El Dorado County
FY 2016-17
Mental Health Services Act
Programs and Projects

Health and Human Services Agency, Mental Health Division

WELLNESS I RECOVERY I RESILIENCY

Prevention and Early Intervention (PEI)

Component Definition

"Prevention and Early Intervention" refers to programs designed to prevent mental illnesses from becoming severe and disabling.

Based upon current MHSA regulations and State directives, PEI programs emphasize improving timely access to services for underserved populations and include the following service components:

- outreach to recognize early signs of potentially severe and disabling mental illnesses;
- access and linkage to medically necessary care;
- reduction in stigma associated with diagnosis of a mental illness or seeking mental health services; and
- reduction in discrimination against people with mental illness.

The PEI programs are to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- suicide;
- incarceration;
- school failure or dropout;
- unemployment;
- prolonged suffering;
- homelessness; and/or
- removal of children from their homes.

PEI funds may be used to broaden the provision of short-term community-based mental health services. [1]

Purposes of PEI Programs

- To prevent mental illnesses from becoming severe and disabling.
- To provide early detection and increased access to screening, assessment, and early intervention for depression and suicide.
- To prevent the onset of major depression, to reduce the negative outcomes of untreated depression, and to prevent the tragic consequences of suicide.
- To reduce the risk of institutionalization and homelessness among transitional age youth and adults.
- To provide linkage to the appropriate level (least restrictive) of mental health and other needed services.

[1] WIC §5840.

- To provide training, knowledge and skills related to mental health for clients, family members, and the broader community, thereby promoting mental health and independent living.
- To provide these services in a proactive (outreach) and community-based model thereby reducing disparities in service access.

Fundamental Goals of PEI

- To provide early detection and increased access to screening, assessment, and early intervention for depression and suicide.
- To prevent the onset of major depression, to reduce the negative outcomes of untreated depression, and to prevent the tragic consequences of suicide.
- To reduce the risk of institutionalization and homelessness among adults.
- To provide linkage to the appropriate level (least restrictive) of mental health and other needed services.
- To provide training, knowledge and skills related to mental health for clients, family members, and the broader community, thereby promoting mental health and independent living.
- To provide these services in a proactive (outreach) and community (home-based) model thereby reducing disparities in service access for older, vulnerable, and isolated adults.

PEI Program Types

The 2015 PEI regulations expanded the PEI program types from "Prevention" and "Early Intervention" to:

- Early Intervention
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Prevention
- Access and Linkage to Treatment
- Stigma and Discrimination Reduction
- Suicide Prevention

PEI Programs and Projects

Program 1: Youth and Children's Services

- Project 1a: Children 0-5 and Their Families
- Project 1b: Mentoring for 3-5 Year Olds
- Project 1c: Parenting Skills
- Project 1d: Primary Intervention Project (PIP)
- *Project 1e: SAMHSA Model Programs (discontinued effective FY 2016-17)*
- Project 1f: Prevention and Early Intervention for Youth in Schools
- Project 1g: Nurtured Heart Approach

Program 2: Community Education Project

- Project 2a: Mental Health First Aid
- *Project 2b: National Alliance on Mental Illness Training (discontinued effective FY 2014-15)*
- Project 2c: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education
- Project 2d: Community Information Access
- Project 2e: Suicide Prevention and Stigma Reduction
- Project 2f: Foster Care Continuum Training
- Project 2g: Community Outreach and Resources
- Project 2h: Statewide PEI Projects

Program 3: Health Disparities Program

- Project 3a: Wennem Wadati - A Native Path to Healing
- Project 3b: Latino Outreach

Program 4: Wellness Outreach Program for Vulnerable Adults

- Project 4a: Wellness Outreach Ambassadors and Linkage to Wellness
- Project 4b: Senior Peer Counseling
- Project 4c: Older Adult Program

Program 5: Community-Based Services

- Project 5a: Community-Based Mental Health Services
- Project 5b: Community Health Outreach Worker

Project Name: Children 0-5 and Their Families — 1a

Service Provider: Infant Parent Center

Program Type:	☒ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☐ Homelessness ☒ Removal of Children from Their Homes
Objective	To provide early prevention and intervention services to children age 0-5 and their families.	
Target Population(s)	☒ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☒ Adults ☒ Older Adults ☐ All Ages
	Families living in El Dorado County with children in the 0-5 age range (perinatal to five years)	
Service Location(s)	Vendor's Cameron Park office, but services may be provided to all eligible families who wish to be seen in Cameron Park.	
Project Duration	Ongoing	
Activities Performed	A plan of care will be developed by service provider in concert with family and other community collaborators as appropriate to address the family's specific needs and goals. Treatments may include: • Infant-parent psychotherapy • Individual, couple, family sessions • Home visitation • Parenting support and guidance for fathers, mothers and couples • Infant massage • Pregnancy and post-partum support • Psychological parenting information and support for foster, grandparents and adoptive caregivers • Educational support to address colic, feeding and sleep issues • Circle of Security - evidence based approach to parenting that is focused on infancy and toddlers. • Theraplay - A relationship based approach that uses play to engage	

Project Name: Children 0-5 and Their Families 1a

Service Provider: Infant Parent Center

	children in interactions that lead to competence, self-regulation, self-esteem, and trust • Trauma-Focused Cognitive Behavioral Therapy (CBT) • Eye Movement Desensitization Reprocessing (EMDR)
Service Strategies	**Outreach** – Includes phone and in-person contact with target population, representatives of area agencies, medical/health care providers, educational programs, and other agencies designed to: • Remove barriers to treatment • Assist other providers to recognize early signs of poor coping/stress/mental illness in our target population • Improve agency cooperation • Engage families with very young children who may be living in poverty or isolation • Engagement with target population and offering Spanish language materials • Continuous development of practitioners cultural sensitivity, awareness, knowledge and skills • Honor every family's own personal culture and values and understand cultural factors that may influence clients **Access and Linkage to Medically Necessary Care** - To identify/evaluate needs, risk factors and strengths. Standardized assessment tools include Parent Stress Index, Beck's Depression and Anxiety Scale, Post-Partum Depression Scale, Ages and Stages and Marshak Interactive Method Assessment also includes consultation and enhancement with pre-school and kindergarten programs. Referrals will be based on the identified needs of the family, such as referrals to: Immigration support agency/provider, English as a Second Language (ESL) programs, Early Head Start/Head Start, Infant Development Program, Public Health, Mental Health, First 5 Commission, community-based mental service providers, hospitals, community health and faith based services. Children meeting the criteria for specialty mental health are referred to the MHD. **Stigma and Discrimination Reduction:** Discuss mental illness with parents to help recognize signs, reduce stigma, and discrimination. This program will also be linked with other stigma and discrimination

Project Name: Children 0-5 and Their Families 1a

Service Provider: Infant Parent Center

	reduction activities.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[2]
Procurement Method	Sole source to the Infant-Parent Center.
Short-Term Goals	• Increased number of families within the target population who are accessing prevention/wellness/intervention services • Strengthened pipeline among area agencies to facilitate appropriate and seamless referrals between agencies in El Dorado County • Increased awareness of services available among families, health care providers, educators and others who may have access to target population • Emotional and physical stabilization of at-risk families (increasing trust) • Improved infant/child wellness (physical and mental health) • Improved coping/parenting abilities for young parents • Increase awareness and education of Domestic Violence and how it impacts families and young children • Enhancement of programs serving children 0-5
Long-Term Goals	• Decreased number of children removed from the home • Decreased incidence of prolonged suffering of children/families • Child abuse prevention • Suicide prevention • Increased cooperation and referrals between agencies • Reduced stigma of mental health/counseling interventions among target population • Improved trust of services as evidenced by an increase in self-referral by target group families • Decreased cost of 5150 and hospitalizations by providing services in outpatient setting

[2] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Children 0-5 and Their Families 1a

Service Provider: Infant Parent Center

Outcome Measures	**Measurement 1:** Success will be measured on pre/post testing based on assessment tools, Parent Stress Index, Beck's Depression and Anxiety Scale, Post-Partum Depression Scale, Ages and Stages, and Marshak Interaction Method **Measurement 2:** Client satisfaction questionnaires, other provider questionnaires **Measurement 3:** Tracking of self-referred clients **Measurement 4:** Decreased incidents of shaken baby syndrome **Measurement 5:** Reduction of hospital emergency department visits
Number of Services / Quantity of Service	Approximately 1,750 client contact hours annually
Budget	Budgeted on a reimbursement basis. Costs include staff, administration, overhead, training and continued education, fees and licensing, and supervision.
FY 2013-14	$125,000
FY 2014-15	$125,000
FY 2015-16	$125,000
FY 2016-17	$175,000
FY 2017-18	$175,000
FY 2018-19	$175,000

Project Name: Mentoring for 3-5 Year Olds by Adults and Older Adults — 1b

Service Provider: Big Brothers Big Sisters

Program Type:	☐ Early Intervention ☒ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☐ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☐ Homelessness ☒ Removal of Children from Their Homes
Objective	Recruit, screen and train adults and older adults to mentor at-risk, unserved, and underserved children at different child development sites in El Dorado County.	
Target Population(s)	☒ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☒ Adults ☒ Older Adults ☐ All Ages
	Primary focus would be children age 3-5, mentored by adults and older adults Program could be expanded to mentor children older than 5 years of age	
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	• To help reduce parental stress and increase parent child interaction, as well as parent teacher interaction. • Develop child case plan using Big Brothers Big Sisters nationally recognized evidence-based program with parent, teacher, and mentor to target activities that meet the child's individual needs. • Each individual match (adult / older adult and child) is case managed by a Big Brothers Big Sisters professional staff. • Peer support between mentor, teacher and parent / guardian. • Mentor will teach child coping mechanisms to deal with day-to-day stressors and any mental health symptoms. • Provider staff meets with parents and teachers to review child case plan and ensure collaboration and cultural competency.	

Project Name: Mentoring for 3-5 Year Olds by Adults and Older Adults — 1b

Service Provider: Big Brothers Big Sisters

Service Strategies	**Outreach:** Collaborate with EDCOE Child Development Department **Access and Linkage to Medically Necessary Care:** Mentors link parents / guardians to other needed services, and through inter-county / community-based organization collaborations, can often get services faster thus preventing future mental health issues. **Stigma and Discrimination Reduction:** Conduct parent workshop on need of mentors for young children to help recognize signs, reduce stigma, and discrimination. This program will also be linked with other stigma and discrimination reduction activities.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Support[3]
Procurement Method	West Slope: Sole source to Big Brothers Big Sisters Tahoe Basin: Competitive procurement process, awarded to Big Brothers Big Sisters.
Short-Term Goals	• Determine if child or family has organically or environmentally induced mental illness concerns. • Develop a case plan for child. • Conduct parent workshop. • Through skill building activities, mentors will develop coping mechanisms with the child.
Long-Term Goals	• Through education and training, mentors normalize mental health conditions helping reduce stigma • Mentors reduce the effects of parental mental health issues affecting the child • Child will utilize skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and public • Prevention of adult/ senior depression and other mental health concerns.

[3] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Mentoring for 3-5 Year Olds by Adults and Older Adults — 1b

Service Provider: Big Brothers Big Sisters

Outcome Measures	Measurement 1: Child Intake – Contractor will assess child and family for program effectiveness. Measurement 2: Volunteer Enrollment – Contractor will assess potential volunteers for acceptance into program. Measurement 3: Child Assessment – Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children. Measurement 4: Contractor will administer Big Brothers Big Sisters Youth Outcomes Survey and Strength of Relationship Survey to enrolled children. Measurement 5: Contractor will administer Big Brothers Big Sisters Strength of Relationship Survey to volunteer mentors. Measurement 6: Contractor shall provide testimonials, as appropriate, from parents, mentors and children.
Number of Services / Quantity of Service	Anticipate approximately 125 children annually Countywide, with the average cost per child approximately $600.
Budget	Budgeted on a reimbursement basis, approximately $50,000 for the West Slope and $25,000 for the South Lake Tahoe area.
FY 2013-14	$75,000 Any budgeted funds that were not utilized in FY 2013-14 were eligible to roll into FY 2014-15.
FY 2014-15	$75,000
FY 2015-16	$75,000
FY 2016-17	$75,000
FY 2017-18	$75,000
FY 2018-19	$75,000

Project Name: Parenting Skills 1c

Service Provider: New Morning Youth and Family Services

Program Type:	☐ Early Intervention ☒ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☐ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☐ Prolonged Suffering ☐ Homelessness ☒ Removal of Children from Their Homes
Objective	Parenting classes are programs that offer parenting-skills classes to promote emotional and social capability, and reduce and treat behavioral and emotional problems in children ages two to twelve.	
Target Population(s)	☒ 0-5 Years ☒ Elementary School ☒ Middle School ☒ High School	☒ Adults (parenting) ☒ Older Adults (parenting) ☐ All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	Parenting classes are a set of comprehensive, multi-faceted, and developmentally-based curricula targeting parents whose children would benefit from the parent involvement in these classes. These programs address the role of multiple interacting risk and protective factors in the development of conduct disorders, serves as a violence prevention strategy, promotes emotional and social competence, and prevents, reduces and treats behavioral and emotional problems in children. Parenting classes include, but are not limited to, Incredible Years, Parenting Wisely, Celebrating Families!, Triple P-Positive Parenting Program, among other parenting classes that are listed on Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov). These classes may be held at therapeutic and non-therapeutic locations, such as community centers, libraries, schools and churches. For classes that span many weeks, attendance at the beginning is generally higher than attendance at the end of the class. Therefore, these classes may be	

Project Name: Parenting Skills 1c

Service Provider: New Morning Youth and Family Services

	condensed to a shorter time period to encourage continued participation.
Service Strategies	**Outreach:** Outreach will be accomplished through direct consumer contact, publications, flyers, web-based content and/or other media outlets. **Access and Linkage to Medically Necessary Care:** Participants would receive linkage to medically necessary care through individual referrals and increased awareness about risk factors leading to self-referrals. **Stigma and Discrimination Reduction:** Client participation in this program will serve to break down barriers, reduce stigma and reduce discrimination through a more thorough understanding of mental illness.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[4] Contractor: New Morning Youth and Family Services
Procurement Method	In compliance with the Board of Supervisors Policy C-17, Procurement Policy
Short-Term Goals	• Increase positive and nurturing parents • Increase child positive behaviors, social competence, and school readiness skills • Increase parent bonding and involvement with teachers/school
Long-Term Goals	• Decrease harsh, coercive and negative parenting • Increase family stability • Increase emotional and social capabilities • Reduce behavioral and emotional problems in children
Outcome Measures	Measurement 1: Pre- and post-class survey.
Number of Services / Quantity of Service	At least six community-based classes per year, to be held in local communities (e.g., West County, North County, South County, Pollock Pines area, South Lake Tahoe area, Placerville area) as necessitated by demand. In the event demand for a class in a region is lower than necessary to host a class in that region, the service provider may request hosting one additional class in a high-demand region within a one year time frame. The average cost per class is approximately $8,000.
Budget	Budgeted on a reimbursement basis.

[4] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Parenting Skills 1c

Service Provider: New Morning Youth and Family Services

FY 2013-14	$50,000
FY 2014-15	$50,000
FY 2015-16	$50,000
FY 2016-17	$50,000
FY 2017-18	$50,000
FY 2018-19	$50,000

Project Name: Primary Intervention Project 1d

Service Providers: Black Oak Mine Unified School District, El Dorado Hills Vision Coalition, Tahoe Youth and Family Services

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☐ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☐ Prolonged Suffering ☐ Homelessness ☐ Removal of Children from Their Homes
Objective	The Primary Intervention Project (PIP) is an evidence-based practice that offers short-term individual, non-directive play services with a trained school aide to students in kindergarten through third grade who are at risk of developing emotional problems. The school-based screening team determines those children who are at risk of developing emotional problems based on indications of difficulties experienced with adjustments in school.	
Target Population(s)	☐ 0-5 Years ☒ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☐ All Ages
	Kindergarten through Third Grade (approximately 4-9 years of age)	
Service Location(s)	• Black Oak Mine Unified School District • Buckeye Unified School District • Lake Tahoe Unified School District • Rescue Union School District	
Project Duration	Ongoing	
Activities Performed	• Serve students in kindergarten through third grade in three public school districts experiencing mild to moderate school adjustment difficulties. Supervised and trained child aides provide weekly non-directive play sessions with the selected students. • Ensure that students are selected for program participation through a selection process that includes completion of standardized assessments and input from the school-based mental health professionals and teachers. • Encourage the involvement of parents/guardians and teaching staff to	

Project Name: Primary Intervention Project 1d

Service Providers: Black Oak Mine Unified School District, El Dorado Hills Vision Coalition, Tahoe Youth and Family Services

	build alliances to promote student's mental health and social and emotional development. Parental consent is required for student participation. • Have a core team consisting of school-based, credentialed mental health professionals, local mental health professionals (from a cooperating mental health entity) and child aides. • Ensure that credentialed school-based mental health professionals provide ongoing supervision/training of child aides. • Provide ongoing monitoring and evaluation of program services.
Service Strategies	**Outreach:** Outreach will be accomplished by identifying young children who are "at risk" of developing emotional problems and increasing awareness of mental health issues to parents, teachers and school administrators. **Access and Linkage to Medically Necessary Care:** PIP aides are informed regarding referral and access to County Mental Health Services and linkage to other community resources and providers. **Stigma and Discrimination Reduction:** Increasing the dialogue about mental wellness in a non-stigmatized school setting in an effort to reduce stigma and discrimination.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[5]
Procurement Method	No new RFP will be issued; contracts with currently contracted vendors will continue if vendor wishes to continue to provide services. • El Dorado Hills Vision Coalition • Black Oak Mine Unified School District • Tahoe Youth and Family Services Future procurement processes, if needed, will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Provide services in a school based setting to enhance access • Build protective factors by facilitating successful school adjustment • Target violence prevention as a function of skills training

[5] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Primary Intervention Project 1d

Service Providers: Black Oak Mine Unified School District, El Dorado Hills Vision Coalition, Tahoe Youth and Family Services

Long-Term Goals	• To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health
Outcome Measures	Measurement 1: Administer Walker-McConnell Scale (WMS) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WMS tool). Measurement 2: Completion of service delivery report to the County on a PIP semester basis showing number of students served. Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WMS scores, identifying program successes, challenges faced and post-PIP participation outcomes for the children.
Number of Services / Quantity of Service	Approximately 215 children annually, with an average cost per child of approximately $900.
Budget	Budgeted on a reimbursement basis.
FY 2013-14	$106,350
FY 2014-15	$212,700
FY 2015-16	$212,700
FY 2016-17	$275,000
FY 2017-18	$275,000
FY 2018-19	$275,000

Project Name: Prevention and Early Intervention for Youth in Schools — If

Service Provider: Minds Moving Forward

Program Type:	☒ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	Professional and para-professional staff placed on school campuses to improve youth mental health and address social and familial variations and stressors. This is a pilot program through June 30, 2019.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☒ Middle School ☒ High School	☒ Adults (parents/guardians) ☒ Older Adults (parents/guardians) ☐ All Ages
	As a pilot project, only students attending one of the pilot schools will be eligible to participate in this project. The target age groups are students at middle schools, high schools, alternative education school sites (grades 7 through 12) and K-8 schools for grades 6 through 8, and parents of those students.	
Service Location(s)	Schools, homes, libraries and other locations identified by the students or the family and approved by the service provider as a safe, private and appropriate place for the activities provided under this project.	
Project Duration	Ongoing	
Activities Performed	**Pilot Project** The provision of a school-based PEI project for middle and high school students incorporating activities such as outreach, referrals, groups, classes, individual and family therapeutic services and on-going case management is an ambitious one given the limited PEI funding, the issues that the project is designed to address, the number of schools in El Dorado County and the geographical distance between regions of the County. Therefore, this project will begin as a pilot in a limited number of schools to test the design of the project, develop the curriculum and services to be provided, and review the processes and project outcomes	

Project Name: Prevention and Early Intervention for Youth in Schools — 1f

Service Provider: Minds Moving Forward

	to determine project success. Due to the delay in issuing an RFP, the pilot project will run through June 30, 2019. This project will receive ongoing evaluation and adjustments will be incorporated as needed. **Pilot School Selection Criteria[6]** Based on the results of the California Healthy Kids surveys for school year 2012-13 (or 2011-12 if more recent data was unavailable), the schools identified to participate in the pilot are: • El Dorado County Office of Education Non-Traditional Schools (Charter Community School and El Dorado Trade School) • Camerado Springs Middle School • Oak Ridge High School • Ponderosa High School These high schools were selected for this pilot based on the total percent of students identifying feelings of hopelessness ("During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?") or thoughts of suicide ("During the past 12 months, did you ever seriously consider attempting suicide?"), along with the total number of students representative of the percentage (i.e., if 25% of the students identified they felt hopeless and there are 600 students, then approximately 150 students may have feelings of hopelessness). The data for individual middle schools was not available online, however composite data for the district was available. Camerado Springs Middle School was selected due to its district's overall response percentage and number of students, proximity to Ponderosa, total number of students, and the interest presented to the MHSA team for additional resources on its campus. Additionally, students from Camerado Springs Middle School generally advance to Ponderosa High School, so the continuity of services between middle and high school between those two schools will be available for evaluation during this pilot. Although Camerado Springs Middle School is a smaller school than other local middle schools, this pilot program has selected two large high schools in addition to the non-traditional schools and therefore a more modest middle school program will be started and evaluated for potential expansion.

