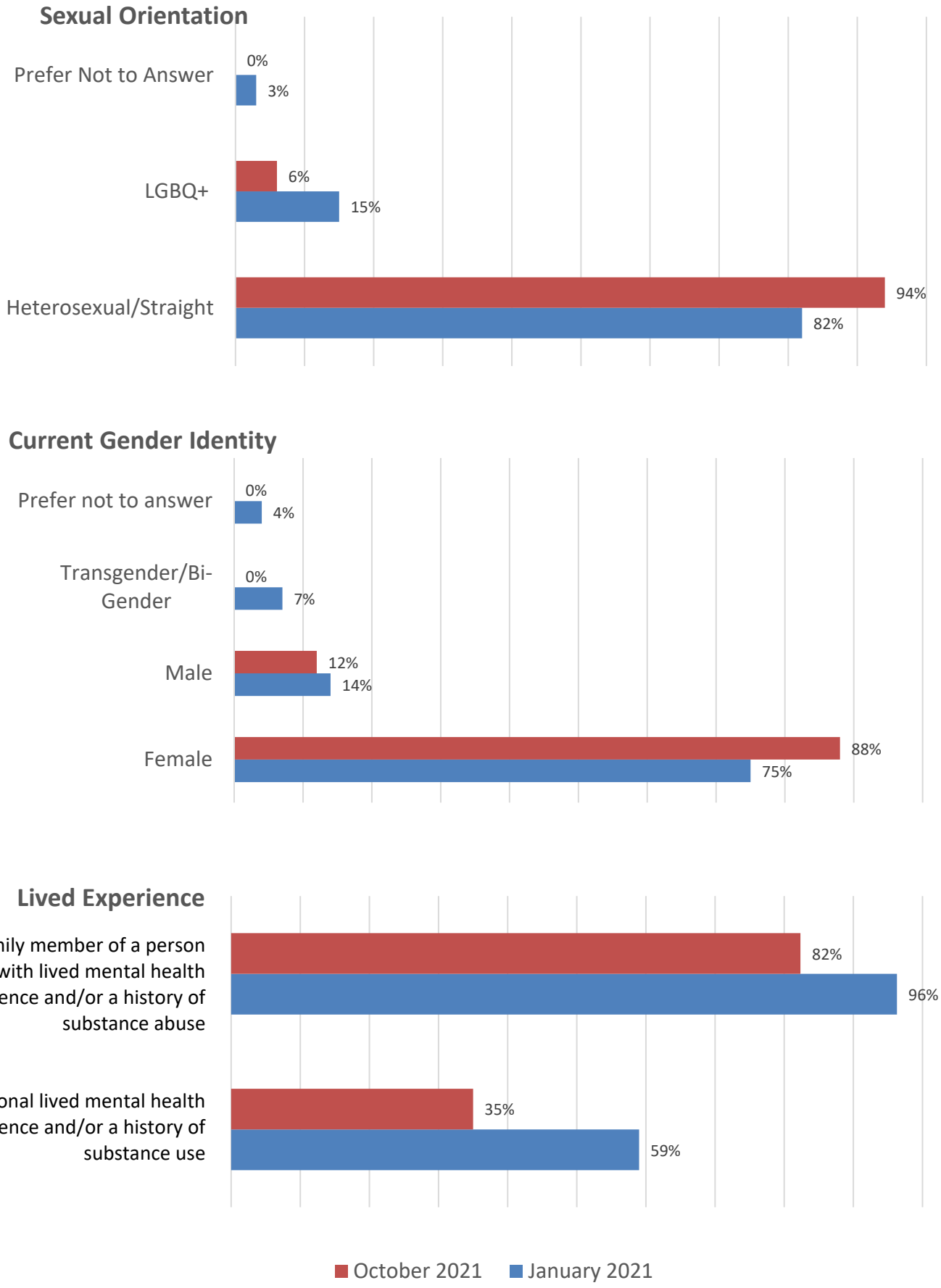
The CCW stakeholder group includes the following community partners:

Consumer Voice • AMI Housing, Inc. • Consumer Employees • Consumers of public mental health • People with lived experience • Speaker's Bureau • Whole Person Learning	Family Voice • AMI Housing, Inc. • Cal Voices • Family Members • Mental Health Alcohol Drug Board • NAMI of Placer County
Latino Voice • Auburn Hip-Hop Congress • Gateway Mountain Center • Latino Leadership Council (LLC) • 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. • Auburn Hip-Hop Congress • Children System of Care (CSOC) • Gateway Mountain Center • Insights Counseling Group • LLC Youth Services • Pacific Clinics (formerly Uplift Family Services) • Sierra Community House • Stand Up Placer • Turning Point Community Programs • Unity Care • Whole Person Learning • Youth individuals	Adults and Older Adults • 211 Connecting Point • Adult System of Care (ASOC) • AMI Housing, Inc. • Area 4 on Aging (Older Adults) • Beautiful Minds Wellness • Faith-based organizations • Golden Sierra Life Skills • Insights Counseling Group • Lighthouse Family Resource Center (Families) • Placer People of Faith Together (PPOFT) • Placer Collaborative Network (PCN) • Placer Community Foundation • Placer County Employment Services and Business Advantage Network (BAN) • Placer County Human Services (Cal Fresh; Medi-Cal; CalWORKs; Veteran's Affairs; Housing) • Sierra Community House • Stand Up Placer • Tahoe Truckee Community Foundation • Turning Point (Outpatient) • Volunteers of America

Children • 211 Connecting Point • Big Brothers Big Sisters • Boys & Girls Club of North Lake Tahoe • Child Advocates of Placer County (CASA) • Children System of Care (CSOC) • Gateway Mountain Center • KidsFirst Child Abuse Prevention Council of Placer County • Lilliput Families (Wayfinder Family Services) • Pacific Clinics (formerly Uplift Family Services) • Placer Collaborative Network (PCN) • Placer Community Foundation • Placer County First 5 • Placer County Human Services (Cal Fresh; Medi-Cal; Housing) • Sierra Community House • Sierra Mental Wellness Group • What's Up Wellness	Education • Auburn Union School District • Center Joint Unified School District • Oakmont High School • Placer County Office of Education (PCOE) • Placer Union High School District • Rocklin Unified School District • Sierra Community House • Tahoe Truckee Unified School District
Health • Anthem Blue Cross • California Health and Wellness • Chapa De Indian Health Programs, Inc. • Placer County Human Services Medi-Cal • Placer County Public Health	Housing • 211 Connecting Point • AMI Housing, Inc. • Homeless Resource Council of Sierras • Mountain Housing Council of Tahoe Truckee • Placer People of Faith Together (PPOFT) • Placer County Health and Human Services • Placer County Human Services (Cal Fresh; Medi-Cal; CalWORKs; Veteran's Affairs; Housing) • Placer Independent Resources Services • TAY Housing Collaborative • The Gathering Inn • Unity Care • Volunteers of America
Law Enforcement* • Juvenile Probation • Local Police Department • Placer County Sheriff **While these are collaborative partners in other forums, there is planned outreach to re-engage direct representation at CCW meetings.*	Substance Use • ASOC Co-occurring FSP • Granite Wellness Centers • LLC Recovery Services • Sierra Native Alliance

A demographic survey of attendees was completed in January and then again in October 2021 at the CCW stakeholder meetings. The community agreed to utilize the demographic survey at least twice each year to measure changes in representation and attendance.




Sexual Orientation
Prefer Not to Answer
0%
3%
LGBQ+
6%
15%
Heterosexual/Straight
94%
82%
Current Gender Identity
Prefer not to answer
0%
4%
Transgender/Bi-Gender
0%
7%
Male
12%
14%
Female
88%
75%
Lived Experience
Family member of a person with lived mental health experience and/or a history of substance abuse
82%
96%
Personal lived mental health experience and/or a history of substance use
35%
59%
October 2021
January 2021

Stakeholders provide meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring, evaluation, and quality improvement; and budgets during their attendance at CCW and a multitude of other System of Care committees, workgroups, and regular meetings. These include: the Consumer Council (monthly), the Quality Improvement Committee (quarterly) and its subcommittees (Family Resource Community Collaborative (FRCC), Systems Management and Advocacy Resource Team (SMART) Policy Team, Mental Health Provider Meetings), the Mental Health, Alcohol and Drug Advisory Board (monthly) and its subcommittee (Adult Services, Alcohol and Drug, Children's Services), CSOC Native Policy Workgroup (monthly), CSOC Community Leadership Meeting (monthly), the Workforce, Education and Training (WET) Committee (monthly), and the Cultural Linguistic Competency Committee "Placer READI" (bi-monthly).

CCW made the commitment to offer MHSA 101 and CCW Orientation training led by the MHSA Coordinator at least twice per year and have made a recording also available at www.placerccw.org. One-hour trainings were held in April and October 2021 and again in May 2022. These trainings provide participants an opportunity to better understand MHSA components, regulations, funding, existing programs, and the role and value of stakeholder input. The MHSA Coordinator also attended other stakeholder meetings to review these elements including the CSOC Community Leadership and the Mental Health, Alcohol and Drug Advisory Board (MHADAB). Placer County also successfully launched a new MHSA 101 training to all Adult and Children's System of Care staff and contracted providers in November 2021.

Due to the COVID-19 restrictions, community meetings with stakeholders were held using the Zoom virtual platform. A total of nine (9) CCW meetings were held during FY 2021-2022, with our first hybrid (in person/virtual) meeting held in April 2022. Meetings were held: 7/15/21, 9/24/21, 10/21/21, 12/3/21, 1/20/22, 2/25/22, 3/17/22, 4/25/22 and 5/19/22. Starting in 2021, to encourage additional outreach and accessibility, CCW began alternating monthly meetings between the typically scheduled 4th Friday of the month meetings at 10:00am with meetings on the 3rd Thursday of the month at 4:00pm. Materials were provided to attendees via email and were shared on the screen during the virtual meeting. Most meetings were recorded and posted on the CCW website at www.placerccw.org along with agendas, minutes, and meeting materials.

LOCAL REVIEW PROCESS

30-Day Public Review and Circulation Methods

This FY 2022-2023 Annual Update has been posted for a 30-day public review and comment period from May 20, 2022, to June 19, 2022. 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.

Additional efforts have been made to ensure widespread community notification of the posting of the FY 2022-2023 Annual Update 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 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 June 19, 2022, 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):

Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing
Monday, June 20, 2022
6:15 P.M.

Join by Computer
Zoom Link: https://placer-ca-gov.zoom.us/j/93992714149
Passcode: **841019**
Meeting ID: 939 9271 4149

Join by Phone

Dial: 1-669-900-6833
Enter Meeting ID: **939 9271 4149**
Enter Passcode: **841019**

Substantive Recommendations and Changes

Substantive recommendations will be considered for revisions. The adopted Annual Update will summarize and analyze the recommended revisions, as appropriate.

County Approval Process and State Submission

The adopted Annual Update 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 June 20, 2022. Meeting minutes along with verbal comments received are included in Appendix II. Below are written comments received during the 30-day public review and comment period.

Written Comments submitted May 26, 2022, by Claire Buckley
(Page numbers refer to Annual Update version released for Public Comment)

> Page 7: *According to the US Census, approximately 19.9% of the county's population are older adults, ages 65 years or older, yet according to the aggregated data on page 111, only 9.4% of services are provided to older adults (60+), so we must assume there are unserved or underserved older adults in the county.*
>
> **Response:** Older Adults were identified as a priority population during the community planning process for the current MHSA Three-Year Plan, and as such, were specifically included in the MHSA Request for Proposal. Unfortunately, there was an inadequate response of services expressly addressing these needs. Available data does continue to indicate that this population is underserved. According to the California Department of Finance 2020 baseline projections published in July 2021, there were 112,514 adults ages 60 years or older in Placer County, accounting for 28.3% of the county population. In fiscal year 2020-2021, 567 individuals in this age group received MHSA-funded services from programs that collect demographic data. Based on this data, we can estimate that 5 out of every 1,000 individuals ages 60+ in Placer County received MHSA services during this timeframe. This is a lower penetration rate compared to the other age

groups (0-15, 16-25, 26-59). We also know that individuals ages 50+ accounted for 67.8% of deaths by suicide in Placer County during 2019-2020, as reported on Page 7. Additional data can be collected to further identify estimated level of need for services within this age group, which will be further pursued in the upcoming community needs assessment for the next Three-Year Planning Process.

Page 9-10: *The tables on these pages list CCW stakeholder groups and community partners, yet I suspect they do not all participate in the CCW process, as implied. There are some groups listed that historically participated yet – to my knowledge - have not done so for many years. It is misleading to indicate their participation when they are not active members. I can provide some limited specifics if interested in confirming these attendees.*

Response: The attendance log for the last two years was carefully reviewed, and the table has been updated as follows: Groups/partners who did not attend CCW meetings at least two times are now removed. For Law Enforcement, while the entities listed are collaborative partners in other forums, outreach is planned to re-engage their direct attendance at CCW meetings. A note to this effect was added in the table.

Page 9-10: *Under the section on Adults and Older Adults the table also lists 'Faith based' and 'People of Faith' and I suspect this meant to indicate the organization that is called 'Placer People of Faith Together' (PPOFT). The section under Housing also indicates 'People of Faith' which is undoubtedly also meant to read 'Placer People of Faith Together' (PPOFT).*

Response: This will be corrected to read: Placer People of Faith Together (PPOFT).

The aggregated data table on Appendix I, Page 3 indicates 42.4% of consumers identify as heterosexual/straight and among the many other sexual orientations identified, 47.2% are unknown; so it is unclear how the statement of 94% heterosexual/straight listed on Page 11 was derived.

Response: The data on Page 11 represents the demographic survey conducted with attendees at the October 2021 Campaign for Community Wellness (CCW) meeting. However, the data on Appendix 1 Page 3 represents all individuals receiving MHSA services in which demographic data was collected during FY 2020-2021.

Page 52-53: *Identifies the agency as 'Placer County Of Education' when it is surely Placer County Office of Education?*

Response: This will be corrected to read: Placer County Office of Education

Appendix I, Page 29: *Lists the Top five (5) Mental Health/Substance Use Disorder Resource Referrals and number 4 is the Institute on Aging's Friendship Line. It is sad that there is none or limited referral to service at a local provider, as we have or had a similar 'Friendly Visitor' program at Seniors First for many years.*

Response: Thank you for this observation, which will be shared with the provider to identify potential outreach opportunities.

General Comment: It is sad to see that among the many youth-serving programs and agencies there is an apparently low percentage of consumers identifying as LGBTQ+. Some agencies do record representative numbers of LGBTQ+ consumers whereas other agencies apparently have under-representative numbers of LGBTQ+ consumers. I suspect more education is needed around cultural humility and inclusive and equitable practices for diverse cultural groups. This was most evident in the Stigma and Discrimination Reduction section in Appendix I, page 205.

Response: We appreciate this observation**.** Ongoing education around cultural humility and inclusive and equitable practices for diverse cultural groups is imperative. System of Care (SOC) recently issued a three-part Race, Equity, Diversity and Inclusion (READI) Workforce Survey to help assess the cultural representation of the workforce, the equity climate within our organizations, and the cultural responsiveness and ongoing training needs of the workforce. The results of the survey should be available by end of Summer 2022.

SOC Committees including Placer READI and WET (Workforce Education and Training) also help inform and make recommendations on SOC training needs. Through these recommendations, the following local MHSA-funded training opportunities have been offered to the community since July 2020 and had a collective attendance of 1,143 individuals: Cultural Broker Dialogue Series, SOGIE 101, Indigenous Psychology, Bystander Training, Implicit Bias 101 Awareness, and Implicit Bias 201 Mitigation for Leadership. We also continue to share and promote involvement in extensive regional and statewide offerings.

Stakeholder, consumer, and mental health provider staff feedback has identified a need for improvements in the cultural understanding of sexual orientation, gender identity and expression (SOGIE) as well as the manner and ability to collect and document SOGIE data. In December 2021, Placer County Systems of Care (SOC) submitted to the state a Performance Improvement Plan (PIP), which aims to improve the consumer experience in its Adult System of Care (ASOC) Clinic Services by consistently asking individuals, and addressing them by, their SOGI information (sex, gender identity, sexual orientation, preferred name, and preferred pronouns) in a safe and culturally responsive manner. Training and documentation improvements are part of this process and will provide opportunities across the System of Care. It is expected that upcoming changes with CalAIM will also impact the documentation improvements and the timing of implementation.

Three trainings sponsored by MHSA this past fiscal year have already been offered. In October 2021, our WET committee helped organize a local SOGIE 101 Training. With your assistance as instructor and panel moderator, it laid the foundation for understanding sexual orientation, gender identity and expression, pronouns, and using inclusive language. It included an opportunity to gain a better understanding of the LGBTQ+ community as well as the negative myths and stereotypes that can cause damaging experiences and mental health

disparities. The training had an attendance of 187 and was also recorded for ongoing access through the Placer CCW website. In March/April 2022, CCW and SOC highly encouraged attendance at CalMHSA's statewide two-part training "SOGIE - Inclusive Behavioral Healthcare." The ASOC Clinic Services Team was required to attend as part of the SOGI PIP. Part 1 covered "Creating SOGIE-Inclusive Behavioral Healthcare Services" and Part 2 covered "How to Integrate SOGIE - Inclusivity into Behavioral Health Treatment Service Provision." The next level of training is expected to include system specific review of documentation improvements and directed training towards administrative and clinical staff on asking and collecting SOGIE information.

I think it behooves us all to figure out additional mechanisms for sharing this information and these programs and the great work going on by so many people to address the many, varied, and burgeoning behavioral health issues in our society at present. If there was only a way to distill this report into something more readily accessible and viewable.

Response: Thank you for sharing this. It is also our desire to make these reports more accessible, viewable, and meaningful while continuing to meet MHSA regulations and requirements. We recognize the importance of clearly identifying the improvements and outcomes achieved through MHSA Funding while articulating ongoing community mental health needs and disparities. We will be working with our evaluators, analysts, and stakeholders in this upcoming fiscal year to accelerate progress towards this goal.

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	150
Children's Receiving Home of Sacramento: Sprouts FSP	
Pacific Clinics (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	100
Pacific Clinics (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** 210 **Older Adults** 40
Adult System of Care: Co-Occurring FSP	
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.

PACIFIC CLINICS (formerly UPLIFT FAMILY SERVICES)

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

Pacific Clinics' Fast Track Wraparound (FTW) program offers intensive mental and behavioral health, 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, via phone/telehealth and in the community. The anticipated length of service is six (6) months or less. FTW is a "front end" service designed to work with families who may not need, or meet, criteria for a higher level of service. Referrals generally include families that may need parental and/or life coaching to ameliorate issues that have led to a referral to Child Welfare Services (CWS); families that 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; there is no significant child abuse or neglect; and/or the child has no additional, supportive service); and/or families with an active voluntary CWS case. Medi-Cal and non-Medi-Cal youth are eligible for services. Frequency of services can vary depending on the specific needs of the youth and family. Youth and families are identified and referred to Fast Track Wraparound by Placer County Children's System of Care (CSOC).

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. In 2022-2023, Homeless FSP and Co-Occurring FSP will transition into operating as one combined FSP.

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. In 2022-2023, Homeless FSP and Co-Occurring FSP will transition into operating as one combined FSP.

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: Cirby Wellness Center

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.

Placer County may consider flexibilities in General System Development to allow for participation in statewide multi-county collaboratives increasing access to services such as 24/7 Access & Crisis Support Line, statewide reporting systems, etc.

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.

Additional opportunities to obligate MHSA funding to new housing projects 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 up to15 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 received 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. A property has been purchased and operations of the facility are expected to begin in Summer 2022.

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. Social Integration activities are not happening in the typical manner due to COVID. They will resume when it is safe to do so.

Residents are encouraged to obtain income through employment or apply for mainstream benefits. Service Coordinators 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. Service Coordinators 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. Social Integration activities are not happening in the typical manner due to COVID. They will resume when it is safe to do so.

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. Social Integration activities are not happening in the typical manner due to COVID. They will resume when it is safe to do so.

"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. Project Homekey grant funds administered by the California Department of Housing and Community Development (HCD) were utilized towards the purchase of a 14-unit hotel in Kings Beach in November 2020. These units are now being converted into studio units for Permanent Supportive Housing using CARES Act funding. MHSA funds may not be needed for rental subsidies until FY 22-23 due to a combination of other funding sources. The project has been renamed "Brown Bear Studios."

CHILDREN'S SYSTEM OF CARE (CSOC)

Bringing Families Home (BFH)

While this program is ongoing, it will not require MHSA funding during fiscal years 2020-2023 as originally projected.

MERCY HOUSING

Placer County Government Center

This housing opportunity with Mercy Housing and Placer County created 79 affordable units at the Placer County Government Center in Auburn. This project utilized No Place Like Home funding, as well as 20 dedicated 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. Residents began moving into units in February 2022. The 20 units are now 100% occupied.

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 is separate office space for service providers and on-site management. Construction completed in 2020. The ten (10) units are now 100% occupied.

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. The Peer Workforce staffing and retention has been greatly impacted by the COVID pandemic and the resulting temporary closure of the ASOC Cirby and Dewitt Wellness Centers.

CAL VOICES

Children's System of Care (CSOC) Family Advocacy

Cal Voices' Family Advocacy team of eleven (11) Family Advocates provide tailored and culturally appropriate peer support services to families navigating services within Placer County Children's System of Care (CSOC). Family Advocates are an integral part of child welfare, probation, behavioral health, and family mobile crisis (FMCT) teams that support CSOC families engaged in services. Family Advocates play a vital role in helping families and children in the Children's System of Care access available services, understand those

systems and services (including the role of the court) and build upon their strengths in creating natural supports.

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, virtual platforms). With the new YES model, YSC I staff focus on supporting TAY involved with teams in the Child Welfare, Probation, and Behavioral Health systems. YSC II staff support with training of new staff, participate in CSOC system and community meetings, and provide support to TAY needing more extensive support or outside referrals. 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. We are also involved in multiple Mobile Crisis Teams serving TAY in Placer County.

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 individuals who 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 Teams and Follow Up Services*
Adult System of Care: Mobile Crisis Triage
Children's System of Care: Family Mobile Team (SB82#2)

*For FY 22-23, System of Care: Crisis Response Teams and Follow Up Services includes all three Activities.

SYSTEM OF CARE (SOC)

Crisis Response Teams and Follow Up Services

These teams have been known in the community independently as Adult Crisis Response, Mobile Crisis Team, and Family Mobile Team.

Crisis Response Teams (CRT) provide crisis intervention services to children and adults in the community, and upon opening, at Lotus, the 24/7 behavioral health adult crisis respite center currently under construction (see Innovation Section). Staff will be transitioning out of Sutter Roseville Medical Center to expand services in the community and at Lotus. The Crisis Response Teams provide services to individuals of all ages who are experiencing a mental health crisis. Our crisis continuum is created to be flexible to ensure a timely response for those individuals who require an assessment due to a mental health crisis. Services are provided independent of insurance or ability to pay.

Placer County received new grant funding in 2022 to expand our Crisis Response teams in the community by collaborating and integrating Adult and Children's System of Care. This will allow a collaborative crisis team to respond to the community members under the age of 16 and gradually expand the available hours to meet community demand and/or upcoming legislative requirements.

The CRT teams facilitate linkage and transportation to psychiatric hospitals when necessary. For county Medi-Cal recipients who do not require psychiatric hospitalization and who can be treated at a lower level of care, or discharged home, CRT coordinates with hospital staff on needed follow-up services. As we are continuing to engage in system improvements to our crisis continuum, additional specificity to program improvements will be provided.

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 children and adults who receive crisis services through either CSOC or ASOC. SOC recognizes that whether 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. Individuals who are referred to FUS receive up to 60-90 days of services. These services could 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. All services are available in English and Spanish. FUS will continue to be evaluated as part of our crisis continuum to ensure fiscally responsible design, address opportunities with CalAIM and ensure the best outcomes for those individuals served.

ADULT SYSTEM OF CARE (ASOC)

Mobile Crisis Triage (MCT)

Now included in "SYSTEM OF CARE (SOC) Crisis Response Team and Follow Up Services."

CHILDREN'S SYSTEM OF CARE (CSOC)

Family Mobile Team (FMT)

Now included in "SYSTEM OF CARE (SOC) Crisis Response Team and Follow Up Services."

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. 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 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 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, 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" women's groups or "Los Cuates" men's group to at least 24 unduplicated individuals per year in Auburn, Roseville and Lincoln, to address depression, anxiety, health, etc. In addition, there are peer-to-peer weekly groups "Rincon de las Comadres" delivered to at least 36 unduplicated individuals per year in Auburn, Roseville, and Lincoln to address depression, anxiety, health, etc. 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, mental health and recovery counseling, peer support, and relapse-prevention services. The program works with Native and non-Native participants who have substance use issues or who have been diagnosed with, or are at risk for, co-occurring mental health disorders. SNA recovery services are peer-based and family-centered; and promote wellness through cultural activities, spiritual advisement, community events, and support for extended family members. Group services include 10-week sessions of White Bison recovery counseling, Women's Healing Circle, 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. Behavioral health services include child and family counseling using the Honoring our Children- Mending the Circle evidence-based model. 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.

Recovery Services and Supports were provided through online services this year, with an increase of demand for child counseling services for families in recovery. SNA has hired 1.5 additional behavioral health staff to meet needs in FY 21-22.

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: Cirby Wellness Center

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)

Cirby Wellness Center

Placer County ASOC has had two (2) Wellness Centers funded through MHSA: Cirby Wellness Center in Roseville and Dewitt Wellness Center in Auburn providing TAY (18 and older), adults, and older adults with services and supports in a welcoming environment. Both Wellness Centers have been closed in response to the COVID pandemic. The Cirby location will reopen in 2022, while the Dewitt Wellness Center space will transition to a non-MHSA funded service center for unhoused individuals in the community. Upon resuming services at Cirby, the public can access a monthly calendar of group meetings and activities to sign-up for or can drop-in during designated times. Services are available in English and Spanish.

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, a Part of Wayfinder Family Services: Home to Stay
Placer County Office of Education: Active Parenting Now (KidsFirst)
Placer County Office of Education: Incredible Years-Adult Program (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. Due to COVID, the BBBS Coordinator also hosts a few virtual events for the participants and families involved to encourage regular, on-going participation with BBBS staff. When deemed safe to do so by the County and CDC guidelines, events will once again take place in person. 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 (volunteers) 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 substance use prevention/ education and 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 weekly 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 when onsite.

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, 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, a Part of Wayfinder Family Services

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, could receive intensive, home-based therapeutic services they otherwise would not receive.

PLACER COUNTY OFFICE 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 OFFICE OF EDUCATION (PCOE)

Incredible Years–Adult Program (KidsFirst)

PCOE School-Based Services included Triple P Parenting delivered by KidsFirst. Due to challenges in launching this program, it was replaced with Incredible Years-Adult Program. The Incredible Years-Adult Program is an evidenced-based program focusing on strengthening parenting competencies (monitoring, positive discipline, confidence, etc.) and fostering parents' involvement in children's school experiences to promote children's academic, social and emotional competencies, and reduce conduct problems. Two (2) 12-week Incredible Years-Adult Programs will be offered each year. Each weekly parenting class includes a 2-hour session. It is expected at least 24 parents will be served per year. These sessions will be offered in English and Spanish. Childcare shall be provided for enrolled individuals.

PLACER COUNTY OFFICE 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 OFFICE 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 free 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 in a Truckee Elementary School classroom and welcomes all families in the Tahoe-Truckee Community with a mindful focus on socially and economically disadvantaged families and English language learners. Using activities that encourage parents and children to work together, the program fosters development of the whole child-physical, social, emotional, and cognitive. It further provides an opportunity for parents to engage with one another so that they can develop peer networks that decrease social isolation and builds a sense of community. Family Room staff facilitate literacy-focused activities in Spanish and English that include reading, music and crafts which promote healthy parent-child interactions and mutual learning. Family Room resumed in-person daily meetings at Truckee Elementary School after being virtual due to COVID for almost two years.

SIERRA NATIVE ALLIANCE

Native Family Wellness Services*

Parenting and Family Services and Supports decrease family stress and increase communication, parenting skills and family wellness. Services work to prevent negative mental health outcomes by building resilience and reducing adverse experiences within families. SNA will provide Positive Indian Parenting (PIP) 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. 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 and wellness skills. 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 community 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 on a weekly basis, 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, Placer and Nevada counties, Tahoe Forest Hospital and the Community Collaborative of Tahoe Truckee (CCTT) partners designed to provide a youth-friendly point of entry for students to connect to supportive adults and access community and school wellness resources. At the heart of the Wellness Program are high school and middle school Wellness Centers that serve as access points for students to ask questions, learn new skills, seek support, and link to a variety of school and community services. Through the Wellness Centers, students can connect to a hub of supportive wellness programming, including health education workshops, peer mentoring programs, student empowerment groups, social emotional curriculums, school-based therapists, school-based mental health screenings, a Youth Health Navigator, and linkages to critical community mental health resources. The TTUSD Wellness Centers offer three types of programming: Group Services, Drop-In, and Outreach. This program provides prevention services for middle and high school students to reduce risk factors and/or increase protective factors that lead to improved mental and emotional functioning.

This year, the Wellness Program launched Wellness Centers in the TTUSD middle schools to support the growing mental health needs of middle school students. They also piloted a School Social Worker Program in the TTUSD middle schools and high schools to support students who are experiencing, emotional and/or behavioral problems that interfere with their school performance. The School Social Workers provided short-term counseling, risk assessments and connected high need students to an array of school and community mental health supports. The Wellness Program will continue to offer comprehensive wellness supports to students and deepen these new Wellness Program offerings in the upcoming fiscal year.

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
Children's System of Care: Functional Family Therapy
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)

Activities
Placer County Office of Education: Incredible Years - Dinosaur School (KidsFirst)
Pacific Clinics (Uplift) - North Tahoe Outpatient Program (Tahoe)

CHILDREN'S SYSTEM OF CARE

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) services have been provided through Children's System of Care (CSOC) in collaboration with Sierra Mental Wellness Group (SMWG). Starting in FY 2022-2023, SMWG FFT services will be delivered by CSOC. 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 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.

GATEWAY MOUNTAIN CENTER

Early Intervention (Tahoe)

Early Intervention services offered by Gateway Mountain Center provide and engage short-term adjunct therapeutic support to youth and families in crisis. Services include family counseling, case management, early intervention group services, parent engagement group services and discharge support services. 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.

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.

The Incredible Years now includes a 12-week evidenced-based Adult Program, in lieu of Triple P Parenting, which focuses on strengthening parenting competencies (monitoring, positive discipline, confidence, etc.) and fostering parents' involvement in children's school experiences to promote children's academic, social and emotional competencies, and reduce conduct problems. Childcare is provided for enrolled individuals. Services are available in English and Spanish.

PACIFIC CLINICS (formerly UPLIFT FAMILY SERVICES)

Outpatient Program (Tahoe)

Pacific Clinics' North Tahoe Outpatient program offers therapy, case management, collateral, assessment, and plan development services. Services are offered to youth, ages 3-18, with moderate to severe behavioral health challenges/symptoms which significantly impair an important area of life functioning. Services are provided to youth and families in their homes, schools, via phone/telehealth and in the community for up to12 months.

Youth and families are referred to the North Tahoe Outpatient Program by Placer County Child and Family Services, County Wraparound, and Tahoe-Truckee Unified School District (TTUSD) school counselors. These referrals are sent to and authorized by a County mental health case manager. The program is reviewing how to moderate the increased demand for intensive case management and crisis management services needed per week per youth and looking at increased support from school counselors and natural supports.

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. Due to increased barriers in delivery and access requirements, PCOE is working with NAMI California and NAMI Placer to evaluate their "Mental Health 101" training as a possible replacement to MHFA for this fiscal year.

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 Services 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 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 work to prevent future suicide through outreach, education, and collaboration, and provide postvention resources to support the community in the aftermath of a suicide. 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, maintaining the Tahoe Truckee Suicide Prevention Coalition website and other social media outreach, and utilizing ASIST and other suicide prevention trainings for 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 Services 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. Implementation of Community Engagement activities have been delayed during the COVID pandemic.

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 in Mindfulness-Based Substance Abuse Treatment (MBSAT) and its adjunct programming. This training will certify qualifying TAY as MBSAT teachers and counselors that support ongoing MBSAT cohorts, MBSAT outreach, Mindful Warriors Circle - an all peer led circle, and youth attending the 4Roots Wellness Center when reopened. Additional support is offered by these trained or certified TAY for families and through curricula which may be taught at any TTUSD campus; and may discuss critical teen issues, such as bullying, grief support, anxiety, teen dating violence, eating disorders, substance use and recovery, sexual violence, tolerance, suicidal ideation, depression, non-suicidal self-injury, or media influence. Group awareness activities will be held to

decrease stigma around mental health in themselves, their peers, at school, their families and community. Services are available in English and Spanish.

Ongoing program adaptations related to the COVID pandemic response include offering programming based on community/partner request, providing more outreach, training TAY unable to commit to full teacher training to become peer counselors, and building an outdoor classroom that travels.

SIERRA COMMUNITY HOUSE

MH Stigma Reduction: Youth Empowerment Groups (Tahoe)

Youth Empowerment Groups are 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 helps 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 help 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. These, and other curriculum, are used in group sessions, and 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 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. Program activities are facilitated virtually and in-person. 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
AMI Housing: Homeless Outreach (Tahoe)
Beautiful Minds Wellness: Senior Peer Counseling
Unity Care: Homeless TAY Outreach
What's Up Wellness: Student Mental Health Screenings (Tahoe)

AMI HOUSING
Homeless Outreach (Tahoe)

The Homeless Outreach program transferred provider from Sierra Community House to AMI Housing in November 2021. This program 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.

This program now includes the provision of case management services to individuals and families experiencing homelessness in the North Lake Tahoe area. Additionally, there is an emphasis on working collaboratively with the North Tahoe Truckee Homeless Services team in outreach and case management. The

Homeless Outreach Coordinator is also providing outreach and education on COVID-19 prevention strategies and resources to the high-risk segment of the community experiencing homelessness.

BEAUTIFUL MINDS WELLNESS

Senior Peer Counseling

Senior Peer Counseling (SPC) offered through Beautiful Minds Wellness 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, to seek professional mental health 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) and Forest Charter School Learning Center Tahoe/Truckee which serve both Placer and Nevada County residents. TTUSD and Forest Charter 10-12 graders will be screened as program capacity allows. Case management services are available to youth and their families in need. 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. In FY 22/23, What's Up Wellness will continue to offer screenings tor all 9th graders and work closely with TTUSD Wellness Center staff and the Forest Charter school counselor to implement and facilitate screenings and case management.

INNOVATION

The purpose of the Innovation (INN) component of the Mental Health Services Act (MHSA) is to test methods that adequately address the mental health needs of unserved and underserved populations by expanding or developing services and supports that produce successful outcomes, are innovative, novel, creative, and/or are ingenious mental health practices that contribute to learning rather than a primary focus on providing services.

Innovation projects form an environment for the development of new and effective practices and/or approaches in the field of mental health. Innovation projects are time-limited, must contribute to learning, and be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations.

Placer County has successfully been involved in a five-year (FY 2016-2021) Innovation project known as the MHSA Homeless Integrated Care Coordination and Evaluation (HICCE) Innovation (INN) Project. The annual reporting of this INN project is included in Appendix I. The final Innovation report will be released later in 2022.

Placer County's new five-year Innovation project, a behavioral health 24/7 Adult Crisis Respite Center, was approved by the Mental Health Services Oversight & Accountability Commission (MHSOAC) in August 2021. The following narrative represents the Final Approved Plan. The center has recently been officially named "Lotus" and is due to open in Summer 2022.

APPROVED 24/7 ADULT CRISIS RESPITE CENTER – "LOTUS" INNOVATION PROJECT

Statement of Need

Placer County is a "medium-sized" County with a population of about 400,000 people. The County serves all residents who are in crisis and has evolved our crisis continuum over the years to include an array of services but still lacks an alternative place to go, other than a hospital emergency room (ER), for someone experiencing a behavioral health crisis. Our County averages 289 crisis assessments each month, of which 80% are completed at the hospital ER.

Much of Placer's mental health service continuum for the Medi-Cal population is located on the "Cirby Hills" campus located at 101 Cirby Hills Drive in Roseville,

California. Within that campus, services include (but are not limited to): Wellness Center (to build community), Outpatient Mental Health Services (including psychiatry, nursing, case management), Full-Service Partnership (more intensive outpatient care), a voluntary 14 bed Crisis Residential (up to 30 days), and a non-voluntary residential 16 bed Psychiatric Health Facility (PHF).

We have a community-based Mobile Crisis Team that uses face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, whether in the community or in their home. We also have an Adult Crisis Response Team located within Roseville Sutter Hospital's ER performing crisis evaluations and acquiring placements 24/7 for those in need.

Many individuals in crisis brought to the hospital ER for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who had little experience with psychiatric disorders (National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc., Pg. 23).

An overburdened ER increases the individual's acute distress and delays in mental health evaluations further extends their crisis experience. Individuals in the ER can wait 3-4 hours to be evaluated by a mental health clinician from the time they arrive and receive medical treatment/clearance. This is compared to an average wait time of 22 minutes from the time law enforcement contacts Mobile Crisis to when Mobile Crisis arrives on scene in the community to begin crisis intervention. In addition to the reduced stress on the individual, the average time law enforcement stays with Mobile Crisis is 1 hour, versus 3-4 hours in the ER. Approximately 70% of referrals to Mobile Crisis are from law enforcement.

Many individuals do not actually need to go to the hospital to receive the necessary help while experiencing a mental health crisis. For FY 20-21, 61% of the total crisis evaluations completed in the community by Mobile Crisis did not meet criteria for a 5150 hold and did not require transport to a hospital for medical clearance and assessment. This resulted in 234 unduplicated individuals being diverted from the hospitals. Additionally, 64.5% (151) of those individuals remained out of the emergency rooms for the remainder of the fiscal year. For adults who did receive a crisis evaluation at the hospital, 54% percent met criteria for psychiatric hospitalization.

Successful linkage to follow-up care is necessary to help reduce recidivism. Unfortunately, the data connecting the no show rate for specialty mental health appointments following ER discharge is not available, making it impossible to determine subsequent utilization of services located at our Cirby Hills campus.

We are learning that successful utilization of follow-up care would be further improved with the opportunity to provide immediate access and linkage to services. Follow-Up Services are available to adults who received a crisis evaluation at Sutter Hospitals by our Adult Crisis Response Team and did not require involuntary psychiatric hospitalization. Follow-up Services contacts individuals within two business days and can provide support for up to 60 days. According to 2019-2020 data of 721 individuals referred, only 30% were successfully contacted by the Follow-Up Services Team. Challenges include difficulty establishing contact with clients post crisis (lack of response and accurate phone numbers, particularly for homeless populations).

We believe outcomes for individuals in crisis would be even better if we were able to divert more residents in behavioral health crisis away from the ER to an alternative destination where they can be quickly evaluated, better monitored, and more efficiently connected to needed interventions. People respond better in a safe, welcoming, and supportive environment where they can change their emotional state, create a plan, and connect seamlessly to necessary supports.

Placer County has been participating in the Crisis Now Academy (Cohort 2), funded by the Mental Health Services and Oversight and Accountability Commission (MHSOAC), since December 2020. The Crisis Now Model, developed by the National Action Alliance for Suicide Prevention's Crisis Services Task Force, has identified the core elements of crisis care to include:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, 24/7 mobile crisis
3. **Short-term, "sub-acute" residential crisis stabilization programs**
4. Essential crisis care principles and practices

Crisis care that is effective and saves lives requires a systemic approach with these key elements in place. An adequate crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources.

Through our participation in Crisis Now, we have learned that we can make improvements to all areas of our crisis continuum, but our only completely missing element is number three (3), a short-term, "sub-acute" residential crisis stabilization program. In fact, Placer County has been highly invested in a crisis model that has been overly reliant on our hospital system and criminal justice partnerships for years.

The Crisis Now Task Force recommends the function of a crisis stabilization facility is maximized when the facility:

- Functions as an integral part of a regional crisis system serving a whole population rather than as an offering of a single provider
- Operates in a home-like environment
- Utilizes peers as integral staff members
- Has 24/7 access to psychiatrists or Master's-level mental health clinicians

Such services can provide prevention and/or diversion from more costly and coercive crisis services and allow individuals to remain in the community.

The evidence suggests a high proportion of people in crisis who are evaluated for hospitalization can safely be cared for in a crisis facility, the outcomes for these individuals are at least as good as hospital care, and the cost of crisis care is substantially less than the costs of inpatient care (Crisis now, Pg. 23). In its 2014 report, *Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies*, SAMSHA (Substance Abuse and Mental Health Service Administration) summarizes evidence on crisis stabilization facilities as follows:

> *The current literature generally supports that crisis residential care is as effective as other longer psychiatric inpatient care at improving symptoms and functioning. It also demonstrates that the satisfaction of these services is strong, and the overall costs for residential crisis services are less than traditional inpatient care. For the studies examined in this review, the populations range from late adolescence (aged 16-18 years) through adulthood. Regarding mental health and crisis residential, a recent systematic review examined the effectiveness of residential alternatives to hospital inpatient services for acute psychiatric conditions (Lloyd-Evans, et al., 2009). This review included randomized control trials or studies that provided specific quantitative comparisons of effectiveness of alternatives to standard acute inpatient care. The authors concluded that there is preliminary evidence to suggest that residential alternatives may be as effective and potentially less costly than standard inpatient units (Pgs. 9-10).*

The Crisis Now Model challenges the behavioral health receiving center to meet the needs of the individual in crisis first, the needs of the community second, and the needs of the organization last. This means prioritizing expedient admission processes, taking as many people as possible, utilizing a recovery and peer-based model, and much more.

In addition, the essential qualities that must be "baked into" comprehensive crisis systems, include:

- Embracing recovery, significant use of peers, and trauma-informed care
- Suicide safer care, providing comprehensive crisis services that include all core elements described in this report

- Safety and security for staff and consumers
- Law enforcement and crisis response training and coordination

We realized that finding an innovative way to get as close to the Crisis Now model as possible within California's payment structure and certification standards would take creativity.

Proposed Innovation

The proposed Innovation Project would add a six (6) bed 24/7 Mental Health Adult Crisis Respite Center embedded within our existing array of services at our Cirby Hills campus. It would be considered an intermediate level of support for those experiencing a mental health crisis that is more severe than what a standard "drop-in center" could provide but does not require an emergency room or inpatient psychiatric hospitalization setting. Residential crisis stabilization programs such as this offer short-term "sub-acute" care for individuals who need support and observation, but not emergency department holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.

The goal of the 24/7 Adult Crisis Respite Center is to create a local respite service that offers a safe, supportive, home-like environment for community members to utilize when experiencing a behavioral health crisis. It is an alternative that is less costly and less intrusive than a hospital setting and more easily designed to connect individuals immediately to needed supports and ultimately reduce recidivism.

This proposed project will allow us to try the Crisis Now Model within a more flexible "Respite Care" environment and use the five-year Innovation Plan to help measure how the Crisis Now Model fits mechanically into our continuum to best serve our community. We can gather additional data based on actual use and continue to gather community input during this timeframe to see what is needed most (e.g., CSU, Respite Care, or other type of crisis program).

Creating a new behavioral health receiving center where law enforcement can drop off and individuals/families can self-refer will be a culture shift and innovative practice for Placer County. Placer will shift from being overly dependent on emergency rooms and having law enforcement present for all crisis interactions, to having an environment that is solely focused on the behavioral health needs of the individual. This shift is extremely innovative for Placer County. Services will be provided by peer and licensed behavioral health teams specifically trained in crisis intervention, de-escalation, and engagement tools. These staff will be well trained in linkage to post crisis care and be invested in ensuring treatment plans are client centered and individualized.

The location within the Cirby Hills Campus, being surrounded by so many levels of service, will help push the culture shift and innovation forward. For example, if law enforcement drops off at this location during the day, they will be able to leave quickly, because if the urgent care ends up not being the right place, staff will ensure the client gets to where they need to be. We will not require law enforcement to wait and perform this step. The supports and staffing levels within the Cirby Hills Campus will allow us to make this culture shift to prioritize the client experience and our community needs before what is easiest or most comfortable for our organization.

The co-location of the Adult Crisis Respite Center within our existing campus of other outpatient/inpatient programs is also unique and innovative compared to most counties. It will be located on the same hallway as our Wellness Center offering a safe place to deescalate from crisis, be evaluated, gain daytime access to the Wellness Center, and receive immediate linkage to appropriate treatment and needed resources (e.g., housing, social services, substance use treatment, and more). In addition, streamlined access to our on-site involuntary PHF or 30-day Crisis Residential program would be available for those requiring a higher level of support. Medical clearance has been a barrier to bypassing Sutter Hospital's ER in the past, but we are planning to work together to try and build the resources to lessen the reliance on the ER for medical clearance into these programs.

The location will enable staff to easily engage from our other co-located programs while individuals are still in Respite Care. For example, a nurse from the Medical Provider team will come to the unit each day and go over what will happen at a first appointment with one of our psychiatrists (in outpatient care), educate, and alleviate medication concerns. Clients can be assigned a case manager (even be introduced to them) and receive their first appointments before their exit. Clients can attend an art or cooking class at the Wellness Center located next door during the day to begin to build community. A substance use staff can complete a screening (ASAM) determination and referral to SUD treatment prior to exit.

Target Population: All Placer County residents 18+ in mental health crisis who are medically stable and not currently placed on a 5150 hold, regardless of race, ethnicity, gender (including gender identity and expression), sexual orientation, culture, etc.

Referrals: In addition to self-referral; family members, support persons, law enforcement, community partners, etc. can assist with admission (without going to Emergency Care first) by calling our Intake Line for a pre-phone-screening.

Drop off time and details will be discussed during the 24/7 pre-screening process. Higher acuity referrals may need ER clearance before acceptance.

Length of Stay: Programming will emphasize a short- term emphasis on de-escalation and evaluation to appropriate level of care. Linkage to ongoing treatment will be provided as part of the discharge plan. Length of stay will range from several hours to no more than 48 hours.

Environment: There is a large space that will be transformed into a relaxing environment with 6 recliners, a television, and couches. Across the hall is a medium space that will be developed for programming/ quiet area for those in need. There is a 2-person office and a single office for staff workspace and an adjacent "storage" area. There are 2 ADA compliant bathrooms, and one will be remodeled to include a shower. Designing the space with diverse community input will help ensure an inclusive and welcoming atmosphere.

Amenities:

- A recliner/ place to rest in a non- private room
- Small space for personal belongings
- Access to a television and couch to sit
- Shower/ Restroom facilities
- Laundry/ New set of lounge clothing (if required)
- Phone access in non-private area
- 3 Simple meals/ and 2 snacks a day

Services:

- Case management/Linkage to services
- Crisis management
- Individual and Group Therapy
- Peer to Peer Support/ Peer Services
- Linkage to cultural supports and services, including Cultural Brokers
- Development or review of a Wellness, Recovery, Action, Plan (WRAP plan)
- Medication Review/Consultation with RN (during daytime hours)
- Psychiatric consult (as needed)

Service Philosophy

Ensuring that our 24/7 Mental Health Adult Crisis Respite Center is Client and Family Driven, Wellness, Recovery and Resilience-Focused, and Culturally Competent will help to promote empowerment and recovery for all service users regardless of racial, ethnic, cultural, socio-economic, and gendered identities.

Trauma-informed care will be an essential element of our crisis treatment. Creating an environment with treatment approaches that are safe and calm facilitate healing. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Ensuring cultural, historical and gender considerations inform the care provided.

By embedding these principles and their practice in the experiences of staff as well as consumers, the program's culture will be trauma-informed and will screen for trauma exposure in all clients served, as well as examine the impact of trauma on mental and physical well-being. Addressing the trauma that family and significant others have experienced is also a critical component that assists stabilization and reduces the possibility of further trauma or crisis. Examples of how these practices are integrated into service delivery include incorporating trauma-informed care and cultural humility training into each team member's new employee orientation with refreshers delivered as needed and applying assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and creating action steps based on those assessments.

In addition, we will examine our existing training curriculum and identify opportunities to provide paraprofessional staff with training to examine their own responses to trauma. Paraprofessionals are delegated a portion of professional tasks, but do not have a license to practice as an independent practitioner. The Napa County ACEs (Adverse Childhood Experiences) Innovation Project is doing valuable work exploring whether identifying and discussing the role of ACEs and Resiliency in the lives of paraprofessionals improves how individuals understand ACEs and Resiliency in the lives of the individuals they serve and/or improves how individuals manage workplace stress. Napa County noted that paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is not available for the paraprofessionals but is critical to preventing and healing childhood trauma in our community.

A recovery-oriented, consumer-centered approach to crisis care is integral to program outcomes. In the model of Crisis Now, "the risks of harm to self or others

are recognized, but the basic approach is fundamentally different. Crises are viewed as challenges that may present opportunities for growth. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their feelings of anxiety, panic, depression, and frustration. This creates a sense of empowerment and belief in one's own recovery and ability to respond effectively to future crises."

The program must be responsive to the cultural and linguistic needs of individuals of Placer County's underserved communities. Unserved and underserved populations identified as priorities during the FY 2020-2023 Mental Health Services Act (MHSA) community planning process were Transitional Age Youth (ages 16-25), Older Adults (ages 60+), LGBTQ+, Native American, and Latino communities. Continued emphasis on recruiting more bilingual and culturally diverse staff to the behavioral health workforce in all roles will help reduce disparities. The County will work with our culturally specific community-based organizations and community members to provide input on recruiting, hiring, and training staff as well as most effective ways to link to culturally appropriate supports, including utilization of our cultural brokers.

Language alone can create barriers in emergency settings if there is no staff person present who can communicate with an individual who is in crisis. In the event a bilingual staff member is not available, interpretation services will be utilized. In those circumstances, protocols should be identified to test whether providing timely direct follow-up calls from bilingual staff to ensure instructions were clearly understood help increase successful utilization.

Ultimately, we believe working towards integration of this mental health care service into Placer County's community systems, from criminal justice, physical health care, community-based providers, emergency services, rehabilitation, to housing services, etc. will provide our residents with best opportunity to recover and thrive. This will require ongoing multi-directional community and outreach, to jointly address the needs of individual consumers and the health of our community.

Community Planning (CPP)/ Stakeholder Process

During the FY 2020-2023 MHSA Three-Year Plan community planning process, Placer County's MHSA stakeholder advisory group, the Campaign for Community Wellness (CCW), identified further development of our crisis services as a priority need for Placer County. Specific suggestions for programs or services that would enhance consumer wellness and recovery and better meet the needs of the community included:

A 24/7 urgent care center ▪ crisis center locations ▪ alternative to ER to go while in crisis ▪ alternatives to 5150 holds/ED transport ▪ 24/7 crisis support with low barrier entry (e.g. law enforcement drop off) ▪ mental health drop-in respite center ▪ 24/7 on-call Psychiatrist ▪ improved post-crisis follow-up services ▪ improved access to services while in crisis ▪ non-ED alternative for older adults and persons with disabilities experiencing a crisis.

CCW includes individuals and organizations giving specific voice to families, consumers, Latinos, Native Americans, LGBTQ+, children, youth, TAY, adults, and older adults. It also includes representatives in education, health care, housing, law enforcement and substance use services. The most recent survey conducted (2021) indicated almost 60% of participants considered themselves to be a person with lived mental health experience and/or a history of substance abuse and 96% indicated they were a family member of a person with lived mental health experience and/or a history of substance abuse.

Placer County was included in Sacramento County's Mercy Hospital Crisis Stabilization Unit (CSU) Innovation Project. However, this involvement was only ever intended to support Placer residents who sought treatment at the Mercy San Juan Hospital ER. It was never intended to be a referral location for Placer residents. We are not able to transfer Placer County patients from the Sutter Hospital ER where we currently conduct our 5150 evaluations. Additionally, the volume of Placer County residents receiving 5150 evaluations in Sacramento County and utilizing the CSU has been lower than expected.

Placer County still needed a crisis center that could be used as a referral source within Placer's crisis continuum and the community and meet the needs of its residents regardless of where they might experience a crisis.

Beginning in October 2020, Placer County began consultation with Crisis Now Academy/R.I. International to explore and evaluate the Placer County crisis continuum and identify how the community's suggestions could be incorporated. Consultations included and continue to include bi-monthly meetings with a multi-county cohort and Placer County-specific technical assistance sessions. Based on the Crisis Now Model, a key component to the crisis continuum lacking for Placer County, a short-term, "sub-acute" residential crisis stabilization program, aligned closely with the community's input. Placer County used the technical assistance sessions and cohort input to explore the requirements for implementing a 24/7 Crisis Respite Care Center.

When presented with the concept for a 24/7 Adult Crisis Respite Care Center (identified initially as a 24/7 "Mental Health Urgent Care Center") which could be potentially located at our Cirby Hills facility, our stakeholders, law enforcement,

Community-Based Organizations and partners, Sutter Health Hospital, and Managed Care Plans responded with overwhelming support.

On December 21, 2020, Placer County sought input on the concept from Sutter Health, Roseville Police Department (PD), Rocklin PD, Placer Sheriff's Department, Lincoln PD, Community-Based Organizations who provide Psychiatric Health Facility (inpatient) care, Crisis Residential, After Hours 5150 Crisis Assessment, and Jail-based Medical Services. A follow-up meeting was scheduled in January with Sutter Health and Roseville PD.

The concept as a proposed Innovation Project was presented to the Campaign for Community Wellness (CCW) at the January 22, 2021 stakeholder meeting and subsequently discussed at the March, April, and May meetings. Additional input was sought with community members of the Mental Health Alcohol and Drug Board (MHADAB) Adult Services Committee meetings in February and March and at the MHADAB February 22, 2021 public meeting. Input was also sought from the Tahoe Forest Hospital and other community partners in the Tahoe/Truckee region in April 2021.

A concept paper for this Innovation Project was submitted to the MHSOAC in April 2021 for Technical Assistance and received positive feedback. Recommendations have been incorporated into this Plan.

It will be critical to ensure continued Community Collaboration in ongoing project development. Additional stakeholder meetings are being planned and will be necessary to be maintained, quarterly at minimum, throughout implementation. This will include meetings with community members, the MHADAB and Adult Services Committee, community-based organizations, law enforcement, Sutter Health, and County staff. Meetings with consumer/peer-based organizations and culturally specific organizations will be included, and their input will be critical to ensure the program design, environment, services, and evaluation are culturally and linguistically appropriate, inclusive, and responsive, and that potential barriers to access and/or behavioral health inequities are proactivity identified and addressed.

Learning Objectives and Evaluation

The proposed innovation project will support the following MHSA Innovation General Requirement:

- *Introduce a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.*

An Innovative Project must also have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- *Increases the quality of mental health services, including measured outcomes; and*
- *Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.*

The following Key Learning Questions will guide our project and help us determine whether embedding a crisis center into our continuum is truly valuable for our community.

- Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that is fiscally sustainable?
- Does prioritizing the client experience and community needs allow our organization to build a 24/7 crisis center that provides better outcomes to those served?
- Will this innovative approach to customer/community service ultimately increase the number of clients who will enter crisis services voluntarily, reducing the need for involuntary 5150s and hospitalizations?

Placer County will work with an outside evaluator and internal system analysts to identify the key qualitative and quantitative data to collect and measure as well as the most effective way to capture the data through our systems (such as Avatar). Measurements will likely include:

- Who and how many are served? What proportion of people experiencing a behavioral health crisis are allowed to use and access the Center? Are there identified access barriers?
- Change in severity/intensity of psychological symptoms between admittance to discharge (pre- and post-test client measurable questionnaire)
- Percentage of admissions requiring higher level of care upon discharge versus those who stabilized to home
- Percentage of those successfully connected to follow-up care, behavioral health services, including those in the Cirby Hills Campus, and other community supports and alternatively, no-show rates for follow-up appointments post discharge. How long do clients engage in service, who becomes disengaged, and why? How does the campus influence these questions?

- Referral tracking: Referrals received by whom (ie. law enforcement, Sutter Hospital, family member) and from where (geographic area/location such as Roseville, Rocklin, Lincoln, etc.)
- Recidivism rates over time
- Impact on Sutter Hospital ER: change in wait times, percentage of those referred vs accepted
- Qualitative client satisfaction surveys: How satisfied are clients and families with the care and support they receive?
- Qualitative feedback (quarterly meetings etc.) from stakeholders including but not limited to community members, peers/family members, Consumer Council, community-based organizations, Sutter Hospital, law enforcement, and program staff
- Fiscal operational sustainability including the percentage and dollar amount of Medi-Cal reimbursement captured

Numbers Served: It is estimated this Innovation Project will serve about 900 unduplicated individuals each year. The estimated number served annually assumes 5 occupied "beds" per day, with most staying 24 hours, and individuals requiring multiple visits. The importance of community outreach, marketing and referral building will be critical for utilization.

Timeline: With hospital funding contributions, renovation of the existing Cirby Hills space is expected to begin in Summer 2021 with the hope to begin operations in the 4th quarter of 2020. During that time key events will need to take place:

- Hire/re-locate and train staff
- Hold series of planning and evaluation meetings with contracted After-hours provider (Sierra Mental Wellness Group) to ensure that appropriate staffing and other resources are available, trained, and ready for Go-Live Date.
- Identify consultant for evaluation services and begin developing evaluation plan; schedule meetings to ensure that Electronic Health Record for data entry and Project Evaluation are in place
- Meet with Sutter Health, law enforcement agencies, and on-site Contracted and County mental health and mental health providers to explore and evaluate collaboration, protocols, procedures. Future meetings are outlined in the Community Planning (CPP)/Stakeholder Process.

Budget

Placer County is requesting $2,750,000 ($550,000 per year) in MHSA Innovation funds over 2021-2026, which would allow us the flexibility to test what is most needed within our community, related to admission, length of stay, staffing model, and more. The updated FY 2021-2022 MHSA Expenditure Plan included in our Annual Update reflects the proposed Innovation funding.

Revenue: MHSA Innovation funds will be braided with other ongoing revenue opportunities, including Medi-Cal, grants, and health partner funding, for ongoing operational expenditures. County leadership has committed to the net county cost vis a vis staffing, general funds, and funding commitments received from Sutter Hospital, Kaiser Hospital, California Health and Wellness, and Anthem. The Medi-Cal revenue projections in the budget below are conservative estimates based on historical reimbursements.

Staffing: The majority of operational costs are expected to be in personnel. Sutter has asked us to consider allowing them to complete their own crisis evaluations. Making this change could allow us to re-deploy some existing staff time to the Crisis Respite Center. We could also station some of our current Mobile Crisis Team at the Center to provide additional staffing support when they are not on a call. At a minimum, there will be always one clinician (Client Services Practitioner) with Peer Support Specialist staff on duty. The County will assess whether the long-term staffing plans will include contracting with a community-based organization through a competitive Request for Proposal (RFP) process.

Personnel Costs (Salaries, Wages, Benefits) include:

- 1 FTE (Full-time Equivalent) Registered Nurse (RN) at $165,000/year
- 8 FTE Client Services Practitioners (CSPs)at $170,000/year
- 5 FTE Peer Support Specialists (PSS) at $65,000/year
- On-call 24/7 Psychiatrist at $240,000/year

Operating Costs include:

- IT Charges: CORE Charges, AVATAR (EHR) Support, Countywide Systems, PC Replacement
- Client Supplies – Personal Needs
- Office Supplies/Good & Services including printing, postage, lab supplies
- Utilities including expected usage for showers, laundry and kitchen appliances
- Environmental Services: janitorial services and supplies
- Meals/Nutritional Services: 3 meals per day per client
- Linen Service

- After Hours Security
- Overhead & Indirect Costs
- MH Administration & Evaluation Costs

One-time Costs: We understand that Innovation funds *cannot* be used for capital improvements. There has been strong support from the hospital systems due to the reduced strain this project will have on their emergency rooms and staff. Sutter Hospital, as well as the Managed Care Plans, have committed one-time funding totaling $205,000 towards renovations and other start-up costs needed for the Cirby Hills space. The County will also be exploring potential statewide competitive grants identified as the Behavioral Health Continuum Infrastructure Program (BHCIP) in the Governor's 2021-2022 Statewide Budget.
Remodeling will includes adding a shower into an existing bathroom, a wall/door separation, some changes to the "intake/receiving" area, and furnishings for the clients.

The budget below is an estimate based on initial assumptions outlined above.

ANNUAL BUDGET	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Expenditures						
Personnel Costs (Salaries, Wages, Benefits)						
Registered Nurse (RN)	165,000	165,000	165,000	165,000	165,000	825,000
Client Services Practitioners (CSP)	1,360,000	1,360,000	1,360,000	1,360,000	1,360,000	6,800,000
Peer Support Specialists (PSS)	325,000	325,000	325,000	325,000	325,000	1,625,000
Psychiatry	240,000	240,000	240,000	240,000	240,000	1,200,000
Subtotal: Personnel Costs	2,090,000	2,090,000	2,090,000	2,090,000	2,090,000	10,450,000
Direct Operating Costs	461,850	461,850	461,850	461,850	461,850	2,309,250
Indirect Costs & Administration	406,589	406,589	406,589	406,589	406,589	2,032,945
Evaluation	150,000	150,000	150,000	150,000	150,000	750,000
Total Expenditures	**3,108,439**	**3,108,439**	**3,108,439**	**3,108,439**	**3,108,439**	**15,542,195**
Funding Sources						
Innovation (INN) Funds	550,000	550,000	550,000	550,000	550,000	2,750,000

Federal Financial Participation (Medi-Cal Estimate)	777,625	777,625	777,625	777,625	777,625	3,888,125
Total Funding Sources	**1,327,625**	**1,327,625**	**1,327,625**	**1,327,625**	**1,327,625**	**6,638,125**
Net County Cost	**1,780,814**	**1,780,814**	**1,780,814**	**1,780,814**	**1,780,814**	**8,904,070**

One-time Costs	
Renovations	204,000
Start-Up	31,400
Total One-time Costs	**235,400**
Funding Sources	
Sutter Health, Managed Care Plans	205,000
Net County Cost	**30,400**

The Innovation funds are an important component of the overall funding picture as the 5-year project will allow us time to establish the best ongoing funding strategy. If successful, the project will use a variety of funding sources to be sustainable including Medi-Cal reimbursement and opportunities through California Advancing and Innovating Medi-Cal (CalAIM). The County is also securing an outside contractor for professional evaluation of the crisis center that will be used to meet the requirements of the INN funding but will also be used to seek additional ongoing funding with our various community stakeholders whom this program intends to benefit.

Ongoing community involvement will be key to long-term sustainability even after the end of the Innovation grant. If the Innovation Project is unsuccessful, participants will be transitioned to existing services in our crisis continuum of care, some which will likely continue to be funded (pending ongoing stakeholder approval) through MHSA CSS funding.

Conclusion

The 24/7 Adult Crisis Respite Center provides an innovative opportunity to greatly improve the experience for those suffering a behavioral health crisis within Placer County. Our community would benefit from a specialized place for crisis care that does not require involvement from law enforcement or the ER to access care. Embedding this service in our Cirby Hills Campus also allows greater opportunity for engagement into higher or lower levels of care as needed.

This proposed Innovation Plan and associated expenditures were included in Placer County's MHSA FY 2021-2022 Annual Update which received a 30-day

public comment period from May 28 through June 27, 2021. No public comments were received during the 30-day public comment period. The FY 2021-2022 Annual Update and 2021-2026 Innovation Plan were approved by the Placer County Mental Health Alcohol and Drug Advisory Board (MHADAB) on June 28, 2021 and approved by the Placer County Board of Supervisors on July 6, 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). OSHPD has actively engaged with MHSA Regional Partnerships (RPs) and stakeholders in implementing the WET Plan. RPs are required to develop and implement mental healthcare workforce development strategies that align with the Five-Year Plan and address regional needs by strengthening recruitment, training, education, and retention of the region's PMHS workforce through strategies such as pipeline development, loan repayment, scholarships and stipend and retention activities. Placer County is a part of the Central Regional Partnership (RP), which includes: Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, and Yuba counties.

A one-time $40 million statewide WET grant opportunity was awarded by OSHPD in September 2020. Following submittal of a joint application in July 2020, the Central RP was awarded the RP's share of grant funds, a total of $6,615,967, which includes a required 33% RP Local Match ($2,183,269). Placer County has committed its portion of the local match, a total of $106,173. Loan Repayment was identified as the highest priority this past fiscal year, and a Loan Repayment Program was launched in December 2021 through California Mental Health Services Authority (CalMHSA). It was open to applicants in hard-to-fill positions in County-operated mental health settings or in contracted, community-based mental health agencies or substance use disorder treatment agencies. Awardees will be required to work 24 months (two years) in a hard-to-fill or hard-to-retain position in Placer County's public mental health system from date of loan repayment agreement to be eligible for program participation. As of the date of this report, awardees have not yet been announced.

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.

TECHNOLOGICAL NEEDS PROJECT

EHR Enhancements and IT Upgrades

Placer County has implemented enhancements to the Electronic Health Record System (Avatar), including restructuring cases from episodes to programs,

implementing full electronic health records through document scanning, and reconfiguring our Managed Services Organization (MSO) and Authorization processes. We are on track towards implementing requirements related to the upcoming CalAim initiatives, including implementing a health information exchange and improving direct access for consumers to better align with best practices. The online MHSA Data Portal 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. Continued improvements have been underway to create a more robust aggregate reporting system for providers. The goal with continued system enhancement is to continue to improve consumer movement through the system while implementing new technologies. Funding is 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.