[6] The schools identified to participate in this pilot program must be willing to have this project available on their campus. In the event a school is unable to host this pilot project, then an alternate school will be identified in its place.

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

Student Eligibility Criteria

1. Students must attend one of the schools participating in the pilot of this project.
2. All students at participating schools are eligible to receive general outreach information or referrals to community resources.
3. Students participating in group and/or class activities must meet one of the following criteria. Students will be admitted to the groups and/or classes based on the order identified below, however once enrolled in a class a student will not be unenrolled for another student to enter. A waiting list may be established if necessary.
   a. Students referred to this project by school personnel due to mental health concerns.
   b. Students who self-refer, or through a referral from another source such as parents, friends, mentors, or others due to mental health concerns.
   c. Students not experiencing any mental illness symptoms who wish to effectuate a positive culture change at their schools and in their communities as it relates to mental health.
   d. Students who are interested in learning more about mental health.

   Students will complete an initial self-assessment form to identify their self-perceived needs and the referring individual will also complete an assessment form to identify their concerns that resulted in the referral. Project staff will review the assessment forms for each student to determine if this project is appropriate for the needs of each student. If enrollment in this project is not appropriate for a student, the student may still be provided with referrals to other community resources that may meet their needs.
4. Students eligible to participate in individualized services require more intensive therapeutic interventions to address their mental health needs, and be referred to this project by school personnel due to mental health concerns, self-referred by the student, or referred from another source such as parents, friends, mentors, or others due to mental health concerns. Students receiving individualized services will likely have a diagnosable mild to moderate mental illness or have significant risk factors that require individualized mental health services to prevent the elevated mental health needs from arising.

Project Design

The purpose of this project is to develop a school-based system of support for the students that address prevention of or early intervention

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

	for mild to moderate mental illness that is complementary to other services students may be receiving. It is the intent of this project that participating students will gain increased knowledge about and skills to deal more effectively with depression, stress, teasing, bullying, relationships, anger, frustration, hopelessness, and other mental health issues. This program is not meant to provide all mental health services that a student may need, but it is designed to provide a long-term positive impact on the student's mental health. Through this project, students and parents will receive assistance in addressing risk factors for mental illness, and this project will also explore with students the underlying risk factors for mental illness and work to engage a change in culture surrounding the perception of mental illness. This project is not designed to supplant or bypass the schools' standard procedures for addressing a student's educational needs. Rather, this program is to provide additional support that may not otherwise be available. Students with an IEP who receive mental health services through that IEP would continue to do so. Students receiving mental health services through another source (e.g., insurance) would continue to receive those services. However, those students could participate in group activities or classes provided they meet the eligibility criteria. Those students would not, however, be eligible to receive additional individual counseling if they are receiving individual counseling elsewhere or are eligible for mental health services through the IEP program. MHSA funding cannot be utilized to supplant other State or federal funding or private insurance. **Service Availability:** All services will be available at each participating school site, but not all students are eligible for all services (see eligibility criteria above). It is anticipated that the program at the high school level would look different than the program at the middle school level, and there may be other project differences between each school based on the services already offered at a school, the needs of the students and the method that proves to be most effective in reaching the students and providing services to meet their needs. It is anticipated that this project will require a ramp up period to establish school-site processes, forms and other procedures, and therefore not all activities may begin immediately. **Extended Service Delivery Hours:** During the community planning process, concern was expressed for the amount of time a student may need to miss classes to participate in mental health services. Therefore, services available through this project will focus on minimum interruption

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

	to a student's class time, and make services available not only during the school day, but also provide services during lunch, after school, in the evening and on weekends, based upon the requirements of the schools and the schedules of the students and their parents. **Service Delivery Locations:** Schools, homes, libraries and other locations identified by the students or the family and approved by the service provider as a safe, private and appropriate place for the activities provided under this project. **Groups / Classes:** Groups and classes offered will utilize effective methods likely to bring about intended outcomes and shall be based upon evidence-based practices (preferable), promising practices, or community/practice-based evidence standards. Groups and classes for students may be single gender or co-ed, providing psycho-educational opportunities, youth development and youth assets, and/or talking circles. Groups/classes will address issues such as, but not limited to, personal empowerment, self-esteem, peer or family pressures, family dynamics, bullying, sexual harassment, leadership development, peer counseling, stress reduction, substance abuse, or how to talk about mental illness. Groups and classes for school personnel may also be made available, but it would be anticipated that this project will coordinate with the educational instruction that will be provided through WET Program 4: Early Indicators of Mental Health Issues and WET Program 5: Suicide Education and Training. **Individualized Services:** If it is determined that a student is in need of more intensive or individualized services, the project staff will coordinate those services with the appropriate school personnel (to determine if the youth has, or should have, an IEP that addresses the youth's mental health needs), parents (to the extent required by law) and the student. If the student is not receiving individualized services through another program, the student and his/her parents will receive case management and other services designed to meet the individual needs of the student. These services may include, but are not limited to, individual and family counseling and other services beyond traditional student-focused counseling. It would be anticipated that these students have a diagnosable mild to moderate mental illness and that the student would benefit from receiving mental health services. Key to the success of this level of the project is parental involvement and ongoing case management services, including periodic follow-ups with the student and family to determine if there are issues that continue to need to be addressed. The intent of this project is to engage the student and their parents in

services to improve the mental health of the student, and to foster the long-term success of those services.

Students receiving individualized services will also participate in the groups and classes for additional support and further development of treatment objectives. Key to this program design is the mental health professionals to provide school-based mental health interventions for those who meet the criteria. These individualized services may include, but are not limited to, individual and family counseling, crisis intervention, and conflict resolution, using recognized models and practices such as, but not limited to Cognitive Behavioral Therapy (CBT), Moral Reconation Therapy (MRT) or Dialectical Behavior Therapy (DBT). Case management services are a strong component of these individualized services.

Referrals for Specialty Mental Health Services: Students in need or potentially in need of specialty mental health services will be referred to the County MHD for triage and assessment (or to the school if it has not already been determined whether the student is receiving mental health services through an IEP or other provider). If it is determined through the triage process that County Mental Health is the appropriate provider for the student, the County MHD will perform an assessment to determine the student's eligibility for specialty mental health services.

Parental Involvement: Parent involvement is a key factor in a child's development and well-being, and this project seeks to create an alliance between parents and school personnel in working together to support the needs of the students. During the community planning process, the role of the parent in the educational performance of their child and risk factors for mental illness was identified. Parents range from very little involvement in their child's academics or life, to being overly involved or placing high expectations on their child to succeed. Either of these extremes can be detrimental to a child's mental health, with a wide range of variations in between. Therefore, a key component of this project is to engage parents.

Staffing Requirements

The mental health professionals will be responsible for establishing cohesion and collaboration between school personnel, parents, students, and community organizations in the provision of services under this project. This project will utilize Licensed Clinical Social Workers (LCSWs), Associate Social Workers under required supervision (ASWs) or credentialed School Counselors to provide outreach, referrals, therapeutic interventions and case management services. Licensed

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

	Marriage and Family Therapists (LMFTs) or Marriage and Family Therapists Interns under required supervision (MFTIs) may provide therapeutic interventions through this project, but the primary case manager shall be an LCSW, ASW or credentialed School Counselor. All therapeutic interventions must be performed by appropriately licensed or pre-licensed individuals. Para-professionals trained in the group/class models offered may also be utilized for delivery of those programs and for assistance with referrals, linkage to services, follow-up regarding linkage, and other supportive non-clinical services. Administrative staff may be utilized for basic coordination, reporting and invoicing. **Pilot Project Evaluation** Evaluation of this pilot project will be performed by the County's MHSA team on a regular basis utilizing the criteria set forth below for Outcome Measures, and determining the progress towards reaching the Short-Term and Long-Term Goals identified below, and may involve the service provider, students, their parents, school personnel and other individuals or entities (e.g., the Mental Health Commission). Outcomes will also be reviewed as part of the annual community planning process. The contracted provider will be required to submit monthly, quarterly and annual reports.
Service Strategies	**PEI Requirements:** Common to all schools will be the standard core elements of a PEI project: • **Outreach:** Provide outreach to students, parents and school personnel regarding services available through this project, other school-based and community services, and how to access services. Provide general education regarding the importance of mental wellness, signs and symptoms of mental illnesses, and information about more specific topics such as depression, suicide, and underlying causes and risk factors for mental illness. • **Access and Linkage to Medically Necessary Care:** Provide assistance in obtaining linkage to medically necessary care, including services provided through a private insurance network, private payor, and the County MHD. There will also be follow-up with students and parents to confirm linkage with services and other referrals that may be needed. • **Stigma and Discrimination Reduction:** Key to the success of this project is working with students, parents and school personnel to reduce the stigma and discrimination that is frequently associated

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

	with mental health issues and mental illness. Positive messaging about mental illness will be provided, along with a focus on the importance of addressing mental health needs early and how to manage exterior impacts that may contribute positively or negatively to one's mental health.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Support[7]
Procurement Method	Competitive procurement process, awarded to Minds Moving Forward.
Short-Term Goals	• Identify campus needs, including the needs of the students, parents and school personnel. • Establish procedures, forms and other documentation to implement this project. • Perform outreach. • Identify students to engage in participation. • Increase school-based mental health services. • Increase knowledge of community resources. • Early identification of the signs and symptoms of mental illness.
Long-Term Goals	• Raise awareness about mental illness. • Reduce stigma and discrimination. • Improve student wellness and mental health. • Improve the family relationship. • Improve school culture as it relates to minimizing activities that may be risk factors for mental illness and encouraging positive mental health. • Reduce suicidal ideation, attempted suicides and completed suicides. • Increase academic success, which may not mean higher grade point averages, but could be other successes such as higher rate of completion of homework, increased academic confidence or increased willingness to reach out for academic assistance. • Increase school attendance rates for participants. • Decrease referrals for behavior problems or other disciplinary

[7] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Prevention and Early Intervention for Youth in Schools If

Service Provider: Minds Moving Forward

	actions for participants. • Improve results from the California Healthy Kids survey, which would show a reduction in the number of students with feelings of hopelessness or suicidal thoughts. • Reduce substance use (alcohol, prescription drugs, marijuana, other illicit and life endangering drugs) and/or self-medicating.
Outcome Measures	Measurement 1: Continued engagement of students and parents in this project, including rate of attendance/missed appointments. Measurement 2: Self-assessments measuring pre-, interim- and post-participation self-perceptions, and pre-, interim- and post-participation assessments completed by the referring party, as allowed by law, to measure the referring parties' perceptions of the students enrolled in this project. May also include parental assessments. Measurement 3: Truancy rates/absences of the students enrolled in this project. Measurement 4: The number of referrals for behavior problems or other disciplinary actions for the students enrolled in this project. Measurement 5: The number of school dropouts within the students enrolled in this project. Measurement 6: The number of incarcerations within the students enrolled in this project. Measurement 7: The number of attempted or completed suicides by students enrolled in this project. Measurement 8: School-wide surveys to determine the level of knowledge about mental illness, available resources and willingness to discuss mental health concerns. Measurement 9: The California Healthy Kids Surveys will measure the long-range outcomes at the schools where this project is implemented as it relates to feelings of hopelessness and suicidal thoughts. The outcomes of this measurement may not be available annually or during the pilot period of the project.

Project Name: Prevention and Early Intervention for Youth in Schools — If

Service Provider: Minds Moving Forward

Number of Services / Quantity of Service	As a pilot project, it is difficult to ascertain the number of students and families who may benefit from this project. Outreach efforts could reach all students at the participating schools, which would be nearly 5,000 students. Groups and classes would be anticipated to reach approximately 400 students annually, while individual and family direct services, as a subset of those participating in the groups, would be anticipated to reach up to 200 students annually. The average cost per student would be approximately $250, depending upon the level of participation. By the nature of this program, some students and their parents will receive a higher level of service. However, there will not be a minimum or maximum service value set for any student.
Budget	Budgeted on a reimbursement basis
FY 2014-15	$75,000
FY 2015-16	$150,000
FY 2016-17	$150,000
FY 2017-18	$150,000
FY 2018-19	$150,000

Project Name: The Nurtured Heart Approach 1g

Service Provider: Summitview Child and Family Services

Program Type:	☐ Early Intervention ☒ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☐ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☐ Prolonged Suffering ☐ Homelessness ☒ Removal of Children from Their Homes
Objective	Provide training to parents and caregivers of children and youth who are having difficulties with behaviors at school and/or at home.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☒ Adults (parenting) ☒ Older Adults (parenting) *Provided participants are adults with caregiver responsibilities for children and youth* ☐ All Ages
Service Location(s)	Placerville, but all eligible participants Countywide may apply for this project.	
Project Duration	The project will be evaluated during the community planning process for the FY 2017-18 MHSA Plan to determine whether the project will be continued.	
Activities Performed	Provides training in The Nurtured Heart Approach®, a relationship-focused methodology originally developed for working with the most difficult children. It has a proven impact on children, including those who are challenged behaviorally, socially and academically. One of the strengths of the Nurtured Heart Approach is reducing stigma regarding mental illness diagnosis. This program will offer parent education and support which improves the caregiver-child relationship and the child/teens' behavior. If a child's condition requires additional types of intervention, caregiver(s) will be referred to appropriate providers. Activities under this program will include publicity of upcoming trainings, preparation for classes, classes, phone follow-up coaching, and child care during the trainings.	
Service Strategies	**Outreach:** Outreach will be accomplished through direct consumer contact, publications, flyers, web-based content and/or other media outlets.	

Project Name: The Nurtured Heart Approach 1g

Service Provider: Summitview Child and Family Services

	Access and Linkage to Medically Necessary Care: Participants would receive linkage to medically necessary care through individual referrals and increased awareness about risk factors leading to self-referrals. **Stigma and Discrimination Reduction:** Client participation in this program will serve to break down barriers, reduce stigma and reduce discrimination through a more thorough understanding of mental illness.
	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support
Procurement Method	Sole source to Summitview Child and Family Services
Short-Term Goals	• Improvement in the caregiver-child relationship • Reduction in problematic behaviors at home, in school, and in the community
Long-Term Goals	• Reduction in dollars spent on mental health services, special education, and criminal justice involvement
Outcome Measures	Measurement 1: Pre- and post Conners Comprehensive Behavior Rating Scales (CBRS) assessment Measurement 2: Participant surveys
Number of Services / Quantity of Service	At least four quarterly one-day training classes per year with six thirty-minute follow up coaching sessions during the six weeks following the training, which will be offered to help participants use the approach successfully.
Budget	Budgeted on a reimbursement basis.
FY 2015-16	$19,500
FY 2016-17	$19,500
FY 2017-18	Project will be evaluated during the community planning process for the FY 2017-18 MHSA Plan to determine whether the project will be continued.
FY 2018-19	Project will be evaluated during the community planning process for the FY 2017-18 MHSA Plan to determine whether the project will be continued.

Project Name: Mental Health First Aid 2a

Service Providers: Mental Health Division and Community Volunteers

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	This evidence-based project introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments, using the curriculum developed by Mental Health First Aid USA. There are three programs available: Mental Health First Aid, which focuses on risk-factors and mental illness in adults; Youth Mental Health First Aid, which focuses on risk-factors and mental illness in youth ages 12 to 25; and a military-focused module for the adult program which focuses on the needs of active duty military personnel, veterans and their families.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☒ High School (16+)	☒ Adults ☒ Older Adults ☐ All Ages
	Adults. Youth aged 16 and 17 upon special request and approval of the MHSA Program Manager.	
Service Location(s)	Countywide Instructors may provide training on a very limited basis in neighboring counties upon special request and approval of the MHSA Program Manager to support Statewide prevention and early intervention activities.	
Project Duration	Ongoing	
Activities Performed	Mental Health First Aid brings together individuals who have a desire to better understand how to help friends, family members and community members address mental health and risk factors for mental illness, and to help identify available resources for seeking treatment. Having a better understanding of the importance of mental health fosters a healthier	

Project Name: Mental Health First Aid 2a

Service Providers: Mental Health Division and Community Volunteers

	community. Instructors perform activities such as: outreach, ordering class supplies, scheduling and coordinating classes, providing training, coordinating post-training follow-up and evaluation, networking with other Mental Health First Aid providers, participating in continuing education, and monitoring certification status. A team of two of Mental Health First Aid instructors provide the 8-hour training session, which includes: • Identifying the potential risk factors and warning signs for a range of mental health problems, including depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury. • An understanding of the frequency of various mental health disorders in the U.S. and the need for reduced stigma/shame in their communities. • An action plan including the skills, resources and knowledge to evaluate the situation, select and implement appropriate interventions, and to help an individual in crisis connect with appropriate professional care. • Information on various resources available to help someone with a mental health problem. Upon completion of the training, attendees receive a Mental Health First Aid certification that is valid for three years. Preferred minimum class size is 12 attendees. Preferred maximum class size is 30 attendees.
Service Strategies	**Outreach:** Mental Health First Aid instructors reach out to organizations that may benefit from the training, including community-based organizations, service organizations, faith-based organizations, primary care professionals, employers and business leaders, school personnel and educators, law enforcement, nursing home staff, volunteers, young people, families and the general public. **Access and Linkage to Medically Necessary Care:** Attendees learn a five-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. **Stigma and Discrimination Reduction:** The class encourages open discussion regarding mental illness, resulting in attendees gaining a better perspective on what mental illness is, what the risk factors are for mental illness, and how to better communicate with those experiencing a mental health crisis. Through better understanding of mental illness, the stigma associated with mental illness is lessened and discrimination against those

Project Name: Mental Health First Aid 2a

Service Providers: Mental Health Division and Community Volunteers

	with mental illness is reduced.
Services Provided By	☒ Contracted Vendor[8] ☒ Volunteers ☒ County Staff Mental Health First Aid Certified Instructors, who are County employees or community volunteers. Currently, there are six County employees, one EDCOE staff and one community volunteer certified in Mental Health First Aid (Adult and/or Youth Mental Health First Aid). One of the six County employees is also certified in the military module for Mental Health First Aid. Contracted vendor staff may be utilized if they are certified Mental Health First Aid instructors.
Procurement Method	Services provided by HHSA staff. Should new certified instructor training opportunities arise, County staff would receive priority in attendance. In the event additional seats are available for training, applications from the community will be accepted. Applications reflecting a dedication to service in El Dorado County, experience in mental health, and the capacity to provide the required number of annual trainings to maintain certification will be ranked for attendance priority. For add-on modules, such as Youth or Rural Mental Health First Aid, currently certified instructors would receive priority in attendance. Sole source contracts may be executed with service providers who have certified Mental Health First Aid instructors on staff and will cover the cost of instructor time for preparing for, providing, and evaluating the Mental Health First Aid training, along with reimbursement for mileage to and from each training session.
Short-Term Goals	Raise personal awareness about mental health, including increasing personal recognition of mental illness risk-factors.
Long-Term Goals	Community members use the knowledge gained in the training to assist those who may be having a mental health crisis until appropriate professional assistance is available. Opens dialogue regarding mental health, mental illness risk factors, resource referrals, and suicide prevention. Work towards stigma and discrimination reduction in our communities and networks.

[8] These services will be provided by County Staff and Volunteers; potential use of Contracted Vendors at a future point in time.

Project Name: Mental Health First Aid 2a

Service Providers: Mental Health Division and Community Volunteers

Outcome Measures	Measurement 1: Class evaluation provided to attendees at the end of each session. Measurement 2: Evaluation survey provided to attendees six months after taking the class, including information regarding application of material learned.
Number of Services / Quantity of Service	Estimated at twelve or more Mental Health First Aid courses annually based on community demand, with each class providing training to 12 to 30 individuals, resulting in training for approximately 240 individuals, or more, per year. The average cost per attendee is estimated at $250.
Budget	Annual cost is estimated at potentially up to $120,000. MHSA funds would be utilized for the following types of expenses: staff time, books, mileage, supplies, refreshments, training, and equipment. Staff time to perform project-related activities, including but not limited to: outreach, order class supplies, schedule and coordinate classes, provide training, coordinate post-training follow-up and evaluation, networking with other Mental Health First Aid providers, continuing education, and monitor certification status. Books for each training participant cost approximately $20 per person and each participant must receive one book. Mileage and general supplies for activities associated with the Mental Health First Aid training, and refreshments to be served during training sessions. Refreshments may also be made available at follow-up events, which would be held to gather feedback from previous attendees regarding application of learned skills (e.g., at six months, one year, two years). Equipment necessary to provide the training, including a projector, a screen, laptop, speakers, and other peripheral equipment (including but not limited to power cords), repairs to or replacement of equipment. Additionally, cost to certify additional Mental Health First Aid instructors, and/or recertifying or expanding the certification of current Mental Health First Aid instructors, including but not limited to registration fees, travel, accommodation, and staff time are included. Other costs not identified above may be necessary to effectively implement and monitor the project.
FY 2013-14	$35,000
FY 2014-15	$120,000
FY 2015-16	$100,000
FY 2016-17	$117,000
FY 2017-18	$117,000
FY 2018-19	$117,000

Project Name: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education — 2c

Service Providers: Not Applicable (Purchasing Materials Only)

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☐ Incarcerations ☒ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☐ Removal of Children from Their Homes
Objective	Support differences, build understanding through community involvement, and provide education to reduce shame and support to end discrimination.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☒ Middle School ☒ High School	☒ Adults ☒ Older Adults ☐ All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	PFLAG provides outreach, education and training to mental health providers and interested community members/groups. PFLAG provides an opportunity for dialogue about sexual orientation and gender identity and acts to create a society that is healthy and respectful to human differences. PFLAG will broaden its target audience to network with various community-based service organizations and diversify its library of educational materials.	
Service Strategies	**Outreach:** Informational packets and educational materials will be purchased and distributed throughout the community, including libraries and community mental health providers. Additionally, educational DVDs are available to community mental health providers and other organizations for improving their knowledge of the subject and to share with their clients. The MHD partners with PFLAG to provide outreach and education to mental health providers and interested community members. Outreach costs such as mileage reimbursement, postage, packet materials and other multimedia information, and food costs may	

Project Name: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education — 2c

Service Providers: Not Applicable (Purchasing Materials Only)

	be paid for as well. An outreach plan and year-end progress report will be submitted to the MHD by PFLAG. **Access and Linkage to Medically Necessary Care:** Attendees may self-refer to services. **Stigma and Discrimination Reduction:** Education, in the form of presentations/discussions, to the general public regarding sexual orientation. PFLAG raises awareness about mental wellness and stigma and discrimination reduction for the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community through publications and presentations. PFLAG provides an opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity. This program will also be linked with other stigma and discrimination reduction activities.
Services Provided By	☐ Contracted Vendor ☒ Volunteers ☒ County Staff
Procurement Method	None. This program is provided by community volunteers (PFLAG members) and County staff.
Short-Term Goals	• Continue to reduce stigma and discrimination regarding those who are LGBTQ through community education and outreach.
Long-Term Goals	• Reduction of stigma and discrimination associated with being lesbian, gay, bisexual, transgender or questioning. • Education, in the form of presentations/discussions, to the general public regarding sexual orientation.
Outcome Measures	Measurement 1: Number of informing material distributed. Measurement 2: Number of people reached through presentations. It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology.
Number of Services / Quantity of Service	Approximately 1,000 booklets, pamphlets, or other educational materials. Materials are distributed to community-based partners, including education, as requested, or are available for check-out for educational purposes. The actual number of individuals reached through this project could be 1,000 (one person for every pamphlet) and an additional 100 for presentations, or approximately $5 per person.
Budget	Purchase of materials and staff time for presentation, along with other associated overhead and materials.
FY 2013-14	$5,000
FY 2014-15	$5,000

Project Name: Parents, Families, Friends of Lesbians and Gays (PFLAG) Community Education 2c

Service Providers: Not Applicable (Purchasing Materials Only)

FY 2015-16	$5,000
FY 2016-17	$5,000
FY 2017-18	$5,000
FY 2018-19	$5,000

Project Name: Community Information Access 2d

Service Provider: Relias Learning

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☐ Incarcerations ☐ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☐ Homelessness ☐ Removal of Children from Their Homes
Objective	To provide a free, web-based community education and information resource center for consumers of mental health services, family members and community stakeholders.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☒ High School (16+)	☒ Adults ☒ Older Adults ☐ All Ages
Service Location(s)	Countywide from any high-speed internet connection	
Project Duration	Ongoing	
Activities Performed	The CAS is a free, web-based community education and information resource center for consumers of mental health services, family members and community stakeholders. Included on this site is a comprehensive library of interactive online courses for use by mental health professionals and the public. Topics include: • Mental health • Addiction, treatment and recovery • Peer education • Workforce skills • Issues related to older adults • Needs of returning veterans In addition, the CAS allows the user to build, edit and store a personal Wellness Recovery Action Plan, which is a self-designed plan for staying well. It was developed for people who have experienced mental health difficulties, but has been found to be a useful tool for people with other medical conditions, and as a guide to improve interpersonal relationships and achieve life goals.	

Project Name: Community Information Access 2d

Service Provider: Relias Learning

Services Strategies	**Outreach:** The County distributes bookmarks throughout the community, specifically to libraries and community partners, that promote the availability of the Community Access Site (CAS) site and there is a link to the CAS site from the County's MHD website. The CAS website is available at: http://cas.essentiallearning.com/edcmhCAS/. **Access and Linkage to Medically Necessary Care:** Users of the site gain increased awareness about the need for services and may refer friends/family or even themselves to services. **Stigma and Discrimination Reduction:** Education about mental illness will show how common it is in the general population.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[9] Relias Learning The MHD is exploring other similar products that may result in lower costs and higher service levels, and if it is determined that a different product would be more beneficial, the MHD may change contracted providers without a separate MHSA Community Planning Process to accomplish that change.
Procurement Method	This program is provided by the contracted vendor, Relias Learning, with support by County staff to update the information regarding local services and partners. Future procurement needs will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy
Short-Term Goals	• Continue to reduce stigma and discrimination through education.
Long-Term Goals	• Reduction of stigma and discrimination associated with mental illness. • Education, in the form of interactive online classes to the general public regarding mental health and wellness, including behavioral health, addiction, developmental disabilities, trauma in veterans and issues specific to the mental health needs of older adults. • It is anticipated that the community will become better informed about mental illness, reduction of the stigma and discrimination associated with mental illness, and overall improvement in the health of the community by being better educated about mental health in general.

[9] County staff will be utilized to perform tasks such as: administrative activities (e.g., updating site information, marketing, contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Community Information Access 2d

Service Provider: Relias Learning

Outcome Measures	Measurement 1: Number of people accessing web-based information. Measurement 2: Number of bookmarks distributed. It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology.
Number of Services / Quantity of Service	It is anticipated that this service would be accessed by approximately 100 or more users annually. The MHD continues to work with the vendor on determining the actual number of users and site access frequency.
Budget	Cost increases reflect anticipated increases in contract amounts.
FY 2013-14	$10,000
FY 2014-15	$12,000
FY 2015-16	$16,000
FY 2016-17	$16,000
FY 2017-18	$16,000
FY 2018-19	$16,000

Project Name: Suicide Prevention and Stigma Reduction 2e

Service Provider: Tahoe Youth and Family Services

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☒ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☐ Incarcerations ☐ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☐ Homelessness ☐ Removal of Children from Their Homes
Objective	Provide suicide prevention, education, and supportive services to residents of El Dorado County.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Countywide with an initial focus on South Lake Tahoe.	
Project Duration	Ongoing	
Activities Performed	• Provide suicide prevention awareness campaigns, workshops, trainings, youth events, and wellness fairs. • Distribution of suicide prevention resources and materials, including but not limited to pamphlets, brochures, workbooks, and mental health contact sheets in both English and Spanish. • Provide a website accessible to County residents with resources and materials and mental health contact sheets. • Provide community education trainings on suicide prevention and identification of risk factors. • Establish linkage with the Statewide Suicide Prevention and SDR programs to utilize existing resources; adapt as necessary for El Dorado County.	
Services Strategies	**Outreach:** Information, awareness, and publicity for all ages and communities. This will inform all members of the community about the problems of depression, suicide, and other mental health issues, including underlying causes. This program will also integrate with the Statewide Suicide Prevention program and school-based suicide prevention activities.	

Project Name: Suicide Prevention and Stigma Reduction 2e

Service Provider: Tahoe Youth and Family Services

	Access and Linkage to Medically Necessary Care: The project will include information about where to seek assistance. **Stigma and Discrimination Reduction:** Through community education, workshops, youth events, wellness fairs and training, individuals will gain a better understanding of mental illness, which will work towards the reduction of stigma and discrimination.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff & Support[10] In certain circumstances, such as, but not limited to, a lapse in services prior to the execution of an agreement, for services resulting from a vendor change, and/or for as-requested services, the El Dorado County HHSA, MHD, will utilize Mental Health staff to provide services under this project.
Procurement Method	Competitive procurement process initially and future procurement needs will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Increase awareness of mental illness, programs, resources, and strategies. • Increased linkage to mental health resources.
Long-Term Goals	• Reduce the number of attempted and completed suicides in El Dorado County. • Change negative attitudes and perceptions about seeking mental health services. • Eliminate barriers to achieving full inclusion in the community and increase access to mental health resources to support individuals and families.
Outcome Measures	Measurement 1: Program quality will be measured by interviews and surveys about the program. Measurement 2: Documentation of changes in attitudes, knowledge and/or behavior related to mental illness and seeking mental health services. Measurement 3: Long term success will be measured by the school-wide California Healthy Kids Survey, conducted every other year.

[10] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Suicide Prevention and Stigma Reduction 2e

Service Provider: Tahoe Youth and Family Services

Number of Services / Quantity of Service	It is difficult to measure the number of individuals reached through general public outreach activities due to their non-specific target population and methodology.
Budget	Budgeted on a reimbursement basis.
FY 2013-14	$30,000
FY 2014-15	$30,000
FY 2015-16	$30,000
FY 2016-17	$30,000
FY 2017-18	$30,000
FY 2018-19	$30,000

Project Name: Foster Care Continuum Training 2f

Service Providers: TBD

Program Type:	☐ Early Intervention ☒ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☐ Suicide ☐ Incarcerations ☐ School Failure or Dropout ☐ Unemployment	☐ Prolonged Suffering ☐ Homelessness ☒ Removal of Children from Their Homes
Objective	Improve the ability of foster parents, parents/guardians, foster family agency staff and County staff to identify mental health risk factors and to address negative behaviors early to improve placement stability of foster children and youth.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☒ Adults ☒ Older Adults ☐ All Ages
	Foster parents, parents/guardians, support network members, foster family agency staff, and County staff	
Service Location(s)	In the community, County facilities and/or in homes.	
Project Duration	Ongoing	
Activities Performed	Training of foster parents, families involved with Child Welfare Services, support networks, foster family agency staff and Child Welfare Services staff to address behaviors linked to the core issues and functions driving child and adult behavior. Teach foster parents, parents/guardians, support networks and staff easy but useable behavioral tracking. Training to develop foster parents, parents/guardians and support networks to be mentors.	
Service Strategies	**Outreach:** Outreach will be directed to foster parents, families involved with Child Welfare Services, support networks, foster family agency staff and Child Welfare Services staff. **Access and Linkage to Medically Necessary Care:** Parents/guardians and foster parents, and their support networks, will be provided with information regarding how to obtain services for themselves and their	

Project Name: Foster Care Continuum Training 2f

Service Providers: TBD

	children. **Stigma and Discrimination Reduction:** Conduct workshops on need of mentors for young children to help recognize signs, reduce stigma, and discrimination. This program will also be linked with other stigma and discrimination reduction activities.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Support[11]
Procurement Method	Competitive procurement process initially and future procurement needs will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy
Short-Term Goals	• Improve accountability of behavior. • Improve foster parent, support networks, family, foster family agencies and County staff expertise.
Long-Term Goals	• Improve quality of care in the home. • Reduce seven-day notices for change of child placements. • Reduce the number of placements for children in out-of-home care. • Develop strong support networks for foster families (i.e., those who provide support to foster families, including but not limited to extended family members, friends, child care providers, respite care providers)
Outcome Measures	Measurement 1: A reduction in seven-day notices. Measurement 2: An improvement in foster care placement stability. Measurement 3: Behavior tracking shows a decrease in maladaptive behavior. Measurement 4: Behavior tracking shows increase in strengths. Measurement 5: Increase in discharges to permanency.
Number of Services / Quantity of Service	Approximately 300 foster youth and their families annually, for an average cost of $167 per person.
Budget	Budgeted on a reimbursement basis.
FY 2013-14	$50,000

[11] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Foster Care Continuum Training 2f

Service Providers: TBD

FY 2014-15	$50,000
FY 2015-16	$50,000
FY 2016-17	$50,000
FY 2017-18	$50,000
FY 2018-19	$50,000

Project Name: Community Outreach and Resources 2g

Service Providers: TBD

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	During the community planning process, a concern was identified that many people do not know what services are available or where to obtain services. Provide printed information related to mental health, services available, support available, reference materials and resources.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	It is anticipated that the community will become better informed about mental illness, know where to go for help, reduce the stigma and discrimination associated with mental illness, and overall improve the health of the community by being better informed and supported. Activities include, but are not limited to: • Staff engagement at health-related fairs and other community-based events (e.g., Kids Expo) and community-based outreach efforts, through local organizations and companies • Purchase of incentives as handouts at events • Printed materials, such as newspaper feature inserts • Updates to the Mental Health resource documentation	
Service Strategies	**Outreach:** Outreach will be accomplished by increasing the awareness of mental health issues and service providers, including the services available in the community and how to obtain services. Outreach will also be accomplished through purchasing space at community health	

Project Name: Community Outreach and Resources 2g

Service Providers: TBD

	events and printing of resource-related materials. **Access and Linkage to Medically Necessary Care:** Individuals, service providers and other businesses will have more information available to them to provide linkage for their clients to medically necessary care. **Stigma and Discrimination Reduction:** Increasing the dialogue about mental health, or mental wellness, and openly discussing mental illness will raise awareness about the topic. Through the discussions and the reference materials, people will gain a better understanding of mental illness, which will work towards the reduction of stigma and discrimination.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff
Procurement Method	Initially, these services will be provided by County Staff and Volunteers. In the event this program is transitioned to a contracted vendor in whole or in part, the vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Raise awareness about mental health issues and services available in our community.
Long-Term Goals	• Reduction of stigma and discrimination associated with mental illness.
Outcome Measures	Measurement 1: Number of people accessing web-based information. Measurement 2: Number of brochures and other reference materials distributed. Measurement 3: Number of individuals involved in future MHSA planning activities. It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology.
Number of Services / Quantity of Service	Participate in community events annually (e.g., Kid's Expo). Printing and distribution of reference materials and resource materials. It is difficult to measure the outcomes of public outreach activities due to their non-specific target population and methodology. A public outreach campaign such as this could reach 7,000 individuals or more (through newspaper inserts), for an average cost per person of $3.86.
Budget	Costs include staff, administration, overhead, printing materials, signage, distribution of materials, and purchase of incentives.
FY 2013-14	$20,000
FY 2014-15	$20,000