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)	150	$2,300,000	$15,333
TAY FSP (Ages 16-25)	100	$2,050,000	$20,500
Adult FSP (Ages 26-59)	210	$4,100,000	$19,524
Older Adult FSP (Ages 60+)	40	$920,000	$23,000
System Transformation	3,250	$8,500,000	$2,615
Prevention and Early Intervention*	3,800	$3,450,000	$908

MHSA FY 2022-2023 EXPENDITURE PLAN

3-YEAR FUNDING SUMMARY

FY 2022-2023 BUDGET ESTIMATES

COMMUNITY SERVICES AND SUPPORTS

PREVENTION AND EARLY INTERVENTION

INNOVATION

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

WORKFORCE EDUCATION AND TRAINING

HOUSING (ONE-TIME FUNDING)

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

County: **Placer** Date: **5/19/2022**

	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. Actual FY 2020/21 Funding							
1. Unspent Funds from Prior Fiscal Years	11,337,900	557,032	848,990	13,068	831,325	(52,791)	2,819,664
2. Actual New FY2020/21 Funding	14,957,118	3,739,279	990,001	-	95		
3. Transfer in FY2020/21	(690,000)				400,000	290,000	-
4. Access Local Prudent Reserve in FY2020/21							
5. Actual Available Funding for FY2020/21	25,605,018	4,296,311	1,838,991	13,068	1,231,420	237,209	2,819,664
B. Estimated FY2020/21 MHSA Expenditures	11,952,283	2,608,955	461,652	13,068	385,068	145,139	-
Estimated FY2020/21 Unspent Fund Balance	13,652,734	1,687,356	1,377,339	-	846,352	92,070	2,819,664
C. Estimated FY 2021/22 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	13,652,734	1,687,356	1,377,339	-	846,352	92,070	2,819,664
2. Estimated New FY2021/22 Funding	18,208,723	4,552,181	1,197,942	-	-		
3. Transfer in FY2021/22	(720,000)				400,000	320,000	-
4. Access Local Prudent Reserve in FY2021/22							
5. Estimated Available Funding for FY2021/22	31,141,458	6,239,537	2,575,281	-	1,246,352	412,070	2,819,664
D. Estimated FY2021/22 MHSA Expenditures	14,484,426	2,812,290	442,942		415,000	366,173	-
Estimated FY2021/22 Unspent Fund Balance	16,657,031	3,427,247	2,132,339	-	831,352	45,897	2,819,664
E. Estimated FY 2022/23 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	16,657,031	3,427,247	2,132,339	-	831,352	45,897	2,819,664
2. Estimated New FY2022/23 Funding	19,140,013	4,785,003	1,259,211	-	-		
3. Transfer in FY2022/23	(775,000)				400,000	375,000	
4. Access Local Prudent Reserve in FY2022/23	-						-
5. Estimated Available Funding for FY2022/23	35,022,045	8,212,250	3,391,550	-	1,231,352	420,897	2,819,664
F. Estimated FY2022/23 MHSA Expenditures	19,025,682	3,627,236	550,000		500,000	390,000	-
G. Estimated FY2022/23 Unspent Fund Balance	15,996,363	4,585,014	2,841,550	-	731,352	30,897	2,819,664

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		-
10. Estimated Local Prudent Reserve Balance on June 30, 2023		2,819,664

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: 5/19/2022

	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	3,852,308	3,202,537	649,770		-	
2 Full Service Partnership Program - TAY to Older Adults	6,828,388	4,888,388	1,940,000		-	
3 Housing Supports (FSP)	1,080,000	1,080,000	-			
4 Integrated Peers Services (FSP)	753,585	753,585				
5 Wellness Centers (FSP)	121,431	121,431				
System Transformation (ST) Programs (Non-FSP)						
1 General System Transformation	50,000	50,000	-			
2 Mental Health Services	830,017	760,017	70,000			
3 Housing Supports (ST)	525,175	525,175	-			
4 Integrated Peers Services (ST)	1,191,988	1,191,988	-			
5 Crisis Services	4,998,849	4,686,870	294,200			
6 System Transformation Culturally Specific Supports	827,359	782,359	45,000			
7 Wellness Centers (ST)	588,332	588,332	-			
CSS Administration	240,000	240,000	-	-	-	-
Community Planning Process	75,000	75,000	-	-	-	-
CSS Evaluation	80,000	80,000	-	-	-	-
CSS Program Estimated Expenditures	22,042,431	19,025,682	2,998,970	-	-	-
FSP Programs as a Percent of Total	58.05%					

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

County: Placer

	Fiscal Year 2022/23		
	A	B	C
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated MediCal FFP
PEI Programs			
1 Prevention	1,561,308	1,561,308	
2 Early Intervention	793,885	735,078	58,807
3 Outreach for Early Recognition of Mental Illness	235,181	235,181	
4 Suicide Prevention	270,813	270,813	
5 Stigma and Discrimination Reduction	274,021	274,021	
6 Access and Linkage	370,835	370,835	
PEI Administration	50,000	50,000	
PEI Evaluation	130,000	130,000	
Total PEI Program Estimated Expenditures	3,686,043	3,627,236	58,807

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

County: Placer Date: 5/19/2022

	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 Adult Crisis Respite Center	550,000	550,000				
2						
INN Evaluation (included)						
Total INN Program Estimated Expenditures	550,000	550,000	-	-	-	-

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: 5/19/2022

	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 County Behavioral Health Facility Renovations	100,000	100,000				
2						
3						
CFTN Programs - Technological Needs Projects						
1 AVATAR - Electronic Health Record Enhancements and Maintenance	300,000	300,000				
2 MHSA Data Portal - Licenses, Enhancements, Maintenance	100,000	100,000				
3						
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	500,000	500,000	-	-	-	-

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: 5/19/2022

	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 WET	390,000	390,000				
2 OSHPD Statewide WET Grant Match	-	-				
3	-					
WET Administration (included)	-					
Total WET Program Estimated Expenditures	390,000	390,000	-	-	-	-

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

County: Placer Date: 5/19/2022

	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	-	-	-	-	-	-

MHSA FY 2022-2023 Annual Update
Appendix I – Annual Evaluation Report
Reporting FY 2020-2021 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 2020-2021

Age Group	# Served	% Served
0 - 15 years	1,203	19.9%
16 - 25 years	1,023	17.0%
26 - 59 years	2,737	45.4%
60+ years	567	9.4%
Prefer not to answer	-	-
Unknown	502	8.3%
Unduplicated Total	**6,032**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	380	6.3%
Asian	116	1.9%
Black	199	3.3%
Native Hawaiian or Other Pacific Islander	22	0.4%
White/ Caucasian	4,186	69.4%
Other	365	6.1%
More than one race	77	1.3%
Prefer not to answer	93	1.5%
Unknown	594	9.8%
Unduplicated Total	**6,032**	**100.0%**

Primary Language	# Served	% Served
English	4,423	73.3%
Spanish	1,299	21.5%
Other	34	0.6%
Prefer not to answer	7	0.1%
Unknown	269	4.5%
Unduplicated Total	**6,032**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	6	0.1%
Central American	92	1.5%
Mexican/ Mexican-American/ Chicano	1,173	19.4%
Puerto Rican	22	0.4%
South American	32	0.5%
Hispanic/ Latino (undefined)	74	1.2%
Other Hispanic/ Latino	454	7.5%
Hispanic or Latino Subtotal	**1,853**	**30.7%**
Non-Hispanic or Non-Latino as follows:		
African	34	0.6%
Asian Indian/ South Asian	12	0.2%
Cambodian	1	0.0%
Chinese	10	0.2%
Eastern European	51	0.8%
European	487	8.1%
Filipino	20	0.3%
Japanese	6	0.1%
Korean	8	0.1%
Middle Eastern	8	0.1%
Vietnamese	5	0.1%
Non-Hispanic/ Non-Latino (undefined)	2,397	39.7%
Other Non-Hispanic/ Non-Latino	137	2.3%
Non-Hispanic or Non-Latino Subtotal	**3,176**	**52.7%**
More than one ethnicity	17	0.3%
Prefer not to answer	80	1.3%
Ethnicity unknown	906	15.0%
Unduplicated Total	**6,032**	**100.0%**

AGGREGATED DATA FOR SERVICES

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	2,403	39.8%
Female	3,386	56.1%
Prefer not to answer	11	0.2%
Unknown	232	3.8%
Unduplicated Total	**6,032**	**100.0%**

Gender (Current)	# Served	% Served
Male	2,409	39.9%
Female	3,337	55.3%
Transgender (Male to Female)	6	0.1%
Transgender (Female to Male)	9	0.1%
Transgender (Undefined)	9	0.1%
Genderqueer	6	0.1%
Questioning or Unsure	3	0.0%
Another gender identity	10	0.2%
Prefer not to answer	17	0.3%
Unknown	226	3.7%
Unduplicated Total	**6,032**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	17	0.3%
Heterosexual/ Straight	2,615	43.4%
Bisexual	65	1.1%
Questioning/ Unsure	28	0.5%
Queer	15	0.2%
Another sexual orientation	16	0.3%
LGBQ (undefined)	7	0.1%
Prefer not to answer	273	4.5%
N/A	221	3.7%
Unknown	2,775	46.0%
Unduplicated Total	**6,032**	**100.0%**

Military Status**	# Served	% Served
Active Military	7	0.1%
Veteran	127	2.1%
Served in Military	14	0.2%
Family of Military	399	6.6%
No Military	3,622	60.0%
Prefer not to answer	73	1.2%
Unknown	1,824	30.2%
Unduplicated Total	**6,032**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	77	1.3%
Difficulty hearing or speaking	40	0.7%
Other communication disability	1	0.0%
Cognitive	150	2.5%
Physical/ Mobility	154	2.6%
Chronic Health Condition	298	4.9%
Other non-communication disability	346	5.7%
No Disability	2,360	39.1%
Prefer not to answer	204	3.4%
Unknown	2,799	46.4%
Unduplicated Total	**6,032**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	246	4.1%
6 - 12 months ago	189	3.1%
1 - 4 years ago	451	7.5%
Over 5 years ago	321	5.3%
Other	11	0.2%
Prefer not to answer	58	1.0%
N/A	1,386	23.0%
Unknown	3,370	55.9%
Unduplicated Total	**6,032**	**100.0%**

Training and Outreach***	
Number of Training Attendees (14 trainings)	473
Estimated Number of Outreach Contacts (99 events)	40,524

*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.
***These include Training and Outreach attendees where demographics were not collected.

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.

Utilizing CSS guidelines, the FY 2020-2023 Three-Year Program and Expenditure Plan 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 60 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.

Full-Service Partnerships	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Children's System of Care: Wraparound FSP	X	(16-17)		
Children's Receiving Home of Sacramento: Sprouts FSP	X			
Uplift Family Services: Fast Track Wraparound FSP	X	(16-18)		
Turning Point Community Programs: Assertive Community Treatment FSP		X	X	X
Adult System of Care: Homeless FSP		X	X	X
Adult System of Care: Co-Occurring FSP		X	X	X

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 2020-2021. 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 2020-2021

Age Group	# Served	% Served
0 - 15 years	137	28.2%
16 - 25 years	106	21.8%
26 - 59 years	209	43.0%
60+ years	34	7.0%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**486**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	10	2.1%
Asian	14	2.9%
Black	33	6.8%
Native Hawaiian or Other Pacific Islander	2	0.4%
White/ Caucasian	360	74.1%
Other	27	5.6%
More than one race	-	-
Prefer not to answer	-	-
Unknown	40	8.2%
Unduplicated Total	**486**	**100.0%**

Primary Language	# Served	% Served
English	453	93.2%
Spanish	18	3.7%
Other	2	0.4%
Prefer not to answer	-	-
Unknown	13	2.7%
Unduplicated Total	**486**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	1	0.2%
Central American	-	-
Mexican/ Mexican-American/ Chicano	32	6.6%
Puerto Rican	2	0.4%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	30	6.2%
Hispanic or Latino Subtotal	**65**	**13.4%**
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)	361	74.3%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**361**	**74.3%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	60	12.3%
Unduplicated Total	**486**	**100.0%**

Demographics - FSP Clients All Ages (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	297	61.1%
Female	185	38.1%
Prefer not to answer	-	-
Unknown	4	0.8%
Unduplicated Total	**486**	**100.0%**

Gender (Current)	# Served	% Served
Male	297	61.1%
Female	185	38.1%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	4	0.8%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**486**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	63	13.0%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	7	1.4%
Prefer not to answer	10	2.1%
N/A	-	-
Unknown	406	83.5%
Unduplicated Total	**486**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	9	1.9%
Served in Military	-	-
Family of Military	22	4.5%
No Military	345	71.0%
Prefer not to answer	-	-
Unknown	110	22.6%
Unduplicated Total	**486**	**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.

Demographics - FSP Clients 0-15 years

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	137	100.0%
16 - 25 years	-	-
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**137**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	3	2.2%
Asian	3	2.2%
Black	13	9.5%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	80	58.4%
Other	6	4.4%
More than one race	-	-
Prefer not to answer	-	-
Unknown	32	23.4%
Unduplicated Total	**137**	**100.0%**

Primary Language	# Served	% Served
English	119	86.9%
Spanish	8	5.8%
Other	-	-
Prefer not to answer	-	-
Unknown	10	7.3%
Unduplicated Total	**137**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	9	6.6%
Puerto Rican	1	0.7%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	11	8.0%
Hispanic or Latino Subtotal	**21**	**15.3%**
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)	74	54.0%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**74**	**54.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	42	30.7%
Unduplicated Total	**137**	**100.0%**

Demographics - FSP Clients 0-15 years (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	84	61.3%
Female	52	38.0%
Prefer not to answer	-	-
Unknown	1	0.7%
Unduplicated Total	**137**	**100.0%**

Gender (Current)	# Served	% Served
Male	84	61.3%
Female	52	38.0%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	1	0.7%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**137**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	-	-
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	1	0.7%
Prefer not to answer	1	0.7%
N/A	-	-
Unknown	135	98.5%
Unduplicated Total	**137**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	3	2.2%
No Military	70	51.1%
Prefer not to answer	-	-
Unknown	64	46.7%
Unduplicated Total	**137**	**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.

Demographics - FSP Clients 16-25 years

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	106	100.0%
26 - 59 years	-	-
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**106**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	6	5.7%
Black	5	4.7%
Native Hawaiian or Other Pacific Islander	1	0.9%
White/ Caucasian	76	71.7%
Other	10	9.4%
More than one race	-	-
Prefer not to answer	-	-
Unknown	8	7.5%
Unduplicated Total	**106**	**100.0%**

Primary Language	# Served	% Served
English	97	91.5%
Spanish	6	5.7%
Other	-	-
Prefer not to answer	-	-
Unknown	3	2.8%
Unduplicated Total	**106**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	11	10.4%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	7	6.6%
Hispanic or Latino Subtotal	**18**	**17.0%**
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)	73	68.9%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**73**	**68.9%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	15	14.2%
Unduplicated Total	**106**	**100.0%**

Demographics - FSP Clients 16-25 years (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	60	56.6%
Female	45	42.5%
Prefer not to answer	-	-
Unknown	1	0.9%
Unduplicated Total	**106**	**100.0%**

Gender (Current)	# Served	% Served
Male	60	56.6%
Female	45	42.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	1	0.9%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**106**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	1	0.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	2	1.9%
Prefer not to answer	1	0.9%
N/A	-	-
Unknown	102	96.2%
Unduplicated Total	**106**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	4	3.8%
No Military	77	72.6%
Prefer not to answer	-	-
Unknown	25	23.6%
Unduplicated Total	**106**	**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.

Demographics - FSP Clients 26-59 years

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	-	-
26 - 59 years	209	100.0%
60+ years	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**209**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	7	3.3%
Asian	5	2.4%
Black	13	6.2%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	175	83.7%
Other	9	4.3%
More than one race	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**209**	**100.0%**

Primary Language	# Served	% Served
English	203	97.1%
Spanish	4	1.9%
Other	2	1.0%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**209**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	1	0.5%
Central American	-	-
Mexican/ Mexican-American/ Chicano	11	5.3%
Puerto Rican	1	0.5%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	10	4.8%
Hispanic or Latino Subtotal	**23**	**11.0%**
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)	183	87.6%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**183**	**87.6%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	3	1.4%
Unduplicated Total	**209**	**100.0%**

Demographics - FSP Clients 26-59 years (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	139	66.5%
Female	68	32.5%
Prefer not to answer	-	-
Unknown	2	1.0%
Unduplicated Total	**209**	**100.0%**

Gender (Current)	# Served	% Served
Male	139	66.5%
Female	68	32.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	2	1.0%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**209**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	52	24.9%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	3	1.4%
Prefer not to answer	6	2.9%
N/A	-	-
Unknown	148	70.8%
Unduplicated Total	**209**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	7	3.3%
Served in Military	-	-
Family of Military	11	5.3%
No Military	173	82.8%
Prefer not to answer	-	-
Unknown	18	8.6%
Unduplicated Total	**209**	**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.

Demographics - FSP Clients 60+ years

FY 2020-2021

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

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	-	-
Black	2	5.9%
Native Hawaiian or Other Pacific Islander	1	2.9%
White/ Caucasian	29	85.3%
Other	2	5.9%
More than one race	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

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

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	1	2.9%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	2	5.9%
Hispanic or Latino Subtotal	**3**	**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	-	-
Non-Hispanic/ Non-Latino (undefined)	31	91.2%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**31**	**91.2%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	-	-
Unduplicated Total	**34**	**100.0%**

Demographics - FSP Clients 60+ years (continued)

FY 2020-2021

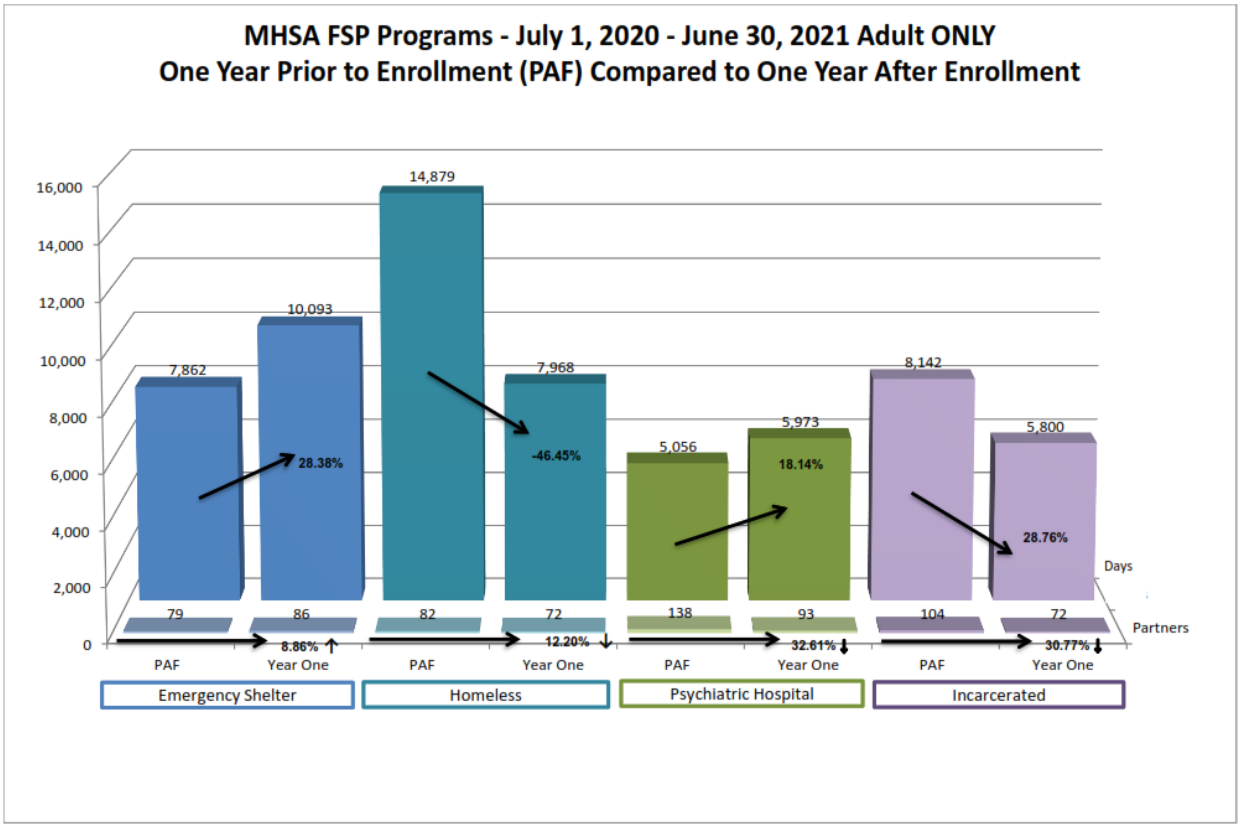
Gender (Assigned at Birth)	# Served	% Served
Male	14	41.2%
Female	20	58.8%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

Gender (Current)	# Served	% Served
Male	14	41.2%
Female	20	58.8%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**34**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	10	29.4%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	1	2.9%
Prefer not to answer	2	5.9%
N/A	-	-
Unknown	21	61.8%
Unduplicated Total	**34**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	2	5.9%
Served in Military	-	-
Family of Military	4	11.8%
No Military	25	73.5%
Prefer not to answer	-	-
Unknown	3	8.8%
Unduplicated Total	**34**	**100.0%**

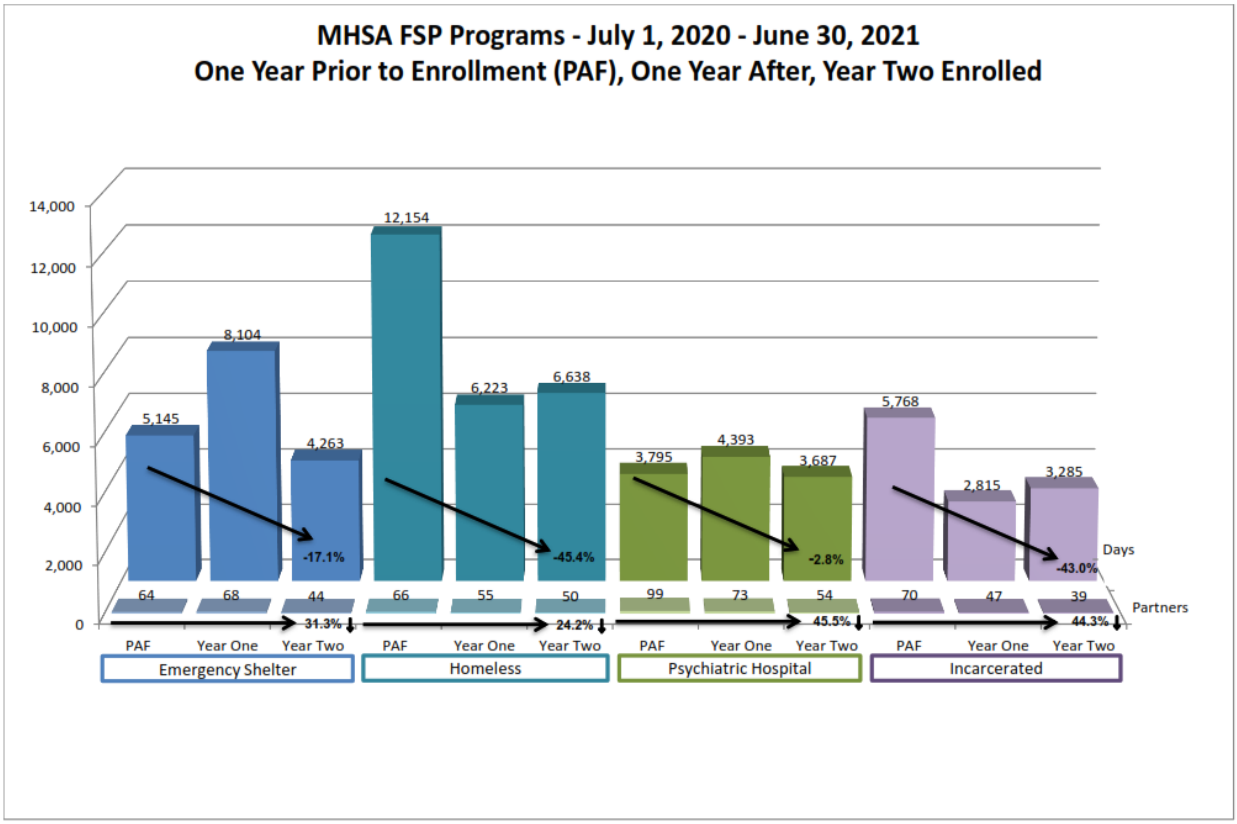
*Children under 11 years old are not asked to report Sexual Orientation (i.e., N/A).
**Participants may choose more than one option for Military.



For partners who completed one year and were active in FY 2020-2021, the FSP program shows a decrease in partners who report residency for the categories Homeless (12.2%), Psychiatric Hospital (32.61%), and Incarcerated (30.77%). The number increased for Emergency Shelter (8.86%). The number of days reported decreased for Homeless (46.45%) and Incarcerated (28.76%). The number increased for Emergency Shelter (28.38%) and Psychiatric Hospital (18.14%). 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	79	7,862	86	10,093
Homeless	82	14,879	72	7,968
Psychiatric Hospital	138	5,056	93	5,973
Incarcerated*	104	8,142	72	5,800

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



For partners who completed two years and were active in FY 2020-2021 the FSP program shows a decrease in partners who report residency across all categories: Emergency Shelter (31.3%), Homeless (24.2%), Psychiatric Hospital (45.5%), and Incarcerated (44.3%). The number of days reported for these categories also decreased when compared to the partners' year prior (Prior Year) to enrollment for: Emergency Shelter (17.1%), Homeless (45.4%), Psychiatric Hospital (2.8%), and Incarcerated (43%).

At Least 2 Years	Prior Year		First Year		Second Year	
Residential Type	**Partners**	**Days**	**Partners**	**Days**	**Partners**	**Days**
Emergency Shelter	64	5,145	68	8,104	44	4,263
Homeless	66	12,154	55	6,223	50	6,638
Psychiatric Hospital	99	3,795	73	4,393	54	3,687
Incarcerated*	70	5,769	47	2,815	39	3,285

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

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.

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.

Challenges and Successes

Challenges: Telehealth- many challenges with families getting up to speed with technology; scheduling and keeping up with appointments; working with partners to deliver in person when telehealth wasn't effective; scarcity of resources in the community due to Covid shut-downs; quarantine requirements and testing requirements challenged the flexibility of staff to meet the needs of the families. Successes: Implementation of the wrap stat, fidelity tracking program, and sharing the feedback with facilitators to improve their practice; training 2 new facilitators; successfully integrated wraparound after hours with the mental health team and the implementation of FURS. Increased efficiencies with CWS and Probation and stepping down youth from STRTP with Wraparound services.

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.

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.

Challenges and Successes

After staffing challenges & the beginning of the pandemic, the Sprouts program successfully re-opened for students in August 2020 after a 7-month program pause. We hired a talented & qualified trauma informed team however it was a slow ramp up for admissions due to parental concerns about COVID exposure. We were still able to serve 12 children with 4 children completing the program & graduating in June 2021. The graduating children were all able to successfully return to a traditional pre-school or started kindergarten.

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.

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.)

Challenges and Successes

Staff continued to adapt to providing services through telehealth due to the pandemic; however, during the year the FTW program resumed providing in-person services. Telehealth remained an option for families based on comfort level and appropriateness. For many referrals, the symptomology and acuity increased significantly. Even so, FTW proved effective in its flexibility, adapting to family's service delivery preference, addressing increased needs of youth and families, and successfully graduating youth.

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.

Target Population

The Homeless FSP program provides services to adults ages 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.

Challenges and Successes

While the ongoing effects of the pandemic have resulted in hardships for many of our clients, we were able to support some into pandemic specific housing options which acted as a bridge to many services including income, healthcare, substance use services, and housing. During the fiscal year we saw all those placed in our Meta housing partnership achieve 1 year of stable permanent housing. We look forward to the completion of 20 more MHSA funded units through a partnership with Mercy Housing for those who are chronically homeless with a housing first approach.

Outreach Contacts
FY 2020-2021

# Clients*	23
# Outreach Contacts	60
# Avg. Contacts/Client	2.6

# Outreach Contacts**	# Clients	% Clients
1 Contacts	9	39.1%
2 Contacts	6	26.1%
3 - 5 Contacts	6	26.1%
6+ Contacts	2	8.7%
Unduplicated Total*	**23**	**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 2020-2021

	# Clients	% Clients
Enrolled in ASOC	-	-
Enrolled in FSP	13	56.5%
Referred to Community	1	4.3%
Referred to AOT	-	-
Declined Services	1	4.3%
One-time Contact	1	4.3%
Pending	5	21.7%
Left County	1	4.3%
Unable to Locate	1	4.3%
Unduplicated Total***	**23**	**100.0%**

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

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.

Target Population

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

Challenges and Successes

During the 20-21 FY, our Co-Occurring program had seen many challenges as it pertained to retaining staff in the FTE positions. We had several vacancies, as result of better paying opportunities with other employers and had quite the challenge in backfilling these needed roles. However, as like any challenge, it provided the current staff an opportunity to see the moment and continue to deliver high quality services to our most vulnerable mental health clients. In this FY we had staff step into the vacant caseloads and take on extra work, rally as a team, and support our clients with the focus and effort our team prides itself on.

Outreach Contacts
FY 2020-2021

# Clients*	27
# Outreach Contacts	132
# Avg. Contacts/Client	4.9

# Outreach Contacts**	# Clients	% Clients
1 Contacts	3	11.1%
2 Contacts	7	25.9%
3 - 5 Contacts	9	33.3%
6+ Contacts	8	29.6%
Unduplicated Total*	**27**	**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 2020-2021

	# Clients	% Clients
Enrolled in ASOC	-	-
Enrolled in FSP	9	33.3%
Referred to Community	2	7.4%
Referred to AOT	-	-
Declined Services	3	11.1%
One-time Contact	-	-
Pending	11	40.7%
Left County	1	3.7%
Unable to Locate	1	3.7%
Unduplicated Total***	**27**	100.0%

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

TURNING POINT COMMUNITY PROGRAMS

Assertive Community Treatment Full-Service Partnership (FSP)

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

Target Population

The target population consists of adults ages 18 years and older, including Transition Age Youth (TAY) ages 16-17 referred in partnership with Placer County Children's System of Care (CSOC); adults ages 18-59; and older adults (ages 60+). The priority target population is comprised of individuals who are diagnosed with a severe psychiatric impairment as defined in the DSM-V and are at risk of involvement, or currently involved with, the criminal justice system, experiencing homelessness, and/or had one or more psychiatric hospitalizations.

Challenges and Successes

Challenges: Recruitment in a work environment that requests higher wages or telework options that cannot always be accommodated in an FSP setting. Board and Care options continue to be scarce, making it difficult to obtain appropriate level of care for members that need additional oversight.
Successes: Career, Compensation and Succession Plan (CCSP) was implemented and provided a clear structure for colleagues to see career paths as well as provided wage transparency.

Outreach Contacts
FY 2020-2021

# Clients*	81
# Outreach Contacts	321
# Avg. Contacts/Client	4.0

# Outreach Contacts**	# Clients	% Clients
1 Contacts	25	30.9%
2 Contacts	8	9.9%
3 - 5 Contacts	25	30.9%
6+ Contacts	23	28.4%
Unduplicated Total*	**81**	**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 2020-2021

	# Clients	% Clients
Enrolled in ASOC	9	11.1%
Enrolled in FSP	22	27.2%
Referred to Placer County Walk-in Clinic	-	-
Referred to Community	20	24.7%
Referred to AOT	4	4.9%
Declined Services	10	12.3%
One-time Contact	17	21.0%
Pending	7	8.6%
Left County	-	-
Unable to Locate	-	-
Unduplicated Total***	**81**	**100.0%**

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

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.

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.
2-1-1 became operational in 2020.

Target Population

This service is available countywide.

FY 2020-2021 Data

Total Calls Handled: 21,531 Total Texts/Instant Messages: 2,562 Top 4 Needs: • Health Care • Housing • Disaster Services • Utility Assistance Total Coordinated Entry Calls Handled: 2,275 Breakdown By CE Type: • 1,324 – New CE • 644 – Shelter Referral Refreshment • 307 – Personal Information Update Total COVID Calls: 6,688 Top 3 COVID Needs: • Vaccine • Testing • Complaints	Calls by Location: 34% - Roseville 22% - Auburn 12% - Outside Placer County 11% - Rocklin 10% - Lincoln 3% - Colfax 2% - Loomis 2% - Newcastle 1% - Kings Beach <1% - Granite Bay, Foresthill, Tahoe City, Meadow Vista, Applegate, Tahoe, Alta, Carnelian Bay, Weimar, Olympic Valley, Truckee, Tahoe Vista Callers By Gender: 56% - Female 44% - Male <1% - Transgender Female, Non-Binary Seniors age 65+ years: 45% of All Calls

Referrals to Health-Related Agencies

Total callers with Mental Health/Substance Use Disorder Need(s): 429

Top five (5) Mental Health/Substance Use Disorder Resources Referred:

- Kick it California – Free Quit Smoking/Quit Vaping Services
- Lighthouse Counseling – Family Resource Center
- Adult Crisis Services – Adult System of Care
- Institute on Aging – Friendship Line
- Granite Wellness – Inpatient Treatment

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)

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	71	27.5%
16 - 25 years	27	10.5%
26 - 59 years	118	45.7%
60+ years	41	15.9%
Prefer not to answer	-	-
Unknown	1	0.4%
Unduplicated Total	**258**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	3	1.2%
Asian	5	1.9%
Black	12	4.7%
Native Hawaiian or Other Pacific Islander	3	1.2%
White/ Caucasian	216	83.7%
Other	5	1.9%
More than one race	5	1.9%
Prefer not to answer	3	1.2%
Unknown	6	2.3%
Unduplicated Total	**258**	**100.0%**

Primary Language	# Served	% Served
English	228	88.4%
Spanish	19	7.4%
Other	1	0.4%
Prefer not to answer	-	-
Unknown	10	3.9%
Unduplicated Total	**258**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	1	0.4%
Central American	1	0.4%
Mexican/ Mexican-American/ Chicano	52	20.2%
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	10	3.9%
Hispanic or Latino Subtotal	**64**	**24.8%**
Non-Hispanic or Non-Latino as follows:		
African	3	1.2%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	5	1.9%
European	74	28.7%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	60	23.3%
Other Non-Hispanic/ Non-Latino	7	2.7%
Non-Hispanic or Non-Latino Subtotal	**149**	**57.8%**
More than one ethnicity	-	-
Prefer not to answer	19	7.4%
Ethnicity unknown	26	10.1%
Unduplicated Total	**258**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	105	40.7%
Female	151	58.5%
Prefer not to answer	1	0.4%
Unknown	1	0.4%
Unduplicated Total	**258**	**100.0%**

Gender (Current)	# Served	% Served
Male	107	41.5%
Female	145	56.2%
Transgender (Male to Female)	1	0.4%
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	1	0.4%
Prefer not to answer	3	1.2%
Unknown	1	0.4%
Unduplicated Total	**258**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	122	47.3%
Bisexual	2	0.8%
Questioning/ Unsure	1	0.4%
Queer	-	-
Another sexual orientation	3	1.2%
LGBQ (undefined)	-	-
Prefer not to answer	3	1.2%
N/A	31	12.0%
Unknown	96	37.2%
Unduplicated Total	**258**	**100.0%**

Military Status**	# Served	% Served
Active Military	2	0.8%
Veteran	9	3.5%
Served in Military	2	0.8%
Family of Military	39	15.1%
No Military	131	50.8%
Prefer not to answer	5	1.9%
Unknown	78	30.2%
Unduplicated Total	**258**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	5	1.9%
Difficulty hearing or speaking	5	1.9%
Other communication disability	-	-
Cognitive	5	1.9%
Physical/ Mobility	1	0.4%
Chronic Health Condition	5	1.9%
Other non-communication disability	1	0.4%
No Disability	140	54.3%
Prefer not to answer	4	1.6%
Unknown	98	38.0%
Unduplicated Total	**258**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	14	5.4%
6 - 12 months ago	43	16.7%
1 - 4 years ago	57	22.1%
Over 5 years ago	48	18.6%
Other	-	-
Prefer not to answer	3	1.2%
N/A	1	0.4%
Unknown	92	35.7%
Unduplicated Total	**258**	**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 (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.

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.

Challenges and Successes

During FY 20/21 caused our residential facilities to close to visitors and admissions, while trying to control COVID exposure to residents. This negatively impacted our face to fac outreach efforts, reduced outreach to only those who will respond to phone calls and caused delays in placement changes. On the success side, we added an additional six intensive residential treatment beds to help avoid IMD admissions.

Outreach Contacts
FY 2020-2021

# Clients*	45
# Outreach Contacts	214
# Avg. Contacts/Client	4.8

# Outreach Contacts**	# Clients	% Clients
1 Contacts	8	17.8%
2 Contacts	10	22.2%
3 - 5 Contacts	15	33.3%
6+ Contacts	12	26.7%
Unduplicated Total*	**45**	**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 2020-2021

	# Clients	% Clients
Enrolled in ASOC	1	2.2%
Enrolled in FSP	-	-
Referred to Community	-	-
Referred to AOT	-	-
Declined Services	-	-
One-time Contact	-	-
Pending	44	97.8%
Left County	-	-
Unable to Locate	-	-
Unduplicated Total***	**45**	100.0%

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

Outcomes
FY 2020-2021

	Institution for Mental Disease (IMD)		Augmented Board & Care (B&C)	
	# Clients	% of Clients	# Clients	% of Clients
Unduplicated Total	**42**	**100.0%**	**28**	**100.0%**
Number of Clients in IMD or B&C for entire FY	28	66.7%	14	50.0%
Number of Clients Admitted in FY, still in IMD or B&C	7	16.7%	8	28.6%
Number of Clients Discharged in FY	**7**	**16.7%**	**6**	**21.4%**

	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	-	-	4	66.7%
Supported housing	-	-	-	-
Non-Augmented Board and Care	-	-	-	-
Board and Care	2	28.6%	-	-
IMD	-	-	-	-
Homeless	-	-	1	16.7%
Psychiatric Hospital	1	14.3%	-	-
Medical Hospital	1	14.3%	-	-
Medical Assisted Facility	-	-	1	16.7%
Deceased	3	42.9%	-	-
Total Discharged Clients	**7**	**100.0%**	**6**	**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	1	14.3%	5	83.3%
IMD or B&C Discharged Clients who are not FSP	6	85.7%	1	16.7%
Total Discharged Clients	**7**	**100.0%**	**6**	**100.0%**

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.

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.