Project Name: Community Outreach and Resources 2g

Service Providers: TBD

FY 2015-16	$31,116
FY 2016-17	$15,000
FY 2017-18	$15,000
FY 2018-19	$15,000

Project Name: Statewide PEI Projects 2h

Service Provider: CalMHSA

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	Provides a mechanism at the Statewide level for counties to collectively address issues of suicide prevention, student mental health, and stigma and discrimination reduction.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Statewide	
Project Duration	Ongoing	
Activities Performed	The provider of the Statewide PEI Projects (currently CalMHSA) may continue to provide projects such as, but not limited to: • Educational Materials • Statewide Suicide Prevention Campaign • Each Mind Matters Activities • Walk In Our Shoes • LivingWorks Education • Friendship Line for Older Adults • WellSpace Health (General Population) Hotline • Student Mental Health Activities	

Project Name: Statewide PEI Projects 2h

Service Provider: CalMHSA

Services Provided By	☒ Contracted Vendor ☐ Volunteers ☐ County Staff Support[12] CalMHSA, or other provider selected to provide services for the Statewide PEI Projects.
Procurement Method	State selection process.
Goals	Reduce the stigma and discrimination associated with mental illness, prevent suicide, and improve student mental health.
Budget	This Plan Update includes a 1% contribution of $9,471, as calculated by CalMHSA and based upon the projections for annual MHSA funding that were available in March 2014 for the Statewide PEI Projects. These funds will be provided from the County to CalMHSA annually for the ongoing support of the Statewide PEI Projects as a lump sum payment.
FY 2015-16	$9,471
FY 2016-17	$9,500
FY 2017-18	$9,500
FY 2018-19	$9,500

[12] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Wennem Wadati: A Native Path to Healing 3a

Service Provider: Foothill Indian Education Alliance

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	The County of El Dorado's Native American Resource Collaborative has designed a program called "Wennem Wadati: A Native Path to Healing," which applies a combination of mental health services and traditional cultural teachings unique to the local Native American community. The Program was designed to provide culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches. The Program uses various prevention strategies to address all age groups in the target population with the intent to maintain mental health well-being, improve wellness, and decrease health disparities experienced by the Native American community.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School Native Americans	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Foothill Indian Education Alliance in Placerville, schools and other community-based sites accessible to the Native American population.	
Project Duration	Ongoing	
Activities Performed	Talking Circles will be conducted at schools and other community-based sites that are accessible to Native American individuals, each facilitated by Cultural Specialists. Monthly traditional gatherings and cultural activities designed to spread cultural knowledge and support family preservation. Gatherings/activities will be held at the Foothill Indian Education Alliance in Placerville or at other community-based sites agreed upon by the	

Project Name: Wennem Wadati: A Native Path to Healing 3a

Service Provider: Foothill Indian Education Alliance

	group and accessible to the target population. Prevention and Youth Activities will be conducted at various community sites. Generally, these activities will be conducted by the Student Leadership/Prevention Activities Specialists. One multi-day field trip will be scheduled for the Student Leadership group annually.
Service Strategies	**Outreach:** Outreach to Native American youth and families to encourage participation in the Wennem Wadati activities, promote mental health well-being, improve wellness, and decrease health disparities experienced by this population. **Access and Linkage to Medically Necessary Care:** A dedicated crisis line will be available from 8 a.m. to 8 p.m. Monday through Friday to provide students access to a Native American mental health Cultural Specialist who will be available via answering service to respond, by telephone or in person, to situations where Native American students are experiencing a mental health crisis. **Stigma and Discrimination Reduction:** Through raising awareness about mental illness, fear and misunderstanding will be reduced. It is frequently the fear and misunderstanding related to mental illness that leads to stigma and discrimination. By reducing the underlying concerns about mental illness and raising awareness about mental illness, the associated stigma and discrimination will be reduced.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Support[13] Foothill Indian Education Alliance, which may utilize volunteers for some activities
Procurement Method	Services provided by Foothill Indian Education Alliance contracted Cultural Specialists, Student Leadership/Prevention Activities Specialists and volunteers. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Increased awareness in the Native American community about the crisis line and available services.

[13] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Wennem Wadati: A Native Path to Healing 3a

Service Provider: Foothill Indian Education Alliance

Long-Term Goals	• Improve the overall mental health care of Native American individuals, families and communities; • Reduce the prevalence of alcoholism and other drug dependencies; • Maximize positive behavioral health and resiliency in Native American individuals and families reducing suicide risk, prolonged suffering, and incarceration; • Reduce school drop-out rates; and • Support culturally relevant mental health providers and their prevention efforts.
Outcome Measures	Measurement 1: Casey Life Skills Native American Assessment, to be given when an individual joins the Talking Circles and when they end their participation. Measurement 2: Quarterly client registration which includes client demographic data as well as specific client issues to be addressed. Measurement 3: Year-end annual report which will includes a summary analysis of the Casey Life Skills Assessment, program accomplishments, community collaboration activities, program activities offered, and program outcome measures.
Number of Services / Quantity of Service	Target population – All Native Americans living in the County of El Dorado. It is estimated that approximately 300 individuals or more will receive direct services through this project, for an average cost of $415 per person, with outreach activities providing an even wider reach.
Budget	Budgeted on a reimbursement basis.
FY 2013-14	$125,725
FY 2014-15	$125,725
FY 2015-16	$125,725
FY 2016-17	$125,750
FY 2017-18	$125,750
FY 2018-19	$125,750

Project Name: Latino Outreach 3b

Service Providers: New Morning Youth and Family Services, South Lake Tahoe Family Resource Center

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	This program addresses isolation in the Spanish-speaking or limited English-speaking Latino adult population, peer and family problems in the youth population, and community issues resulting from unmet mental health needs, by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
	Spanish-speaking or limited English-speaking Latino adults; Spanish-speaking or limited English-speaking Latino children, or children of Spanish-speaking or limited English-speaking Latino adults; and their family units.	

Project Name: Latino Outreach 3b

Service Providers: New Morning Youth and Family Services, South Lake Tahoe Family Resource Center

Service Location(s)	The service delivery area for the Tahoe Basin includes all areas of the County to the east of the ridge line along the Sierra Nevada Mountain Range stemming from Echo Summit and north and south therefrom. The service delivery area for the West Slope includes all areas of the County to the west of the ridge line along the Sierra Nevada Mountain Range stemming from Echo Summit and north and south therefrom. Communities to be served include: • Northern (e.g., Georgetown Divide, Cool, and surrounding areas); • Southern (e.g., Grizzly Flats, Somerset, Fairplay, and surrounding areas); • Western (e.g., El Dorado Hills, Cameron Park, Rescue, Shingle Springs, and surrounding areas); • Mid-County (e.g., Pollock Pines, Camino, and surrounding areas); and • Placerville area (e.g., Placerville, Diamond Springs, and surrounding areas). Community-based agencies on both the West Slope and Tahoe Basin using the Promotora model. Limited mental health services are also provided on both slopes.
Project Duration	Ongoing
Activities Performed	This project will provide a Promotora services program that provides bilingual/bicultural Spanish-speaking outreach, engagement, screening, integrated service linkage, interpretation services and peer/family support for Latino individuals and families. This strategy is intended to promote mental health and reduce the barriers to mental health services thereby decreasing the mental health/health disparities experienced by the Latino population. *Tahoe Basin Only*: Not all services provided by the Family Resource Center are funded through MHSA, however should funding for other programs decrease or be lost, MHSA funding may be utilized for the programs provided by the Family Resource Center, including but not limited to: • Brief Strategic Family Therapy program; • Families and Schools Together; • Parabajitos groups; • Parent and Child Together/Parent and Child Interactive Literacy Activities;

Project Name: Latino Outreach 3b

Service Providers: New Morning Youth and Family Services, South Lake Tahoe Family Resource Center

	• Los Años Increibles (Incredible Years) (ages 3-8); • Cafecitos; and • Kinship Care. In addition, the Latino Outreach service provider is to collaborate with community groups and medical providers, including but not limited to: • El Dorado County Community Health Center • Shingle Springs Tribal Health Program • Marshall Hospital • Barton Hospital • HHSA, including Mental Health, Public Health, and Women, Infants and Children program • Community-based providers of mental health services • Education • Health care providers • Lake Tahoe Collaborative • Community Strengthening Coalition
Services Strategies	**Outreach:** The Latino Outreach program for the western slope of the County is a Promotora outreach and engagement program that utilizes a non-professional Latino peer to provide community-based outreach and engagement to the various geographically-spread communities on the western slope, in addition to community-based bilingual/bicultural licensed clinical mental health services for adults. The goal of the El Dorado County Latino Engagement Program is to collaborate with existing agencies in the areas of outreach, engagement and provision of support services while adding the availability of bilingual and bicultural mental health services for the Latino community. The South Lake Tahoe community primarily voiced a need for funding to pay for bilingual/bicultural mental health services. This community is geographically concentrated and has an existing family resource center located in the heart of the Latino residential community with a strong Latino participant base. Therefore, although outreach is a component of the program in the Tahoe Basin, it is not the primary component of the program and additional funds for services are provided for the Tahoe Basin. **Access and Linkage to Medically Necessary Care:** The Latino population faces the potential of isolation and challenges to transportation due to the spread out geography of the County, along with potential language barriers; thereby, greater challenges accessing mental health services. The Latino Outreach program is designed to

Project Name: Latino Outreach 3b

Service Providers: New Morning Youth and Family Services, South Lake Tahoe Family Resource Center

	improve access, improve accuracy of diagnosis, use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and natural resources. Through these services, the disparities in mental health service access, unmet needs, and the resulting community issues should decline. Further, an enriched system of care for Latino service engagement and significantly improved relations with the Latino community and their providers should result as well. In the Tahoe Basin, program funds are utilized also to provide services to the Latino community through the contracted vendor. **Stigma and Discrimination Reduction:** The MHSA vision for the Latino population in El Dorado County is one in which there is community awareness and understanding regarding mental illness and mental health thereby removing the stigma that creates barriers to service access.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff[14] Tahoe Basin: South Lake Tahoe Family Resource Center West Slope: New Morning Youth and Family Services
Procurement Method	Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy. In certain circumstances, such as a lapse in services resulting from a vendor change, the El Dorado County HHSA, MHD, will utilize bilingual Mental Health staff to assist Spanish-speaking members of our community under the funding of Prevention and Early Intervention (PEI). Once the contract with the new vendor is fully executed, the County will arrange for client transitions to the new vendor and then cease to allocate staff time for direct client services to the Latino Outreach project.
Short-Term Goals	• Increased mental health service utilization by the Latino community. • Decreased isolation that results from unmet mental health needs. • Decreased peer and family problems that result from unmet health needs.

[14] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges). County staff will also be utilized for direct services in events such as a lapse in services resulting from a vendor change.

Project Name: Latino Outreach 3b

Service Providers: New Morning Youth and Family Services, South Lake Tahoe Family Resource Center

Long-Term Goals	• Stigmas and discrimination lessen • Integration of prevention programs already offered in the community is achieved. • Reduction in suicide, incarcerations, and school failure or dropouts.
Outcome Measures	Measurement 1: Customer satisfaction surveys. Measurement 2: Client outcome improvement measurements. Measurement 3: Increased engagement in traditional mental health services.
Number of Services / Quantity of Service	Approximately 850 individuals annually Countywide, for an average cost per person of $270 per person.
Budget	Budgeted on a reimbursement basis, consisting of: • Tahoe Basin $135,150 • West Slope $96,000
FY 2013-14	$231,128
FY 2014-15	$231,128
FY 2015-16	$231,128
FY 2016-17	$231,150
FY 2017-18	$231,150
FY 2018-19	$231,150

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness — 4a

Service Providers: Mental Health Division and Volunteers

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☐ Access and Linkage to Treatment ☒ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☐ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	The partnership with the Wellness Center enables individuals who would traditionally not be eligible for mental health services, to attend the Wellness Center, receive basic services and referrals. These individuals must meet the following criteria to be eligible for this program: 1) The individual is seeking mental health services. 2) The individual does not meet the criteria to enter the mental health system. 3) The individual would benefit from working with an early intervention mental health staff for connecting with appropriate community agencies. This program also allows family and friends who provide a support system to Wellness Center participants to attend activities at the Wellness Center to learn how to enhance their support roles. Without this PEI program, the Wellness Centers could only be available to MHD clients.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☒ Adults ☒ Older Adults ☐ All Ages
Service Location(s)	South Lake Tahoe and Diamond Springs	
Project Duration	Ongoing	
Activities Performed	Activities within the Wellness Center include individual discussions with participants regarding their mental health and support needs, referrals to appropriate community-based resources, independent living skill building, groups which focus on self-healing and improvement (including, but not	

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness — 4a

Service Providers: Mental Health Division and Volunteers

	limited to, improving communication skills, healthy cooking, gardening, hobby development, anger management, raising awareness about importance of physical health care, how to advocate for yourself with primary care physicians and mental health professionals, and Alcoholics Anonymous). Costs included under this project include, but are not limited to, the purchase of training materials, project evaluation, activity supplies, office and household supplies, cleaning supplies, equipment, and furniture, as well as staff time and overhead. Staff time includes activity preparation. Additionally, food items are purchased to provide Wellness Center participants with healthy food choices and education regarding food preparation. Other support may be provided to the participants in the form of, but not limited to, transportation or transportation costs (e.g., bus script/passes), toiletries, and laundry. Replacement and repair of Wellness Center items (e.g., equipment, furniture) are also included.
Service Strategies	**Outreach:** The PEI Wellness program allows program capacity to provide screening and service linkage to adults who may not meet eligibility for or require specialty mental health services but who are deemed "at-risk" of needing such services and who can potentially benefit from services offered in the Wellness Center. **Access and Linkage to Medically Necessary Care:** Wellness Outreach Ambassadors will serve as another layer of early intervention by applying use of outreach and early identification of vulnerable adults, screening and service linkage for mental health services, substance abuse screening, and primary healthcare services. Linkages to resources in support of sustaining healthy community-based living will be accessed. This may include linkage to supports for physical health, financial, transportation, and social and culturally-specific needs. **Stigma and Discrimination Reduction:** The Wellness Center is designed to be a location where individuals with a mental illness diagnosis can learn important life skills. Individuals who participate in the Wellness Center activities, along with the family/friend support network participants, bring the messages about mental illness back into the community and help the community better understand what mental illness means. Community-based activities through the Wellness Center also increase the community's understanding of mental illness, which leads to a reduction in stigma and discrimination.
Services Provided By	☐ Contracted Vendor ☒ Volunteers ☒ County Staff

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness 4a

Service Providers: Mental Health Division and Volunteers

Procurement Method	None
Short-Term Goals	• Participants gain greater independence through staff interaction, peer interaction and group educational opportunities. • Participants linked with community-resources.
Long-Term Goals	• Recovery and resiliency for participants. • Reduction of stigma and discrimination associated with mental illness.
Outcome Measures	Measurement 1: Number of participants and family/friends in their support network. Measurement 2: Continued or increased attendance at the Wellness Center. Measurement 3: Area of County in which participant resides.
Number of Services / Quantity of Service	In FY 2014-15, there were approximately 649 visits to the Wellness Center by non-clients. These are either individuals who may not meet eligibility for or require specialty mental health services family or friends who provide a support system to Wellness Center participants.
Budget	
FY 2013-14	$50,000
FY 2014-15	$50,000
FY 2015-16	$50,000
FY 2016-17	$40,000
FY 2017-18	$40,000
FY 2018-19	$40,000

Project Name: Senior Peer Counseling 4b

Service Provider: Senior Peer Counseling

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☐ Incarcerations ☐ School Failure or Dropout ☐ Unemployment	☒ Prolonged Suffering ☐ Homelessness ☐ Removal of Children from Their Homes
Objective	Senior Peer Counseling provides free confidential individual counseling to adults age 55 and older. Senior Peer Counseling volunteers evaluate the needs of potential clients, frequently referring them or assisting them in making contact with other community services, including Mental Health evaluation and treatment.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☒ Older Adults ☐ All Ages
	Older adults (age 55 and over)	
Service Location(s)	Senior Peer Counseling Office (Placerville), clients' homes and other community meeting places on the West Slope of the County. Future plans include exploring how services may be expanded to or developed for the Tahoe basin.	
Project Duration	Ongoing	

Project Name: Senior Peer Counseling 4b

Service Provider: Senior Peer Counseling

Activities Performed	Senior Peer Counseling counselors encourage their clients to focus on increasing the number of positive "Therapeutic Lifestyle Changes" in which they engage to develop client improvements in well-being. With assistance from their counselor at the beginning of counseling, clients choose a presenting problem (emotional / cognitive / behavioral) which they wish to alleviate. Senior Peer Counseling counselors assist clients in regular self-assessment of their feelings of well-being using a standardized measurement tool. The supervisory services of a licensed mental health clinician are essential to the operation of Senior Peer Counseling. The supervisor meets weekly for at least two hours with the volunteers, reviewing the progress of each client, which ensures that standards of practice are met protecting clients, counselors and the community. The program will also include updating the training curriculum, scheduling new volunteer training every 12-18 months (or more or less frequently, based on demand), participating in community collaboration, and developing the outcome measures to record changes in positive lifestyle activities. Costs may also include mileage reimbursement for volunteers, office supplies and equipment, publicity, marketing materials, clinical supervision costs, facility costs for trainings, and part-time administrative support.
Service Strategies	**Outreach:** Use publicity (newspapers, senior center announcements, service organization presentations, etc.) to recruit new volunteers for training, including residents of outlying areas such as Pollock Pines, Somerset, and Georgetown. Publicity materials will be developed and distributed. Community informational presentations to agencies, service organizations, and resident groups will be made to inform older adults about Senior Peer Counseling services. **Access and Linkage to Medically Necessary Care:** Clients will be provided with information about other services that may be available. Mandated reporter requirements will be met. **Stigma and Discrimination Reduction:** Senior Peer Counselors will raise awareness about mental wellness through staff training and individual discussions with clients and presentations. This program will

Project Name: Senior Peer Counseling 4b

Service Provider: Senior Peer Counseling

	also be linked with other stigma and discrimination reduction activities.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Support[15] EDCA Lifeskills as the fiscal and administrative contractor on behalf of Senior Peer Counseling. The Senior Peer Counseling program utilizes volunteers as peer counselors.
Procurement Method	Sole source to the Senior Peer Counseling Program. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	Client Short-Term Goals 1) Clients demonstrate an increased number of "Therapeutic Lifestyle Changes" over the course of their counseling. 2) Clients identify the primary issue of focus (presenting problem) for counseling. 3) Clients achieve improvements in their feelings of well-being as shown on the Outcome Rating Scale (ORS) measurement tool. 4) Clients are informed about other relevant mental health and support services. Program Short-Term Goals 1) Contractual agreements with the licensed clinical supervisor are finalized. 2) Recruit new volunteers through the use of publicity, including volunteers from outlying areas. 3) Agencies interested in collaborating to establish a Senior Peer Counseling program in the South Lake Tahoe area are identified and consulted. 4) Provide new volunteer trainings every 12-18 months, or more or less frequently, based upon demand. 5) Collaborative arrangements are established for new locations in which to counsel clients in outlying areas of the western slope. 6) A "Therapeutic Lifestyle Changes" (TLC) rating form is constructed and implemented. 7) The production of publicity materials is completed. Presentations to agencies, service organizations, and residents groups are ongoing.
Long-Term Goals	Client Long-Term Goals 1) Through the use of TLCs, clients improve their mental health and

[15] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Senior Peer Counseling 4b

Service Provider: Senior Peer Counseling

	self-sufficiency. 2) Clients ameliorate their distress as described in their presenting problem. 3) Clients' mental health and satisfaction with life is increased as evidenced by scores on the ORS measurement tool. 4) Clients know of, and successfully access, other needed mental health services. Program Long-Term Goals 1) Depending on the number of active volunteers, as an additional licensed clinical supervisor is hired in the third year, and meets with a second supervision group weekly. 2) In collaboration with other human services agencies and interested older adult organizations, during the third year of this proposal a plan is written for expanding Senior Peer Counseling into the South Lake Tahoe area, if there is community interest for the program. 3) Procedures are developed to reimburse counselors' travel expenses for client visits, to increase services to outlying areas.
Outcome Measures	**Measurement 1:** Counselors will complete a pre- and post-rating form which measures TLCs, primarily pro-health and pro-mental health activities and habits which have been shown to lead to positive physical, emotional and cognitive improvements in people of all ages. The categories to be measured are: 1) Exercise 2) Nutrition / Diet 3) Nature 4) Relationships 5) Recreation / Enjoyable Activities 6) Relaxation / Stress Management 7) Religious / Spiritual Involvement 8) Contribution / Service **Measurement 2:** Volunteers will record the clients' self-reported improvement in the presenting problem as selected by the client at the start of counseling. **Measurement 3:** ORS which measures the following four psychological categories: 1) Individually (personal well-being) 2) Interpersonally (family, close relationships) 3) Socially (work, school, friendships) 4) Overall (general sense of well-being)

Project Name: Senior Peer Counseling 4b

Service Provider: Senior Peer Counseling

Number of Services / Quantity of Service	Senior Peer Counseling expects to serve approximately 40 new clients annually, in addition to maintaining current case loads. However, the number of clients will be increased based upon program capacity (the number of volunteer Senior Peer Counselors). Expansion of current capacity could be average $850 per person.
Budget	Increase in annual costs reflects program expansion as new volunteers are trained and potential expansion to South Lake Tahoe.
FY 2013-14	$35,000
FY 2014-15	$35,000
FY 2015-16	$45,000
FY 2016-17	$55,000
FY 2017-18	$55,000
FY 2018-19	$55,000

Project Name: Older Adults Program 4c

Service Providers: TBD

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☐ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☐ Removal of Children from Their Homes
Objective	Focus on depression among older adults and the community issues of isolation and the inability to manage independence that result from unmet mental health needs. The goal is to reduce institutionalization or out of home placement.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☒ Older Adults ☐ All Ages
	Older adults (age 60+) who have unmet mental health needs, with an emphasis on the diagnostic category of depression.	
Service Location(s)	Countywide, including services in local community centers and clients' homes.	
Project Duration	Ongoing	
Activities Performed	The Older Adult Program advances the goal of expanding mental health services to older adults who may be under-served or un-served and who may be at risk of institutionalization or out-of-home placement. Services would be provided to the older adults in their homes if that is the preferred location of the individuals. The use of community-based services and a personal services plan ensure that services are client and family-centered. The interagency triage process would provide mobile outreach, assessment, referral, case management and brief treatment specifically targeting isolated and hard-to-reach older adults, many of whom may be suffering from depression. The program is wellness focused, aimed at supporting clients' resilience. Cultural competence relative to age, gender, ethnicity, and spiritual and social frameworks will be critical to remove barriers to service utilization. Strategies to educate and engage	

Project Name: Older Adults Program 4c

Service Providers: TBD

	family and the extended natural support system and community will also be critical to effectively maintain older adults in the community. Transportation assistance, as available, may be provided. Costs for this program include, but are not limited to, staff time, mileage and other operating expenses (e.g., rent, overhead).
Service Strategies	**Outreach:** Use publicity (newspapers, senior center announcements, service organization presentations, etc.) to distribute information about the program. Community informational presentations to agencies, service organizations, and other groups will be made to inform older adults and their families about available services. **Access and Linkage to Medically Necessary Care:** Clients will be provided with information about other services that may be available. Mandated reporter requirements will be met. **Stigma and Discrimination Reduction:** This program is intended to raise awareness about mental wellness through staff training and individual discussions with clients. This program will also be linked with other stigma and discrimination reduction activities.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[16]
Procurement Method	Procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Identify the primary issue(s) of focus for each client. • Clients achieve improvement to reduce out-of-home placements. • Clients are informed about other relevant mental health and support services.
Long-Term Goals	• Clients improve their mental health and self-sufficiency. • Clients' mental health and satisfaction with life is increased as evidenced by scores on the outcome measurement tool. • Clients know of, and successfully access, other needed services.
Outcome Measures	Measurement 1: Clients will complete a pre- and post-rating form. Measurement 2: Number of clients that are referred to out-of-home placement for care.

[16] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Older Adults Program 4c

Service Providers: TBD

Number of Services / Quantity of Service	It is difficult to determine how many individuals will be in need of services annually. If the program were to reach 100 older adults, the average cost per person would be $750.
Budget	Budgeted on a reimbursement basis
FY 2013-14	$75,000
FY 2014-15	$80,000
FY 2015-16	$85,000
FY 2016-17	$90,000
FY 2017-18	$90,000
FY 2018-19	$90,000

Project Name: Community-Based Mental Health Services 5a

Service Providers: Mental Health Division

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ Prevention	☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	Provide preventative mental health services in local communities. This program partners with the CSS program of "Community-Based Mental Health Services". Clinical staff will visit local communities to provide mental health services to clients under CSS, and will provide information and preventative services under Prevention and Early Intervention (PEI) funding when they are not seeing clients under CSS.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Shingle Springs at the Community Corrections Center. Countywide in local communities including multi-disciplinary team meetings at various locations throughout the County.	
Project Duration	Ongoing	
Activities Performed	Mental Health clinical staff will visit various locations in the County and participate in and coordinate with multi-disciplinary teams and community-based organizations to receive referrals.	
Service Strategies	**Outreach:** Outreach will be accomplished through direct consumer contact, publications, flyers, web-based content and other media outlets. Outreach will increase the awareness of mental health issues and service providers, including the services available in the community and how to obtain services. County staff will also participate on multi-disciplinary teams utilized as a gateway to services (e.g., School Attendance Review Board (SARB), Child Parent Resource Team (CPRT)) and be a resource partner with education and community-based organizations. **Access and Linkage to Medically Necessary Care:** Staff will provide	

Project Name: Community-Based Mental Health Services 5a

Service Providers: Mental Health Division

	referrals/linkage to medically necessary care services. **Stigma and Discrimination Reduction:** Bringing mental health services to the local communities will increase the dialogue about mental health, or mental wellness, and will raise awareness about the topic. Through the discussions and reference materials available, people will gain a better understanding of mental illness, which will work towards the reduction of stigma and discrimination.
Services Provided By	☒ Contracted Vendor[17] ☐ Volunteers ☒ County Staff
Procurement Method	Initially, these services will be provided by County Staff. In the event this program is transitioned to a contracted vendor in whole or in part, the vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	Engage community members in their local environment to educate them about mental wellness and mental health services available; assess individuals in need of mental health services.
Long-Term Goals	Improve community health through local services.
Outcome Measures	Measurement 1: Number of individuals/families served, and outcomes for each. Measurement 2: Client satisfaction surveys.
Number of Services / Quantity of Service	It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology. It is possible that an outreach program such as this may reach 150 individuals annually, for an average cost of $196 per person.
Budget	
FY 2013-14	$75,000
FY 2014-15	$29,338
FY 2015-16	$10,000
FY 2016-17	$10,000
FY 2017-18	$10,000
FY 2018-19	$10,000

[17] These services will be provided by County Staff; potential use of Contracted Vendors at a future point in time.

Project Name: Community Health Outreach Worker 5b

Service Providers: TBD

Program Type:	☐ Early Intervention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Prevention	☒ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention
Negative Outcome(s) Addressed:	☒ Suicide ☒ Incarcerations ☒ School Failure or Dropout ☒ Unemployment	☒ Prolonged Suffering ☒ Homelessness ☒ Removal of Children from Their Homes
Objective	Provide a point of contact for general mental health information coordination and community resources.	
Target Population(s)	☐ 0-5 Years ☐ Elementary School ☐ Middle School ☐ High School	☐ Adults ☐ Older Adults ☒ All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	The Community Mental Health Coordinator would work closely with primary care providers, hospitals, Public Health Nurses, community-based organizations, caring friends and family, and individuals in need of services to determine the appropriate referrals for individuals and families, and to work closely with those individuals and families in establishing services. Such resources would include identification of service providers and insurance accepted, support groups, transportation, housing options, online resources, etc., and development and maintenance of mental health resource materials including, but not limited to, brochures, web-based materials, mobile phone application, speakers list, etc. Costs for this program include establishment of a dedicated phone number that would be identified as a non-crisis community information line, establishment of a resource tracking tool, staff time, mileage and other operating expenses (e.g., rent, overhead). This program is not meant to provide mental health crisis response nor replace other community response lines. Rather, this program will provide linkage to those services. However, to the extent that	

Project Name: Community Health Outreach Worker 5b

Service Providers: TBD

	partnerships and consolidation of services are possible, this program would pursue those options to determine if such consolidation is viable. For example, this program could partner with general health information coordination and provide partial funding for a single point of contact for health and mental health community resources and referrals.
Service Strategies	**Outreach:** Outreach will be accomplished by increasing the awareness of mental health issues and service providers, including the services available in the community and how to obtain services. Resource materials will be developed and distributed throughout the community. Community informational presentations to agencies, service organizations, and resident groups will be made. **Access and Linkage to Medically Necessary Care:** The purpose of this program is to provide better linkage to and follow up for needed services and medically necessary care as described below. **Stigma and Discrimination Reduction:** This program will raise awareness about mental illness as a medical disease and the need for and availability of treatment options in the community. As mental health services become more integrated with primary care medicine, mental illness is anticipated to be viewed more as a medical diagnosis, just as heart disease or diabetes is; therefore, the stigma associated with the field of mental health that has existed would be anticipated to be reduced. Clients may be more likely to seek treatment through a medical facility rather than a mental health clinic.
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Support[18]
Procurement Method	Competitive procurement process initially, with the potential for one or more organizations to receive all or a portion of the available funds. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Short-Term Goals	• Identify community mental health resources • Establish a mechanism for tracking resources • Establish a dedicated phone line for general community mental health information

[18] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Project Name: Community Health Outreach Worker 5b

Service Providers: TBD

Long-Term Goals	• Improved health and wellness of the community. • Reduction in calls to 911 for non-emergency information. • Reduction in emergency room visits for non-emergency issues.
Outcome Measures	Measurement 1: Number of service providers contributing information to the resource tool. Measurement 2: Number of calls annually. Measurement 3: Number of calls to 911 for non-emergency information. Measurement 4: Number of emergency room visits for non-emergency issues. Measurement 5: Number of individuals with serious mental illness referred to treatment, and the kind of treatment to which the individual was referred. Measurement 6: Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.
Number of Services / Quantity of Service	It is difficult to determine how many individuals would be in need of services annually. If the program were to reach 200 individuals annually, the average cost per person would be $175.
Budget	Budgeted on a reimbursement basis.
FY 2013-14	$35,000
FY 2014-15	$35,000
FY 2015-16	$50,000
FY 2016-17	$50,000
FY 2017-18	$50,000
FY 2018-19	$50,000

New or Discontinued PEI Programs/Projects

The following PEI program/project is discontinued as of the date of this Plan Update is adopted by the Board of Supervisors:

- Program 1 Youth and Children's Services, Project 1e – SAMHSA Model Programs

Community Services and Supports (CSS)

Component Definition

"Community Services and Supports" refers to service delivery systems for mental health services and supports for children and youth, transitional age youth, adults, and older adults.[19] There are four service categories under CSS: (1) Full Service Partnership (FSP); (2) General System Development; (3) Outreach and Engagement; and (4) MHSA Housing Program.[20] These programs provide direct services to adults who have a severe mental illness or children who have a serious emotional disturbance.

CSS projects provide direct services to adults and children who meet the criteria set forth in MHSA. Individuals must meet the criteria for receiving specialty mental health services to be eligible for MHSA programs. These criteria are set forth in WIC §5600.3 as follows:

"(a)(1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) 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.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

(b)(1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral

[19] CCR, Title 9, Division 1, Chapter 14, Section 3200.080, Community Services and Supports.
[20] CCR, Title 9, Division 1, Chapter 14, Section 3615, Community Services and Supports Service Categories.

functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the County Veteran's Service Officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran-specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence."

Some MHSA programs may be more restrictive in terms of target service populations, given the nature of the program. For example, programs falling under the "Full Service Partnership" category are designed for those clients who have a higher level of acuity and therefore, need more intensive services.

Services provided under CSS fall into at least one of the following three categories:

- **Full Service Partnership (FSP)** – funds to provide "whatever it takes" for initial populations

  With the initial implementation and funding of the MHSA, the State will take the first step in funding counties to develop full service partnerships with identified initial populations. These partnerships shall be culturally competent and shall include individualized client/family-driven mental health services and supports plans which emphasize recovery and resilience, and which offer integrated service experiences for clients and families. In selecting initial populations, specific attention should be paid to populations and individuals that are currently unserved, and to reducing racial/ethnic disparities. The goal will be to eventually provide all needed cost-efficient and effective services and supports for all those in need of mental health services and their families, consistent with the individualized plans.

  Funding for the services and supports for Full Service Partnerships may include flexible funding to meet the goals of the individual services and supports plans. Access to generic community services should be obtained whenever feasible and appropriate. Mental Health Services Act funds are for community services and supports when access to these services cannot be obtained from other sources and such expenditures are consistent with other MHSA requirements.

- **General System Development (GSD)** – funds to improve programs, services and supports for the identified initial full service populations and for other clients.

  General system development funds are needed to help counties improve programs, services and supports for all clients and families (including initial Full Service Partnership populations and others) to change their service delivery systems and build

transformational programs and services. Strategies for reducing ethnic disparities should be considered. Examples for this kind of funding are client and family services such as peer support, education and advocacy services, mobile crisis teams, funds to promote interagency and community collaboration and services, and funds to develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address the mental illness or emotional disturbance. (Mental health services and supports include mental health treatment, rehabilitation services including supportive housing and supportive employment, and personal service coordination/case management. In collaborative programs, the cost of the mental health component only is allowable for positions with blended functions, only the proportion of costs associated with the mental health activities are allowable. Costs for community supports such as rental subsidies, other treatment such as health care or substance abuse treatment, and respite care are not allowable under General System Development. These examples are allowable under Full Service Partnerships.)

- **Outreach and Engagement (OE)** – funds for outreach and engagement of those populations that are currently receiving little or no service

  This funding is established in recognition of the special activities needed to reach unserved populations. Outreach and engagement can be one component of an overall approach to reducing ethnic disparities. Examples of this type of funding would be funding for racial ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics; organizations that help individuals who are homeless or incarcerated, and that link potential clients to services; funds for clients and families to reach out to those that may be reluctant to enter the system; funds for screening of children and youth; and school and primary care-based outreach to children and youth who may have serious emotional disorders. This funding may only be used for those activities to reach unserved populations. Some individuals may have had extremely brief and/or only crisis oriented contact with and/or service from the mental health system and should be considered as unserved.[21]

[21] California Department of Mental Health, Information Notice 05-05, Enclosure 1, *Mental Health Services Act, Community Services and Supports*, August 1, 2005, Three-Year Program and Expenditure Plan Requirements, pages 7-8.

CSS Programs and Projects

Program 1: Youth and Family Strengthening Program

Project 1a: Youth and Family Full Service Partnership
Project 1b: Family Strengthening Academy (discontinued effective FY 2015-16)
Project 1c: Foster Care Enhanced Services

Program 2: Wellness and Recovery Services

Project 2a: Wellness Centers
Project 2b: Adult Full Service Partnership
Project 2c: Older Adults Program (discontinued effective FY 2015-16)
Project 2d: Assisted Outpatient Treatment

Program 3: Transitional Age Youth (TAY) Services

Project 3a: TAY Engagement, Wellness and Recovery Services

Program 4: Community System of Care

Project 4a: Outreach and Engagement Services
Project 4b: Community-Based Mental Health Services (Partner program to PEI Community-Based Mental Health Services)
Project 4c: Resource Management Services

CSS-Housing

Project 1: West Slope – Trailside Terrace, Shingle Springs
Project 2: East Slope – The Aspens at South Lake, South Lake Tahoe
Project 3: Local Housing Assistance

Project Name: Youth and Family Full Service Partnership — Project 1a

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Project Type:	☒ Full Service Partnerships ☐ General System Development ☐ Outreach/Engagement
Objective:	Services are aimed at helping El Dorado County youth avoid more restrictive and expensive placements, including group home placement, hospitalization and incarceration. A FSP project provides an individualized approach to meeting needs for mental health and support services to children/youth, and their families, who are at risk of foster care placement, or who are already in foster care to prevent placement in a higher level of care facility. The intent of this project is to support children/youth, their caretakers, and the community by keeping children/youth healthy and safe at home, in school and out of trouble.
Target Population(s):	Children/youth identified as seriously emotionally disturbed (SED) are eligible for FSPs if they meet the criteria set forth in WIC §5600.3, subdivision (a). These criteria are as follows: SED children/youth who fall into at least ONE of the following groups: Group 1: 1. As a result of the mental disorder, the child/youth has substantial impairment in at least two of these areas: a. Self–care. b. School functioning. c. Family relationships. d. Ability to function in the community. and 2. Either of the following occur: a. The child/youth is at risk of or has already been removed from the home. b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment. Group 2 – The child/youth displays at least ONE of the following

features:

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

Group 3 – The child/youth meets special education eligibility requirements under Chapter 26.5 of the Government Code.