Challenges and Successes

Challenges this reporting period were not necessarily program driven, but pandemic, workforce limits and increases in community needs. During this reporting period our successes were the ability to address these challenges with a "can do" attitude. For example, we have been successful in hire well qualified staff and have kept our counseling waitlist down to pre-pandemic levels.

Individual Services Delivered
FY 2020-2021

FY 2020-21		
Number of Hours	**Number of Participants****	**Average Hours per Participant**
512.5	81	**6.3**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	1	-	0.0%
Community/ Private Mental Health Provider (Counseling Center)	33	-	0.0%
Community/ Private Substance Services Provider	3	-	0.0%
Physical Health Care Provider	5	1	20.0%
IHSS – In Home Support Services	8	-	0.0%
Family Resource Center (FRC)	2	-	0.0%
Total Referrals**	**52**	**1**	**1.9%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	81.1%
Number of Participants***	37
Instrument	UCLA PTSD Index for DSM-V

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	75.6%	45
I do better in school and/or work.	70.6%	34
My housing situation has improved.	56.8%	37
I am better able to do things that I want to do.	81.8%	44
I am better able to deal with crisis.	84.1%	44
I do better in social situations.	65.9%	44
I have people with whom I can do positive things.	81.8%	44
I do things that are more meaningful to me.	86.7%	45
I have learned to use coping mechanisms other than alcohol and/or other drugs.	86.7%	30
In a crisis, I would have the support I need from family or friends.	83.7%	43
Staff welcome me and treat me with respect.	100.0%	44
Staff are sensitive to my cultural background.	92.9%	42
Average (All Responses) / Total Surveys Submitted	**80.8%**	**46**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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.

Challenges and Successes

We are seeing the need for additional solutions for family therapy. Attachment-Based Family Therapy (ABFT) is one-of-one family therapy modalities available to our clients. Although we are very successful utilizing ABFT, and it is a unique therapeutic approach, it does not fit all family therapy needs.

Individual Services Delivered
FY 2020-2021

FY 2020-21		
Number of Hours	**Number of Participants****	**Average Hours per Participant**
375.5	57	**6.6**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	23	1	4.3%
Physical Health Care Provider	7	1	14.3%
IHSS – In Home Support Services	2	-	0.0%
Family Resource Center (FRC)	1	-	0.0%
Other	1	1	100.0%
Total Referrals**	**34**	**3**	**8.8%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	63%
Number of Participants***	35
Instrument	Brief Family Assessment Measure-III (FAM) General Scale

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	70.6%	34
I do better in school and/or work.	60.0%	30
My housing situation has improved.	75.0%	20
I am better able to do things that I want to do.	74.2%	31
I am better able to deal with crisis.	66.7%	33
I do better in social situations.	59.4%	32
I have people with whom I can do positive things.	87.9%	33
I do things that are more meaningful to me.	71.9%	32
I have learned to use coping mechanisms other than alcohol and/or other drugs.	78.3%	23
In a crisis, I would have the support I need from family or friends.	88.2%	34
Staff welcome me and treat me with respect.	93.9%	33
Staff are sensitive to my cultural background.	93.9%	33
Average (All Responses) / Total Surveys Submitted	**76.9%**	**34**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Couples ages 18 and older who need brief therapy to help strengthen their relationship. This brief therapy program helps couples to strengthen their relationships and resolve presenting problems.

Challenges and Successes

Challenges this reporting period were not necessarily program driven, but pandemic, with workforce limits and increases in community needs.
During this reporting period our successes were the ability to address these challenges with a "can do" attitude. For example, we have been successful in hiring well qualified staff and have kept our counseling waitlist down to pre-pandemic levels.

Individual Services Delivered

FY 2020-2021

FY 2020-21		
Number of Hours	Number of Participants**	Average Hours per Participant
110.5	15	**7.4**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	8	1	12.5%
Physical Health Care Provider	1	-	0.0%
IHSS – In Home Support Services	7	-	0.0%
Family Resource Center (FRC)	6	-	0.0%
Other	-	-	-
Total Referrals**	**22**	**1**	**4.5%**

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**80%**
Number of Participants***	5
Instrument	Beck Depression Inventory

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	6
I do better in school and/or work.	83.3%	6
My housing situation has improved.	100.0%	5
I am better able to do things that I want to do.	83.3%	6
I am better able to deal with crisis.	100.0%	6
I do better in social situations.	66.7%	6
I have people with whom I can do positive things.	100.0%	6
I do things that are more meaningful to me.	100.0%	6
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	6
In a crisis, I would have the support I need from family or friends.	100.0%	6
Staff welcome me and treat me with respect.	100.0%	5
Staff are sensitive to my cultural background.	100.0%	5
Average (All Responses) / Total Surveys Submitted	**94.2%**	**6**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Individuals, including those who have experienced domestic violence (all ages).

Challenges and Successes

Challenges this reporting period were not necessarily program driven, but pandemic, workforce limits and increases in community needs.
During this reporting period our successes were the ability to address these challenges with a "can do" attitude. For example, we have been successful in hire well qualified staff and have kept our counseling waitlist down to pre-pandemic levels.

Individual Services Delivered

FY 2020-2021

FY 2020-21		
Number of Hours	Number of Participants**	Average Hours per Participant
225.0	32	**7.0**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	5	-	0.0%
Community/ Private Substance Services Provider	1	-	0.0%
IHSS – In Home Support Services	6	-	0.0%
Family Resource Center (FRC)	1	-	0.0%
Total Referrals**	**13**	**-**	**0.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**67%**
Number of Participants***	3
Instrument	Beck Depression Inventory

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**33%**
Number of Participants***	3
Instrument	Beck Anxiety Inventory

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	4
I do better in school and/or work.	66.7%	3
My housing situation has improved.	-	1
I am better able to do things that I want to do.	100.0%	4
I am better able to deal with crisis.	100.0%	4
I do better in social situations.	100.0%	4
I have people with whom I can do positive things.	100.0%	4
I do things that are more meaningful to me.	75.0%	4
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	3
In a crisis, I would have the support I need from family or friends.	100.0%	4
Staff welcome me and treat me with respect.	100.0%	4
Staff are sensitive to my cultural background.	100.0%	4
Average (All Responses) / Total Surveys Submitted	**93.0%**	**4**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	-	-
16 - 25 years	11	6.3%
26 - 59 years	139	79.9%
60+ years	24	13.8%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**174**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	12	6.9%
Asian	1	0.6%
Black	10	5.7%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	145	83.3%
Other	-	-
More than one race	4	2.3%
Prefer not to answer	-	-
Unknown	2	1.1%
Unduplicated Total	**174**	**100.0%**

Primary Language	# Served	% Served
English	174	100.0%
Spanish	-	-
Other	-	-
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**174**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	-	-
Puerto Rican	-	-
South American	-	-
Hispanic/ Latino (undefined)	19	10.9%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**19**	**10.9%**
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)	153	87.9%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**153**	**87.9%**
More than one ethnicity	-	-
Prefer not to answer	1	0.6%
Ethnicity unknown	1	0.6%
Unduplicated Total	**174**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	85	48.9%
Female	85	48.9%
Prefer not to answer	1	0.6%
Unknown	3	1.7%
Unduplicated Total	**174**	**100.0%**

Gender (Current)	# Served	% Served
Male	85	48.9%
Female	85	48.9%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	1	0.6%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	2	1.1%
Prefer not to answer	1	0.6%
Unknown	-	-
Unduplicated Total	**174**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	10	5.7%
Served in Military	-	-
Family of Military	-	-
No Military	164	94.3%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**174**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	-	-
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	49	28.2%
Physical/ Mobility	92	52.9%
Chronic Health Condition	103	59.2%
Other non-communication disability	168	96.6%
No Disability	5	2.9%
Prefer not to answer	-	-
Unknown	-	-
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.

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.

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.

Challenges and Successes

Despite the challenges of the COVID-19 pandemic, Casa Dewitt continued to provide direct services to its residents. The program experienced challenges such as slowed and/or halted admissions, staff shortages, and suspended landlords' interviews and placements. However, the program had successes; it served 28 residents out of which10 transitioned to permanent housing. Casa Dewitt did not experience an outbreak of COVID-19 which helped facilitate the on-going delivery of services to its residents.

Outcomes
FY 2020-2021

Living Arrangement at Exit	# Exits	% of Exits
Permanent Housing	12	63.2%
Transitional Housing	-	-
Long Term Care/ Nursing	-	-
Homeless	4	21.1%
Homeless - Emergency Housing	1	5.3%
Psychiatric Inpatient	1	5.3%
Substance Use Treatment Facility	-	-
Medical Hospital	-	-
Jail	1	5.3%
Deceased	-	-
Other	-	-
Unknown	-	-
Total Exits**	**19**	**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.

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.

The Adult Residential Care Facility was not up and running yet in FY 2020-2021.

Target Population

Individuals served in this program are ages 18-59, have a serious mental illness, and a history of receiving services in a psychiatric facility or IMD. Individuals require intensive, 24-hour services to support them to successfully live in the community. Many also have chronic health conditions.

Challenges and Successes

Challenge: We have experienced challenges with hiring staff which has impacted our ability to open the facility and begin operations. Successes: N/A.

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.

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.

Challenges and Successes

No challenges were noted. Successes: AMIH maintained a 92.1% occupancy rate or 7,729 days of housing.

Outcomes

FY 2020-2021

AMI Housing, Inc. Path to Independence served 46 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**21**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**25**	**290**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	15	57.7%
Transitional Housing	2	8.0%
Homeless	1	3.8%
Homeless - Emergency Shelter	1	3.8%
Jail	1	3.8%
Deceased	1	3.8%
Unknown	4	15.4%
Total Participants Discharged*	**25**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
Gained Earned Income	1	3.8%
Earned Income continued	3	11.5%
SSI and SSDI continued	2	7.7%
SSI continued	9	34.6%
SSDI continued	2	8.0%
General Assistance continued	1	3.8%
Retirement continued	2	7.7%
Unemployment Insurance continued	1	3.8%
SSDI to SSI	1	3.8%
Retirement to SSI	1	3.8%
No income	2	7.7%
Total Participants Discharged*	**25**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

Target Population

PSTH House: Adults who are at risk of experiencing homelessness, 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.

Challenges and Successes

Challenges: Due to the high needs of the clients at the Newcastle House, client turnover impacted the percentage of individuals who successfully maintained housing for the duration of 2 years. Successes: AMIH maintained an 85.4% occupancy rate or 3,427 days of housing.

Outcomes

FY 2020-2021

AMI Housing, Inc. Peer Supportive Transitional Housing served 23 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**9**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**14**	**214**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	5	35.7%
Transitional Housing	1	7.1%
Homeless - Emergency Shelter	2	14.3%
Psychiatric Inpatient	1	7.1%
Deceased	1	7.1%
Unknown	4	28.6%
Total Participants Discharged*	**14**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
Gained SSI	1	7.1%
Earned Income continued	3	21.4%
SSI and SSDI continued	1	7.1%
SSI continued	2	14.3%
SSDI continued	1	7.1%
General Assistance continued	1	7.1%
Lost SSDI	1	7.1%
No income	4	28.6%
Total Participants Discharged*	**14**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

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.

Challenges and Successes

Challenges: Occasionally we have struggled to get referrals for TAY who qualify for the program. Because of this, we made minor changes to allow for 1 housing slot to be allocated for "FSP-like" TAY referred by ASOC. Successes: AMIH maintained an 86.2% occupancy rate or 1,259 days of housing.

Outcomes

FY 2020-2021

AMI Housing, Inc. TAY Housing served 8 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**4**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**4**	**266**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	1	25.0%
Homeless - Emergency Shelter	2	50.0%
Deceased	1	25.0%
Total Participants Discharged*	**4**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
SSI and SSDI continued	1	25.0%
SSDI continued	1	25.0%
Lost Earned Income	1	25.0%
No income	1	25.0%
Total Participants Discharged*	**4**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

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.

Challenges and Successes

Challenges: None noted. Successes: We experienced 0% turnover in staffing for this program. We provided 742 days of housing for individuals needing crisis stabilization or respite.

Outcomes
FY 2020-2021

AMI Housing, Inc. Emergency Housing Supportive Services served 33 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**1**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**51**	**13**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	14	27.5%
Transitional Housing	7	13.7%
Homeless	10	19.6%
Homeless - Emergency Shelter	8	15.7%
Psychiatric Inpatient	1	2.0%
Substance Use treatment facility	2	3.9%
Medical Hospital	5	9.8%
Unknown	4	7.8%
Total Participants Discharged*	**51**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
SSI and SSDI continued	1	2.0%
SSI continued	15	29.4%
SSDI continued	9	17.6%
Retirement continued	1	2.0%
Other continued	1	2.0%
SSDI to SSI	1	2.0%
No income	23	45.1%
Total Participants Discharged*	**51**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

Target Population

The target population for this program are individuals ages 18 and older with a mental illness and are currently homeless.

Challenges and Successes

Challenges: A fire occurred during this FY which caused displacement of the tenants from 11/20 to 5/21 and impacted our ability to fill vacant units. Tenants were housing at a local hotel while construction occurred. Successes: AMIH maintained an 81.4% occupancy rate or 5,652 days of housing.

Outcomes
FY 2020-2021

AMI Housing, Inc. Main Street Permanent Supportive Housing served 21 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**12**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**9**	**977**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	4	44.4%
Homeless	2	22.2%
Medical Hospital	1	11.1%
Deceased	2	22.2%
Unknown	-	-
Total Participants Discharged*	**9**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
Gained SSI	1	11.1%
SSI continued	3	33.3%
SSDI continued	1	11.1%
Retirement continued	1	11.1%
SSI to SSDI	2	22.2%
Lost Earned Income	1	11.1%
Total Participants Discharged*	**9**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

Target Population

Individuals served in this program are ages 18 and older with a serious mental illness and need ongoing support to remain living independently in the community.

Challenges and Successes

Challenges: Due to delays related to acquiring permits, construction/renovation on Brown Bear Studios did not commence during the FY. The goal is for renovations to commence in 21/22 FY. Successes: N/A.

Outcomes
FY 2020-2021

AMI Housing, Inc. Shared Permanent Supportive Housing served 15 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**11**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**4**	**259**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Homeless	3	75.0%
Jail	1	25.0%
Total Participants Discharged*	**4**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
SSI continued	1	25.0%
SSDI continued	1	25.0%
General Assistance continued	1	25.0%
No income	1	25.0%
Total Participants Discharged*	**4**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

Bringing Families Home will no longer require MHSA funding to meet the grant match requirements. As a result, there is no data to report for FY 2020-2021 for MHSA. Since funding is not required in FY 2022-2023, the program is not included in the attached FY 2022-2023 MHSA Annual Update.

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 2020, no services were provided in FY 2020-2021.

Target Population

Individuals ages 18 and older who have a serious mental illness and are homeless.

Challenges and Successes

Not yet in operation in FY 2020-2021.

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 for 10 one-bedroom units exclusively for MHSA. There is separate office space for service providers and on-site management.

Construction completed in 2020. Three (3) units were leased to MHSA FSPs by December 2020/January 2021 and the remaining seven (7) were leased to MHSA FSPs by mid-February 2021. The ten (10) units are now 100% occupied.

Target Population

The target population for this program are individuals ages 18 and older with a mental illness and are eligible and/or enrolled in MHSA services.

Challenges and Successes

Several applicants had backgrounds (i.e. credit or criminal) that would result in application denial, but reasonable accommodations were allowed. Another challenge was that some applicants did not have a government document or card with their social security number on it, which would delay background checks. Earlier meetings with the applicant's caseworker would have helped the process go more smoothly.

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

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	34	5.8%
16 - 25 years	54	9.2%
26 - 59 years	180	30.6%
60+ years	33	5.6%
Prefer not to answer	-	-
Unknown	287	48.8%
Unduplicated Total	**588**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	18	3.1%
Asian	10	1.7%
Black	22	3.7%
Native Hawaiian or Other Pacific Islander	4	0.7%
White/ Caucasian	257	43.7%
Other	41	7.0%
More than one race	6	1.0%
Prefer not to answer	1	0.2%
Unknown	229	38.9%
Unduplicated Total	**588**	**100.0%**

Primary Language	# Served	% Served
English	504	85.7%
Spanish	43	7.3%
Other	10	1.7%
Prefer not to answer	-	-
Unknown	31	5.3%
Unduplicated Total	**588**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	2	0.3%
Mexican/ Mexican-American/ Chicano	61	10.4%
Puerto Rican	1	0.2%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	18	3.1%
Hispanic or Latino Subtotal	**82**	**13.9%**
Non-Hispanic or Non-Latino as follows:		
African	14	2.4%
Asian Indian/ South Asian	7	1.2%
Cambodian	1	0.2%
Chinese	-	-
Eastern European	10	1.7%
European	76	12.9%
Filipino	10	1.7%
Japanese	-	-
Korean	2	0.3%
Middle Eastern	4	0.7%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	12	2.0%
Other Non-Hispanic/ Non-Latino	48	8.2%
Non-Hispanic or Non-Latino Subtotal	**184**	**31.3%**
More than one ethnicity	2	0.3%
Prefer not to answer	5	0.9%
Ethnicity unknown	315	53.6%
Unduplicated Total	**588**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	129	21.9%
Female	386	65.6%
Prefer not to answer	-	-
Unknown	73	12.4%
Unduplicated Total	**588**	**100.0%**

Gender (Current)	# Served	% Served
Male	132	22.4%
Female	375	63.8%
Transgender (Male to Female)	3	0.5%
Transgender (Female to Male)	1	0.2%
Transgender (Undefined)	-	-
Genderqueer	1	0.2%
Questioning or Unsure	-	-
Another gender identity	2	0.3%
Prefer not to answer	1	0.2%
Unknown	73	12.4%
Unduplicated Total	**588**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	4	0.7%
Heterosexual/ Straight	411	69.9%
Bisexual	8	1.4%
Questioning/ Unsure	4	0.7%
Queer	-	-
Another sexual orientation	2	0.3%
LGBQ (undefined)	-	-
Prefer not to answer	8	1.4%
N/A	2	0.3%
Unknown	149	25.3%
Unduplicated Total	**588**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	5	0.9%
Served in Military	3	0.5%
Family of Military	47	8.0%
No Military	260	44.2%
Prefer not to answer	6	1.0%
Unknown	270	45.9%
Unduplicated Total	**588**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	5	0.9%
Difficulty hearing or speaking	10	1.7%
Other communication disability	-	-
Cognitive	29	4.9%
Physical/ Mobility	15	2.6%
Chronic Health Condition	57	9.7%
Other non-communication disability	26	4.4%
No Disability	286	48.6%
Prefer not to answer	48	8.2%
Unknown	150	25.5%
Unduplicated Total	**588**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	19	3.2%
6 - 12 months ago	24	4.1%
1 - 4 years ago	94	16.0%
Over 5 years ago	69	11.7%
Other	6	1.0%
Prefer not to answer	10	1.7%
N/A	135	23.0%
Unknown	231	39.3%
Unduplicated Total	**588**	**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.

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.

Target Population

Individuals employed by Peer Services are ages 18 and older and have lived experience, through receiving mental health services and/or as a family member of a person with lived experience.

Challenges and Successes

Challenges: The Cirby and Dewitt Wellness Centers remained closed during this FY and the Peer employees allocated to those positions remain redistributed to other positions in the county. Hiring for all Peer positions was a challenge through the FY.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21		
	Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	-	-	**-**
Individual/ Family Therapy	46.8	92	**0.5**
Case Management/ Linkage	12.8	33	**0.4**
Support Services	47.3	48	**1.0**
Crisis Services	24.8	29	**0.9**
Collateral	0.8	1	**0.8**
Family Team Meeting	4.5	3	**1.5**
Other	2.4	8	**0.3**
Total (All Services)	**139.4**	**158**	**0.9**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=41*		
Number of Groups	Attendance	Average Attendance per Group
24	131	5.5

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	7
Estimated Number Attending	19
Average Attendance per Event	**2.7**

Trainings
FY 2020-2021

FY 2020-21		
Number of Trainings	**Attendance**	**Average Attendance per Training**
8	8	1.0

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
County Mental Health			
Adult Mental Health	24	2	8.3%
Full Service Partnership	1	1	100.0%
Community/ Private Mental Health Provider (Counseling Center)	76	4	5.3%
County Substance Use Services	7	-	0.0%
County Substance Use Treatment Screening Clinic	4	-	0.0%
Community/ Private Substance Services Provider	1	-	0.0%
Physical Health Care Provider	4	-	0.0%
IHSS – In Home Support Services	2	1	50.0%
Benefits	7	-	0.0%
Legal Services	1	-	0.0%
Other	19	1	5.3%
Total Referrals**	**146**	**9**	**6.2%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Adult System of Care Peer Services also collects the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

Target Population

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.

Challenges and Successes

Cal Voices retained over 90% of its Family Advocacy Staff and ensured a consistent continuum of care for families in Placer County during this year. Families experienced more complex needs, including homelessness and behavioral health challenges. Challenges included supporting families who struggled with navigating technological devices and access to online support. COVID restrictions delayed our ability to offer in-person community outreach events and activities with families. We added telehealth to provide a wide net of services and supports ensuring families were connected and supported during the COVID pandemic.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	2.0	2	**1.0**
Individual/ Family Services	3.6	4	**0.9**
Case Management/ Linkage	630.5	245	**2.6**
Support Services	606.5	170	**3.6**
Crisis Services	41.0	25	**1.6**
Collateral	182.5	138	**1.3**
Family Team Meeting	789.5	128	**6.2**
Other	41.7	18	**2.3**
Total (All Services)	**2,297.3**	**306**	**7.5**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21 Number of Groups	Attendance	Average Attendance per Group
17	69	4.1

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	315
Estimated Number Attending	5,514
Average Attendance per Event	**18**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	4	1	25.0%
Adult Mental Health	18	6	33.3%
Full Service Partnership	25	18	72.0%
Community/ Private Mental Health Provider (Counseling Center)	126	61	48.4%
County Substance Use Services	4	3	75.0%
County Substance Use Treatment Screening Clinic	6	3	50.0%
Community/ Private Substance Services Provider	11	8	72.7%
Physical Health Care Provider	5	3	60.0%
IHSS – In Home Support Services	4	1	25.0%
Crisis Services (911, ER, Law Enforcement)	2	1	50.0%
Benefits	61	41	67.2%
Legal Services	12	12	100.0%
Immigration	1	1	100.0%
Employment Service/ CalWORKs	14	12	85.7%
School/ Training Program	16	7	43.8%
Family Resource Center (FRC)	33	21	63.6%
Other	81	42	51.9%
Total Referrals**	**423**	**241**	**57.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Child Welfare Class Evaluation*

	% Agree	N
It gave me hope to hear from parents who went through the system.	92%	25
I feel more confident about working with my social worker.	85%	26
I understand more about the court process.	92%	26
I have a better understanding of what I need to do with my care.	92%	26

*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.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	95.0%	20
I do better in school and/or work.	77.8%	9
My housing situation has improved.	61.5%	13
I am better able to do things that I want to do.	85.7%	21
I am better able to deal with crisis.	90.5%	21
I do better in social situations.	50.0%	18
I have people with whom I can do positive things.	95.2%	21
I do things that are more meaningful to me.	70.0%	20
I have learned to use coping mechanisms other than alcohol and/or other drugs.	75.0%	12
In a crisis, I would have the support I need from family or friends.	90.5%	21
Staff welcome me and treat me with respect.	100.0%	21
Staff are sensitive to my cultural background.	75.0%	20
Average (All Responses) / Total Surveys Submitted	**82.0%**	**21**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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 26 who are at risk of entering, currently involved in, or emancipated out of system services.

Challenges and Successes

The YES Program has hired, trained, and continues to retain, highly competent and diverse staff. As we continue to navigate the ever-changing COVID 19 pandemic, our support to young people in the community has remained constant. In rolling out our new program model, having specific YSC I's working with County teams was more involved than expected. This led to more intensive work dedicated to each team, and therefore reduced the number of projected youth served.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	5.0	6	**0.8**
Case Management/ Linkage	607.2	74	**8.2**
Individual/ Family Therapy	1.0	1	**1.0**
Support Services	786.9	71	**11.1**
Family Team Meeting	166.5	30	**5.5**
Crisis Intervention	11.3	4	**2.8**
Other	24.6	13	**1.9**
Total (All Services)	**1,602.4**	**81**	**19.8**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	193
Estimated Number of Contacts	5,556
Average Attendance per Event	**28.8**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	3	2	66.7%
Adult Mental Health	2	-	0.0%
Full Service Partnership	1	1	100.0%
Community/ Private Mental Health Provider (Counseling Center)	3	2	66.7%
County Substance Use Services	1	-	0.0%
County Substance Use Treatment Screening Clinic	1	1	100.0%
Physical Health Care Provider	2	2	100.0%
Crisis Services (911, ER, Law Enforcement)	2	2	100.0%
Benefits	4	4	100.0%
Legal Services	1	1	100.0%
Employment Service/ CalWORKs	8	8	100.0%
School/ Training Program	5	5	100.0%
Family Resource Center (FRC)	1	1	100.0%
Other	6	6	100.0%
Total Referrals**	**40**	**35**	**87.5%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Youth Empowerment Support (YES) Program Questionnaire Results*

YES Program Questionnaire Results*	% Agree	N
I feel I got the support I needed to accomplish my goals.	100%	22
I feel like I learned tools that will help me meet my future goals.	90.9%	22
I felt empowered in my decisions due to the support I received from my Youth Support Coordinator.	95.5%	22
I built a stronger support system while working with a Youth Coordinator.	90.9%	22

*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.

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)

Demographics

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	1	0.1%
16 - 25 years	320	21.4%
26 - 59 years	901	60.4%
60+ years	270	18.1%
Prefer not to answer	-	-
Unknown	-	-
Unduplicated Total	**1,492**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	26	1.7%
Asian	44	2.9%
Black	77	5.2%
Native Hawaiian or Other Pacific Islander	6	0.4%
White/ Caucasian	1,129	75.7%
Other	132	8.8%
More than one race	-	-
Prefer not to answer	-	-
Unknown	78	5.2%
Unduplicated Total	**1,492**	**100.0%**

Primary Language	# Served	% Served
English	1,409	94.4%
Spanish	12	0.8%
Other	10	0.7%
Prefer not to answer	-	-
Unknown	61	4.1%
Unduplicated Total	**1,492**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	2	0.1%
Central American	-	-
Mexican/ Mexican-American/ Chicano	78	5.2%
Puerto Rican	6	0.4%
South American	-	-
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	81	5.4%
Hispanic or Latino Subtotal	**167**	**11.2%**
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)	1,178	79.0%
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**1,178**	**79.0%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	147	9.9%
Unduplicated Total	**1,492**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	737	49.4%
Female	749	50.2%
Prefer not to answer	-	-
Unknown	6	0.4%
Unduplicated Total	**1,492**	**100.0%**

Gender (Current)	# Served	% Served
Male	737	49.4%
Female	749	50.2%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	3	0.2%
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	3	0.2%
Unduplicated Total	**1,492**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	9	0.6%
Bisexual	-	-
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	1	0.1%
N/A	-	-
Unknown	1,482	99.3%
Unduplicated Total	**1,492**	**100.0%**

Military Status**	# Served	% Served
Active Military	4	0.3%
Veteran	65	4.4%
Served in Military	-	-
Family of Military	114	7.6%
No Military	1,087	72.9%
Prefer not to answer	-	-
Unknown	222	14.9%
Unduplicated Total	**1,492**	**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.

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.

Target Population

Individuals of all ages who experience a behavioral health crisis. A behavioral health crisis is when an individual's actions, feelings, and/or behaviors may result in them hurting themselves or others, and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

Challenges and Successes

Challenges: COVID pandemic saw increases of acuity and severity of mental health symptoms; suicide rates; crisis episodes for people with long standing mental health history; and recent onset of mental health concerns. There was a decrease in bed availability of psychiatric facilities due to temporary closures, longer patient stays on the units, and staffing concerns. For FUS, previous challenges were lack of response or return calls from clients when messages left, as well as limited staffing and interventions available. Successes: COVID pandemic necessitated innovated delivery of services including increased communication and collaboration with various community partners (law enforcement, medical hospitals, psychiatric facilities) to address barriers and delays in treatment; also, the introduction of psychiatric treatment and medication management in the ER for assistance with stabilization more immediately. For FUS, staff improved communication to crisis clients during safety planning about follow up services, and increased variety of supportive interventions offered and avenues for support (phone, face to face, emails, mail.)

Crisis Response Team Outcomes

FY 2020-2021

	CR		Non-CR		Total	
Hospitalized	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
No	167	54.6%	1,546	48.8%	1,713	49.3%
Yes	139	45.4%	1,625	51.2%	1,764	50.7%
Total	306	100.0%	3,171	100.0%	3,477	100.0%

Follow-up Services Outcomes

FY 2020-2021

Unduplicated Individuals with One or More Contacts Made*	429
Total Unduplicated Individuals	585
% of Individuals with One or More Contacts Made	73.3%

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

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.

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, shelters, and families. Residents of Placer County may also independently call the County 24/7 crisis line to request MCT services. MCT Services are available Monday - Friday, 8:00 am – 10:00 pm and Saturday, 10:00am – 7:00 pm. Services are available in English and Spanish.

Challenges and Successes

Challenges: Pandemic increased acuity and severity of mental health symptoms and crisis to community members, affected staffing availability and staff shortages despite increase in calls. Successes: There was a significant increase in amount of MCT calls, which allowed the ability to provide needed support without impacting emergency rooms and first responders, which was important and necessary given impact of COVID patients to the hospitals and emergency departments. MCT also continued to provide in person support during times of closures and/or limits on other mental health services.

Outcomes
FY 2020-2021

Hospitalized	# Clients	% Clients
No	285	55.9%
Yes	225	44.1%
Total	510	100.0%

Law Enforcement Time	Minutes	N
Average response time from **Request to MCT arrival**	19	336
Average time from **MCT arrival to Law Enforcement Leaving**	48	336

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.

Family Mobile Team did not utilize MHSA funding in FY 2020-2021 but did serve 297 individuals with SB82#2 grant funding.

Target Population

Children and Youth from birth to age 18 who are experiencing a mental health crisis, primarily located in the Roseville community.

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

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	85	8.3%
16 - 25 years	102	9.9%
26 - 59 years	715	69.4%
60+ years	87	8.4%
Prefer not to answer	-	-
Unknown	41	4.0%
Unduplicated Total	**1,030**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	88	8.5%
Asian	-	-
Black	2	0.2%
Native Hawaiian or Other Pacific Islander	1	0.1%
White/ Caucasian	815	79.1%
Other	77	7.5%
More than one race	5	0.5%
Prefer not to answer	3	0.3%
Unknown	39	3.8%
Unduplicated Total	**1,030**	**100.0%**

Primary Language	# Served	% Served
English	164	15.9%
Spanish	839	81.5%
Other	1	0.1%
Prefer not to answer	4	0.4%
Unknown	22	2.1%
Unduplicated Total	**1,030**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	2	0.2%
Central American	77	7.5%
Mexican/ Mexican-American/ Chicano	717	69.6%
Puerto Rican	5	0.5%
South American	21	2.0%
Hispanic/ Latino (undefined)	2	0.2%
Other Hispanic/ Latino	51	5.0%
Hispanic or Latino Subtotal	**875**	**85.0%**
Non-Hispanic or Non-Latino as follows:		
African	-	-
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	1	0.1%
Eastern European	2	0.2%
European	-	-
Filipino	-	-
Japanese	-	-
Korean	1	0.1%
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	96	9.3%
Other Non-Hispanic/ Non-Latino	11	1.1%
Non-Hispanic or Non-Latino Subtotal	**111**	**10.8%**
More than one ethnicity	-	-
Prefer not to answer	5	0.5%
Ethnicity unknown	39	3.8%
Unduplicated Total	**1,030**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	313	30.4%
Female	701	68.1%
Prefer not to answer	-	-
Unknown	16	1.6%
Unduplicated Total	**1,030**	**100.0%**

Gender (Current)	# Served	% Served
Male	313	30.4%
Female	698	67.8%
Transgender (Male to Female)	1	0.1%
Transgender (Female to Male)	1	0.1%
Transgender (Undefined)	-	-
Genderqueer	1	0.1%
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	16	1.6%
Unduplicated Total	**1,030**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	2	0.2%
Heterosexual/ Straight	944	91.7%
Bisexual	8	0.8%
Questioning/ Unsure	1	0.1%
Queer	2	0.2%
Another sexual orientation	3	0.3%
LGBQ (undefined)	-	-
Prefer not to answer	7	0.7%
N/A	6	0.6%
Unknown	57	5.5%
Unduplicated Total	**1,030**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	3	0.3%
Served in Military	3	0.3%
Family of Military	31	3.0%
No Military	692	67.2%
Prefer not to answer	21	2.0%
Unknown	284	27.6%
Unduplicated Total	**1,030**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	21	2.0%
Difficulty hearing or speaking	7	0.7%
Other communication disability	-	-
Cognitive	6	0.6%
Physical/ Mobility	17	1.7%
Chronic Health Condition	52	5.0%
Other non-communication disability	58	5.6%
No Disability	831	80.7%
Prefer not to answer	39	3.8%
Unknown	35	3.4%
Unduplicated Total	**1,030**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	109	10.6%
6 - 12 months ago	20	1.9%
1 - 4 years ago	38	3.7%
Over 5 years ago	72	7.0%
Other	1	0.1%
Prefer not to answer	12	1.2%
N/A	713	69.2%
Unknown	65	6.3%
Unduplicated Total	**1,030**	**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 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.

Target Population

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

Challenges and Successes

As with all activities in 2020, our home visiting work transitioned to virtual services; Superación Personal and Rincon de las Comadres facilitators called participants weekly to check in and provided home visits in a safe manner to teach them how to join the virtual sessions. Personas de Sabiduria did not occur during this period. Successes during this period include home visits made by promotores where they delivered food, cleaning supplies and support to ensure families were served.

Group Services Delivered

FY 2020-2021

FY 2020-21		
Unduplicated N=65*		
Number of Groups	Attendance	Average Attendance per Group
110	1,1036	9.4

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Promotores Engagement Contacts

FY 2020-2021

FY 2020-21		
# Individuals Present	# Contacts	Average Number or Individuals per Contact
310	202	1.5

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	17	13	76.5%
Adult Mental Health	40	31	77.5%
Community/ Private Mental Health Provider (Counseling Center)	85	68	80.0%
County Substance Use Services	4	2	50.0%
Community/ Private Substance Services Provider	4	2	50.0%
Physical Health Care Provider	323	283	87.6%
IHSS – In Home Support Services	2	2	100.0%
Crisis Services (911, ER, Law Enforcement)	4	2	50.0%
Benefits	736	641	87.1%
Legal Services	101	78	77.2%
Immigration	14	8	57.1%
Employment Service/ CalWORKs	15	13	86.7%
School/ Training Program	21	17	81.0%
Family Resource Center (FRC)	42	28	66.7%
Other	108	96	88.9%
Total Referrals**	**1,516**	**1,284**	**84.7%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Latino Supports also collects the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

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.