SED Transition-Age Youth (youth 16 years to 25 years old) who meet ALL of the following:

1. They fall into at least one of the groups in (A) above.
2. They are unserved or underserved.

and

3. They are in one 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 just system
   f. At risk of involuntary hospitalization or institutionalization, or
   g. Have experienced a first episode of serious mental illness

Non-minor dependents (NMD) (individuals who remain in foster care under AB12, Extended Foster Care) who are receiving services under this project as of their 18th birthday are eligible to continue services under this project while they continue to be NMDs. The NMD must continue to meet the eligibility requirements for the Extended Foster Care (EFC) project. Participation in the Youth and Family FSP is completely voluntary for NMDs, and they may be terminated at any time.

As used in this description, the terms "child", "children" and "youth" also include NMDs.

This project will serve children who are on Medi-Cal, who are not yet enrolled in Medi-Cal but are eligible for Medi-Cal and seeking to obtain

Project Name: Youth and Family Full Service Partnership — Project 1a

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

	coverage, or who do not have any health insurance. Children may have an active Child Welfare Services case, but involvement with Child Welfare Services is not a requirement for project eligibility. This project will serve only children who reside in the County. Children placed in group homes are not eligible for Youth and Family FSP services. A juvenile who is incarcerated due to criminal activity is not eligible for Youth and Family FSP services.
Service Location(s):	Countywide.
Project Description:	According to the CCR, Title 9, Section 3200.130, a FSP is "the collaborative relationship between the County and the client, and when appropriate, the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals" For children, the County has identified wraparound principles and services as the FSP project. Wraparound principles include family and individual voice, team-based decision making, use of natural supports, collaboration, community-based service, cultural competence, individualized plans, strength-based interventions, persistence and outcome-based strategies. Per WIC §18251(d): "Wraparound services" means community-based intervention services that emphasize the strengths of the child and family and includes the delivery of coordinated, highly individualized unconditional services to address needs and achieve positive outcomes in their lives. Wraparound services are a collaborative, team-based, family-driven service delivery model that includes clinical case management, an individualized treatment plan, and flexible supports and services. Case management and service delivery are implemented in a convenient and comfortable location for the family who also directs the use of family, community and system supports. Individualized plans are client and family-driven and strengths-based. Use of the wraparound team model supports community collaboration and integrated service delivery. Cultural competence is also a critical goal addressed individually with

each family to ensure respectful, ethnic-specific, and age/gender-appropriate services.

Wellness concepts for family and children/youth are embedded in the Youth and Family FSP project. Client and family strengths are defined from the initial conversation with the family and drive the determination of intervention strategies. Adults are encouraged to establish goals consistent with ensuring meaningful roles for themselves in addition to their role as parent. With the FSP team, children/youth and families are continuously encouraged to identify, reflect on and acknowledge each step of growth, effective coping strategies, and success which demonstrates child/youth resiliency. The family is also encouraged to draw on natural supports and community supports in their individual plan which serves as a treatment plan for the family unit.

Project Eligibility

Prior to referral, children are assessed by County Mental Health clinicians and together with parents or guardians, specific services are determined.

A qualifying Child/Adolescent Levels of Care Utilization System (CALOCUS) score for this project would likely be 4 or 5; however, lower CALOCUS score could be acceptable based upon a totality of the circumstances surrounding the child's and family's risk factors and mental health needs as determined by the clinician.

The County's current Placement Committee will serve as an authorizing body for the Youth and Family FSP enrollments. South Lake Tahoe will create an Access Team to serve a similar function.

Eligibility for the project would be recommended based on the child's specific needs and eligibility criteria as identified above, and would include consideration of the following:

- Parents/guardians are willing to be active, or are active, in their child's treatment.
- Participation is anticipated to lead toward the child's recovery and resiliency.
- Participation is anticipated to help with avoiding more restrictive and expensive placements for the child.
- Families/guardians may be working with Child Welfare Services, but involvement with Child Welfare Services is not a requirement

for project eligibility.

When a child/youth is enrolled in the Youth and Family FSP project, all mental health-related services and supports provided to the child/youth and the child/youth's family are billed to the Youth and Family FSP project, including counseling and medication management, which should be provided in coordination with the FSP services.

When a child/youth receiving FSP services is a runaway, the Mental Health Clinician will make a determination to continue benefits when the child/youth is absent for 3 consecutive days or more during a calendar month. If the child/youth does not return within 30 days, FSP services must be terminated.

Eligible children/youth can terminate and re-enter the Youth and Family FSP project.

FSP Services

Many, but not all services are provided under contract with a specialty mental health service provider. Services are to be relevant, appealing to the strengths and desires of the child, contribute to their well-being, and help them meet the goals identified in their individualized treatment plan.

Services provided will recognize and strengthen characteristics of resiliency in children/youth:

- Well-regulated temperament (e.g. easygoing disposition, not easily upset);
- Problem-solving skills;
- Positive ethnic and cultural identity;
- Abstract thinking, reflectivity, flexibility, and the ability to try alternatives;
- Social competence;
- Emotional responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and ability to get along with others;
- Positive relationships with cultural mentors;
- Autonomy;
- Self-awareness, sense of identity, ability to act independently, ability to exert control over the external environment, self-efficacy, and an internal locus of control;
- Concept of purpose and future orientation;

- Healthy expectations, goal-directedness, future orientation, goal-attaining skills;
- Optimism – hopeful outlook, active problem-focused coping strategies;
- Academic and social successes;
- Protective factors;
- Decreased risk of behavioral disorders, possessing of talents that are valued by self and society; and
- Ability to build upon and support unique cultural strengths that contribute to resiliency, such as a strong sense of family support and an extended family network, an emphasis on interconnectedness (collectivism), connections to spiritual and cultural heritage, participation in cultural activities, and connections to faith-based support organizations.

Services and supports to be provided may include, but not be limited to, the following:

- Child/youth involvement in planning and service development (individualized treatment plan);
- Services and supports provided at school, in the community, and in the home;
- Use of evidence-based practices, which support child/youth/family selected goals, including but not limited to, Incredible Years, Aggression Replacement Therapy (ART), Functional Family Therapy, Parent-Child Interactive Therapy (PCIT) and DBT;
- Family preservation and education services (parenting classes, problem solving, and daily living skills);
- Crisis response 24/7;
- Education for children/youth/families regarding mental illness and medications;
- Values-driven, evidence-based practices, which support child/youth/family selected goals, integrated with overall service planning;
- Childcare;
- Transportation;
- Flexible hours;
- Community-based services;
- Socialization experiences and recreational activities to develop

peer relationships and psychosocial skills;
- Build skills in budgeting, cleaning, basic home repair, and other functions essential to maintaining a fiscally responsible household;
- Supportive services; and
- The Parent Partner will serve as support and advocate for each FSP family and is arranged through the contracted service provider.

Family members will not run the service but as part of the service team, their role will be to:

- Participate on all family treatment teams;
- Provide mentoring/support for parents and consumer;
- Assist facilitator in finding appropriate community resources;
- Plan celebrations;
- Advocate for family by teaching parents how to navigate the various systems;
- Orient parent to Wraparound model;
- Co-facilitate Incredible Years model parenting class; and
- Increase families' knowledge re: services and supports available.

Once a child/youth is assigned to the Youth and Family FSP project, an individualized treatment plan is developed that details the provisions of the services. The child/youth remains eligible for the Youth and Family FSP project for the time period specified in the individualized treatment plan. At the end of the time period specified in the individualized treatment plan, the child's participation in the Youth and Family FSP project is re-evaluated to determine if continued participation is necessary and if so, re-authorized by the Placement/Access Team.

FSP Team

The child/youth and family are the center of the FSP team. Each child's FSP team will be staffed by a Facilitator (introduces the family to the model, sets up, coordinates, and facilitates meetings), Parent Partner (advocates, educates, and develops community resources), and Family Coordinator or wraparound worker (therapeutic behavioral aide providing family support activities, mentoring and coaching, and assisting with community resource access), in addition to the family and other members selected by the family.

Family orientation is provided to each family on an individual basis upon

	beginning the project. Each family will be assisted in identifying their measurable treatment goals. Referrals to and coordination with appropriate agencies will be made for families in need of additional resources (e.g., food, housing, clothing, employment). The child, family and FSP team will be mindful of the need to continually move families forward, offering opportunities for increased reliance on their natural and community resources. Training contract provider staff on the model, principles, phases of service, and roles and responsibilities under the wraparound model will be the responsibility of the contracted provider. In compliance with DHCS guidance, children enrolled in this project may also receive Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). More discussion about ICC and IHBS can be found under the discussion for CSS Project 1c. **Collaboration** The Youth and Family FSP project collaborates with other agencies and community-based organizations, and these partners will be used to refer families for Youth and Family FSP services, to participate on individualized teams, and to provide a range of services and supports as directed by the individualized family plans. Collaborative outreach with the MHSA Latino Outreach project and the Wennem Wadati project will be used to ensure access for the Latino and Native American populations. All of these partnerships serve to ensure strengths-based, client-centered practice, cultural competence, service access, and integrated service delivery, all of which improve the service delivery system and client outcomes. **Cultural Competency** Cultural competence is a critical goal addressed individually with each family to ensure respectful, ethnic-specific, and age/gender-appropriate services. This comprehensive FSP model is designed to improve access to mental health services, improve accuracy of diagnosis, improve use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and external resources -- all goals of culturally competent service delivery. The FSP project will provide culturally competent services tailored to

	family culture, values, norms, strengths, and preferences. The FSP team will consist of the appropriate membership per the request of the family. Families will be encouraged to communicate and share their cultural perspective and needs. During each of the phases, the role of culture and belief systems will be raised for family input. The team will also seek to find ways to celebrate successes within the cultural framework of the family. An assessment of cultural issues and language needs will be included in the individual planning process. Data regarding client culture and language will be collected and evaluated. Interpretation services will be available and all project literature will be available in both English and Spanish. Forms and brochures will be available in English and Spanish. Risk factors reported among LGBTQ children/youth and the stigma barrier will be addressed as part of the anti-stigma campaign to improve community education, service access, and timely identification of children/youth in need. Sexual orientation, gender and the different psychologies of men, women, boys and girls. Training regarding service delivery that is sensitive to issues surrounding sexual orientation, gender differences, and the varying psychologies based on gender, developmental stages, and generational issues will be provided for all team members. The assessment and treatment phases of the project will explore issues of sexuality and gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client centered service delivery that celebrates individual strengths and diversity. The complexity of these issues increases when dealing with the family unit -- family members themselves will have varying perspectives and different issues along the lines of sexuality and gender, including generational differences. **Supportive "Flex Funds" (Flexible Supports and Services)** MHSA funds will be used to access non-mental health resources identified within the treatment plan that are needed by the child/family to successfully fulfill their individualized treatment plan. Supports such as child/youth activities, food, and transportation, as well as other approved activities, can be funded by MHSA for stabilization purposes. MHSA funds will also be utilized for resources needed to keep the family intact. In case of family emergencies, MHSA funds may be used to provide

	temporary housing stability or temporary support to a family in crisis. Youth and Family FSP payments are not for the child's basic placement needs, but for the services and additional supportive services provided. Examples of uses for flex funds include, but are not limited to: • Moving expenses specific to providing safe, affordable, and adequate living arrangements for the child/youth and family; • Transportation to and from services and/or community support opportunities; • Child-care costs as necessary to promote participation in treatment; • Home improvement projects that promote and/or enhance the safety and adequacy of the living environment of the child/youth and family; • Community services expenses that allow the child/youth and family to participate in meaningful community services; • Skill-building lessons that enhance the independent living skills of the child/youth and family; • Educational expenses that promote the child/youth's success in school; • Medications necessary to assist the child/youth and family in achieving and maintaining mental and physical well-being; • Emergency food, shelter, or clothing for children/youth and families experiencing unexpected immediate hardship; • Emergency household item purchases for children/youth and families in immediate need; • Other expenses that the FSP team considers appropriate and are previously approved in the individualized treatment plan; and • Objects, fees and services utilized to accomplish the above needs (e.g., bus passes, car repair costs that will result in a safer means of transportation, work gloves for participating in community services, supplies needed for skill building lessons).

Project Name: Youth and Family Full Service Partnership — Project 1a

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Services Provided By:	☒ Contracted Vendor ☐ Volunteers ☒ County Staff Current Vendors: New Morning Youth and Family Services, West Slope Remi Vista, West Slope Sierra Child and Family Services, West Slope and South Lake Tahoe Stanford Youth Solutions, West Slope Summitview Child and Family Services, West Slope Tahoe Youth and Family Services, South Lake Tahoe Additional contracted vendors may be added through the procurement method identified below.
Procurement Method:	Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy. El Dorado County HHSA, MHD, will provide programmatic coordination, clinical oversight, and evaluation support.
Project Goals:	• Reduce out-of-home placement for children • Safe and stable living environment • Strengthen family unification or reunification • Improve coping skills • Reduce at-risk behaviors • Reduce behaviors that interfere with quality of life
Outcome Measures:	Measurement 1: Days of psychiatric hospitalization Measurement 2: Days in shelters Measurement 3: Days of arrests Measurement 4: Type of school placement Measurement 5: School attendance Measurement 6: Academic performance Measurement 7: Days in out of home placement Measurement 8: Child care stability

Project Name: Youth and Family Full Service Partnership — Project 1a

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Number Served / Quantity of Service:	There is an estimated 300-400 children/youth at risk of out-of-home placement in El Dorado County each year. The actual number of children served through the Youth and Family FSP project will be based on client need. In FY 2014-15, there were approximately 50 children enrolled in this project and the average cost per child was $7,578.
Budget:	The funding for Project 1a: Youth and Family Full Service Partnership and Project 1c: Foster Care Enhanced Services will be combined to provide the greatest service level flexibility for children and youth meeting the criteria for either project. It would be expected that children and youth meeting the criteria of Project 1c would step-down to Project 1a through treatment services, and it is possible that children and youth in Project 1a would step up to Project 1c. The projects must be maintained separately as their program description and eligibility for criteria is different (the State requires counties to track and report separately on the children and youth meeting the criteria for Project 1c), but both projects provide FSP services and therefore, the MHSA funds are being utilized appropriately, whether under Project 1a or Project 1c. Budgeted on a reimbursement basis. Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the Uniform Method of Determining Ability to Pay (UMDAP)) will be accessed to leverage the investment of MHSA funds.
FY 2013-14	$600,000
FY 2014-15	$425,000
FY 2015-16	$375,000 combined with the funding for Project 1c
FY 2016-17	$650,000 combined with the funding for Project 1c
FY 2017-18	$650,000 combined with the funding for Project 1c
FY 2018-19	$650,000 combined with the funding for Project 1c

Project Name: Foster Care Enhanced Services — Project 1c

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Project Type:	☒ Full Service Partnerships ☐ General System Development ☐ Outreach Engagement
Objective:	Provide assessment and Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) for qualifying members of the target population through the development of a treatment plan that provides for the full spectrum of community services that may be needed so that the client can achieve the identified goals. This program is designed to provide mandated mental health and supportive services resulting from the *Katie A. vs. Bonta* class action settlement agreement.[22] The State has re-branded these services as "Pathways to Well Being".
Target Population(s):	Children/youth are considered to be a member of the target population if they meet the following criteria: 1. Under the age of 21; 2. Are full-scope Medi-Cal (Title XIX) eligible; 3. Have an open child welfare services case; 4. Meet the medical necessity criteria for Specialty Mental Health Services as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210; and 5. Meet either "a." or "b." below: a. Is currently in, or being considered for: i. Wraparound services; ii. Therapeutic Foster Care (TFC); iii. Therapeutic Behavioral Services (TBS); iv. Crisis Stabilization; v. Crisis Intervention or other equally intensive services; or vi. Has been assigned a specialized care rate due to behavioral health needs. or

[22] For more information about *Katie A. v. Bonta*, please visit http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx.

Project Name: Foster Care Enhanced Services — Project 1c

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

	b. Is currently in, or being considered for: i. A foster care group home (Rate Classification Level [RCL] 10 or above); ii. A psychiatric hospital (e.g., psychiatric inpatient hospital, community residential treatment facility); iii. 24-hour mental health treatment facility; or iv. Has experienced three or more placements within 24 months due to behavioral health needs. An "open child welfare services case" means the child is in foster care or the child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made.
Service Location(s):	Countywide and in out-of-County (but in the State) locations where qualifying children/youth are located.
Activities Performed:	Activities performed under this project are designed to comply with requirements for implementation of the *Katie A. v. Bonta* State Settlement and associated State regulations and requirements. Child Welfare Services will provide Mental Health with requests for assessment for the children/youth potentially eligible for these services. Mental Health staff will perform the assessments based upon the results on the initial screening (i.e., children/youth determined through the screening to likely be in need of mental health services). In the event an assessment reveals the need for higher intensity mental health services as identified under this project, Mental Health staff, Contracted Vendors and Child Welfare Services will coordinate service provision. The services and supports required under this program may involve family members and other support systems (e.g., care providers, extended family members) to provide not only the child with the tools for recovery and resiliency, but also to assist those around the child with tools for a healthy support system. The services to be provided are to be designed to meet the mental health needs of the child/youth as developed in coordination with the child/youth and family. Services will

not necessarily be provided in a clinical or office setting.

ICC and IHBS[23]

ICC services utilize a team approach to develop and guide development of the treatment plan and service delivery. Activities performed under ICC are for the purpose of coordinating the child/youth's services, including ongoing determination of needs, service planning and implementation (plan development), and monitoring, adapting and transitioning the treatment plan as may be needed.

Services may include but are not limited to:

- Assessing the child/youth and family's needs and strengths;
- In coordination with the child/youth, family, Child Welfare Services and other appropriate collateral contacts (e.g., schools, caregivers), developing a treatment plan to address the child/youth and family's assessed needs;
- Evaluating effectiveness of previous treatment plan and services; and
- Modifying treatment plan as needed based on evaluation of effectiveness.

Children/youth are also eligible for IHBS services under this project when in need of the service, but IHBS is not a required activity if it is not an identified need in the treatment plan. IHBS are provided in the child/youth's home.

Services[24, 25]

Services include intensive, individualized and strength-based interventions to assist the child/youth and his/her significant support persons to develop skills to achieve the goals and objectives of the child/youth's treatment plan. Services may be provided in the home or other location, and may include but are not limited to:

- Development of functional skills to improve self-care, self-regulation or other functional impairments by decreasing or replacing non-functional behavior;
- Implementation of a positive behavioral plan and/or modeling

[23] County of Los Angeles, Department of Mental Health, June 26, 2013, No. 13-04 Quality Assurance Bulletin.
[24] *Ibid*.
[25] State of California, Department of Health Care Services, Information Notice 13-11, May 3, 2013.

interventions for the child/youth's significant support persons and assisting them to implement strategies;
- Improvement of self-management of symptoms;
- Education of the child/youth and/or the child/youth's significant support persons on how to manage the child/youth's mental health disorder;
- Teaching skills or replacement behaviors that allow the child/youth to fully participate in the CFT and other community activities;
- Individual, family or group counseling.

A child/youth may receive the following services but not during the same hours of the day that the child/youth is receiving IHBS services:

1. Day Treatment Rehabilitative;
2. Day Treatment Intensive;
3. Group Therapy;
4. Therapeutic Behavioral Services (TBS).

The following services are not reimbursable during the provision of IHBS services:

1. Psychiatric Inpatient Hospital (except on date of admission or discharge);
2. Psychiatric Inpatient Hospital Administrative Days;
3. Psychiatric Health Facilities (except on date of admission or discharge); and/or
4. Adult Crisis Residential (except on date of admission or discharge).

Multiple services provided on the same day are Medicaid reimbursable.

Specialty Mental Health Services, including ICC and IHBS, are not Medicaid reimbursable if:

1. Provided at a non-hospital facility where the beneficiary is: i) an inmate serving time for a criminal offense; or ii) confined involuntarily in a State or federal prison, jail, detention facility, or other penal facility (i.e., the beneficiary is an inmate of a public institution, as defined in Section 1905(a)(A) of the Social Security Act and Title 42, Code of Federal Regulations [CFR] Section

435.1009)

2. The beneficiary is a child/youth who is residing out-of-state at the time of service.

Counties cannot claim ICC for children/youth in a hospital, psychiatric health facility, group home or psychiatric nursing facility, except when used solely for the purpose of coordinating placement of the child/youth for discharge. Under this condition, a child/youth may receive ICC during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per admission to the facility as part of discharge planning.

Counties cannot claim IHBS as services provided for children/youth in group homes. However, counties may claim reimbursement for IHBS for children/youth that are transitioning to a permanent home environment when it is to facilitate the transition during single day and multiple day visits outside the group home setting.

Supportive "Flex Funds" (Flexible Supports and Services)

MHSA funds will be used to access specific non-mental health resources identified within the treatment plan that are needed by the child/family to successfully fulfill the individualized treatment plan. In case of family emergencies, MHSA funds may be used to temporarily provide housing stability or support to a family in crisis.

Supportive "Flex Funds" are not for the child's basic placement needs, but for the services and additional supportive services provided.

Examples of uses for flex funds include, but are not limited to:

- Transportation to and from services and/or community support opportunities;
- Child-care costs as necessary to promote participation in treatment;
- Skill-building lessons that enhance the independent living skills of the child/youth and family;
- Educational expenses that promote the child/youth's success in school;
- Medications necessary to assist the child/youth and family in achieving and maintaining mental and physical well-being;
- Emergency food, shelter, or clothing for children/youth and families experiencing unexpected immediate hardship;

Project Name: Foster Care Enhanced Services — Project 1c

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

	• Emergency household item purchases for children/youth and families in immediate need; • Other expenses that the ICC team considers appropriate and are previously approved in the individualized treatment plan; and • Objects, fees and services utilized to accomplish the above needs (e.g., bus passes, car repair costs that will result in a safer means of transportation, supplies needed for skill building lessons). **Project Differentiation** This project differs from the MHSA Youth and Family Full Service Partnership project in that children/youth enrolled in this project may not require the highest intensity services, but do require services that are higher in intensity than traditional services, child/youth focused, and individualized for each child/youth. Additionally, the flexible supports, resources and services available through the Foster Care Enhanced Services project are more limited in scope than those available through the MHSA Youth and Family Full Service Partnership project. Further, services provided through the Youth and Family Full Service Partnership project may continue beyond a child/youth's involvement with Child Welfare Services, whereas the Foster Care Enhanced Services are strictly limited to children/youth with an open Child Welfare Case. **Additional Activities Authorized through this Project** Funding in the amount of $20,000 is for CASA as a sole source contract to help ensure that all children receiving services through this project have an assigned CASA, providing the provision of such funding is not determined in conflict with the roles of an agency providing the children with services and CASA.
Services Provided By:	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Current Vendors: New Morning Youth and Family Services, West Slope Remi Vista, West Slope Sierra Child and Family Services, West Slope and South Lake Tahoe Stanford Youth Solutions, West Slope Summitview Child and Family Services, West Slope Tahoe Youth and Family Services, South Lake Tahoe Additional contracted vendors may be added through the procurement method identified below.

Project Name: Foster Care Enhanced Services — Project 1c

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Procurement Method:	Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy. Volunteers may have a role in this program (e.g., transportation, family support); however mental health services will be provided by County Staff and Contracted Vendors.
Project Goals:	• Reduce out-of-home placement for children/youth • Safe and stable living environment • Strengthen family unification or reunification • Improve coping skills • Reduce at-risk behaviors • Reduce behaviors that interfere with quality of life
Outcome Measures:	Measurement 1: Days of psychiatric hospitalization Measurement 2: Days in shelters Measurement 3: Days of arrests Measurement 4: Type of school placement Measurement 5: School attendance Measurement 6: Academic performance Measurement 7: Days in out of home placement Measurement 8: Child care stability
Number Served / Quantity of Service:	As of March 28, 2016, there are 302 children in placement through Child Welfare Services. Approximately one-third of the children are placed out of County, and two-thirds of the children are placed within the County. Approximately 9% are in group homes and therefore, ineligible for services under this program except for during the last 30 days of their placement prior to discharge. There is approximately another 100 children with an open Child Welfare Services case. The actual number of children/youth served through this project will be based on client need as identified through an initial screening process, and for those meeting the specific target population, a mental health assessment. The full impacts to caseloads from the implementation of this mandated program are not yet know. In FY 2014-15, there were approximately 73 children enrolled in this project and the average cost per child was $7,578.

Project Name: Foster Care Enhanced Services — Project 1c

Service Providers: *New Morning Youth and Family Services, Remi Vista, Sierra Child and Family Services, Stanford Youth Solutions, Summitview Child and Family Services, Tahoe Youth and Family Services*

Budget:	The funding for Project 1a: Youth and Family Full Service Partnership and Project 1c: Foster Care Enhanced Services will be combined to provide the greatest service level flexibility for children and youth meeting the criteria for either project. It would be expected that children and youth meeting the criteria of Project 1c would step-down to Project 1a through treatment services, and it is possible that children and youth in Project 1a would step up to Project 1c. The projects must be maintained separately as their program description and eligibility for criteria is different (the State requires counties to track and report separately on the children and youth meeting the criteria for Project 1c), but both projects provide FSP services and therefore the MHSA funds are being utilized appropriately, whether under Project 1a or Project 1c. Budgeted on a reimbursement basis. Contracted vendors will compensated on a reimbursement basis. Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds.
FY 2013-14	$500,000
FY 2014-15	$825,766
FY 2015-16	$755,700 combined with the funding for Project 1a
FY 2016-17	$1,210,699 combined with the funding for Project 1a
FY 2017-18	$1,210,699 combined with the funding for Project 1a
FY 2018-19	$1,210,699 combined with the funding for Project 1a

Project Name: Wellness Centers — Project 2a

Service Provider: *Mental Health Division and Volunteers*

Project Type:	☐ Full Service Partnerships ☒ General System Development ☒ Outreach/Engagement
Objective:	Provide a welcoming location for individuals with severe mental illness to receive mental health services, gain life skills for independence, and minimize negative effects of isolation frequently associated with mental illness.
Target Population(s):	Adult (age 18+) clients of Mental Health.
Service Location(s):	South Lake Tahoe and Diamond Springs
Project Description:	The Wellness Centers provide a welcoming setting, away from the stigma and discrimination so often associated with mental illness, where participants can receive mental health services, life skills training, community integration experience, support groups, health care information, and social interaction and relationship building frequently missing from the lives of those who have been diagnosed with a serious mental illness. The Wellness Centers strive to provide both inside and outside spaces for clients that are healthy, engaging and tranquil. These services are provided for mental health clients under the Wellness Centers CSS project, and others (such as family members of those with severe mental illness, or those who have not yet sought diagnosis or treatment for a mental illness) through the Prevention and Early Intervention (PEI) Wellness Outreach Ambassadors and Linkage to Wellness project. The Wellness Centers provide the setting from which to build local capacity to meet the diverse needs of the seriously mentally ill and their families. Collaboration with other disciplines, community-based organizations, Public Health, NAMI, consumers, and volunteers allows enhanced services to be provided to participants, including their family members and peer support. In combination with the PEI program, the Wellness Centers have been utilized as sites to engage vulnerable adults, and at-risk individuals who might not otherwise seek mental health services. Individuals experiencing mental distress can be assessed and supported with interventions and/or appropriate referrals to community resources. Once assessed, individuals can begin receiving mental health services through this project. Activities within the Wellness Centers include individual meetings between Mental Health staff and participants regarding the participant's

	mental health and support needs, referrals to community-based resources, independent living skill building, groups/classes that focus on self-healing, resiliency and recovery (including, but not limited to, communication skills, healthy living, healthy cooking, hobby development, anger management, physical health care, advocating for yourself with primary care physicians and mental health professionals, and Alcoholics Anonymous). The Wellness Centers take an overall approach to mental health and wellness, focusing on many aspects of the participants' lives that impact their mental health. In addition, the Wellness Centers offer adult mental health clients a place to meet, socialize, and participate in client-centered and client-directed activities that otherwise may not be available to individuals diagnosed with a serious mental illness. Isolation is a key concern for individuals with mental illness. Stigma and discrimination associated with mental illness frequently lead individuals to live an isolated life, and isolation can increase the severity of a mental illness and lead to other health-related issues.[26] These activities form an invaluable foundation for client recovery, resiliency and wellness by providing them with independent living skills and recovery-oriented interventions and groups, and then providing clients with supervised opportunities for applying the skills in the community. The Wellness Centers will focus on providing activities that provide a learning experience to build the foundation from which life skills can be developed, while meeting participants' interests to encourage continued engagement, including providing staff to deliver curriculum for and support clients enrolled in the WET Project 6: Consumer Leadership Academy. Costs included under this project include, but are not limited to the purchase of training materials, books, project evaluation, activity supplies, field trip costs (e.g., entrance fees, admission ticket fees, rental fees, food, beverages, transportation), office and household supplies, cleaning supplies, computers and peripheral equipment and supplies, equipment, and furniture, as well as staff time and overhead. Staff time includes activity preparation. Additionally, food items are purchased to provide Wellness Center participants with healthy food choices and education regarding food preparation. Other support may be provided to the participants in the form of, but not limited to, transportation or

[26] Marano, H. E., July 1, 2003. Retrieved from http://www.psychologytoday.com/articles/200308/the-dangers-loneliness, August 22, 2013.

Project Name: Wellness Centers — Project 2a

Service Provider: *Mental Health Division and Volunteers*

	transportation costs (e.g., bus script/passes), toiletries, and laundry. Replacement and repair of Wellness Center items (e.g., equipment, furniture) are also included.
Services Provided By:	☐ Contracted Vendor ☒ Volunteers ☒ County Staff
Procurement Method:	None
Project Goals:	• Recovery and resiliency for participants. • Participants gain greater independence through staff interaction, peer interaction and educational opportunities. • Participants linked with community-resources. • Increased engagement in mental health services.
Outcome Measures:	Measurement 1: Number of participants and frequency of attendance. Measurement 2: Continued engagement in mental health services. Measurement 3: Attainment of individualized goals.
Number Served / Quantity of Service:	In FY 2014-15, the Wellness Centers received approximately 10,050 visits by both clients and non-clients (approximately 8,985 client visits and 1,065 non-client visits). This represents total visits to the Wellness Centers, not the total number of unique individuals attending the Wellness Center. In FY 2014-15, the average cost per visit was approximately $232. The visits may include sessions with clinicians, psychiatrists, or other Mental Health staff.
Budget:	Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds.
FY 2013-14	$1,100,000
FY 2014-15	$2,120,769
FY 2015-16	$2,500,000
FY 2016-17	$2,045,874
FY 2017-18	$2,045,874
FY 2018-19	$2,045,874

Project Name: Adult Full Service Partnerships — Project 2b

Service Provider: *Summitview Child and Family Services (ARF only) and the Mental Health Division*

Project Type:	☒ Full Service Partnerships ☐ General System Development ☐ Outreach Engagement
Objective:	The FSP project assists clients in becoming more engaged in their recovery through intensive client-centered mental health and non-mental health services and supports focusing on recovery, wellness and resilience.
Target Population(s):[27]	(a) Individuals selected for participation in the Full Service Partnership Service Category must meet the eligibility criteria in WIC §5600.3(a) for children and youth, WIC §5600.3(b) for adults and older adults or WIC §5600.3(c) for adults and older adults at risk. (b) Transitional age youth, in addition to (a) above, must meet the criteria below. (1) They are unserved or underserved and one of the following: (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. (G) Have experienced a first episode of serious mental illness. (c) Adults, in addition to (a) above, must meet the criteria in either (1) or (2) below. (1) They are unserved and one of the following: (A) Homeless or at risk of becoming homeless. (B) Involved in the criminal justice system. (C) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. (2) They are underserved and at risk of one of the following: (A) Homelessness. (B) Involvement in the criminal justice system. (C) Institutionalization. (d) Older adults, in addition to (a) above, must meet the criteria in either (1) or (2) below:

[27] CCR, Title 9, Division 1, Chapter 14, Section 3620.05, Criteria for Full Service Partnerships Service Category.

	(1) They are unserved and one of the following: (A) Experiencing a reduction in personal and/or community functioning. (B) Homeless. (C) At risk of becoming homeless. (D) At risk of becoming institutionalized. (E) At risk of out-of-home care. (F) At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. (2) They are underserved and at risk of one of the following: (A) Homelessness. (B) Institutionalization. (C) Nursing home or out-of-home care. (D) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. (E) Involvement in the criminal justice system. Priority shall be given to populations that are unserved. "'Unserved' means those individuals who may have serious mental illness and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved."[28] Individuals selected for participation with the Intensive Case Management team must be at the highest level of FSP eligibility, including but not limited to daily medication assistance, assistance with coordinating primary care appointments, returning to the County or community after a placement in a locked facility, and in need of a high level of assistance with other activities of daily living directly relating to their mental illness treatment, including how to manage their mental illness while living in an independent or shared housing environment, with the goal of graduation to a lower level of treatment. Eligibility for participation with this team may result from the client's need to be maintained in a structured living environment as part of his/her successful progress toward their goal.
Service Location(s):	Countywide.
Project	A FSP is defined as "the collaborative relationship between the County

[28] CCR, Title 9, Division 1, Chapter 14, Section 3200.310, Unserved.

Description:	and the client, and when appropriate, the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals."[29] FSPs emphasize services that are client and family-driven, accessible, individualized, tailored to a client's "readiness for change", delivered in a culturally competent manner, and have a focus for wellness, outcomes and accountability."[30] FSPs require a "whatever it takes" approach to provision of services. "Whatever it takes means finding the methods and means to engage a client, determine his or her needs for recovery, and create collaborative services and support to meet those needs. This concept may include innovative approaches to "no-fail" services in which service provision and continuation are not dependent upon amount or timeliness of progress, or on the client's compliance with treatment expectations, but rather on individual needs and individual progress and/or pace on their path to recovery. Clients are not withdrawn from services based on pre-determined expectations of response."[31] FSP teams may utilize non-traditional interventions, treatments and supportive services tailored to each client's specific needs and strengths to aid in their recovery. It is important to note that within the context of the MHSA, "recovery" does not mean an individual will be "cured" of their mental illness. Rather, recovery means working toward specific goals identified for each client, with the focus on the key concepts of hope, personal empowerment, respect, social connections, self-responsibility, self-management and self-determination through fully serving each client and ensuring an integrated service experience. Being fully served means that "clients, and their family members who obtain mental health services, receive the full spectrum of community services and supports needed to advance the client's recovery, wellness and resilience."[32] **Full Spectrum of Community Services** The full spectrum of community services is "the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance

[29] CCR, Title 9, Division 1, Chapter 14, Section 3200.130, Full Service Partnership.
[30] California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult.* 2011, page 11.
[31] *Ibid.*, page 12.
[32] CCR, Title 9, Division 1, Chapter 14, Section 3200.160, Fully Served.

the client's goals and achieve outcomes that support the client's recovery, wellness and resilience."[33] "The services to be provided may also include services the County, in collaboration with the client, and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life that could be, but have not yet been included in the ISSP [Individual Services and Supports Plan]."[34] FSP services and supports are available to clients living in MHSA-eligible permanent supportive housing.

CCR Section 3620, subsection (b) specifically states: "The County may pay for the full spectrum of community services when it is cost effective and consistent with the ISSP."[35]

Mental Health Services and Supports

The full spectrum of community services includes, but is not limited to, the following:

"(A) Mental health services and supports including, but not limited to:

(i) Mental health treatment, including alternative and culturally specific treatments.

(ii) Peer support.

(iii) Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.

(iv) Wellness centers.

(v) Alternative treatment and culturally specific treatment approaches.

(vi) 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.

(vii) Needs assessment.

[33] CCR, Title 9, Division 1, Chapter 14, Section 3200.150, Full Spectrum of Community Services.
[34] CCR, Title 9, Division 1, Chapter 14, Section 3620. Full Service Partnership Service Category, subsection (a).
[35] CCR, Title 9, Division 1, Chapter 14, Section 3620, Full Service Partnership Service Category, subsection (b).

(viii) ISSP[36] development.

(ix) Crisis intervention/stabilization services.

(x) Family education services."[37]

Mental health treatments may include, but are not limited to, medication and psychotherapy interventions. Treatments are designed to reduce the symptoms associated with a client's mental illness and improve a client's "quality of life by helping a client gain insight into behaviors and symptoms and adopting behaviors that contribute to recovery goals. While the goals of both cognitive behaviorally based psychotherapies and the administration of psychiatric medication are not always explicitly grounded in the language of recovery, both are elemental in the recovery process."[38]

Non-Mental Health Services and Supports

The full spectrum of community services also includes, but is not limited to, non-mental health services and supports such as:

"(B) Non-mental health services and supports including, but not limited to:

(i) Food.

(ii) Clothing.

(iii) Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.

(iv) Cost of health care treatment.

(v) Cost of treatment of co-occurring conditions, such as substance abuse.

(vi) Respite care."[39]

The County may also provide items necessary for daily living; travel, transportation and transportation-related expenses; medication; furniture; household products; appliances; community activities; school

[36] Individual Services and Supports Plan (ISSP).
[37] CCR, Title 9, Division 1, Chapter 14, Section 3620. Full Service Partnership Service Category, subsection (a).
[38] California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult.* 2011, page 60.
[39] CCR, Title 9, Division 1, Chapter 14, Section 3620. Full Service Partnership Service Category, subsection (a).

and/or vocational supplies and support; personal care; respite services for caretakers; goods necessary for caretaking; medical and dental expenses, provided such needs are identified on the ISSP.[40]

Housing supports include, but are not limited to, housing subsidies, master leases, motel and other housing vouchers, application fees, rental security deposits, first and last month's rental deposits, eviction prevention, utilities, and purchase of household goods.[41]

Other non-Medi-Cal client support expenditures including, but not limited to, staff delivering curriculum for and supporting clients enrolled in the WET Project 6: Consumer Leadership Academy, and "costs of salaries and benefits for employment specialists, housing specialists or peer support staff who do not bill for their services."[42] Peer support may be integrated into the FSP model. Peer support comes from individuals with lived mental health service experience who are either staff or volunteers in the role of a peer advocate or other appropriate role.