Children are referred from local schools 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.

Challenges and Successes

Challenges: Pandemic impact of isolation, loss of income, & reduced access to supports increased need for ensuring accessible & comprehensive mental health services. Increased acuity observed in levels of anxiety, loneliness, trauma & despair. Successes: Adjusted service delivery by providing telehealth to current & new clients. Strengthened collaboration with Community Partners in outreach efforts & facilitating access to services for the Latino Community.

Individual Services Delivered

FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	94.6	30	**3.2**
Individual/ Family Therapy	453.5	34	**13.3**
Case Management/ Linkage	34.6	19	**1.8**
Rehab./ Mental Health Services	5.0	1	**5.0**
Crisis Services	6.1	5	**1.2**
Collateral	6.2	5	**1.2**
Total (All Services)	**599.9**	**37**	**16.2**

*Description of service categories in Appendix I.B.

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	3	1	33.3%
Community/ Private Mental Health Provider (Counseling Center)	5	3	60.0%
Physical Health Care Provider	7	3	42.9%
Crisis Services (911, ER, Law Enforcement)	1	1	100.0%
Benefits	3	1	33.3%
Legal Services	1	1	100.0%
Immigration	1	-	0.0%
Family Resource Center (FRC)	5	1	20.0%
Other	1	1	100.0%
Total Referrals**	**27**	**12**	**44.4%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**80%**
Number of Participants***	5
Instrument	Generalized Anxiety Disorder -7 (GAD-7)

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**60%**
Number of Participants***	5
Instrument	Patient Health Questionnaire - 9 (PHQ-9) Category Score

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	1
I do better in school and/or work.	100.0%	1
My housing situation has improved.	100.0%	1
I am better able to do things that I want to do.	100.0%	1
I am better able to deal with crisis.	100.0%	1
I do better in social situations.	-	1
I have people with whom I can do positive things.	100.0%	1
I do things that are more meaningful to me.	100.0%	1
I have learned to use coping mechanisms other than alcohol and/or other drugs.	-	1
In a crisis, I would have the support I need from family or friends.	100.0%	1
Staff welcome me and treat me with respect.	100.0%	1
Staff are sensitive to my cultural background.	100.0%	1
Average (All Responses) / Total Surveys Submitted	**83.3%**	**1**

*Description of Participant Perception of Care Survey in Appendix I.C.

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 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.

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.

Challenges and Successes

SNA Recovery Services and Support services were delivered primarily through telehealth for the period of July 2020 to June 2021. Staff primarily worked from the office, delivering group and individual sessions via a secure video platform. As the requests for culturally relevant counseling continued to grow, a challenge has been recruiting licensed providers and SNA eventually expanded counseling FTE by taking on social work interns who have been able to work successfully with the culturally relevant models we use.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	76.5	52	**1.5**
Individual/ Family Therapy	324.2	62	**5.2**
Case Management/ Linkage	18.3	18	**1.0**
Support Services	48.8	33	**1.5**
Crisis Services	7.5	2	**3.8**
Collateral	101.1	110	**0.9**
Family Team Meeting	8.0	6	**1.3**
Other	5.3	6	**0.9**
Total (All Services)	**589.5**	**135**	**4.4**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21 Unduplicated N=82*		
Number of Groups	Attendance	Average Attendance per Group
176	1,153	6.6

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	1
Estimated Number Attending	50
Average Attendance per Event	**50**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	4	4	100.0%
Full Service Partnership	1	-	0.0%
Community/ Private Mental Health Provider (Counseling Center)	7	5	71.4%
Community/ Private Substance Services Provider	1	1	100.0%
Physical Health Care Provider	2	-	0.0%
Benefits	4	2	50.0%
Other	17	13	76.5%
Total Referrals**	**36**	**25**	**69.4%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**62%**
Number of Participants***	26
Instrument	American Society of Addiction Medicine (ASAM)

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**95%**
Number of Participants***	19
Instrument	Symptoms Severity Measures

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

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.

The CSOC School-County Collaborative did not utilize MHSA funding in FY 2020-2021.

Target Population

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

ADULT SYSTEM OF CARE (ASOC)

Dewitt and Cirby Wellness Centers

Placer County Adult System of Care had 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.

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 homelessness, 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 of ASOC and request to meet with a Wellness Center staff. 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. 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.

Challenges and Successes

The Wellness Centers were closed during FY 2020-2021 in response to COVID, so no services were provided.

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.

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.

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*
Latino Leadership Council: Youth Groups*
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)
Wayfinder, Lilliput Families: Home to Stay

**Indicates a Culturally Specific Support (PEI)*

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	563	44.2%
16 - 25 years	306	24.0%
26 - 59 years	283	22.2%
60+ years	20	1.6%
Prefer not to answer	-	-
Unknown	102	8.0%
Unduplicated Total	**1,274**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	208	16.3%
Asian	26	2.0%
Black	24	1.9%
Native Hawaiian or Other Pacific Islander	6	0.5%
White/ Caucasian	738	57.9%
Other	54	4.2%
More than one race	37	2.9%
Prefer not to answer	63	4.9%
Unknown	118	9.3%
Unduplicated Total	**1,274**	**100.0%**

Primary Language	# Served	% Served
English	1,020	80.1%
Spanish	199	15.6%
Other	8	0.6%
Prefer not to answer	3	0.2%
Unknown	44	3.5%
Unduplicated Total	**1,274**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	6	0.5%
Mexican/ Mexican-American/ Chicano	151	11.9%
Puerto Rican	7	0.5%
South American	8	0.6%
Hispanic/ Latino (undefined)	36	2.8%
Other Hispanic/ Latino	107	8.4%
Hispanic or Latino Subtotal	**315**	**24.7%**
Non-Hispanic or Non-Latino as follows:		
African	8	0.6%
Asian Indian/ South Asian	3	0.2%
Cambodian	-	-
Chinese	6	0.5%
Eastern European	22	1.7%
European	195	15.3%
Filipino	4	0.3%
Japanese	3	0.2%
Korean	5	0.4%
Middle Eastern	3	0.2%
Vietnamese	5	0.4%
Non-Hispanic/ Non-Latino (undefined)	488	38.3%
Other Non-Hispanic/ Non-Latino	36	2.8%
Non-Hispanic or Non-Latino Subtotal	**778**	**61.1%**
More than one ethnicity	6	0.5%
Prefer not to answer	15	1.2%
Ethnicity unknown	160	12.6%
Unduplicated Total	**1,274**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	499	39.2%
Female	704	55.3%
Prefer not to answer	5	0.4%
Unknown	66	5.2%
Unduplicated Total	**1,274**	**100.0%**

Gender (Current)	# Served	% Served
Male	502	39.4%
Female	686	53.8%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	4	0.3%
Transgender (Undefined)	-	-
Genderqueer	3	0.2%
Questioning or Unsure	1	0.1%
Another gender identity	2	0.2%
Prefer not to answer	5	0.4%
Unknown	71	5.6%
Unduplicated Total	**1,274**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	8	0.6%
Heterosexual/ Straight	637	50.0%
Bisexual	21	1.6%
Questioning/ Unsure	17	1.3%
Queer	9	0.7%
Another sexual orientation	2	0.2%
LGBQ (undefined)	-	-
Prefer not to answer	225	17.7%
N/A	84	6.6%
Unknown	271	21.3%
Unduplicated Total	**1,274**	**100.0%**

Military Status**	# Served	% Served
Active Military	1	0.1%
Veteran	11	0.9%
Served in Military	6	0.5%
Family of Military	84	6.6%
No Military	536	42.1%
Prefer not to answer	34	2.7%
Unknown	615	48.3%
Unduplicated Total	**1,274**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	19	1.5%
Difficulty hearing or speaking	8	0.6%
Other communication disability	-	-
Cognitive	39	3.1%
Physical/ Mobility	11	0.9%
Chronic Health Condition	41	3.2%
Other non-communication disability	63	4.9%
No Disability	649	50.9%
Prefer not to answer	55	4.3%
Unknown	428	33.6%
Unduplicated Total	**1,274**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	49	3.8%
6 - 12 months ago	42	3.3%
1 - 4 years ago	143	11.2%
Over 5 years ago	81	6.4%
Other	1	0.1%
Prefer not to answer	17	1.3%
N/A	361	28.3%
Unknown	580	45.5%
Unduplicated Total	**1,274**	**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.

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.

Target Population

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

Challenges and Successes

In the midst of merging two affiliates, the world encountered the COVID pandemic, which not only shut down existing programs, but stopped all growth. These two factors made it impossible for BBBS to keep school-based matches open or grow new matches. Post COVID, our programs have seen a resurgence in volunteers and families wanting mentors. As schools begin to allow, we will be meeting with our school partners and working towards implementing our PAL program to meet the needs of the children.

Outcomes

FY 2020-2021

Standardized Outcome Measures*

	FY 2020-21
% Improved	**57.1%**
Number of Participants	7
Instrument	Big Strength of Relationship (SOR) Survey "My little has made improvements since we started meeting."

*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.

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.

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.

Challenges and Successes

Challenges included: Working with split cohort days, increased COVID related absences, staff retention and recruitment. An unexpected challenge was the lack of buy-in from our Club members. This may be due to the lack of social time or consistent recreational play in comparison to in-person schooling. By creating a targeted program pool of participants and focusing on consistent program delivery, we hope to increase the impact of the program and support the community that most needs intervention, thus increasing buy-in as well as regular attendance.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=35*		
Number of Groups	Attendance	Average Attendance per Group
12	122	10.2

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Over the duration of the program, Staff Members observed a significant improvement across multiple variables: academic performance, behavior, social and emotional character, and physical and mental health in 100% of participants.

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.

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.

Challenges and Successes

COVID led to an increase in children in foster care, while limiting our in-person interactions with these children. But we found creative ways to engage CASAs with foster children. We also trained new CASAs through an online platform, and in FY 20-21 we trained 92 new CASAs and served 350 children – 92% of all children assigned to us by court. We also expanded our Family Services programs to serve foster and at-risk children through a "whole family approach."

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
	Number of Hours	Number of Participants**	Average Hours per Participant
Total (All Services)	**8,299.3**	**347**	**23.9**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Case Outcome at Discharge

Case Outcome	FY 2020-21	
	Number of Participants	Percent of Participants
Reunification	93	55.7%
Adopted	20	12.0%
Guardianship	14	8.4%
Emancipation	-	-
Non-Minor Dependency	1	0.6%
Petition Dismissed	6	3.6%
Jurisdiction Dismissed	2	1.2%
Probation Terminated	2	1.2%
Transferred out of county/state	20	12.0%
Child turned 18	7	4.2%
Other	2	1.2%
Total Discharged	**167**	**100.0%**

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.

Target Population

Youth ages 12-18 who are at risk for developing a mental health disorder. The majority have experienced symptoms in the past four years and may have a history of substance use.

Challenges and Successes

Challenges for the 2020/2021 year were centered on adjusting to the impact that Covid had on adolescent services. Our agency made the decision to continue in-person services because of the high risk for adolescents from isolation, anxiety and loss of school support. This proved successful and we noticed only a slight drop in intakes and attendance. We followed state and federal protocols to keep our clients and staff safe during in-person treatment and had no Covid outbreaks during this period.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	45.2	20	**2.3**
Individual/ Family Therapy	400.7	38	**10.5**
Case Management/ Linkage	4.8	7	**0.7**
Rehab./ Mental Health Services	29.5	9	**3.3**
Support Services	5.6	4	**1.4**
Crisis Services	12.7	9	**1.4**
Family Team Meeting	26.8	15	**1.8**
Other	2.3	2	**1.1**
Total (All Services)	**527.4**	**42**	**12.6**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=50*		
Number of Groups	**Attendance**	**Average Attendance per Group**
200	722	3.6

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	1	1	100.0%
Community/ Private Substance Services Provider	1	1	100.0%
Physical Health Care Provider	1	1	100.0%
Total Referrals**	**3**	**3**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	61.5%
Number of Participants***	13
Instrument	Youth Outcome Questionnaire Self Report (YOQ-SR)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

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.

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.

Challenges and Successes

Due to the Covid pandemic, we switched our Parent Project services to telehealth. This proved to be a benefit since we could combine parents from all our sites and offer a more robust class discussion. We were fortunate to have talented MFT trainees completing their practicum with us, and they participated in the class, adding input on family system issues and mental health support to the discussion.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=49*		
Number of Groups	Attendance	Average Attendance per Group
29	319	11.0

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	1	1	100.0%
Total Referrals**	**1**	**1**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	35.7%	14
I do better in school and/or work.	33.3%	12
My housing situation has improved.	16.7%	12
I am better able to do things that I want to do.	33.3%	12
I am better able to deal with crisis.	14.3%	7
I do better in social situations.	40.0%	10
I have people with whom I can do positive things.	71.4%	14
I do things that are more meaningful to me.	60.0%	10
I have learned to use coping mechanisms other than alcohol and/or other drugs.	92.9%	14
In a crisis, I would have the support I need from family or friends.	75.0%	16
Staff welcome me and treat me with respect.	94.1%	17
Staff are sensitive to my cultural background.	91.7%	12
Average (All Responses) / Total Surveys Submitted	**58.7%**	**33**

*Description of Participant Perception of Care Survey in Appendix I.C.

Parent Project - English also collects the Eyberg Child Behavior Inventory to assess outcomes, but there is no data to report for FY 2020-2021.

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).

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.

Challenges and Successes

KidsFirst Forever Fathers Support Group continued to benefit fathers in the community through support services and therapeutic experiences. Having a space for fathers to share their experiences and fellowship with other fathers in similar situations has been very beneficial. Graduates of the program show growth in their understanding of positive father involvement and navigating resources to strengthen their families and relationship with their children. KidsFirst did have a challenge with getting participants to submit and return required paperwork and data presented does not reflect the full spectrum of services. KidsFirst has a new client management system to address paperwork challenges in the upcoming year.

Group Services Delivered

FY 2020-2021

FY 2020-21		
Unduplicated N=15*		
Number of Groups	Attendance	Average Attendance per Group
21	65	3.1

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes

FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	1	-	0.0%
Physical Health Care Provider	1	1	100.0%
Total Referrals**	**2**	**1**	**50.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	66.7%	3
I do better in school and/or work.	50.0%	2
My housing situation has improved.	50.0%	4
I am better able to do things that I want to do.	50.0%	4
I am better able to deal with crisis.	50.0%	4
I do better in social situations.	75.0%	4
I have people with whom I can do positive things.	75.0%	4
I do things that are more meaningful to me.	50.0%	4
I have learned to use coping mechanisms other than alcohol and/or other drugs.	50.0%	4
In a crisis, I would have the support I need from family or friends.	75.0%	4
Staff welcome me and treat me with respect.	100.0%	4
Staff are sensitive to my cultural background.	100.0%	3
Average (All Responses) / Total Surveys Submitted	**65.9%**	**4**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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.

Challenges and Successes

Normally at Parent Project classes, we provide childcare or youth activities while the parents are participating in their lessons. When we switched to virtual classes, we only provided classes to the parents with minimal check-ins with the children. Youth ages 13-17 received calls and home visits as appropriate from promotores.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=40*		
Number of Groups	Attendance	Average Attendance per Group
38	348	9.2

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Parent Project - Spanish collects the Eyberg Child Behavior Inventory and the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

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.

Challenges and Successes

While we did not conduct in-person classes with youth, we were able to successfully host numerous youth groups virtually by incorporating fun age-appropriate youth activities and prizes. Additionally, we still conducted home visits, with promotores and youth meeting outside to have confidential conversations regarding stressors.

Group Services Delivered
FY 2020-2021

YEAGA

FY 2020-21		
Unduplicated N=29*		
Number of Groups	Attendance	Average Attendance per Group
28	94	3.4

Hip Hop Congress

FY 2020-21		
Number of Groups	Social Media Views	In-Person attendance
31	8,127	48

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	27
Estimated Number Attending	278
Average Attendance per Event	**10.3**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	1	1	100.0%
Community/ Private Mental Health Provider (Counseling Center)	2	2	100.0%
Legal Services	1	1	100.0%
School/ Training Program	1	1	100.0%
Total Referrals**	**5**	**5**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Youth Groups also collects the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

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.

Challenges and Successes

KidsFirst struggled to host Active Parenting Now on school campuses for parents. Unfortunately, many schools were unable to host the program this year. On a positive note, KidsFirst was able to build connections to offer Active Parenting Now next year and see in growth in the number of participating schools. KidsFirst was able to host a class online and saw positive success with the parents to support parents in addressing sensitive issues.

Group Services Delivered

FY 2020-2021

FY 2020-21		
Unduplicated N=26*		
Number of Groups	Attendance	Average Attendance per Group
24	110	4.6

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	6	5	83.3%
Adult Mental Health	1	1	100.0%
Community/ Private Mental Health Provider (Counseling Center)	5	5	100.0%
Total Referrals**	**12**	**11**	**91.7%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	100%
Number of Participants***	1
Instrument	Eyberg Child Behavior Inventory (ECBI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	-	4
I do better in school and/or work.	-	4
My housing situation has improved.	33.3%	3
I am better able to do things that I want to do.	25.0%	4
I am better able to deal with crisis.	25.0%	4
I do better in social situations.	-	4
I have people with whom I can do positive things.	75.0%	4
I do things that are more meaningful to me.	25.0%	4
I have learned to use coping mechanisms other than alcohol and/or other drugs.	50.0%	4
In a crisis, I would have the support I need from family or friends.	75.0%	4
Staff welcome me and treat me with respect.	50.0%	4
Staff are sensitive to my cultural background.	66.7%	3
Average (All Responses) / Total Surveys Submitted	**34.8%**	**4**

*Description of Participant Perception of Care Survey in Appendix I.C.

PLACER COUNTY OF EDUCATION (PCOE)

Triple P Parenting (Kids First)

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.

Target Population

The target population for this program is parents with youth ages 0-17.

Challenges and Successes

This program was not offered this fiscal year. Due to COVID-19 training for the facilitators was unable to be completed.

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.

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.

Challenges and Successes

Schools were closed during this year and this greatly impacted our ability to provide the SAP program. We worked with PCOE to develop a telehealth program, combining students at grade level from all the area high schools and middle schools. However, the number of students identified for the program fell dramatically. However, we were pleased that we were able to connect with area middle schools who referred students. This opened the door to serving a very critical demographic.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	2.6	4	**0.7**
Individual/ Family Therapy	3.8	7	**0.5**
Family Team Meeting	0.7	1	**0.7**
Total (All Services)	**7.1**	**9**	**0.8**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=12*		
Number of Groups	**Attendance**	**Average Attendance per Group**
23	44	1.9

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Substance Services Provider	1	1	100.0%
Total Referrals**	**1**	**1**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am better able to understand how alcohol and/or other drugs impacts my ability to make positive decisions.	100.0%	4
I have learned to use coping skills other than alcohol and/or other drugs to help make myself feel better.	100.0%	4
I have learned skills to help me avoid risky situations.	100.0%	4
I know how to ask for help when I need it.	50.0%	4
I have friends and/or family to support me when I need help.	50.0%	4
I feel more hopeful about myself and my future.	50.0%	4
Average (All Responses) / Total Surveys Submitted	**41.7%**	**4**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Youth ages 16 – 25 who have experienced mental health symptoms in the past one to four years and could benefit from supportive services to help them transition to adulthood.

Challenges and Successes

There were many successes over the past couple of years in RENEW. Notably, there were 3 seniors who were under risk of not completing school that graduated. 2 students were connected with mental health services. We also connected several students with TPP as a part of their employment goals. Covid created difficulties, and we had a couple students with declining attendance and reduced academic success. One student left the program without reaching his goals and did not graduate.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
	Number of Sessions	Number of Participants**	Average Sessions per Participant
Sessions	**67**	**11**	**6.1**

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21 Number of Client Referrals
County Mental Health	
Full Service Partnership	1
Physical Health Care Provider	1
Benefits	1
School/ Training Program	1
Total Referrals**	**4**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	1
I do better in school and/or work.	50.0%	2
My housing situation has improved.	-	-
I am better able to do things that I want to do.	100.0%	2
I am better able to deal with crisis.	100.0%	1
I do better in social situations.	100.0%	2
I have people with whom I can do positive things.	50.0%	2
I do things that are more meaningful to me.	100.0%	2
I have learned to use coping mechanisms other than alcohol and/or other drugs.	-	-
In a crisis, I would have the support I need from family or friends.	-	-
Staff welcome me and treat me with respect.	100.0%	2
Staff are sensitive to my cultural background.	100.0%	1
Average (All Responses) / Total Surveys Submitted	**86.7%**	**2**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Parents with young children primarily ages 0 – 10, with some pre-teens. The majority of families are Hispanic and monolingual Spanish speakers and are interested in learning positive parenting skills to promote healthy children and families.

Challenges and Successes

Sierra Community House continued to provide different instances of connection and interaction for the community such as classes, workshops and activities on parenting, mental health prevention, nutrition, health, and wellness, open to the everyone in the community. However, services continued to be provided mainly virtually during this period – with various exceptions. This represented a challenge to building trust and develop relationships that allow families in need

to effectively access resources. Nonetheless, participants showed an increased knowledge of protective factors, parenting and child development, the importance of social and emotional competence of children and the social connections.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Support Services	58.0	4	**14.5**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=87*		
Number of Groups	**Attendance**	**Average Attendance per Group**
203	1,688	8.3

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	2	2	100.0%
Benefits	4	2	50.0%
Family Resource Center (FRC)	1	1	100.0%
Other	3	3	100.0%
Total Referrals**	**10**	**8**	**80.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**100%**
Number of Participants***	14
Instrument	Eyberg Child Behavior Inventory

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**80%**
Number of Participants***	5
Instrument	Edinburgh Postnatal Depression Scale (EPDS)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	95.3%	43
I do better in school and/or work.	83.7%	43
My housing situation has improved.	83.3%	42
I am better able to do things that I want to do.	90.7%	43
I am better able to deal with crisis.	92.7%	41
I do better in social situations.	79.1%	43
I have people with whom I can do positive things.	97.7%	43
I do things that are more meaningful to me.	97.6%	42
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	20
In a crisis, I would have the support I need from family or friends.	100.0%	43
Staff welcome me and treat me with respect.	100.0%	43
Staff are sensitive to my cultural background.	100.0%	43
Average (All Responses) / Total Surveys Submitted	**93.0%**	**44**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Individuals served include native parents and native youth at risk for mental health, substance use, school failure, out of home placement, and/or involvement in the justice system.

Challenges and Successes

SNA was able to successfully provide the parent education components of our Native Family Wellness services via telehealth in FY 21-22. However, SNA Youth Staff found that Youth Services and Supports worked much better in person. As the youth group grew, SNA maintained safety by dividing youth into multiple groups to include Youth Juniors, Young Men's and Young Women's groups, and a co-ed Youth Leadership group. Mentoring and youth advocacy were also well utilized to provide additional supports.

Individual Services Delivered

FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	23.3	17	**1.4**
Individual/ Family Therapy	253.1	54	**4.7**
Case Management/ Linkage	31.5	35	**0.9**
Support Services	184.0	77	**2.4**
Crisis Services	3.5	4	**0.9**
Collateral	216.0	210	**1.0**
Family Team Meeting	115.8	42	**2.8**
Other	24.5	12	**2.0**
Total (All Services)	**851.7**	**258**	**3.3**

*Description of service categories in Appendix I.B.

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=134*		
Number of Groups	Attendance	Average Attendance per Group
228	1,392	6.1

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	10
Estimated Number Attending	228
Average Attendance per Event	**23**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	5	3	60.0%
Community/ Private Mental Health Provider (Counseling Center)	11	11	100.0%
Community/ Private Substance Services Provider	13	13	100.0%
Physical Health Care Provider	6	-	0.0%
Benefits	19	9	47.4%
Other	6	5	83.3%
Total Referrals**	**60**	**41**	**68.3%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**81%**
Number of Participants***	32
Instrument	Youth Protective Factors Survey

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**100%**
Number of Participants***	21
Instrument	Parent Protective Factors Survey

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

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.

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.

Challenges and Successes

The school year was very challenging as we pivoted back and forth between distance learning and hybrid learning. The Wellness Program continued to check in with students, offer virtual support groups and peer mentoring supports but many students were disengaged with online learning, and we struggled to connect with our highest need students. In response, we expanded our contracts with local therapists to provide emergency therapeutic supports (individual therapeutic supports we provided both virtually and in-person to 72 middle and high school students). We also enhanced our Social Emotional Learning (SEL) curriculums in every classroom to provide all students with the skills and resources to manage their social emotional wellness. Additionally, we beefed up our suicide prevention efforts by implementing a new peer mentor suicide prevention program called Hope Squad in all of the middle and high schools.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=208*		
Number of Groups	Attendance	Average Attendance per Group
110	1,437	13.1

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	100
Estimated Number Attending	35,285
Average Attendance per Event	**353**

Wellness Center Drop-In Data
FY 2020-2021

Number of Attendees

North Tahoe High	# Attendees	629
Truckee High	# Attendees	531
Truckee High Virtual	# Attendees	17
Both Schools	# Attendees	**1,177**

Average Attendees per Day

North Tahoe High	# Attendees	629
	# Days Available	103
	Avg. Attendees/Day	6
Truckee High	# Attendees	531
	# Days Available	186
	Avg. Attendees/Day	3
Truckee High Virtual	# Attendees	17
	# Days Available	135
	Avg. Attendees/Day	0.1
Both Schools	# Attendees	**1,177**
	# Days Available	**187**
	Avg. Attendees/Day	**6**

Note: Attendees are a duplicated number of drop-in contacts.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	1	1	100.0%
Full Service Partnership	2	2	100.0%
Community/ Private Mental Health Provider (Counseling Center)	13	13	100.0%
Community/ Private Substance Services Provider	1	1	100.0%
Family Resource Center (FRC)	2	2	100.0%
Total Referrals**	**19**	**19**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

TTUSD Participant Survey

	FY 2020-21
% Always/ Often	**65%**
Number of Participants	156
Instrument	TTUSD Participant Survey: Average "Always/ Often" across *"I feel connected at school" "I have friends I feel close to" "I feel safe at school" "I participate in activities at school"*

TTUSD Peer Mentor Survey

	FY 2020-21
% Always/ Often	**88%**
Number of Participants	42
Instrument	TTUSD Peer Mentor Survey: Average "Always/ Often" across all items

WAYFINDER, 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.

Target Population

The Home to Stay Program serves birth and kinship families whose children are at-risk for out-of-home placement.

Challenges and Successes

Challenges: Increase in families referred with higher needs, specifically youth in the homes with significant mental health concerns. Long referral waitlist created a delay in necessary service delivery for several families. Successes: 100% of youth served remained in the home at discharge from services. In-home support services remained accessible to families during pandemic due to vigilant wellness checks and proper PPE equipment provided to staff and families.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21		
	Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	58.5	16	**3.7**
Case Management/ Linkage	18.3	5	**3.7**
Collateral	3.5	3	**1.2**
Crisis Services	2.7	2	**1.3**
Family Team Meeting	8.5	2	**4.3**
Individual/ Family Therapy	175.9	15	**11.7**
Support Services	8.3	4	**2.1**
Other	7.1	5	**1.4**
Total (All Services)	**282.7**	**17**	**16.6**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Standardized Outcome Measures*

	FY 2020-21
% Improved**	57.1%
Number of Participants***	7
Instrument	Eyberg Child Behavior Inventory (ECBI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	2
I do better in school and/or work.	100.0%	1
My housing situation has improved.	100.0%	2
I am better able to do things that I want to do.	50.0%	2
I am better able to deal with crisis.	100.0%	2
I do better in social situations.	100.0%	1
I have people with whom I can do positive things.	100.0%	1
I do things that are more meaningful to me.	100.0%	1
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	1
In a crisis, I would have the support I need from family or friends.	100.0%	1
Staff welcome me and treat me with respect.	100.0%	1
Staff are sensitive to my cultural background.	100.0%	1
Average (All Responses) / Total Surveys Submitted	**93.8%**	**3**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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

Demographics

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	177	55.3%
16 - 25 years	43	13.4%
26 - 59 years	81	25.3%
60+ years	3	0.9%
Prefer not to answer	-	-
Unknown	16	5.0%
Unduplicated Total	**320**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	13	4.1%
Asian	11	3.4%
Black	12	3.8%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	211	65.9%
Other	17	5.3%
More than one race	10	3.1%
Prefer not to answer	23	7.2%
Unknown	23	7.2%
Unduplicated Total	**320**	**100.0%**

Primary Language	# Served	% Served
English	277	86.6%
Spanish	17	5.3%
Other	1	0.3%
Prefer not to answer	-	-
Unknown	25	7.8%
Unduplicated Total	**320**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	-	-
Mexican/ Mexican-American/ Chicano	60	18.8%
Puerto Rican	1	0.3%
South American	1	0.3%
Hispanic/ Latino (undefined)	11	3.4%
Other Hispanic/ Latino	11	3.4%
Hispanic or Latino Subtotal	**84**	**26.3%**
Non-Hispanic or Non-Latino as follows:		
African	7	2.2%
Asian Indian/ South Asian	2	0.6%
Cambodian	-	-
Chinese	-	-
Eastern European	6	1.9%
European	75	23.4%
Filipino	6	1.9%
Japanese	3	0.9%
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	10	3.1%
Other Non-Hispanic/ Non-Latino	16	5.0%
Non-Hispanic or Non-Latino Subtotal	**125**	**39.1%**
More than one ethnicity	-	-
Prefer not to answer	35	10.9%
Ethnicity unknown	76	23.8%
Unduplicated Total	**320**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	144	45.0%
Female	164	51.3%
Prefer not to answer	3	0.9%
Unknown	9	2.8%
Unduplicated Total	**320**	**100.0%**

Gender (Current)	# Served	% Served
Male	143	44.7%
Female	158	49.4%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	2	0.6%
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	1	0.3%
Another gender identity	2	0.6%
Prefer not to answer	5	1.6%
Unknown	9	2.8%
Unduplicated Total	**320**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	2	0.6%
Heterosexual/ Straight	168	52.5%
Bisexual	9	2.8%
Questioning/ Unsure	4	1.3%
Queer	-	-
Another sexual orientation	4	1.3%
LGBQ (undefined)	-	-
Prefer not to answer	16	5.0%
N/A	65	20.3%
Unknown	52	16.3%
Unduplicated Total	**320**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	9	2.8%
Served in Military	-	-
Family of Military	36	11.3%
No Military	141	44.1%
Prefer not to answer	7	2.2%
Unknown	132	41.3%
Unduplicated Total	**320**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	5	1.6%
Difficulty hearing or speaking	4	1.3%
Other communication disability	-	-
Cognitive	18	5.6%
Physical/ Mobility	3	0.9%
Chronic Health Condition	17	5.3%
Other non-communication disability	-	-
No Disability	202	63.1%
Prefer not to answer	33	10.3%
Unknown	48	15.0%
Unduplicated Total	**320**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	40	12.5%
6 - 12 months ago	52	16.3%
1 - 4 years ago	99	30.9%
Over 5 years ago	34	10.6%
Other	-	-
Prefer not to answer	15	4.7%
N/A	16	5.0%
Unknown	64	20.0%
Unduplicated Total	**320**	**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.

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.

Target Population

Individuals ages 8-17 who have a serious emotional disturbance, with high-risk behaviors, and need additional supportive services to achieve positive outcomes. Individuals are also enrolled in the CSOC children's program.

Challenges and Successes

Capacity building has been both a success and a challenge. Referrals came in at a peak in March 2022 (18 new referrals in March alone!), and we are responding to this increased need with active recruitment, training and building in greater capacity amongst incoming Therapeutic Mentors. A challenge we are still facing is increasing timely outcome assessments. Our EHR system is being successfully integrated with continued effort and development.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	2.0	1	**2.0**
Individual/ Family Therapy	186.9	11	**17.0**
Case Management/ Linkage	5.3	3	**1.8**
Rehab./ Mental Health Services	406.0	20	**20.3**
Support Services	35.9	6	**6.0**
Family Team Meeting	1.5	1	**1.5**
Collateral	83.6	11	**7.6**
Total (All Services)	**721.1**	**27**	**26.7**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21 Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	2	2	100.0%
Full Service Partnership	2	2	100.0%
Community/ Private Mental Health Provider (Counseling Center)	2	2	100.0%
Total Referrals**	**6**	**6**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	50%
Number of Participants***	4
Instrument	Youth Outcome Questionnaire Self-Report (Y-OQ-SR)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	-	1
I do better in school and/or work.	-	1
My housing situation has improved.	100.0%	1
I am better able to do things that I want to do.	100.0%	1
I am better able to deal with crisis.	-	1
I do better in social situations.	100.0%	1
I have people with whom I can do positive things.	100.0%	1
I do things that are more meaningful to me.	100.0%	1
I have learned to use coping mechanisms other than alcohol and/or other drugs.	-	-
In a crisis, I would have the support I need from family or friends.	100.0%	1
Staff welcome me and treat me with respect.	100.0%	1
Staff are sensitive to my cultural background.	100.0%	1
Average (All Responses) / Total Surveys Submitted	**72.7%**	**1**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Parents with children under seven (7) who are exhibiting behavioral problems, such as aggression, defiance, non-compliance, and temper tantrums.

Challenges and Successes

Parent Child Interaction Therapy continues to be a successful program for caregivers and children to address behavioral challenges. Parents enrolled in the program express appreciation for the services to navigate challenges such as temper tantrums and defiance and building positive and nurturing environments in the home. KidsFirst did have a challenge with getting participants to submit and return required paperwork and data presented does not reflect the full spectrum of services. KidsFirst has a new client management system to address paperwork challenges in the upcoming year. Additionally, KidsFirst experienced a staff shortage in the latter half of the year causing a delay in service.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21		
	Number of Hours	Number of Participants**	Average Hours per Participant
Individual/ Family Therapy	30.0	6	**5.0**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	1	1	100.0%
Total Referrals**	**1**	**1**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	83.3%
Number of Participants***	6
Instrument	Eyberg Child Behavior Inventory (ECBI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	3
I do better in school and/or work.	100.0%	2
My housing situation has improved.	-	-
I am better able to do things that I want to do.	100.0%	2
I am better able to deal with crisis.	100.0%	2
I do better in social situations.	100.0%	2
I have people with whom I can do positive things.	100.0%	3
I do things that are more meaningful to me.	100.0%	3
I have learned to use coping mechanisms other than alcohol and/or other drugs.	-	-
In a crisis, I would have the support I need from family or friends.	100.0%	2
Staff welcome me and treat me with respect.	100.0%	3
Staff are sensitive to my cultural background.	100.0%	3
Average (All Responses) / Total Surveys Submitted	**100.0%**	**5**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Individuals of any age, who may have experienced a trauma and present with symptoms that impact daily functioning.

Challenges and Successes

Trauma Focused Cognitive Behavioral Therapy continues to be a successful program for caregivers and children experiencing significant emotional and behavioral difficulties resulting from traumatic life events. KidsFirst was able to offer the service through telehealth and in-person providing flexibility for families to access the service based on their need. Unfortunately, KidsFirst experienced a staff shortage I the latter half of the year causing a delay in service.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Individual/ Family Therapy	12.0	4	**3.0**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21 Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	2	-	0.0%
Total Referrals**	**2**	**-**	**0.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	80.3%
Number of Participants***	61
Instrument	UCLA PTSD Reaction Index

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	92.3%	13
I do better in school and/or work.	83.3%	12
My housing situation has improved.	42.9%	7
I am better able to do things that I want to do.	83.3%	12
I am better able to deal with crisis.	92.3%	13
I do better in social situations.	54.5%	11
I have people with whom I can do positive things.	100.0%	13
I do things that are more meaningful to me.	66.7%	12
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	9
In a crisis, I would have the support I need from family or friends.	100.0%	13
Staff welcome me and treat me with respect.	100.0%	13
Staff are sensitive to my cultural background.	100.0%	12
Average (All Responses) / Total Surveys Submitted	**86.4%**	**21**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Women with children ages 0 - 5 years who are experiencing depression and anxiety, early in emergence.

Challenges and Successes

KidsFirst had a challenge with getting participants to submit and return required paperwork and data presented does not reflect the full spectrum of services. KidsFirst has a new client management system to address paperwork challenges in the upcoming year. Additionally, KidsFirst experienced a staff shortage in the latter half of the year causing a delay in service.

Individual Services Delivered

FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Assessment/ Screening	1.0	1	**1.0**
Individual/ Family Therapy	41.0	6	**6.8**
Total (All Services)	**42.0**	**6**	**7.0**

*Description of service categories in Appendix I.B.

**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	3	1	33.3%
Community/ Private Mental Health Provider (Counseling Center)	2	-	0.0%
Community/ Private Substance Services Provider	1	-	0.0%
IHSS – In Home Support Services	2	-	0.0%
Benefits	1	-	0.0%
Family Resource Center (FRC)	1	-	0.0%
Total Referrals**	**10**	**1**	**10.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	100%
Number of Participants***	3
Instrument	Edinburgh Postnatal Depression Scale (EPDS)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	1
I do better in school and/or work.	100.0%	1
My housing situation has improved.	100.0%	1
I am better able to do things that I want to do.	100.0%	1
I am better able to deal with crisis.	100.0%	1
I do better in social situations.	100.0%	1
I have people with whom I can do positive things.	100.0%	1
I do things that are more meaningful to me.	100.0%	1
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	1
In a crisis, I would have the support I need from family or friends.	100.0%	1
Staff welcome me and treat me with respect.	100.0%	1
Staff are sensitive to my cultural background.	100.0%	1
Average (All Responses) / Total Surveys Submitted	**100.0%**	**1**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Youth and 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.

Challenges and Successes

Road to Wellness continues to be our most popular group offering many success stories and little challenges.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=8*		
Number of Groups	Attendance	Average Attendance per Group
6	30	5.0

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	1	-	0.0%
Total Referrals**	**1**	**-**	**0.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	0%
Number of Participants***	2
Instrument	Beck Depression Inventory (BDI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	75.0%	12
I do better in school and/or work.	60.0%	10
My housing situation has improved.	30.0%	10
I am better able to do things that I want to do.	38.5%	13
I am better able to deal with crisis.	53.8%	13
I do better in social situations.	53.8%	13
I have people with whom I can do positive things.	83.3%	12
I do things that are more meaningful to me.	58.3%	12
I have learned to use coping mechanisms other than alcohol and/or other drugs.	87.5%	8
In a crisis, I would have the support I need from family or friends.	92.3%	13
Staff welcome me and treat me with respect.	100.0%	14
Staff are sensitive to my cultural background.	90.9%	11
Average (All Responses) / Total Surveys Submitted	**68.8%**	**14**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

Target Population

Individuals ages 18 and older with mental health symptoms that impact their daily lives.

Challenges and Successes

Our Managing Your Emotions group continues to be successful with limited challenges.

Group Services Delivered

FY 2020-2021

FY 2020-21		
Unduplicated N=11*		
Number of Groups	Attendance	Average Attendance per Group
7	24	3.4

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes

FY 2020-2021

Managing Your Emotions collects the Beck Depression Inventory, Beck Anxiety Inventory, and Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

Target Population

Women, ages 18 and older, with symptoms of depression who could benefit from a support group to help build self-esteem and resilience.

Challenges and Successes

We have been challenged with generating interest in our Women's Empowerment group. We have plans to list the curriculum topics on the back of our flyer and to target more woman-focused events and partners. We have been successful in completing a full group this spring.

Group Services Delivered

FY 2020-2021

FY 2020-21		
Unduplicated N=5*		
Number of Groups	Attendance	Average Attendance per Group
5	17	3.4

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Standardized Outcome Measures*

	FY 2020-21
% Improved**	100%
Number of Participants***	4
Instrument	Beck Depression Inventory (BDI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Women's Empowerment also collects the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

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.

Target Population

Youth and 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.

Challenges and Successes

Challenges this reporting period with school-based services were few. The coordination with a few schools for space, scheduling and student participation was difficult at times. All of us have increasingly busy schedules and although enthusiastic about the program, our partnerships would benefit from improved communication. Our successes were meeting our annual goals and objective, while supporting students' needs!

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=42*		
Number of Groups	Attendance	Average Attendance per Group
23	156	6.8

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	1	-	0.0%
Total Referrals**	**1**	**-**	**0.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	29%
Number of Participants***	24
Instrument	Beck Depression Inventory (BDI)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	53.3%	15
I do better in school and/or work.	60.0%	15
My housing situation has improved.	50.0%	6
I am better able to do things that I want to do.	40.0%	15
I am better able to deal with crisis.	20.0%	15
I do better in social situations.	40.0%	15
I have people with whom I can do positive things.	80.0%	15
I do things that are more meaningful to me.	33.3%	15
I have learned to use coping mechanisms other than alcohol and/or other drugs.	50.0%	6
In a crisis, I would have the support I need from family or friends.	66.7%	15
Staff welcome me and treat me with respect.	66.7%	15
Staff are sensitive to my cultural background.	50.0%	10
Average (All Responses) / Total Surveys Submitted	**51.0%**	**15**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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.

Challenges and Successes

KidsFirst hosted four out of five classes this fiscal year on school campuses. It was great to welcome students in person this year and be supportive to students to strengthen social-emotional skills.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Individual/ Family Therapy	12.0	1	**12.0**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=23*		
Number of Groups	**Attendance**	**Average Attendance per Group**
27	167	6.2

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	1	1	100.0%
Total Referrals**	**1**	**1**	**100.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Incredible Years-Dinosaur School also collects the Participant Perception of Care Survey to assess outcomes, but there is no data to report for FY 2020-2021.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**100%**
Number of Participants***	2
Instrument	Eyberg Child Behavior Inventory (ECBI)

Standardized Outcome Measures*

	FY 2020-21
% Improved**	**0%**
Number of Participants***	2
Instrument	Sutter-Eyberg Student Behavior Inventory (SESBI)

*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 defined as scoring under the standardized threshold at post 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)

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.

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.

Challenges and Successes

The FFT program faced significant challenges brought about by the COVID-19 Pandemic, affecting the entire globe. Resulting challenges are too numerous to list but understood as witnessed within all healthcare service sectors. In spite of the challenges described above, successes are noted in the program's continued service delivery during the Pandemic. FFT was able to render 322 clinical contacts for families in need.

Individual Services Delivered

FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Assessment/ Screening	58.5	11	**5.3**
Individual/ Family Therapy	483.5	27	**17.9**
Case Management/ Linkage	4.8	5	**1.0**
Collateral	20.0	18	**1.1**
Total (All Services)	**566.7**	**30**	**18.9**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes

FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21 Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	3	-	0.0%
Community/ Private Substance Services Provider	1	-	0.0%
Physical Health Care Provider	1	1	100.0%
Total Referrals**	**5**	**1**	**20.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	73.1%
Number of Participants***	26
Instrument	Youth Outcome Questionnaire (YOQ)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	7
I do better in school and/or work.	57.1%	7
My housing situation has improved.	85.7%	7
I am better able to do things that I want to do.	57.1%	7
I am better able to deal with crisis.	71.4%	7
I do better in social situations.	60.0%	5
I have people with whom I can do positive things.	66.7%	6
I do things that are more meaningful to me.	71.4%	7
I have learned to use coping mechanisms other than alcohol and/or other drugs.	-	1
In a crisis, I would have the support I need from family or friends.	85.7%	7
Staff welcome me and treat me with respect.	83.3%	6
Staff are sensitive to my cultural background.	75.0%	4
Average (All Responses) / Total Surveys Submitted	**73.2%**	**7**

*Description of Participant Perception of Care Survey in Appendix I.C.

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.

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.

Challenges and Successes

The pandemic presented many challenges to the program. Namely, transitioning from a school-based model to a teletherapy, phone, home, and community model & the impact that virtual learning and sheltering in place had on our youth. If a child was already struggling with anxiety, depression, and/or suicidality, in most cases, the symptomology increased significantly. The program was successful in continuing to provide robust services after shifting very quickly to the new models. Many students graduated for having met, or even exceeding their goals.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Contacts	Number Served	Average Contact per Served
Assessment/ Screening	153	20	**7.7**
Individual/ Family Therapy	432	20	**21.6**
Case Management/ Linkage	261	17	**15.4**
Medication Support	60	7	**8.6**
Crisis Services	3	2	**1.5**
Collateral	40	10	**4.0**
Support Services	71	17	**4.2**
Total (All Services)	**1,020**	**22**	**46.4**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Outcomes
FY 2020-2021

Standardized Outcome Measures*

	FY 2020-21
% Improved**	33%
Number of Participants***	12
Instrument	PSC-35

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

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)*

Demographics (Training Attendees)

FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	8	1.9%
16 - 25 years	8	1.9%
26 - 59 years	370	87.5%
60+ years	9	2.1%
Prefer not to answer	3	0.7%
Unknown	25	5.9%
Unduplicated Total	**423**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	13	3.1%
Asian	7	1.7%
Black	-	-
Native Hawaiian or Other Pacific Islander	1	0.2%
White/ Caucasian	344	81.3%
Other	5	1.2%
More than one race	11	2.6%
Prefer not to answer	16	3.8%
Unknown	26	6.1%
Unduplicated Total	**423**	**100.0%**

Primary Language	# Served	% Served
English	393	92.9%
Spanish	4	0.9%
Other	-	-
Prefer not to answer	1	0.2%
Unknown	25	5.9%
Unduplicated Total	**423**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	10	2.4%
Mexican/ Mexican-American/ Chicano	18	4.3%
Puerto Rican	1	0.2%
South American	4	0.9%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	20	4.7%
Hispanic or Latino Subtotal	**53**	**12.5%**
Non-Hispanic or Non-Latino as follows:		
African	2	0.5%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	1	0.2%
Eastern European	19	4.5%
European	139	32.9%
Filipino	5	1.2%
Japanese	2	0.5%
Korean	-	-
Middle Eastern	5	1.2%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	91	21.5%
Non-Hispanic or Non-Latino Subtotal	**264**	**62.4%**
More than one ethnicity	2	0.5%
Prefer not to answer	48	11.3%
Ethnicity unknown	56	13.2%
Unduplicated Total	**423**	**100.0%**

Demographics (Training Attendees - continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	51	12.1%
Female	333	78.7%
Prefer not to answer	13	3.1%
Unknown	26	6.1%
Unduplicated Total	**423**	**100.0%**

Gender (Current)	# Served	% Served
Male	50	11.8%
Female	328	77.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	3	0.7%
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	16	3.8%
Unknown	26	6.1%
Unduplicated Total	**423**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	0.2%
Heterosexual/ Straight	350	82.7%
Bisexual	7	1.7%
Questioning/ Unsure	-	-
Queer	1	0.2%
Another sexual orientation	1	0.2%
LGBQ (undefined)	-	-
Prefer not to answer	36	8.5%
N/A	-	-
Unknown	27	6.4%
Unduplicated Total	**423**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	4	0.9%
Served in Military	-	-
Family of Military	24	5.7%
No Military	367	86.8%
Prefer not to answer	3	0.7%
Unknown	25	5.9%
Unduplicated Total	**423**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	6	1.4%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	4	0.9%
Physical/ Mobility	2	0.5%
Chronic Health Condition	11	2.6%
Other non-communication disability	1	0.2%
No Disability	356	84.2%
Prefer not to answer	15	3.5%
Unknown	28	6.6%
Unduplicated Total	**423**	**100.0%**

Outreach***

Estimated Number of Outreach Contacts (57 events)	31,770

*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.
***Demographics are not collected for Outreach contacts, so they are not included in the demographic tables above.

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.

Target Population

MHFA Workshops are offered to first responder service providers (e.g., teachers, law enforcement) as well as other interested community members.

Challenges and Successes

Challenges: MHFA has changed their registration process and database that tracks courses and data, a few times over the last couple years making it more cumbersome and less efficient for participants, support staff and trainers. MHFA trainer's regular job responsibilities have changed, and/or increased, over the last couple of years resulting in little/no trainer availability for MHFA trainings. MHFA is consistently changing course curriculum requirements and increasing trainer mandates, creating more expectations and responsibilities for current MHFA trainers. Examples: required webinar attendance to have access to course curriculums and registration databases, some curriculum and resources only being available to participants online/digitally. Successes: MHFA continues to be available to participants in youth, adult & Spanish curriculum.

There were no trainings held during FY 2020-21.

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.

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.

Challenges and Successes

Challenges: Lack of substitutes and staff release time. Increased stressors in educators related to the pandemic and school closures. Successes: Schools participating in PBIS Training, Coaching and Technical Assistance supports have renewed their commitment to supporting students with behavior and wellness supports. 33 school sites in Placer County participated in PBIS Coaching, Professional Development and Technical Assistance, and levels of fidelity of implementation continue to improve.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	1
Estimated Number Attending	20
Average Attendance per Event	**20**

Trainings
FY 2020-2021

FY 2020-21		
Number of Trainings	**Attendance**	**Average Attendance per Training**
69	943	13.7

Outcomes
FY 2020-2021

Standardized Outcome Measures

	FY 2020-21
Average Score (3 possible)	**2.6**
Number of Attendees	1,212
Instrument	PBIS Training Evaluation Form

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.

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 of 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).

Challenges and Successes

SNA anticipated significant challenges with Community Outreach Events due to the social limitations of COVID-19. SNA increased the use of social media to provide mental health awareness and wellness support information and resources. Converting our annual Auburn Big Time-Pow Wow to an online event, SNA was able to livestream our pow wow with live dancers and drums to a virtual audience though FaceBook. This event had 10,000 views on the day and views grew to 25,000 by the end of the week.

Outreach

FY 2020-2021

	FY 2020-21
Number of Events	56
Estimated Number Attending	31,750
Average Attendance per Event	**567**

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.

PEI SUICIDE PREVENTION PROGRAM – ACTIVITIES

Activities
California Mental Health Services 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)

Training and Outreach*

Number of Training Attendees (14 trainings)	473
Estimated Number of Outreach Contacts (42 events)	8,754

*Demographics are not collected for these Training and Outreach attendees.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

Statewide PEI Initiatives

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 experience
ng 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.

Target Population

Individuals of all ages can participate in PEI activities. Activities include, but are not limited to, reducing stigma, developing skills to recognize signs of suicidal behavior, how to respond to suicidal behavior, and strategies on implementing prevention and early intervention strategies.

Resources

FY 2020-2021

In FY 2020-2021 the Directing Change suicide prevention and mental health promotion program was used to draw on developmental and educational theory to create short (30 and 60-second) films or art projects, students learn about suicide prevention, mental health, and other social justice and critical health topics; discuss and apply that knowledge in peer groups; and communicate positive, youth-focused, action-oriented messages to peers and adults in their communities. The Directing Change is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and promote the mental health and wellness of students.

Two (2) Placer County schools participated, including Roseville High School and Whitney High School. There were three (3) entries and 11 participants. Placer County also had 589 visitors to the Directing Change website, www.DirectingChangeCA.org.

Directing Change Technical assistance (TA) is provided by all Statewide PEI Project contractors, each targeting a different audience. During FY 2020-2021, Placer County specific TA consultations included:

- The EMM TA Team, in partnership with RSE, provided staff from Placer County Children's System of Care with files for a suicide prevention week billboard. (8.19.2020)
- The EMM TA Team responded to a request from Tahoe Truckee Suicide Prevention Task Force staff (Nevada and Placer Counties) for materials to support a suicide prevention messaging presentation for news media. EMM staff shared material from a recent presentation to assist in creating their presentation. (YSM, 9.16.2020)
- The EMM TA Team facilitated a Facebook Live panel focusing on "The Power of Rural- Health and Wellness in California's Rural Communities." Discussion included resourceful and innovative strategies rural communities are using to address mental health challenges and suicide risk and reach those who are isolated. Panelists included Shannon Decker, coordinator of the Tahoe Truckee Suicide Prevention Coalition (Placer and Nevada counties); Toby Guevin, Health Education Coordinator with Nevada County Department of Public Health; and David Tan, Director of the Turning Point Rural Mental Health Program in Fresno County. (YSM, 12.3.20)
- The EMM TA Team supported staff from Placer County with customizing one of the Know the Signs animated social media posts. The animation will run as part of an event put on by their native provider, Sierra Native Alliance, who is holding their Auburn Big Time Pow Wow, live stream event October 17th. (YSM, 10.6.2020)
- The YSM TA Team sent Monterey, Sonoma, San Diego, and Placer Counties contacts with an email sharing that beginning on March 21, 2021, the FOX affiliate KCBA/Entravision, covering Monterey, Santa Cruz and San Benito counties, will be airing a set of 30 and 60-second films from the Directing Change Program. The PSAs featuring local students will begin airing on Sunday March 21, 2021 at 6.58 pm (leading out of Big Bang, into Lead into Cherries Wild) and at 8.48p (The Great North Fox animation). Then beginning March 22, they will air 30 spots every week at different times throughout the day. (YSM, 3.19.21)
- The YSM TA Team sent a customized email to Placer County partners with an announcement of local regional finalists to the Directing Change program, including those that will be screened at the upcoming virtual ceremony on Facebook Live. The email included the local entries that received recognitions, a link to all winning entries, pre-written social media posts and graphics, registration information for the virtual ceremony, and an overall re-introduction to the new category Hope and Justice, which is an opportunity for youth living through history to express their feelings and to inspire others through art. (YSM, 5.18.21)
- The YSM TA Team designed a billboard reflecting the MHMM theme for Placer County Behavioral Health. (4.29.2021)

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.

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,

Challenges and Successes

Challenges: Lack of available trainers, which will require providing 4 (instead of 5) ASIST trainings during the 22-23 year to take time to train more trainers to be able to facilitate.

There were no trainings held during FY 2020-21.

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.

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.

Challenges and Successes

Challenges: Per LivingWorks (SafeTALK developer), SafeTALK may only be delivered in person. COVID-19 restrictions in place July 1, 2020 through June 30, 2021 prevented any in person SafeTALK trainings from occurring. Successes: PCOE still maintains a small pool of ready and willing SafeTALK trainers on staff. All trainers completed re-certification/endorsement in 2022.

There were no trainings held during FY 2020-21.

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.

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.

Challenges and Successes

277 school staff persons completed the training. Most of those were from elementary schools (over 200 users). This is likely due to the Wellness program we started in the Auburn schools that same year. Only four users were high school staff. Some of this is related to the high usage we've had from high schools in previous years, coupled with staff saturation of professional development. Due to COVID, many schools prioritized trainings that met similar needs to Kognito and felt this training was repetitive.

Trainees
FY 2020-2021

School Staff Trainees

Number of Staff Trainees by Type of Training and Role*	At-Risk for Early Childhood Educators	At-Risk for Elementary School Educators	At-Risk for Middle School Educators	At-Risk for High School Educators	Trauma-Informed Practices for K12 Schools	Total Unduplicated Staff
Teacher	39	182	43	3	29	**282**
Administrator	3	8	-	-	5	**13**
Support Staff/ Staff Member	-	3	1	1	2	**7**
Counselor / Psychologist / Social Worker	-	-	9	5	-	**4**
Health/ Mental Specialist (Nurse, Counselor, Psychologist, Social Worker)	3	16	-	-	3	**16**
Off-campus Community Member (ie parent)	-	-	-	-	1	**1**
Other	2	3	1	1	1	**6**
Total Unduplicated Staff	**47**	**212**	**54**	**10**	**41**	**329**

*Staff may complete more than one type of training.

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.

Target Population

Individuals of all ages can participate in suicide prevention activities. First responders, teachers, and other community professionals can attend specific trainings to both develop skills in identifying and responding to suicidal behavior as well as attending postvention support services, after a crisis.

Challenges and Successes

Challenges continued around working during a pandemic. However, the opportunity to utilize media outlets such as social media and radio spots to work toward reducing mental health stigmas and encourage the community to seek help when in need presented themselves. Also, a new Suicide Prevention Coordinator came on board, and it was very helpful to have the Suicide Prevention Coalition Steering Committee to help support the Coordinator and their supervisor. The Steering Committee also works as a team to plan the direction of the work, as well as guidance around budgetary spending for outreach and awareness (speakers, events, media, etc.).

Trainings
FY 2020-2021

FY 2020-21		
Number of Trainings	Attendance	Average Attendance per Training
9	144	16

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	42
Estimated Number Attending	8,754
Average Attendance per Event	**208.4**

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 Services 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)*
***Information for this activity is included in the Suicide Prevention section above.*

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	66	27.5%
16 - 25 years	19	7.9%
26 - 59 years	91	37.9%
60+ years	10	4.2%
Prefer not to answer	-	-
Unknown	54	22.5%
Unduplicated Total	**240**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	-	-
Asian	1	0.4%
Black	1	0.4%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	175	72.9%
Other	6	2.5%
More than one race	1	0.4%
Prefer not to answer	-	-
Unknown	56	23.3%
Unduplicated Total	**240**	**100.0%**

Primary Language	# Served	% Served
English	34	14.2%
Spanish	151	62.9%
Other	-	-
Prefer not to answer	-	-
Unknown	55	22.9%
Unduplicated Total	**240**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	1	0.4%
Mexican/ Mexican-American/ Chicano	11	4.6%
Puerto Rican	-	-
South American	1	0.4%
Hispanic/ Latino (undefined)	-	-
Other Hispanic/ Latino	146	60.8%
Hispanic or Latino Subtotal	**159**	**66.3%**
Non-Hispanic or Non-Latino as follows:		
African	1	0.4%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	-	-
Eastern European	1	0.4%
European	15	6.3%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	1	0.4%
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	-	-
Other Non-Hispanic/ Non-Latino	-	-
Non-Hispanic or Non-Latino Subtotal	**18**	**7.5%**
More than one ethnicity	-	-
Prefer not to answer	-	-
Ethnicity unknown	63	26.3%
Unduplicated Total	**240**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	37	15.4%
Female	150	62.5%
Prefer not to answer	-	-
Unknown	53	22.1%
Unduplicated Total	**240**	**100.0%**

Gender (Current)	# Served	% Served
Male	37	15.4%
Female	150	62.5%
Transgender (Male to Female)	-	-
Transgender (Female to Male)	-	-
Transgender (Undefined)	-	-
Genderqueer	-	-
Questioning or Unsure	-	-
Another gender identity	-	-
Prefer not to answer	-	-
Unknown	53	22.1%
Unduplicated Total	**240**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	-	-
Heterosexual/ Straight	131	54.6%
Bisexual	1	0.4%
Questioning/ Unsure	-	-
Queer	-	-
Another sexual orientation	-	-
LGBQ (undefined)	-	-
Prefer not to answer	2	0.8%
N/A	33	13.8%
Unknown	73	30.4%
Unduplicated Total	**240**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	-	-
Served in Military	-	-
Family of Military	-	-
No Military	130	54.2%
Prefer not to answer	-	-
Unknown	110	45.8%
Unduplicated Total	**240**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	1	0.4%
Difficulty hearing or speaking	-	-
Other communication disability	-	-
Cognitive	1	0.4%
Physical/ Mobility	-	-
Chronic Health Condition	2	0.8%
Other non-communication disability	-	-
No Disability	160	66.7%
Prefer not to answer	18	7.5%
Unknown	59	24.6%
Unduplicated Total	**240**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	5	2.1%
6 - 12 months ago	1	0.4%
1 - 4 years ago	12	5.0%
Over 5 years ago	2	0.8%
Other	1	0.4%
Prefer not to answer	-	-
N/A	158	65.8%
Unknown	61	25.4%
Unduplicated Total	**240**	**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.

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.

The Community Engagement program was not up and running yet in FY 2020-2021.

Target Population

Individuals of all ages can participate in and benefit from participating in stigma reduction activities.

Challenges and Successes

Challenges: Due to COVID-19, hiring for this program was placed on hold since outreach activities were greatly impacted by the pandemic. Successes: N/A.

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.

Target Population

Individuals enrolled in this program are ages 16 – 25 and trained in MBSAT to provide peer counseling services to high school students.

Challenges and Successes

Challenges: Increase Emotional Regulation Questionnaire (ERQ) score and collection of data for MBSAT students. School Closures due to COVID limited some on campus programming. Successes: Opened the Youth Wellness Center to part time bases; collected 23 ERQ survey/demographic forms, 2 Wellness Days on TTUSD campus, 3 MBSAT youth reported reduced: frequency of substance use, alcohol consumption and vape products following the group cohort. Four MBSAT groups facilitated (2 co-facilitated by TAY peer leaders). Showing and discussion of the film Weed Whacked at wellness day.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Individual/ Family Therapy	8.0	1	**8.0**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21 Unduplicated N=67*		
Number of Groups	Attendance	Average Attendance per Group
98	374	3.8

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	2	-	0.0%
Total Referrals**	**2**	**-**	**0.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Improved**	66.7%
Number of Participants***	3
Instrument	Emotional Regulation Questionnaire (ERQ)

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

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.

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.

Challenges and Successes

The work with the communities we serve continued to be determined by the effects of the ongoing COVID pandemic. As the situation evolved, the need for various adjustments on service delivery (e.g. meeting virtually) came up as a challenge for the organization. Sierra Community House continued to provide different instances of connection and interaction for the community such as classes, workshops and activities on parenting, mental health prevention, nutrition, health and wellness, open to the everyone in the community. However, as schools were on distance learning format, services continued to be provided mainly virtually during this period. This represented a challenge to the core of our work approach, in which the in-person interaction is really a key to building trust and develop relationships.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=28*		
Number of Groups	Attendance	Average Attendance per Group
60	150	2.5

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outcomes
FY 2020-2021

Standardized Outcome Measures*

	FY 2020-21
% Yes**	**80%**
Number of Participants***	4
Instrument	Stigma and Discrimination Reduction Survey: Average "Yes" responses across "I have a better understanding of how to access mental health resources in my community" "I would be comfortable discussing mental health issues with others (family, close friends, doctor)" "If someone in my family had a mental illness, I would be comfortable if people knew about it"

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	75.0%	4
I do better in school and/or work.	75.0%	4
My housing situation has improved.	100.0%	3
I am better able to do things that I want to do.	75.0%	4
I am better able to deal with crisis.	33.3%	3
I do better in social situations.	50.0%	4
I have people with whom I can do positive things.	100.0%	3
I do things that are more meaningful to me.	50.0%	4
I have learned to use coping mechanisms other than alcohol and/or other drugs.	50.0%	4
In a crisis, I would have the support I need from family or friends.	100.0%	4
Staff welcome me and treat me with respect.	100.0%	4
Staff are sensitive to my cultural background.	66.7%	3
Average (All Responses) / Total Surveys Submitted	**72.7%**	**4**

*Description of Participant Perception of Care Survey in Appendix I.C.

SIERRA COMMUNITY HOUSE

Latino Community Outreach (Tahoe)*

Program Overview

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.

Target Population

Services are available to all members of the Tahoe community and are presented in Spanish.

Challenges and Successes

The impact of the COVID-19 pandemic on our service delivery model was the biggest challenge during the period. The process of shifting all the activities to a virtual format created the need for staff to adjust to these new circumstances, including familiarizing themselves with technology that they otherwise wouldn't need to use. Also, staff turnover that made the data collection and entry an ongoing challenge. Nonetheless, the Program continued to provide different instances of connection and interaction, open to everyone in the community. In particular, the Peer Support service, that continued evolving as an important point of access to broader mental health care.

Individual Services Delivered
FY 2020-2021

	FY 2020-21		
Service Category*	**Number of Hours**	**Number of Participants****	**Average Hours per Participant**
Support Services	722.0	52	**13.9**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21		
Unduplicated N=112*		
Number of Groups	**Attendance**	**Average Attendance per Group**
138	1,555	11.3

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	11
Estimated Number Attending	2,860
Average Attendance per Event	**260**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	11	9	81.8%
County Substance Use Treatment Screening Clinic	1	1	100.0%
Benefits	9	9	100.0%
Legal Services	2	2	100.0%
Immigration	4	4	100.0%
Employment Service/ CalWORKs	1	1	100.0%
Family Resource Center (FRC)	22	21	95.5%
Total Referrals**	**50**	**47**	**94.0%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

Standardized Outcome Measures*

	FY 2020-21
% Yes**	**100%**
Number of Participants***	69
Instrument	Stigma and Discrimination Reduction Survey: Average "Yes" responses across "I have a better understanding of how to access mental health resources in my community" "I would be comfortable discussing mental health issues with others (family, close friends, doctor)" "If someone in my family had a mental illness, I would be comfortable if people knew about it"

*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 defined as scoring under the standardized threshold at post compared to baseline (pre) measurement.
***Data analyzed only for participants with a baseline (pre) measurement and a post-treatment measurement.

Participant Perception of Care Survey

Survey Items*	FY 2020-21	
	% Agree	N
I am getting along better with my family.	100.0%	154
I do better in school and/or work.	96.1%	154
My housing situation has improved.	93.5%	154
I am better able to do things that I want to do.	96.1%	154
I am better able to deal with crisis.	100.0%	154
I do better in social situations.	90.3%	154
I have people with whom I can do positive things.	97.4%	154
I do things that are more meaningful to me.	99.4%	154
I have learned to use coping mechanisms other than alcohol and/or other drugs.	100.0%	30
In a crisis, I would have the support I need from family or friends.	97.4%	154
Staff welcome me and treat me with respect.	100.0%	154
Staff are sensitive to my cultural background.	100.0%	154
Average (All Responses) / Total Surveys Submitted	**97.3%**	**154**

*Description of Participant Perception of Care Survey in Appendix I.C.

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/Beautiful Minds Wellness: Senior Peer Counseling
Sierra Community House: Homeless Outreach (Tahoe)
Unity Care: Homeless TAY Outreach
What's Up Wellness: Student Mental Health Screenings (Tahoe)

Demographics
FY 2020-2021

Age Group	# Served	% Served
0 - 15 years	69	40.6%
16 - 25 years	35	20.6%
26 - 59 years	20	11.8%
60+ years	45	26.5%
Prefer not to answer	-	-
Unknown	1	0.6%
Unduplicated Total	**170**	**100.0%**

Race	# Served	% Served
American Indian or Alaska Native	2	1.2%
Asian	4	2.4%
Black	6	3.5%
Native Hawaiian or Other Pacific Islander	-	-
White/ Caucasian	140	82.4%
Other	6	3.5%
More than one race	9	5.3%
Prefer not to answer	-	-
Unknown	3	1.8%
Unduplicated Total	**170**	**100.0%**

Primary Language	# Served	% Served
English	160	94.1%
Spanish	1	0.6%
Other	1	0.6%
Prefer not to answer	-	-
Unknown	8	4.7%
Unduplicated Total	**170**	**100.0%**

Ethnicity	# Served	% Served
Hispanic or Latino:		
Caribbean	-	-
Central American	5	2.9%
Mexican/ Mexican-American/ Chicano	11	6.5%
Puerto Rican	-	-
South American	1	0.6%
Hispanic/ Latino (undefined)	6	3.5%
Other Hispanic/ Latino	-	-
Hispanic or Latino Subtotal	**23**	**13.5%**
Non-Hispanic or Non-Latino as follows:		
African	1	0.6%
Asian Indian/ South Asian	-	-
Cambodian	-	-
Chinese	3	1.8%
Eastern European	5	2.9%
European	52	30.6%
Filipino	-	-
Japanese	-	-
Korean	-	-
Middle Eastern	-	-
Vietnamese	-	-
Non-Hispanic/ Non-Latino (undefined)	39	22.9%
Other Non-Hispanic/ Non-Latino	19	11.2%
Non-Hispanic or Non-Latino Subtotal	**119**	**70.0%**
More than one ethnicity	9	5.3%
Prefer not to answer	-	-
Ethnicity unknown	19	11.2%
Unduplicated Total	**170**	**100.0%**

Demographics (continued)

FY 2020-2021

Gender (Assigned at Birth)	# Served	% Served
Male	57	33.5%
Female	111	65.3%
Prefer not to answer	1	0.6%
Unknown	1	0.6%
Unduplicated Total	**170**	**100.0%**

Gender (Current)	# Served	% Served
Male	56	32.9%
Female	106	62.4%
Transgender (Male to Female)	1	0.6%
Transgender (Female to Male)	1	0.6%
Transgender (Undefined)	1	0.6%
Genderqueer	1	0.6%
Questioning or Unsure	1	0.6%
Another gender identity	1	0.6%
Prefer not to answer	2	1.2%
Unknown	-	-
Unduplicated Total	**170**	**100.0%**

Sexual Orientation*	# Served	% Served
Gay or Lesbian	1	0.6%
Heterosexual/ Straight	130	76.5%
Bisexual	16	9.4%
Questioning/ Unsure	1	0.6%
Queer	4	2.4%
Another sexual orientation	2	1.2%
LGBQ (undefined)	-	-
Prefer not to answer	1	0.6%
N/A	-	-
Unknown	15	8.8%
Unduplicated Total	**170**	**100.0%**

Military Status**	# Served	% Served
Active Military	-	-
Veteran	6	3.5%
Served in Military	-	-
Family of Military	26	15.3%
No Military	136	80.0%
Prefer not to answer	-	-
Unknown	3	1.8%
Unduplicated Total	**170**	**100.0%**

Disability**	# Served	% Served
Difficulty seeing	21	12.4%
Difficulty hearing or speaking	6	3.5%
Other communication disability	1	0.6%
Cognitive	3	1.8%
Physical/ Mobility	15	8.8%
Chronic Health Condition	21	12.4%
Other non-communication disability	30	17.6%
No Disability	87	51.2%
Prefer not to answer	7	4.1%
Unknown	3	1.8%
Unduplicated Total	**170**	**100.0%**

Onset of First Mental Health Symptoms	# Served	% Served
Less than 6 months ago	10	5.9%
6 - 12 months ago	7	4.1%
1 - 4 years ago	8	4.7%
Over 5 years ago	15	8.8%
Other	2	1.2%
Prefer not to answer	1	0.6%
N/A	2	1.2%
Unknown	125	73.5%
Unduplicated Total	**170**	**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/BEAUTIFUL MINDS WELLNESS

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.

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.

Challenges and Successes

Since program transitioned in February 1, 2021 - Challenges included: Program dependent upon referrals which fluctuate, not all interested or appropriate; program dependent upon volunteers -during transition, we lost a few (one relocated, one passed away, two stepped down); and difficulty recruiting volunteers despite campaign effort. Successes included: Served all appropriate clients despite the decrease in volunteers; merged volunteer counselors into one team from two and team has become more cohesive; modified program services and team meetings into a hybrid of virtual/ in-person; maintained program flexibility during pandemic.

Individual Services Delivered
FY 2020-2021

Service Category*	FY 2020-21 Number of Hours	Number of Participants**	Average Hours per Participant
Individual/ Family Therapy	51.8	18	**2.9**
Support Services	109.9	24	**4.6**
Total (All Services)	**161.8**	**31**	**5.2**

*Description of service categories in Appendix I.B.
**This number refers to the unduplicated number of participants per service category, and across all services. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants per service category. Also, the total number of participants is equal to, or smaller than, the unduplicated number of participants receiving both individual and group services.

Group Services Delivered
FY 2020-2021

FY 2020-21 Unduplicated N=11*		
Number of Groups	Attendance	Average Attendance per Group
13	97	7.5

*This number refers to the unduplicated number of participants receiving group services per year. Thus, the total number of participants is equal to, or smaller than, the sum of the number of participants attending each group across the year.

Trainings
FY 2020-2021

FY 2020-21		
Number of Trainings	Attendance	Average Attendance per Training
6	39	6.5

Outreach
FY 2020-2021

	FY 2020-21
Number of Events	6
Estimated Number Attending	329
Average Attendance per Event	**54.8**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
County Mental Health			
Adult Mental Health	3	1	33.3%
Community/ Private Mental Health Provider (Counseling Center)	16	2	12.5%
Community/ Private Substance Services Provider	1	1	100.0%
Physical Health Care Provider	10	7	70.0%
Benefits	6	1	16.7%
Legal Services	4	2	50.0%
Employment Service/ CalWORKs	3	-	0.0%
School/ Training Program	1	-	0.0%
Other	43	3	7.0%
Total Referrals**	**87**	**17**	**19.5%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

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.

Homeless Outreach services were transferred to a contract with AMI Housing in November 2021, which is reflected in the FY 2022-2023 Annual Update.

Target Population

Individuals of all ages in the Tahoe area who are experiencing homelessness and interested in receiving information and supportive services.

Challenges and Successes

The scope of work for this position changed in FY 20/21. This position focuses highly on case management and connecting to individuals to services rather than conducting outreach and distributing supplies. The Coordinator has received an overwhelming amount of referrals of individuals who are being evicted, losing housing, or are unable to obtain housing. In the area we have limited low-income housing and extensive waitlists, which makes housing individuals increasingly more difficult.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Adult Mental Health	2	-	0.0%
Community/ Private Substance Services Provider	1	-	0.0%
Physical Health Care Provider	5	5	100.0%
Benefits	2	2	100.0%
Family Resource Center (FRC)	4	4	100.0%
Other	14	6	42.9%
Total Referrals**	**28**	**17**	**60.7%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

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.

Target Population

Individuals ages 16-25 who are homeless or at risk of homelessness and have a history of involvement in the children's system of care.

Challenges and Successes

The relationships that the Unity Care case manager has built with other organizations and case workers has been key to the successes of the PEI Placer County program. It has made the process to meet certain needs much easier and less time consuming, which allows Unity Care to meet the clients' needs successfully and in a timely manner. It has been a rewarding feeling to link them to community resources to help meet their needs and restore their hope in becoming productive and independent individuals.

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
County Mental Health			
Child Mental Health	10	10	100.0%
Community/ Private Mental Health Provider (Counseling Center)	11	11	100.0%
Benefits	1	1	100.0%
Legal Services	1	1	100.0%
Other	4	2	50.0%
Total Referrals**	**27**	**25**	**92.6%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

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.

Target Population

All 9th grade high school students enrolled in the Tahoe school district are encouraged to participate in this mental health screening activity.

Challenges and Successes

The main challenges were related to COVID-19 and the required program overhaul into virtual screenings and virtual crisis protocols. Student contact was a challenge, requiring increased reliance and collaboration with administration and school staff, especially for immediate crisis assessments in a distance learning setting. Decreased virtual engagement including no-shows, repeated rescheduling, and lack of parent engagement led to more comprehensive follow-up efforts to promote connection to services and resources. Successes included providing much-needed support to students with more complex mental health needs; virtual mental health assessments; creating new online directories to help support students; and a WUWC Youtube Channel to offer students with decreased access to services and lack of support.

Outreach

FY 2020-2021

	FY 2020-21
Number of Events	16
Estimated Number Attending	2,943
Average Attendance per Event	**183.9**

Outcomes
FY 2020-2021

Referrals to Health-Related Agencies

Referred Agency	FY 2020-21		
	Number of Client Referrals	Number of Clients Connected *	Percent of Clients Connected
Community/ Private Mental Health Provider (Counseling Center)	18	6	33.3%
Physical Health Care Provider	1	-	0.0%
Legal Services	1	1	100.0%
School/ Training Program	1	-	0.0%
Other	27	25	92.6%
Total Referrals**	**48**	**32**	**66.7%**

*Client connections based on self-report.
**Other referral options may include non-health-related services, such as benefits, housing, etc.
***Referrals made only for those participants who exhibit a need for services not provided by the program. Each participant may receive multiple referrals.

INNOVATION

INNOVATION COMPONENT DESCRIPTION AND MILESTONES

The vision of the MHSA Homeless Integrated Care Coordination and Evaluation (HICCE) Innovation (INN) Project was 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 utilized 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 created 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 manage of health and behavioral health needs.

This Innovation Project developed 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 implemented 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 included 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 utilized 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 identified 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 expanded service and housing options; increased housing placements; changed the community culture of how to address homelessness; and helped to address community stigma.

This collaboration also helped reduce the number of days individuals experienced homelessness, improved health and behavioral health symptoms, and improved individuals' ability to live in stable housing. Agencies improved communication and coordination of services for shared clients and made 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 was 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 benefited. Many organizations have committed to participating in the combined projects and learned 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 benefited from the WPC pilot by having a larger network of organizations willing to participate. This network strengthened 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 were developed between Placer County and local managed care plans, FQHCs, and other

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

Placer County also used the Collective Medical Technologies communication tool, PreManage. Using this tool, the Team was immediately notified by e-mail when a member had been admitted to a local Emergency Department (ED) and/or hospital. The implementation of PreManage through Collective Medical Technologies allowed the Team to receive timely notification of ED visits and hospitalizations, so a staff person could 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 504 WPC members between April 2017 and December 2021. Of those members, 253 were enrolled in the Comprehensive Complex Care Coordination (CCCC). Members in the CCCC were 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 excelled at meeting the key metrics required as part of the WPC Program. For example, the WPC Team completed Assessments and Tailored Plans of Care within 30 days of enrollment to CCCC members for 120/122 (98%) of CCCC members in Program Year 2; 41/41 (100%) in Program Year 3; 52/52 (100%) in Program Year 4; 24/25 (96%) in Program Year 5; and 27/27 (100%) in Program Year 6. This illustrates how services were implemented and successful at identifying and linking high-need individuals to the appropriate level of services.

The majority of WPC members experienced homelessness when they entered the program. In order to provide housing services for these individuals, the WPC Team enrolled members in the Housing Bundle, which included 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 were 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. In Program Year 5, 117/117 (100%) were enrolled in and received Housing Bundle services. In Program Year 6, 94/94 (100%) were enrolled in and received Housing Bundle services.

The WPC Team also opened a Medical Respite program, which supported collaboration between WPC, Adult System of Care (ASOC), and the organizational provider. Placer County contracted 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 provided services to homeless individuals who had been discharged from a hospital but needed additional support and shelter to help recover from their physical health conditions. The TGI case management staff worked 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 was effective at helping to stabilize health conditions and achieving positive outcomes by identifying additional housing resources. Of the 31 members in Program Year 6 who stayed in medical respite for at least 14 days, 28 (90%) experienced health improvement upon discharge. This has been to be a highly effective 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, was extremely effective and resulted 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. In Program Year 5, the precent remained roughly the same, at 156/165 (95%) of the ED visits. In Program Year 6, the percent decreased slightly to 198/220 (90%). This clearly demonstrated 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 initially 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 were distributed in January and July 2018, January and July 2019, January and July 2020, January and July 2021, and January 2022 to assess current levels of collaboration. Each agency was asked to rate collaboration with the other agencies using the following response options:

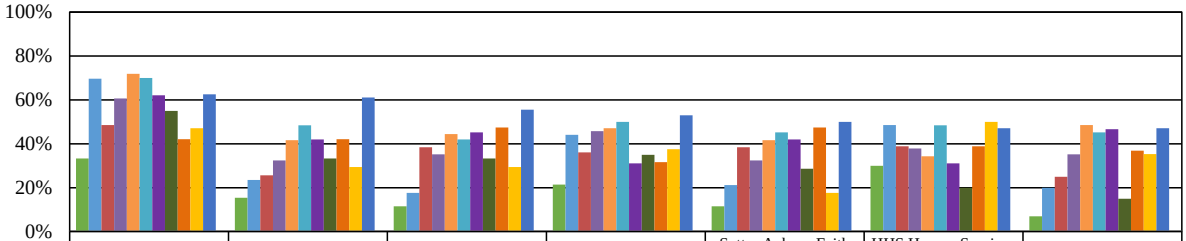
- No Interaction
    - No experience or interaction with organization
- Networking
    - Aware of organization
    - Loosely defined roles
    - Little communication
    - Independent decision- making
- Cooperation
    - Information sharing
    - Somewhat defined roles
    - Formal communication
    - 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 11 time periods. The agencies are organized by the level of collaboration at the most recent reporting period (January 2022).

The percent of agencies reporting increased collaboration and coordination increased dramatically over the eleven 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 62.5% in 2022. Many agencies had an increased level of collaboration across the eleven time periods.

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

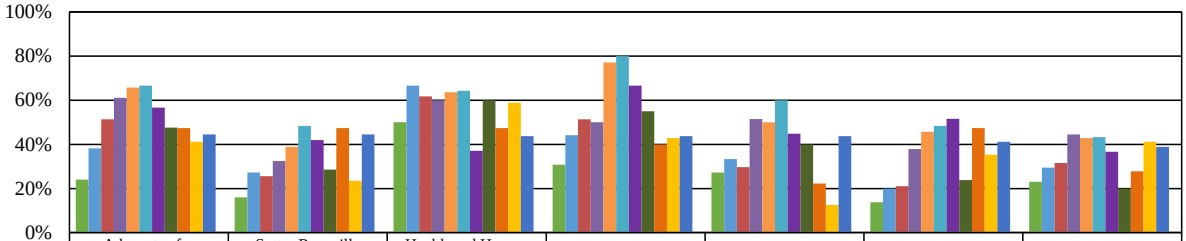
July 2016; Twice per year July 2017 - January 2022



	ASOC Mental Health	Sutter Roseville Medical Center	Sutter Auburn Faith Hospital	ASOC Substance Use	Sutter Auburn Faith Emergency Department	HHS Human Services (Benefits)/ SSI/ CalFresh	PC Housing Authority (Vouchers)
July 2016 % Collaborative	33.3%	15.4%	11.5%	21.4%	11.5%	30.0%	6.9%
July 2016 N	27	26	26	28	26	30	29
July 2017 % Collaborative	69.7%	23.5%	17.6%	44.1%	21.2%	48.6%	20.0%
July 2017 N	33	34	34	34	33	35	35
January 2018 % Collaborative	48.6%	25.6%	38.5%	36.1%	38.5%	38.9%	25.0%
January 2018 N	35	39	39	36	39	36	36
July 2018 % Collaborative	60.6%	32.4%	35.1%	45.7%	32.4%	37.8%	35.1%
July 2018 N	33	37	37	35	37	37	37
January 2019 % Collaborative	71.9%	41.7%	44.4%	47.1%	41.7%	34.3%	48.6%
January 2019 N	32	36	36	34	36	35	35
July 2019 % Collaborative	70.0%	48.4%	41.9%	50.0%	45.2%	48.4%	45.2%
July 2019 N	30	31	31	30	31	31	31
January 2020 % Collaborative	62.1%	41.9%	45.2%	31.0%	41.9%	31.0%	46.7%
January 2020 N	29	31	31	29	31	29	30
July 2020 % Collaborative	55.0%	33.3%	33.3%	35.0%	28.6%	20.0%	15.0%
July 2020 N	20	21	21	20	21	20	20
January 2021 % Collaborative	42.1%	42.1%	47.4%	31.6%	47.4%	38.9%	36.8%
January 2021 N	19	19	19	19	19	18	19
July 2021 % Collaborative	47.1%	29.4%	29.4%	37.5%	17.6%	50.0%	35.3%
July 2021 N	17	17	17	16	17	16	17
January 2022 % Collaborative	62.5%	61.1%	55.6%	52.9%	50.0%	47.1%	47.1%
January 2022 N	16	18	18	17	18	17	17

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

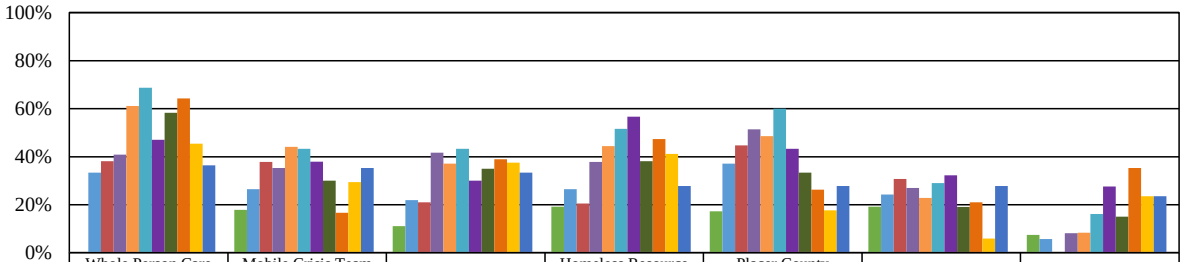
July 2016; Twice per year July 2017 - January 2022



	Advocates for Mentally Ill Housing (AMIH)	Sutter Roseville Emergency Department	Health and Human Services (HHS) Leadership	Gathering Inn	Chapa-De Indian Health	City of Roseville Housing Authority	CA Health and Wellness
July 2016 % Collaborative	24.0%	16.0%	50.0%	30.8%	27.3%	13.8%	23.1%
July 2016 N	25	25	24	26	22	29	26
July 2017 % Collaborative	38.2%	27.3%	66.7%	44.1%	33.3%	20.0%	29.4%
July 2017 N	34	33	30	34	30	35	34
January 2018 % Collaborative	51.4%	25.6%	61.8%	51.4%	29.7%	21.1%	31.6%
January 2018 N	37	39	34	37	37	38	38
July 2018 % Collaborative	61.1%	32.4%	60.0%	50.0%	51.4%	37.8%	44.4%
July 2018 N	36	37	35	36	35	37	36
January 2019 % Collaborative	65.7%	38.9%	63.6%	77.1%	50.0%	45.7%	42.9%
January 2019 N	35	36	33	35	34	35	35
July 2019 % Collaborative	66.7%	48.4%	64.3%	80.0%	60.0%	48.4%	43.3%
July 2019 N	30	31	28	30	30	31	30
January 2020 % Collaborative	56.7%	41.9%	37.0%	66.7%	44.8%	51.6%	36.7%
January 2020 N	30	31	27	30	29	31	30
July 2020 % Collaborative	47.6%	28.6%	60.0%	55.0%	40.0%	23.8%	20.0%
July 2020 N	21	21	20	20	20	21	20
January 2021 % Collaborative	47.4%	47.4%	47.4%	40.0%	22.2%	47.4%	27.8%
January 2021 N	19	19	19	15	18	19	18
July 2021 % Collaborative	41.2%	23.5%	58.8%	42.9%	12.5%	35.3%	41.2%
July 2021 N	17	17	17	14	16	17	17
January 2022 % Collaborative	44.4%	44.4%	43.8%	43.8%	43.8%	41.2%	38.9%
January 2022 N	18	18	16	16	16	17	18

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

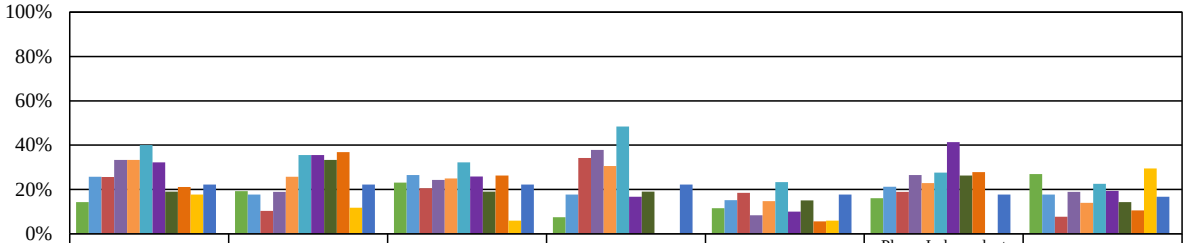
July 2016; Twice per year July 2017 - January 2022



	Whole Person Care Team	Mobile Crisis Team (MCT)	Anthem Blue Cross	Homeless Resource Council of the Sierras	Placer County Probation	Salvation Army	Home Start
July 2016 % Collaborative	0.0%	17.9%	11.1%	19.2%	17.2%	19.2%	7.4%
July 2016 N	25	28	27	26	29	26	27
July 2017 % Collaborative	33.3%	26.5%	21.9%	26.5%	37.1%	24.2%	5.7%
July 2017 N	27	34	32	34	35	33	35
January 2018 % Collaborative	38.1%	37.8%	21.1%	20.5%	44.7%	30.8%	0.0%
January 2018 N	21	37	38	39	38	39	38
July 2018 % Collaborative	40.9%	35.3%	41.7%	37.8%	51.4%	27.0%	8.1%
July 2018 N	22	34	36	37	35	37	37
January 2019 % Collaborative	61.1%	44.1%	37.1%	44.4%	48.6%	22.9%	8.3%
January 2019 N	18	34	35	36	35	35	36
July 2019 % Collaborative	68.8%	43.3%	43.3%	51.6%	60.0%	29.0%	16.1%
July 2019 N	16	30	30	31	30	31	31
January 2020 % Collaborative	47.1%	37.9%	30.0%	56.7%	43.3%	32.3%	27.6%
January 2020 N	17	29	30	30	30	31	29
July 2020 % Collaborative	58.3%	30.0%	35.0%	38.1%	33.3%	19.0%	15.0%
July 2020 N	12	20	20	21	21	21	20
January 2021 % Collaborative	64.3%	16.7%	38.9%	47.4%	26.3%	21.1%	35.3%
January 2021 N	14	18	18	19	19	19	17
July 2021 % Collaborative	45.5%	29.4%	37.5%	41.2%	17.6%	5.9%	23.5%
July 2021 N	11	17	16	17	17	17	17
January 2022 % Collaborative	36.4%	35.3%	33.3%	27.8%	27.8%	27.8%	23.5%
January 2022 N	11	17	18	18	18	18	17

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

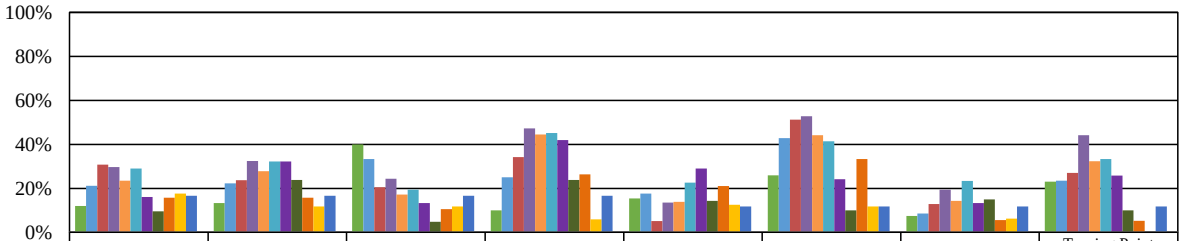
July 2016; Twice per year July 2017 - January 2022



	Community Recovery Resources (CoRR)	Legal Services of Northern California	Stand Up Placer	Western Sierra Medical Clinic	Wellspace Health	Placer Independent Resources Services (PIRS)	Seniors First
July 2016 % Collaborative	14.3%	19.2%	23.1%	7.4%	11.5%	16.0%	26.9%
July 2016 N	28	26	26	27	26	25	26
July 2017 % Collaborative	25.7%	17.6%	26.5%	17.6%	15.2%	21.2%	17.6%
July 2017 N	35	34	34	34	33	33	34
January 2018 % Collaborative	25.6%	10.3%	20.5%	34.2%	18.4%	18.9%	7.7%
January 2018 N	39	39	39	38	38	37	39
July 2018 % Collaborative	33.3%	18.9%	24.3%	37.8%	8.3%	26.5%	18.9%
July 2018 N	36	37	37	37	36	34	37
January 2019 % Collaborative	33.3%	25.7%	25.0%	30.6%	14.7%	22.9%	13.9%
January 2019 N	36	35	36	36	34	35	36
July 2019 % Collaborative	40.0%	35.5%	32.3%	48.4%	23.3%	27.6%	22.6%
July 2019 N	30	31	31	31	30	29	31
January 2020 % Collaborative	32.3%	35.5%	25.8%	16.7%	10.0%	41.4%	19.4%
January 2020 N	31	31	31	30	30	29	31
July 2020 % Collaborative	19.0%	33.3%	19.0%	19.0%	15.0%	26.3%	14.3%
July 2020 N	21	21	21	21	20	19	21
January 2021 % Collaborative	21.1%	36.8%	26.3%	0.0%	5.6%	27.8%	10.5%
January 2021 N	19	19	19	19	18	18	19
July 2021 % Collaborative	17.6%	11.8%	5.9%	0.0%	5.9%	0.0%	29.4%
July 2021 N	17	17	17	17	17	16	17
January 2022 % Collaborative	22.2%	22.2%	22.2%	22.2%	17.6%	17.6%	16.7%
January 2022 N	18	18	18	18	17	17	18

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

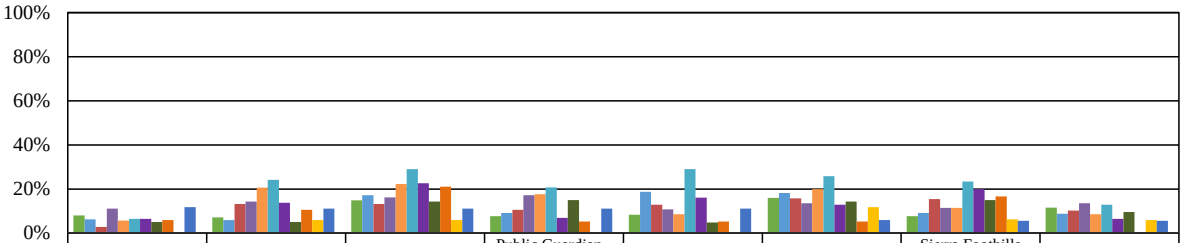
July 2016; Twice per year July 2017 - January 2022



	St. Vincent de Paul	Roseville Police Department	Latino Leadership Council (LLC)	Placer County Sheriff	Project Go	VOA Homeless Shelter	Sierra Mental Wellness Group	Turning Point Community Programs
July 2016 % Collaborative	12.0%	13.3%	40.0%	10.0%	15.4%	25.9%	7.4%	23.1%
July 2016 N	25	30	25	30	26	27	27	26
July 2017 % Collaborative	21.2%	22.2%	33.3%	25.0%	17.6%	42.9%	8.6%	23.5%
July 2017 N	33	36	33	36	34	35	35	34
January 2018 % Collaborative	30.8%	23.7%	20.5%	34.2%	5.1%	51.3%	12.8%	27.0%
January 2018 N	39	38	39	38	39	39	39	37
July 2018 % Collaborative	29.7%	32.4%	24.3%	47.2%	13.5%	52.8%	19.4%	44.1%
July 2018 N	37	37	37	36	37	36	36	34
January 2019 % Collaborative	23.5%	27.8%	17.1%	44.4%	13.9%	44.1%	14.3%	32.4%
January 2019 N	34	36	35	36	36	34	35	34
July 2019 % Collaborative	29.0%	32.3%	19.4%	45.2%	22.6%	41.4%	23.3%	33.3%
July 2019 N	31	31	31	31	31	29	30	30
January 2020 % Collaborative	16.1%	32.3%	13.3%	41.9%	29.0%	24.1%	13.3%	25.8%
January 2020 N	31	31	30	31	31	29	30	31
July 2020 % Collaborative	9.5%	23.8%	4.8%	23.8%	14.3%	10.0%	15.0%	10.0%
July 2020 N	21	21	21	21	21	20	20	20
January 2021 % Collaborative	15.8%	15.8%	10.5%	26.3%	21.1%	33.3%	5.6%	5.3%
January 2021 N	19	19	19	19	19	15	18	19
July 2021 % Collaborative	17.6%	11.8%	11.8%	5.9%	12.5%	11.8%	6.3%	0.0%
July 2021 N	17	17	17	17	16	17	16	17
January 2022 % Collaborative	16.7%	16.7%	16.7%	16.7%	11.8%	11.8%	11.8%	11.8%
January 2022 N	18	18	18	18	17	17	17	17

Collaboration Survey: The Percent of Coordination and Collaboration Between Agencies

July 2016; Twice per year July 2017 - January 2022



	Pacific Educational Services	Public Guardian - Probate	Progress House	Public Guardian - LPS Conservator-ship	Nivano Health	KidsFirst	Sierra Foothills AIDS Foundation - RN and CM	Sierra Native Alliance (SNA)
July 2016 % Collaborative	8.0%	7.1%	14.8%	7.7%	8.3%	16.0%	7.7%	11.5%
July 2016 N	25	28	27	26	24	25	26	26
July 2017 % Collaborative	6.3%	5.9%	17.1%	9.1%	18.8%	18.2%	9.1%	8.8%
July 2017 N	32	34	35	33	32	33	33	34
January 2018 % Collaborative	2.8%	13.2%	13.2%	10.5%	12.8%	15.8%	15.4%	10.3%
January 2018 N	36	38	38	38	39	38	39	39
July 2018 % Collaborative	11.1%	14.3%	16.2%	17.1%	10.8%	13.5%	11.4%	13.5%
July 2018 N	36	35	37	35	37	37	35	37
January 2019 % Collaborative	5.7%	20.6%	22.2%	17.6%	8.6%	20.0%	11.4%	8.6%
January 2019 N	35	34	36	34	35	35	35	35
July 2019 % Collaborative	6.5%	24.1%	29.0%	20.7%	29.0%	25.8%	23.3%	12.9%
July 2019 N	31	29	31	29	31	31	30	31
January 2020 % Collaborative	6.5%	13.8%	22.6%	6.9%	16.1%	12.9%	20.0%	6.5%
January 2020 N	31	29	31	29	31	31	30	31
July 2020 % Collaborative	5.0%	5.0%	14.3%	15.0%	4.8%	14.3%	15.0%	9.5%
July 2020 N	20	20	21	20	21	21	20	21
January 2021 % Collaborative	5.9%	10.5%	21.1%	5.3%	5.3%	5.3%	16.7%	0.0%
January 2021 N	17	19	19	19	19	19	18	19
July 2021 % Collaborative	0.0%	5.9%	5.9%	0.0%	0.0%	11.8%	6.3%	5.9%
July 2021 N	16	17	17	17	17	17	16	17
January 2022 % Collaborative	11.8%	11.1%	11.1%	11.1%	11.1%	5.9%	5.6%	5.6%
January 2022 N	17	18	18	18	18	17	18	18

As the WPC team and HICCE worked with the health plans to receive current and baseline data on members, the WPC team also encouraged them to refer individuals who had the highest ED use to WPC. California Health and Wellness consistently referred individuals to WPC. The WPC team also scheduled 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 continued to build and strengthen collaborative partnerships regarding information sharing between multiple systems, the system continued to strengthen services, improve health outcomes, and reduce costs.

INNOVATION PROJECT SUSTAINABILITY

The Whole Person Care Pilot Program concluded at the end of 2021. Program services are currently being transitioned into the new CalAIM Enhanced Care Management/Community Supports initiative. HHS is committed to continuing to promote and strengthen collaboration across all agencies to continuously improve access, quality, coordination, and cost-effectiveness of services.

Note: This section is a component of the MHSA Annual Update and is a summary of the HICCE Innovation Project. A final HICCE Innovation Evaluation Report will be published separately, later in 2022.

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.

Outcomes
FY 2020-2021

Timberline Shared Housing and Placer Street Shared Housing served 21 participants in FY 2020-2021.

Participants Still Housed in Program*	**# Participants**	
Number of Participants still housed	**14**	
Length of Stay in Housing Program*	**# Discharged**	**Average # of Days**
Average length of stay housed in program (for participants discharged)	**7**	**1,295**
Living Arrangement at Discharge	**# Discharged**	**% Discharged**
Permanent Housing	4	57.1%
Homeless	1	14.3%
Jail	1	14.3%
Deceased	1	14.3%
Total Participants Discharged*	**7**	**100.0%**
Income Change	**# Discharged**	**% Discharged**
Earned Income continued	1	14.3%
SSDI continued	1	14.3%
General Assistance to SSDI	3	42.9%
Lost SSI	1	14.3%
No income	1	14.3%
Total Participants Discharged*	**7**	**100.0%**

*Participants may be enrolled and discharged multiple times.

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.

Placer County
Demographic Form
Ages 12 and Older

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.

Participant Name:	**Date of Birth:**
Participant ID# (if available):	
Address:	
Phone: Home: _____ Cell: _____ Work: _____	
Insurance Provider: ❑ Medi-Cal – CA Health and Wellness ❑ Private Insurance ❑ None ❑ Medi-Cal – Anthem Blue Cross ❑ Unknown ❑ Other: _____ ❑ Medicare	
Number of Family Members Involved in Service: *Please include information for family members involved in your services. Additional family members can be attached on another page.*	
1. Name of Family Member: _____	**Age:** ____
2. Name of Family Member: _____	**Age:** ____
3. Name of Family Member: _____	**Age:** ____
4. Name of Family Member: _____	**Age:** ____
Comments:	
Race *(check all that apply)*: ❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander ❑ Prefer not to answer ❑ Asian ❑ White/Caucasian ❑ Unknown ❑ Black or African American ❑ More than one race ❑ Other: _____	
Ethnicity *(check all that apply)*: ❑ African ❑ European ❑ South American ❑ Asian Indian/South Asian ❑ Filipino ❑ Vietnamese ❑ Cambodian ❑ Japanese ❑ Other Hispanic/Latino ❑ Caribbean ❑ Korean ❑ Other Non-Hispanic/ Non-Latino ❑ Central American ❑ Mexican/Mexican-American/ Chicano ❑ Prefer not to answer ❑ Chinese ❑ Middle Eastern ❑ Unknown ❑ Eastern European ❑ Puerto Rican ❑ Other	

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328)

Page 1 of 3

Placer County

Demographic Form

Ages 12 and Older

Participant Name: _____

Sexual Orientation: *Do you think of yourself as:*

❑ Heterosexual/Straight ❑ Gay ❑ Prefer not to answer
❑ Bisexual ❑ Queer ❑ Unknown
❑ Lesbian ❑ Questioning ❑ Other

Assigned Gender at Birth:

❑ Male ❑ Female ❑ Prefer not to answer ❑ Unknown

Current Gender Identity: *How would you describe your gender identity?*

❑ Male ❑ Trans Female/MTF ❑ Prefer not to answer
❑ Female ❑ Questioning ❑ Unknown
❑ Trans Male/FTM ❑ Genderqueer ❑ Other:_____

Primary Language Used:

❑ English ❑ Spanish ❑ Prefer not to answer ❑ Other:

Disability: *Do you have any of the following disabilities, that have lasted at least 6 months, and substantially limit a major life activity?*

❑ Yes ❑ No ❑ Prefer not to answer

If "Yes," please check all that apply:

❑ Difficulty seeing
❑ Difficulty hearing, or having speech understood
❑ Mental, including learning, developmental, dementia (NOT including mental illness)
❑ Chronic health condition (e.g., chronic pain, diabetes)
❑ Physical/mobility
❑ Prefer not to answer
❑ Unknown
❑ Other: _____

U.S. Armed Forces Service: *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

Participant is an immediate family member of someone who is serving, or has served, in the U.S. Armed Forces:

❑ Yes
❑ No
❑ Prefer not to Answer
❑ Unknown

CONFIDENTIAL PATIENT INFORMATION (SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328)

Placer County

Demographic Form

Ages 12 and Older

Participant Name: _____

Living Situation: *Where do you currently live? Please select one of the following:*

- ❑ Literally Homeless
- ❑ Emergency Housing
- ❑ Institutional/Long Term Care
- ❑ Transitional or Bridge Housing
- ❑ Permanent Supportive Housing
- ❑ Permanent Housing with Family or Friends or Self
- ❑ Prefer not to answer
- ❑ Unknown

Risk of Homelessness: *Are you at risk of becoming homeless?*

❑ Yes ❑ No ❑ Prefer not to answer ❑ Unknown_____

Criminal Justice: *In the last year, have you been involved in the justice system?*

❑ Yes ❑ No ❑ Prefer not to answer ❑ Unknown_____

Onset of First Mental Health Symptoms: *When did you first start experiencing the problems 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)

This program is funded through Placer County Health and Human Services MHSA funds.

Please enter the data from this form into the Placer MHSA Data Portal.

If you have any questions, please contact:

I.D.E.A. Consulting: 530-758-8815 ncallahan.idea@gmail.com

Sue Compton, Placer County MHSA Coordinator: SCompton@placer.ca.gov

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/ Linkage**: 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.

- **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.

- **Family Team Meeting**: A 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.

- **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/ mental health 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.

- **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

American Society of Addiction Medicine (ASAM): The ASAM is a multidimensional assessment that determines a person's substance use needs and level of care. The assessment identifies needs; obstacles; strengths, assets, resources; and support to determine the appropriate level of care across a continuum of substance use treatment services. This comprehensive set of guidelines helps determine a person's medical necessity; placement; and continued stay and transfer/discharge from a facility or program.

Beck Anxiety Inventory (BAI): The BAI is a self-report questionnaire used to determine an individual's level of anxiety. The BAI assess the frequency of anxiety symptoms over a 1-week period. There are 14 items about somatic symptoms and 7 items about cognitive symptoms associated with anxiety. Each item is rated on a 4-point scale. The BAI is used with individuals ages 17 and older.

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. The possible outcomes tracked upon discharge from the CASA program 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 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.

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.

Emotional Regulation Questionnaire (ERQ): The ERQ is a 10-item self-report measure of two strategies that people use to regulate their emotions: cognitive reappraisal and expressive suppression. The ERQ is scored on a 7-pont scale to determine the frequency the person uses a particular emotion regulation strategy.

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.

Parent Protective Factors survey: The Parent Protective Factors 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-9 (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.

Positive Behavioral Intervention and Supports (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.

Pediatric Symptom Checklist PSC-35: The PSC-35 checklist is a 35-item psychosocial screening tool that is completed by the parent/caregiver that is used to improve the recognition and treatment of psychosocial problems in children ages 4-17 years.

Stigma and Discrimination Reduction Survey: The Stigma and Discrimination Reduction Survey is an outcome tool designed to measure an individual's perception of others who have a mental health condition. The survey is administered at the end of the program or activity. Each of the questions on the survey help to measure the individual's change in attitudes regarding mental health, as a result of their participation in a Stigma and Discrimination Reduction program.

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 Participant Survey: The TTUSD Participant Survey is completed by participants of the Wellness Center programs at the end of the academic year. It consists of questions regarding participant perceived support from and satisfaction with the Wellness Center.

TTUSD Peer Mentor Survey: The TTUSD Peer Mentor Survey is completed by TTUSD Peer Mentors at the end of the academic year. It consists of questions assessing skills learned and satisfaction with the Peer Mentor training.

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 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 Advisory Board

MONTHLY BOARD MEETING MINUTES

June 20, 2022

Purpose	Regular board meeting on June 20th, 2022, via Teleconference
Host	Chairperson, Lisa Cataldo
Board in Attendance	Geoff McLennan, Laura Sanchez, Marty Giffin, Lisa Cataldo, Claire Buckley, Mike Lasman, Todd Henry, Tomas Evangelista, Sharon Behrens,
Absent Members	Jim Holmes
Staff and Guests	Amy Ellis, Amy Haynes, Twylla Abrahamson, Rachel Zacapa, Jenny Sanchez, Sue Compton, Scott Genschmer

CALL TO ORDER 6:15 PM

WELCOME AND INTRODUCTIONS

Meeting opened with statement by Chairperson, Lisa Cataldo
Brief introductions by board attendees and guest, Jenny Sanchez, with Synergy Programs, a board and care company.
Dr. Amy Haynes added that Synergy Programs is a company that Placer County maybe contracting with.
Marty Giffin sited board protocol.

BOARD PROTOCOL (NON-BOARD MEMBER PARTICIPATION)

Read by Marty Giffin. This item is designed to clarify, for new attendees, the role of non-board members and their participation while attending the Mental Health, Alcohol and Drug Advisory Board (MHADAB) meetings.

The MHADAB encourages public input in all its meetings. To facilitate this, we allow for public input two times – once at the beginning of the agenda and once at the end. These times are for those items that do not appear on the agenda. For items that are on the agenda, the Board will allow time for input from the public at the time the item is heard by the Board.
Input guidelines are as follows:

- All remarks shall be addressed to the Board as a body and not to any member of the board or staff.
- No person, other than a member of the Board and the person having the floor shall be permitted to enter into any discussion without the permission of the chairperson.
- For items not on the agenda, each person is limited to three (3) minutes of comment during the Public Comment Period(s.)
- For items on the agenda, each person is limited to five (5) minutes of comment during the agenda item, unless time is extended by the chairperson
- For items on the agenda, if there is a person speaking on behalf of a group, with no other comments by another member of that group, please identify yourself as such and your time may be extended at the pleasure of the chairperson.
- Total discussion time on any item may be limited by the chairperson to ensure that all of the business on the agenda is completed no later than 8:00 p.m.

Public Input, Staff Member Comments, Board Member Comments: Jenny Sanchez shared We are an augmented boarding care system, augmented for us means that you know, we have the full supportive services 24 hours a day, full

kitchen services, but we also have our outpatient clinic on our sites, so the psychiatrist's therapist rehab specialist in MED support staff are all on campus as well. Reviewed what the organization manages.

Lisa Cataldo reviewed the authority for public hearing, stating that the purpose of the meeting this hearing is an opportunity for the Community to give public input or public comment on class our county is an MHSA annual update. The board's role is to receive your input ask clarifying questions and assure that all people have an opportunity to be heard. The public will be included, along with the county response in an updated version of the annual update. The annual update, no longer a draft, will then be sent to the Placer County Board of Supervisors for approval.

The agenda: Overview presentation, Ground rules for public comment, Public comments and Closing.

GUEST SPEAKER	6:30 PM

Sue Compton, Mental Health Services Act Coordinator – HHS

Presentation: MHSA 2022-2023 Annual Update

- Ms. Compton presented the annual update reports on fiscal year 2020 2021 data, addresses any proposed changes, updates and programs for the next fiscal year 2020 2023 and includes an overall 3 year budget.
- Reviewed the Mental Health Service Act, MHSA Core Principles, Plan Components (On-going Funds, One Time Finds but can continue in CSS), Three Year Planning process, referenced the website: www.placerccw.org to read more about the Campaign for Community wellness (CCW) functions – and published annual updates.
- Community Services & Supports – Full Service partnerships and wraparound services; Child Wraparound FSP (County), Trauma informed preschool "Sprouts" (CRHS), Children's Fast Track Wraparound FSP (Uplift), Homeless FSP (County), Co-Occurring FSP (County), Assertive Community Treatment FSP – TAY to Older Adults (Turning Point).
- 2020-2023 System Development/Transformation Programs & Activities overview was shared.
- Focus is on Prevention & Early Intervention with Priority Areas
- PEI Programs across Placer County were shared, focus areas: Prevention, Early Intervention Outreach for Early Recognition, Suicide Prevention, Stigma Discrimination Reduction, and Access and Linkage.
- Ms. Compton also reviewed Workforce Education & Training (WET): Coordination & Implementation, Consumer & Staff Development, Leadership Development, Placer Learns, Outreach/Career Tracks, Recruitment Retention, Internships, Statewide WET Grants. Also reviewed were the purpose of offerings: Capital Facility/Tech Needs (CFTN) and Innovation (INN) Budget Forecast and the statewide MHSA Funding Projections; allocations go toward the seriously mentally ill and children in need first before funding other programs. Programs opportunities were reviewed.
- Report reviews who was served, Ms. Compton reviewed FY 2020-2021 Data.
    - 486 Full service partnerships, 174 CSS Housing supports, 258 CSS Mental Health Services, 589 CSS Peer Services, 1459 CSS Crisis Services, 1030 Culturally Specific Supports, 1274 Prevention, 320 Early Intervention, 32,173 Outreach for Early Recognition, 9.091 Suicide Prevention, 240 Stigma Reduction, 170 Access and Linkage
    - PCOE PBIS and Sierra Native Alliance Community Events
    - Suicide Prevention: PCOE Kognito, Sierra Community House (SCH) Suicide Prevention Outreach and Trainings
    - 211 Placer County / CSS General System Development - 21,531 total calls, 2,562 total texts
- Penetration Rate of total county population was reviewed, broken down by age group; 0-15, 16-25, 26-59 and 60, showing those that received MHSA services, group with the highest was 16-25, the lowest was 60+. Penetration rates were reviewed for sex assigned at birth, total county population, and ethnicity.
- Collage of community events were shared that included community partners.
- Prevention and Early Intervention Evaluation Report (covers the last 3 years – but this will be a full 4 years) for public viewing and comment on July 13-Aug 12th. 2016-2021 Final Innovation Report for Homeless Integrated Care Coordination and Evaluation, will be available for viewing, comments will be accepted via email. Listening Session requests can be made at scompton@placer.ca.gov. August 23rd all reports will go to the board of supervisors for approval.

Board Member Comments, Staff Member Comments, Public Comments:

Ms. Cataldo opened for Public Comment. Ms. Buckley stated like the simplicity of the data and applauds the effort and would like to see more infographic views of how the County is doing.

Mr. McLennen added he would like to push for peer and elderly services and is concerned for cost of Lotus Center and the potential delays.

Ms. Jenny Sanchez shared the presentation was thorough and great.

Mr. Griffin asked if there are any extra administrative differences since there are two allocation entities.

Ms. Compton responded that working with two separate oversight entities at the State level, there's challenges in making sure that both parties are aligned with how they interpret regulations, and the reporting also, we are sending the same report essentially to both DHCS and OAC and there might be a different look at the way the regulations can be interpreted, so it can present its challenges, but at the same time, provides an opportunity for establishing relationships for feedback and collaboration really.

Ms. Ellis elaborated on the challenges, jumping through both DHC and OAC hoops. But OAC does brings community voice and making sure funds are serving the underserved. Other initiatives are in the works with CalAIM. Also added, local vendor call outs were good to see in the presentation.

With no other public comments, Ms. Cataldo thanked all for their remarks, and announced next steps is to include their written comments in the county's annual update, which will be sent to the Board of Supervisor for approval on August 23rd. Ms. Cataldo closed the Public Hearing and opened Consent Agenda Items.

CONSENT AGENDA ITEMS

- **Approval of the Consent Items**

  Motion: Mr. McLennan, seconded by Mr. Griffin
  Further Discussion: Mr. McLennen requested Ms. Ellis provide an update on Sierra Mental Wellness with regard to Lotus. Ms. Ellis added she would cover the update in the Director's Report. There was no further discussion. Role was taken by Ms. Zacapa.
  Abstain: None
  Ayes: Mr. Henry, Ms. Cataldo, Mr. Evangelista, Mr. Giffin, Mr. Lasman, Ms. Buckley, Ms. Sanchez, Ms. Behrens
  No's: None
  No Discussion, roll call taken by Ms. Zacapa, Ms. Cataldo announced that the motion passes.

Amy Ellis reviewed CONSENT AGENDA ITEM(S)

- PSYNERGY PROGRAMS, INC.
- AMI HOUSING ARF (BOARD & CARE) CONTRACT
- RESOLUTION ON INVOLUNTARY
- SIERRA MENTAL WELLNESS

SECRETARY / TREASURER'S REPORT

- **Approval of the May 23, 2022, Regular Board Meeting Minutes**

  Motion to approve: Mr. Giffin, seconded by Ms. Cataldo.
  Discussion: None
  Abstain: None
  Ayes: Mr. Henry, Ms. Cataldo, Mr. Evangelista, Mr. Giffin, Mr. Lasman, Ms. Buckley, Ms. Sanchez, Ms. Behrens
  No's: None
  No Discussion, roll call taken by Ms. Zacapa, Ms. Cataldo announced that the motion passes.

- **Approval of Treasurer's Report - Amount budgeted for Fiscal Year 2021-22**
  Expenditures for the month of May, 5/1 - room rental $60, 5/23 Costco food/water $33.96, 5/23 Erik's sandwiches $188.65, leaving a balance of $1,512.40.
  Motion to approve: Mr. Henry, seconded by Ms. Cataldo.
  Discussion: None
  Abstain: None
  Ayes: Mr. Henry, Ms. Cataldo, Mr. Evangelista, Mr. Giffin, Mr. Lasman, Ms. Buckley, Ms. Sanchez, Ms. Behrens
  No's: None
  No Discussion, roll call taken by Ms. Zacapa, Ms. Cataldo announced that the motion passes.

COMMITTEE REPORTS & PROGRAM/PROJECT UPDATES

Executive Committee: Mr. McLennen spoke on behalf of the Executive Committee, and relayed there were some items brought up, irrelevant items were eliminated.
Board Member Comments, Staff Member Comments, Public Comments: None

Children's Services Committee: Mr. Giffin, announce the committee met 6/20, and reviewed their current goals
Board Member Comments, Staff Member Comments, Public Comments: None

Alcohol & Other Drugs / Adult Services: Ms. Haynes reported the committee met, reviewed the retreat, outstanding question, Mr. Evangelista added the question discussion was regarding roles and limitations of their positions for public recruiting purposes.
Board Member Comments, Staff Member Comments, Public Comments: None

BOS REPRESENTATIVE

Supervisor Holmes: No report provided
Board Member Comments, Staff Member Comments, Public Comments: None

CORRESPONDENCE & ANNOUNCEMENTS

None to report

DIRECTOR'S REPORT

Ms. Ellis reviewed the June 2022 Behavioral Health Director's Report that included the status of Housing/Homelessness, Service Center, operated by TGI, has changed its hours to 1-5pm, and the details for that availability. Also covered, was the close & demo start of Project Homekey beginning mid-July/early August. Permanent Supportive Housing in Placer, 988 (The National Suicide Prevention Lifeline number will start July 16, 2022.

In addition, the policy bill in California to try to pass a tax to help pay for some of the costs associated with 988 has been recently amended and will be heard in the Senate on June 28th.
• Sponsors were identified
• If passed would set California's fee at 8 cents for two years growing to 30 cents for 988 Lifeline Centers and mobile crisis services meeting ARPA criteria, and establish oversight authority and structure under a new 988 Crisis Hotline Director within the Office of Emergency Services (OES) • Create a new state level 988 Center designation, Require coordination/interoperability with 911

Ms. Ellis reported there is a new contract with Psynergy, creating availability to six locations and nearly 300 beds, mostly within the Sacramento region.

Ms. Ellis reported on new EHR, Crisis Services at Sierra Mental Wellness group, and Workforce challenges.

- The California Mental Health Services Authority (CalMHSA) in coordination with the Department of Health Care Services (DHCS) is launching an exciting new initiative to implement a Semi-Statewide Electronic Health Record.
- Sierra Mental Wellness Group contract will end their South Placer portion of Adult Crisis Services. Sutter Hospital will be taking over after hours crisis services on 7/1 and fully in August 2022. They were also going to provide After Hours services to the new Lotus Crisis Center. Projected to have a replacement contract by August 2022.
- We will be looking at what we contract out, what we operate, and strategically moving positions and holding vacancies as we navigate the challenging behavioral health workforce environment

UNFINISHED BUSINESS

Recruitment/ Visibility
None to report
Board Member Comments, Staff Member Comments, Public Comments: None

CCW/MHSA
Ms. Buckley reported the CCW meeting was cancelled for the month, nothing to report.
Board Member Comments, Staff Member Comments, Public Comments: None

Test Calls
Ms. Ellis provided the link to do test calls, Board Member Sign Up: https://www.signupgenius.com/go/60b044baca622a6f85-test, if new and need assistance, connect with Jennifer Ludford or Rachel Zacapa. Mr. Henry stated he is on board for June.
Board Member Comments, Staff Member Comments, Public Comments: Mr. Giffin said the process is straightforward and not time consuming once you review the brief training manual.

FY 22-23 Board Goals

Ms. Cataldo suggested having a board team of three people to review scope, schedule, and goal orientation. For instance, the 1st event: Lotus Center opening, 2nd event would be to visit a culturally diverse event for mental health. Ms. Cataldo stated the goal items from the retreat minutes; CalAIM, student mental health, families first, short-term goal of outreach, visit other businesses, marketing Ambassador program, identify topics, surveys, start with Lotus, community associations, reduce stigma, recruitment and visibility diversity and inclusion meeting attendees and diverse board composition of the board.

Board Member Comments, Staff Member Comments, Public Comments:

Mr. McLennen said he would like to lead in a supportive capacity with Outreach, promote in-person meetings, and changing locations for better accessibility. Mr. McLennen referred to the goals covered in the 2022 Retreat, and stated, if others want to take the lead on any of the goals/goal developments, to please step forward and/or contact anyone on the executive team: Mr. McLennen, Ms. Cataldo, or Mr. Giffin.

CALBHBC
Mr. Giffin requested the CALBHBC newsletter be distributed in the future.
Board Member Comments, Staff Member Comments, Public Comments: None

NEW BUSINESS

Review/Approve May 23rd MHADAB Annual Retreat Minutes
Ms. Cataldo requested a copy of the retreat minutes be distributed.

Proposed Regular Board Meeting Schedule
Ms. Cataldo stated this would be voted on in the next regular meeting.

Confirm Election of Officers
Mr. Giffin reported an official announcement and request for any additional board members that might be interested in any of the officer positions, chair, vice chair, Secretary, or treasurer. An email was also to everyone, just to find out prior to the main meeting if anybody had an interest. No interest came forth, so as the Chair of the nominating Committee, Mr. Giffin suggested that somebody makes a motion to put Lisa Cataldo in one year as a Chair, Geoff McLennen for another year as Vice Chair and himself for another three years as a Secretary/Treasurer. Motion was made by Laura Sanchez. Ms. Ellis clarified, it's one year Oath of Office and three-year term. Ms. Sanchez made a motion for one year for each member stated above. Mr. Lasman seconded.
Board Member Comments, Staff Member Comments, Public Comments: Mr. McLennen thanked everyone for their confidence. Roll call was taken by Ms. Zacapa. Ms. Cataldo announced that the motion carries, and welcomed Ms. Sharon Behrens in to the Board, as well as Mr. Tomas Evangelista and Mr. Mike Lasman.

Lotus Update / 988 Update
Ms. Ellis shared the ribbon cutting may be moved to early August. She will inform the Board if the Ribbon Cutting event changes. **Board Member comment:** Mr. McLennen welcomed and share a bit of Sharon Behrens' background. Added that he hoped for more peer workers – get them to apply at AMI Housing if anyone knows of anyone, no college degree if needed, just lived experience and a desire to work with the population.

CLOSING 7:38 PM

Board Member Comments, Staff Member Comments, Public Comments: Ms. Ellis Shared the next meeting would be in person at Cirby Hills, at 6:15-8:00pm, in the Pacific Room. A new audio system will be in place and dinner will be provided.

ADJOURNMENT 7:43 PM

Meeting Adjourned 7:43 p.m.

Next Executive Committee Meeting (ASOC) Tuesday, July 12, 4:30 p.m.

Next Board Meeting Monday, July 25, 6:15-8:00 p.m.

Preparer Rachel Zacapa

Distribution Mental Health Alcohol and Drug Advisory Board

Recording June 20 MHADAB Meeting

APPENDIX III
Board of Supervisor Plan Approval

COUNTY OF PLACER
BOARD OF SUPERVISORS
AGENDA
Tuesday, August 23, 2022
9:00 a.m.

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

Bonnie Gore, District 1
Robert Weygandt, District 2
Jim Holmes, District 3, **Vice Chair**
Suzanne Jones, District 4
Cindy Gustafson, District 5, **Chair**

Jane Christenson, Acting County Executive Officer
Karin Schwab, County Counsel
Megan Wood, Clerk of the Board
Marci Branaugh, Deputy Clerk of the Board

The board meeting will be open to in-person attendance. The entire meeting will be available on livestream. Public Comment will be opened for each agenda item, and citizens may comment virtually through a Zoom meeting webinar https://www.placer.ca.gov/boslive *utilizing the "raise hand" function or if you have joined the Zoom meeting via phone at 877-853-5247 using the Webinar ID* **978 5999 5398** *please dial *9 to "raise hand" and queue for Public Comment. Please raise your hand at the time the Chair announces the item. Please Note: There will be no phone reservation line.*

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

FLAG SALUTE: Led by Supervisor Weygandt

9:02 am **CONSENT AGENDA:** All items on the Consent Agenda have been recommended for approval by the County Executive Department. All items will be approved by a single roll call vote. Anyone may ask to address Consent items prior to the Board taking action, and the item may be moved for discussion. **Items # 23B and #29B were pulled**
Motion: Weygandt/Holmes/Unanimous Roll Call 5:0 - Gore, Weygandt, Holmes, Jones, Gustafson

9:23 am **PUBLIC COMMENT:** Persons may address the Board on items not on this agenda. Please limit comments to 3 minutes per person since the time allocated for Public Comment is 15 minutes. If all comments cannot be heard within the 15-minute time limit, the Public Comment period will be taken up at the end of the regular session. The Board is not permitted to take any action on items addressed under Public Comment.

BOARD MEMBER AND COUNTY EXECUTIVE REPORTS:

TIMED ITEMS to be discussed at the time shown or shortly thereafter

9:15 am **9:20 a.m.**

1. **BOARD OF SUPERVISORS**
   A. Commendation Recognizing Congressman Tom McClintock

1. Approve and Present a Commendation recognizing Congressman Tom McClintock for his service to the people of Placer County

9:30 a.m.

2. **AGRICULTURE**
   - A. Annual Crop Report
     1. Receive an update on the 2021 Agricultural Crop Report.

9:45 a.m. **9:57 am**

3. **AGRICULTURE**
   - A. CivicSpark Fellowship Service Term Overview
     1. Receive a report from the Regional Forest Health CivicSpark Fellow on the activities of the 11-month Fellowship Service Term, split between the Agricultural Commissioner's Regional Forest Health program and the Placer County Air Pollution Control District's biomass program.

10:00 a.m. **10:14 am**

4. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   - A. Final Action of Appeal of Planning Commission's Denial of the Sorensen Variance (PLN21-00460)
     1. Take final action on the appeal filed by Sven Sorensen consistent with the tentative action taken previously by the Board on July 12, 2022.
     2. Find the project categorically exempt from the California Environmental Quality Act pursuant to Section 15303 of the California Environmental Quality Act Guidelines and Section 18.36.050 of the Placer County Environmental Review Ordinance (New Construction or Conversion of Small Structures).
     3. Finalize the tentative action taken on July 12, 2022 to uphold the appeal and approve the Variances to allow an existing shop to be set 3.74 feet from the north property line and a 0-foot setback for a 9-foot retaining wall on the north property line where 30 feet is normally required, subject to the findings and Conditions of Approval contained herein.

10:20 a.m. **10:30 am**

5. **PUBLIC WORKS**
   - A. 8810 Cook Riolo Road - Annexation to County Service Area 28, Zone of Benefit 173 – Dry Creek
     1. Conduct a public hearing to hear and consider protests, if any, to the annexation of 8810 Cook Riolo Road, located at the end of the southwest corner of Almond Blossom Lane and Cook Riolo Road, Roseville (APN 023-240-039-000), into the boundaries of County Service Area 28, Zone of Benefit 173 – Dry Creek to provide sewer service, and determine whether written protests to the annexation have been received from a majority of property owners who own more than 50 percent of the assessed value of all taxable property in the proposed zone.
     2. Adopt a Resolution annexing 8810 Cook Riolo Road, APN 023-240-039-000, into County Service Area 28, Zone of Benefit 173-Dry Creek.

10:30 a.m. **10:31 am**

6. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   - A. Placer Ranch Specific Plan Agreement Regarding the Dedication of Land In-Lieu of Mitigation Fees
     1. Approve and Authorize the Chairperson or designee to execute the Agreement Regarding the Dedication of Land In-Lieu of Mitigation Fees between the County of Placer, the Placer County Conversation Authority and JEN CA Placer Ranch, LLC, a California Limited Liability Company for the Placer Ranch Specific Plan to mitigate impacts through combination of payment to Placer County Conversation Program fees and dedication of land and authorize the Chairperson to execute any amendments to the agreement, including but not limited to allocation of additional credits for subsequent phases of the Placer Ranch project, subject to Risk Management and County Counsel concurrence.

10:45 a.m.

7. **HEALTH AND HUMAN SERVICES** **10:52 am**
   - A. Placer County Mental Health Services Act Annual Update and Expenditure Plan
     1. Adopt the Placer County Mental Health Services Act Plan Annual Update for FY 2022-2023, which includes the FY 2017-2021 Prevention and Early Intervention Evaluation Report and

the Final Report for Homeless Integrated Care Coordination and Evaluation Innovation Project.

2. Approve the Expenditure Plan for FY 2022-2023 in the amount $24,092,918.

MOTION: Holmes/Weygandt/Unanimous/Vote 5:0 AYES: Gore, Weygandt, Holmes, Jones, Gustafson

The Board will adjourn as the Placer County Board of Supervisors and convene as the Placer Vineyards Park and Recreation District Board of Directors

11:30 a.m.

8. **PLACER VINEYARDS PARK AND RECREATION DISTRICT**
   A. Placer Vineyards Park and Recreation District - FY 2022-23 Final Budget
      1. Conduct a Public Hearing and adopt a Resolution adopting the Final Budget for FY2022-23 for the Placer Vineyards Park and Recreation District.

The Board will adjourn as the Placer Vineyards Park and Recreation District Board of Directors and reconvene as the Placer County Board of Supervisors

1:00 p.m.

9. **COMMUNITY DEVELOPMENT RESOURCE AGENCY**
   A. Appeal of the Planning Commission's Denial of the 3M Event Center Conditional Use Permit (PLN22-00053)
      1. Conduct a Public Hearing to consider an appeal filed by the property owner, Gus Mathiopoulos on behalf of Mathiopoulos 3M Family LP.
      2. Deny the appeal filed by the property owner, Gus Mathiopoulos.
      3. Uphold the Planning Commission's June 9, 2022 decision to deny the 3M Event Center Conditional Use Permit (PLN22-00053).
      4. Find that the project is statutorily exempt from environmental review pursuant to provisions of Section 15270 of the California Environmental Quality Act Guidelines and Section 18.36.010 (G) of the Placer County Environmental Review Ordinance (Projects which are disapproved).

DEPARTMENT ITEMS to be considered for action as time allows

10. **TREASURER-TAX COLLECTOR** **9:01 am**
    A. Post Retirement Employment Resolution
       1. Adopt a Resolution authorizing the Treasurer-Tax Collector's Office to offer Diane Handy post-retirement employment prior to the California Public Employees' Retirement System required 180 days wait period.

11. **FACILITIES MANAGEMENT** **11:06 am**
    A. New Health and Human Services Center at Placer County Government Center - Change Order Approval and Authorization with Turner Construction Company
       1. Approve Change Order No. 2 to Construction Contract, SCN103790, with Turner Construction Company for the Health and Human Services Center project, PJ00113, in the amount of $473,338 resulting in a new total contract amount of $80,263,115 to address unforeseen conditions and delegate authority to the Director of Facilities Management, or designee, to approve any necessary additional change orders in an amount not to exceed $210,000 consistent with Section 20142 of the Public Contract Code.

MOTION: Weygandt/Holmes/Unanimous/Vote 5:0 AYES: Gore, Weygandt, Holmes, Jones, Gustafson

12. **HEALTH AND HUMAN SERVICES** **11:19 am**
    A. Behavioral Health Urgent Care Center Services - Contract with North Valley Behavioral Health
       1. Approve an agreement with North Valley Behavioral Health for behavioral health urgent care center services, in an amount not to exceed $1,285,560 from September 1, 2022, through August 31, 2023, and authorize the Director of Health and Human Services to execute the agreement with Risk Management and County Counsel concurrence and to sign subsequent amendments up to $100,000 consistent with the subject matter and scope of work with Risk Management and County Counsel concurrence.

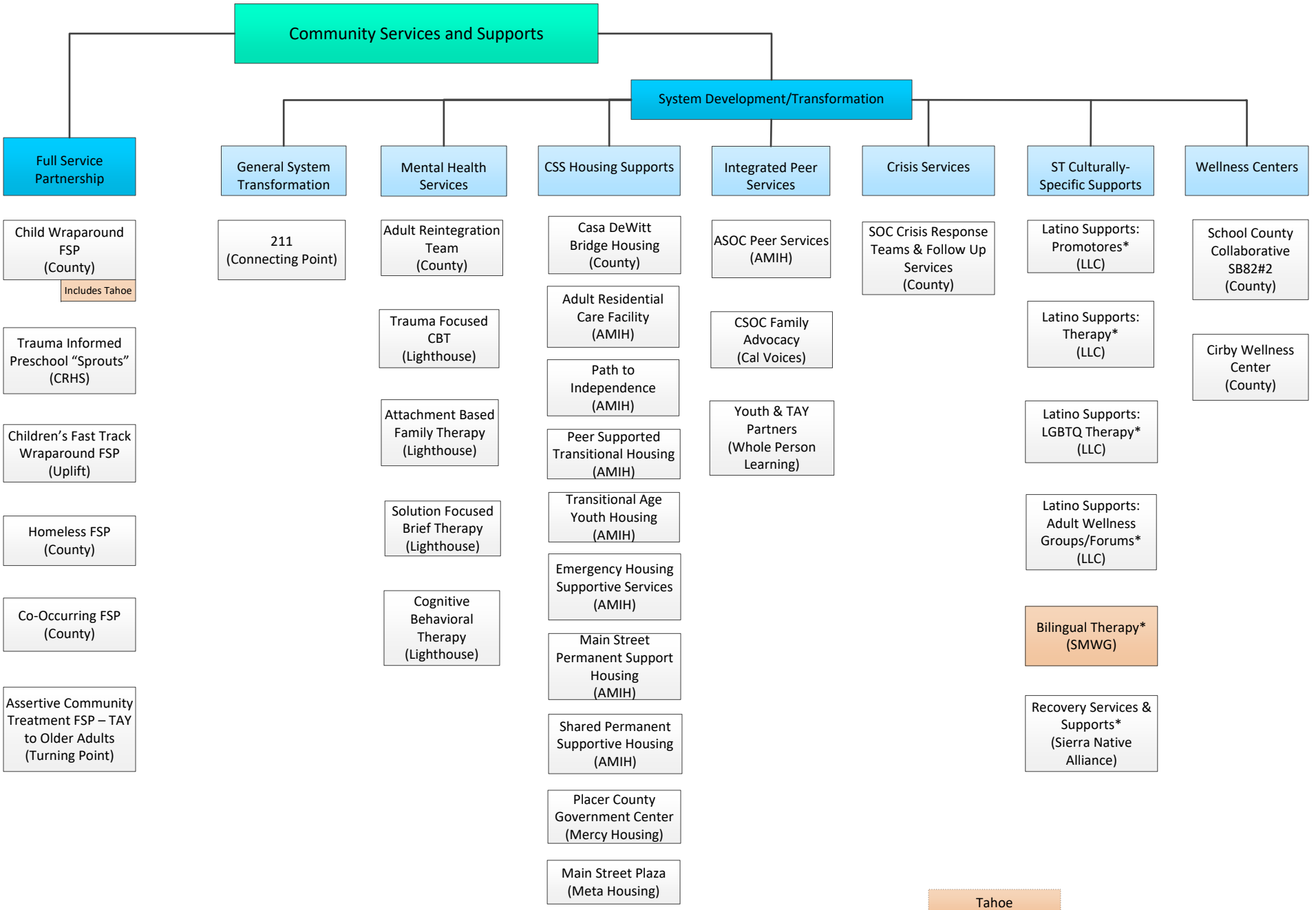
MOTION: Holmes/Weygandt/Unanimous/Vote 5:0 AYES: Gore, Weygandt, Holmes, Jones, Gustafson

13. **HUMAN RESOURCES**
    A. Amendments to Recruitment and Benefit Policies
       1. Introduce a codified Ordinance, waive oral reading, to amend various sections of Chapter 3 of the Placer County Code relating to recruitment and benefit policies.

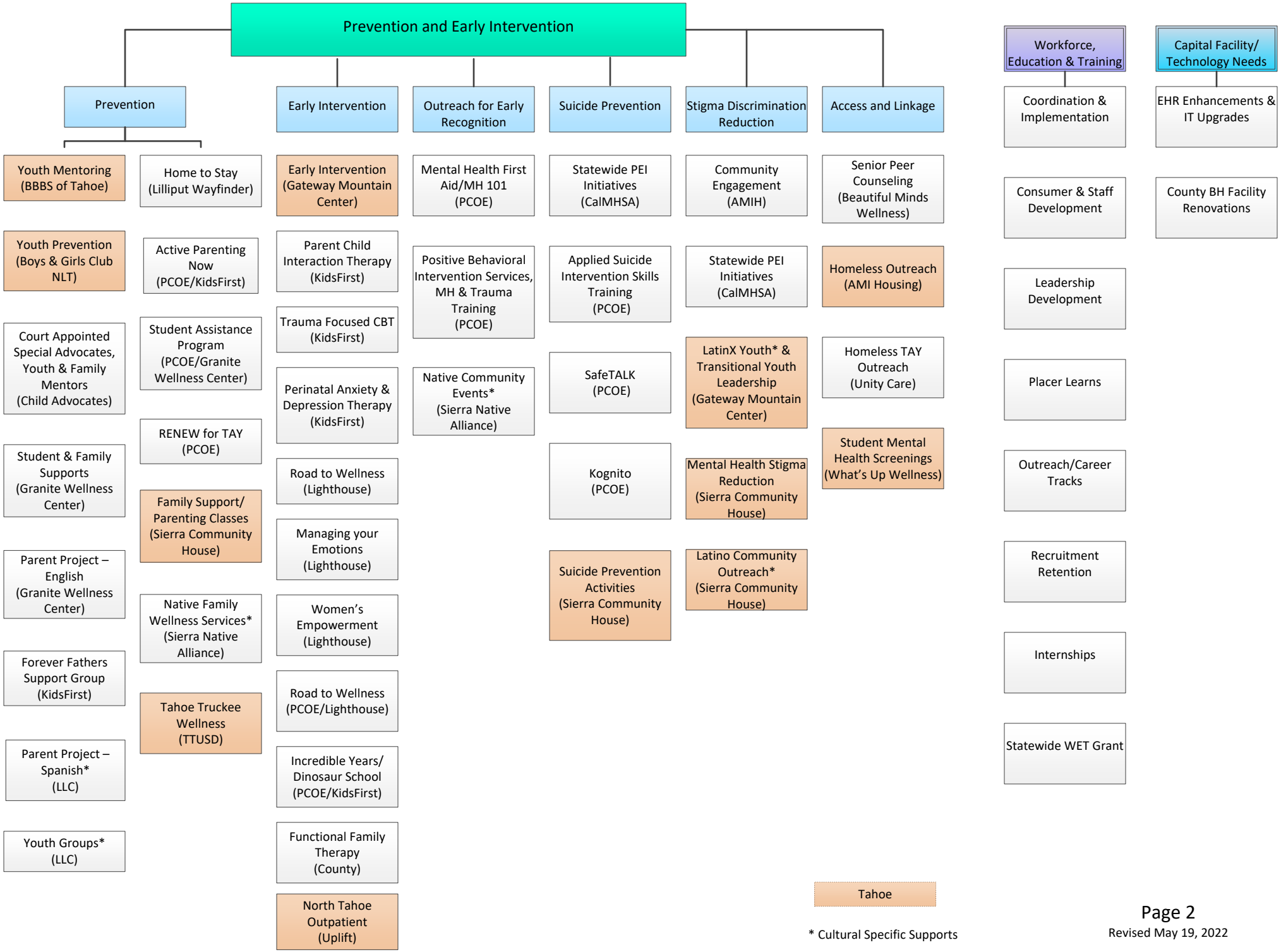
APPENDIX IV

MHSA 2022-2023 Program and Activities Flow Chart

Placer County MHSA Programs & Activities
FY2022-2023



Revised May 19, 2022



* Cultural Specific Supports

Revised May 19, 2022