Intensive Case Management (ICM)

In El Dorado County, adults who are enrolled in the FSP program are provided with a highly individualized and community-based level of intensive case management utilizing the ICM team approach. An ICM teams consist of staff with specialties in areas such as psychiatry, psychology, nursing, social work, substance abuse treatment, crisis response, community resourcing, housing, and vocational rehabilitation. Each FSP client has a single primary point of responsibility, also known as a Personal Service Coordinator (PSC). Caseloads are generally kept low, approximately 10 clients for each PSC on the ICM team.

The services provided are centered around and planned in coordination with the client and, if appropriate, his/her family, taking into consideration the needs, interests, and strengths of each client. This client-centered approach is key to the success of an FSP between the client and Mental Health. In developing this strength-based approach, the Mental Health staff and the client will develop an assessment, treatment plan (ISSP), and service delivery strategy focusing on client-self-management through a collaborative approach capitalizing on the client's strengths, and taking a holistic view of the client and focusing on achievable recovery. "Client

[40] California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult.* 2011, page 108.
[41] *Ibid.*, pages 103 and 108.
[42] *Ibid.*, page 108.

	self-management is the process by which clients increase their involvement in decisions about their care and recovery."[43] By providing client-centered and culturally competent services, the relationship with the client may include the client's extended family, traditional or spiritual healers, and other community members important to the client.[44] Crisis intervention services (psychiatric emergency services) are a key component of an ICM team. The ICM crisis staff provide crisis intervention services 24 hours per day, 7 days per week, to respond to crisis needs, if and when they arise. Crisis staff may take a team approach in responding, which may include, but is not limited to, crisis clinician, nurse, law enforcement representative and resource specialist. This crisis team may respond directly to the individual's location if deemed safe to do so. **FSP Strategies** As identified above, the FSP model embraces the "whatever it takes" approach, and strategies supporting this approach may include, but are not limited to, the following: • Linking clients with a "medical home" for primary care and assisting with coordination of health and dental care.[45] • Increasing clients' social networks and increasing opportunities to meet new people through social, nonprofessionally oriented interactions with other individuals who may act as community supports for the clients.[46] • Establishing safe, affordable, and permanent housing for each client, and identifying emergency housing as may be needed.[47] • Identifying clients who are living in board and care facilities but, with appropriate FSP supports, could make the transition to independent living.[48] • Seeking education, employment and volunteering opportunities that are meaningful to clients, contribute to their personal self-sufficiency and well-being, give back to the community, and help

[43] *Ibid.*, page 52.
[44] *Ibid.*, page 50.
[45] *Ibid.*, page 76.
[46] *Ibid.*, page 65.
[47] *Ibid.*, page 102.
[48] *Ibid.*, page 103.

	them transcend beyond their role as a client within the mental health system.[49] • Minimizing the role that mental health providers play in transporting clients by helping client learn to take public transportation and exploring group transportation options which, in turn, fosters greater independence.[50] • Reducing client involvement in the criminal justice system and supporting a more proactive relationship with law enforcement. Engaging in proactive, advocacy-related work to the extent possible in the events clients become involved in the criminal justice system.[51] • Identifying financial goals and resolving insufficiencies.[52] • In the event a FSP client is hospitalized, assisting with the coordination of inpatient services and managing the transition to outpatient care once the client is discharged.[53] • Addressing a client's drug or alcohol use or other behaviors based on the client's level of readiness for change[54] and integrating services by "providing both substance use and mental health interventions concurrently and in relation to each other, as part of one treatment plan provided by one team or within a network of services with shared goals."[55] • Understanding a client's culture, the manner in which he or she makes decisions, and the level of family and/or community involvement in the client's recovery. Developing goals for recovery, wellness and resiliency within the appropriate cultural context. • Assisting clients in becoming good tenants, neighbors, and community members by building the skills and supports necessary for living in the community.[56]
Services Provided By:	☒ Contracted Vendor[57] ☒ Volunteers ☒ County Staff Summitview Child and Family Services (for operation of an ARF).

[49] *Ibid.*, page 67.
[50] *Ibid.*, page 39.
[51] *Ibid.*, page 75.
[52] *Ibid.*, page 69.
[53] *Ibid.*, page 81.
[54] *Ibid.*, page 81.
[55] *Ibid.*, page 57.
[56] *Ibid.*, page 105.
[57] These services will be provided by County Staff and volunteers; potential use of Contracted Vendors at a future point in time.

Project Name: Adult Full Service Partnerships — Project 2b

Service Provider: *Summitview Child and Family Services (ARF only) and the Mental Health Division*

Procurement Method:	These services will be provided by County Staff and volunteers. County staff may refer clients to contracted vendors already under contract with HHSA for specific activities (e.g., groups or classes). In the event operations of this project are transitioned to a contracted vendor in whole or in part, the vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy. Contracts for specific activities, groups or classes will be done through an open procurement and/or competitive process wherein interested vendors will provide HHSA with a description of their agency, the group/class to be provided, their staff qualifications, service locations, and rates. The County will review the information and, if approved, enter into an agreement for services with the vendor; however, there is no guarantee that the County will refer clients for services. This mechanism provides additional opportunities to address any needs of the families that may arise.
Project Goals:	• Reduction in institutionalization • People are maintained in the community • Services are individualized • Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills • Team approach to treatment
Outcome Measures:	Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail. Measurement 2: Achieving goals identified on the ISSP. Measurement 3: Continued engagement in services.
Number Served / Quantity of Service:	In FY 2014-15, there were approximately 133 adults enrolled in this project and the average cost per adult was $24,137.
Budget:	For mental health and non-mental health services and supports, overhead, administrative support, quality assurance review, vehicle purchases (including 4WD to access remote areas of County and drive in winter weather conditions), and other costs attributed to this program. Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds. Operations of the Adult Residential Facility (ARF).
FY 2013-14	$2,000,000

Project Name: Adult Full Service Partnerships — Project 2b

Service Provider: *Summitview Child and Family Services (ARF only) and the Mental Health Division*

FY 2014-15	$3,846,189
FY 2015-16	$4,050,000 (of which $711,724 was designated for the ARF)
FY 2016-17	$4,566,260 (of which $711,724 is designated for the ARF)
FY 2017-18	$4,566,260 (of which, approximately $711,724 is designated for the ARF)
FY 2018-19	$4,566,260 (of which, approximately $711,724 is designated for the ARF)

Project Name: Assisted Outpatient Treatment — Project 2d

Service Provider: *TBD*

Project Type:	☒ Full Service Partnerships ☐ General System Development ☐ Outreach Engagement
Objective:	Implementation of an Assisted Outpatient Treatment (AOT) project as defined in the WIC.[58]
Target Population(s):	Adults meeting the criteria set forth in WIC.[59]
History:	AOT provides for limited term, court-ordered outpatient mental health treatment for those individuals meeting the criteria set forth by the law. There has been concern in the past whether MHSA funding can be utilized to fund AOT. On September 9, 2013, Governor Brown signed SB 585, which explicitly allows MHSA funds to be utilized for implementation of AOT.[60]
Project Description:	The requirements of AOT are identified in WIC.[61] This law allows El Dorado County two new tools to assist people with mental illness who meet the specified criteria. The first tool is the ability to mandate someone to Assisted Out-Patient Treatment through the use of court-ordered treatment if they have refused to participate in voluntary treatment. The second tool is the use of a court order to authorize the transport of a person in the Assisted Out-Patient Program for them to be psychiatrically assessed. This can occur if the individual is deteriorating and unsafe in the community even if they do not meet criteria of being a danger to self or others per Welfare & Institutions Code section 5150. The AOT program services are similar to the Full Service Partnership programs already established in El Dorado County. These programs, in addition to the 24/7 AOT program, include an array of services necessary for recovery for each individual person. Additionally, AOT requires close collaboration between the MHD, Law Enforcement and the Justice System.

[58] WIC §§5345-5349.5. http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5345-5349.5.
[59] *Ibid.*
[60] SB 585. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB585.
[61] *Ibid.*

Project Name: Assisted Outpatient Treatment — Project 2d

Service Provider: *TBD*

Services Provided By:	☒ Contracted Vendor ☒ Volunteers ☒ County Staff To be determined. A Request for Proposals (RFP) for this project was issued, but no responses were received. The MHD is exploring other options to implement this project, including but not limited to sole source contract(s) and/or provision of the project by MHD staff.
Procurement Method:	External vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy; however the MHD may elect to provide the services directly.
Project Goals:	• Reduction in institutionalization • People are maintained in the community • Services are individualized • Team approach to treatment
Outcome Measures:	Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail. Measurement 2: Reduction in institutionalization and incarceration. Measurement 3: Continued engagement in services, as needed, after discharge from AOT.
Number Served / Quantity of Service:	It is anticipated that there will be 10 people referred each year of the initial pilot period, of which some will agree to voluntary services and some will be court-ordered for services. It is anticipated that this program will have a slow-start up.
Budget:	Contracted services are on a reimbursement basis. It is estimated that treatment costs for this program will be approximately $200,000 per year, and as a result the funding for this pilot project will last approximately three years. The CCC has committed $125,000 for the three-year pilot project.
FY 2013-14	Not implemented
FY 2014-15	Not implemented
FY 2015-16	If implemented, $100,000 for approximately 6 months of services
FY 2016-17	$200,000
FY 2017-18	$200,000
FY 2018-19	$200,000

Project Name: Transitional Age Youth Engagement, Wellness and Recovery Services — Project 3a

Service Provider: *Mental Health Division*

Project Type:	☒ Full Service Partnerships ☒ General System Development ☒ Outreach Engagement
Objective:	Provide services to meet the unique needs of transitional age youth and encourage continued participation in mental health services.
Target Population(s):	Transitional age youth (ages 16 through 25). May include youth ages 13 through 15 for specific groups based upon the needs of the youth as recommended by the clinician and approved by the Supervisor and Program Manager. Youth in foster care, youth who aged out of foster care, or youth who aged out of the juvenile justice system are eligible, but it is not required that the youth be in foster care, be emancipated from foster care or aging out of the juvenile justice system to participate in this project. Youth must meet the eligibility requirements for their age group to receive specialty mental health services. This project will serve only clients who reside in the County. Youth may leave this project and return to this project at a later date. If it is determined through collaboration with the youth that the youth qualifies for and services would better be provided through a different age-appropriate Mental Health project (e.g., Youth and Family Full Service Partnership, Adult Full Service Partnership), the youth may be enrolled in another project instead of the Transitional Age Youth Engagement, Wellness and Recovery Services project. Youth would only be eligible to enroll in one of the projects at a time.
Service Location(s):	Countywide
Project Description:	Community input identified a growing need for services for transitional age youth. Concern was specifically expressed for the TAY population aging out of the child welfare or juvenile justice programs, followed closely by concern for those who are homeless or at risk of homelessness. Young people transitioning out of the foster care system are significantly affected by the instability that accompanies long periods of out-of-home placement during childhood and adolescence. The experiences of these youth place them at a higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration and homelessness. There is no comprehensive MHSA mental health services project

	designed to meet the full range of services required by this population including, but not limited to, supports such as education/employment, housing, transportation and financial assistance. Child Welfare Services is developing a strong TAY program for youth involved in child welfare services, and this project will coordinate with Child Welfare Services when there are clients in common. When developing and implementing programs for the TAY population, it is important to consider the requirements for participation in mental health services and the rights between youth who are: • under the age of 18; • over the age of 18 and subject to court or probation involvement; and • over the age of 18 without court or probation involvement. It is also important to identify age-appropriate groups, classes and activities for the youth, considering such factors as time of day (for those who may be in school or work) and family involvement in services. Additionally, beyond focusing on the mental health needs of the youth, it is important to recognize the interdependence between all aspects of a youth's life on their mental wellness. Youth who were in the child welfare or juvenile justice systems may be unprepared or underprepared for adult life, which may be further complicated by their mental health issues. For example, youth may have: • inadequate housing; • lack of financial resources; • changes in home and school that leave youth unprepared; and • lack of adult role models or permanent connection. All of these items can negatively impact a youth's mental health. Therefore, clinicians working with the youth will work on issues related to fostering emerging independence, supporting youth-developed goals, and helping the youth live up to their individual potential -- all supporting the goals of recovery and resiliency in the youth. Youth will be empowered to take responsibility for themselves and for their future, including continued participation in mental health services, but they will be supported in their development journey through this project. This program is designed to improve access to mental health services, improve accuracy of diagnosis, and to provide for use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and external resources -- all goals of culturally competent service delivery.

	Costs for this program include, but are not limited to, staff time, mileage and other operating expenses (e.g., rent, overhead), as well as supportive "flex funds" discussed below. Costs associated with project development and specialized TAY training are also included. **Outreach and Engagement** The community planning process identified a need to ensure the linkage between mental health, child welfare services, justice system, probation, and substance abuse treatment programs to improve the timely access of services for youth through improved screening and coordinated case management. To help reduce recidivism in the justice system, this project will seek to engage eligible at-risk youth and transitional age youth and their families in mental health, addiction treatment, and other specialized services upon the youth's release from juvenile hall through discharge planning and family-reunification services prior to and following release from the juvenile hall. This strategy is designed to engage youth and transitional age youth and their families in mental health, addiction and other specialized treatment services in order to reduce recidivism and out-of-home placements. This project will also work with eligible youth emancipating from Child Welfare Services to accomplish the same goals. Except under specific circumstances, youth are not required to continue to participate in mental health services upon reaching the age of 18, and youth frequently make the decision to discontinue mental health services upon turning 18. Therefore, a key goal of this program is to encourage continued engagement in mental health services upon reaching the age of 18. To accomplish this, services provided to the youth will include non-traditional mental health services (not just counseling and medication management) and provision of services in non-traditional locations. For example, mental health services may be provided one-on-one or in small groups with the youth while participating in independent living skill activities (e.g., grocery shopping, doing laundry, driving to/from appointments). Such activities will be utilized as engagement tools. Through the engagement process, this project will seek to establish relationships with the youth, assess their needs and identify appropriate services. Additional funding from the Mental Health Block Grant will allow a more directed effort to engage youth ages 16-19. The target population for this funding source will be 16-19 year old high school students who are presenting with symptoms consistent with diagnoses of Bi-Polar Disorder, Major Depression/Anxiety or Schizophrenia and/or engaging in

high risk behaviors (suicide, self-harm, substance abuse), many of whom will be dually diagnosed individuals.

First Episode of Psychosis

Through Mental Health Block Grant (MHBG) funding specifically for First Episode of Psychosis (FEP) services, this MHSA project will be expanded to provide specific services to address the needs of TAY experiencing their first episode of psychosis. Use of these funds includes, but is not limited to, program development, training and provision of services (including Assessments and Psychiatric Emergency Services).

Additional MHBG funding may be utilized in collaboration with this project to provide further services to TAY in community-based locations, such as schools, in compliance within the requirements of the MHBG.

The services provided on the West Slope and in the Tahoe Basin will be adjusted as needed in response the culture of the locations, and therefore the specific programs offered on the West Slope and in the Tahoe Basin may vary significantly in their delivery models but not the underlying purposes of the programs.

The age of individuals who qualify for the FEP and MHBG programs will align with the target population identified in the FEP and MHBG program statements. Evaluation of the FEP and MHBG programs will be performed in a manner consistent with the program statements.

Wellness and Recovery

The role of the youth (and their family, for youth under the age of 18) in developing their treatment plan and goals will be key. Additionally, this program will collaborate with other agencies that may be involved with the youth, such as Child Welfare Services or Probation, to develop an appropriate treatment plan for the youth.

MHSA goals will be advanced as the "Wellness Program" emphasizes principles of recovery, client-centered planning, and the use of community collaboration to ensure an integrated and comprehensive service delivery system. At the heart of quality service delivery will be the use of culturally competent and evidence-based practices, as well.

Strategies for service provision include, but are not limited to:

- Case management
- Peer support
- Integrated substance abuse and psychiatric treatment
- Cross-agency and cross-discipline collaboration

- Integrated service teams
- Supportive housing
- Self-directed self-sufficiency plan
- Life skills classes
- Crisis response services
- Education for clients, and family if appropriate, regarding medications
- Transportation assistance
- Recreation and social activities
- Collaboration with community-based and faith-based providers
- Linkage to vocational services

This age group also needs assistance with developing independent living skills, which also help to stabilize their mental health needs including, but not limited to:

- Financial literacy
- Nutrition and healthy food choices, grocery shopping, meal prep
- Identification of suitable home and home maintenance
- Child care and children needs
- Automotive maintenance
- Educational and career development
- Obtaining medical, dental, vision and mental health care
- Access to community resources
- Strengthening ties to community
- Developing and researching goals
- Self-care
- Home care (e.g., laundry, cleaning)
- Drug and alcohol abuse awareness and prevention
- Safe sex and reproductive health information

This project will also seek to develop a support network for youth involved in the project. Adult youths will also be eligible to participate in the Consumer Leadership Academy through the MHSA Workforce Education and Training (WET) program to gain valuable skills to help with in pursuing volunteer positions or employment in the public mental health system.

Recovery and Resilience as ongoing treatment goals will be included in the client plan. On an individualized basis, the personal services coordinator will work with the client to determine how they define meaningful participation in their community and how to gradually and successful pursue those roles. Further, as part of the strengths-based assessment (both of the individual and their community and resources)

qualities and assets that will assist the client in rebounding from their difficulties will be identified. The client will be responsible for the treatment plan but will have support from the case manager and natural supports in the client's world. The treatment plan will include strategies for daily maintenance, identification of triggers, early warning signs, and crisis planning.

The assessment and treatment phases of the project will explore issues of sexuality and gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client-centered service delivery that celebrates individual strengths and diversity. Education and awareness will occur hand-in-hand with ongoing collaboration, outreach and networking with a diverse group of community-based or specialized agencies working with individuals, who may be faced with the barriers of stigma and discrimination related to sexual orientation or gender-bias.

Collaboration

For those youth who may be involved with Child Welfare Services or the juvenile justice system, this project will collaborate with the these programs for each youth to the extent allowed by law, or as authorized by the youth, or for youth under age 18, the youth's family. Consideration will be given as to the youth's age-appropriate preferences in terms of a collaborative team approach.

Supportive "Flex Funds" (Flexible Supports and Services)

MHSA funds will be used to access non-mental health resources identified within the treatment plan that are needed by the youth to successfully fulfill their individualized treatment plan. Supports such as groups, food (prepared and non-prepared), and transportation, as well as other approved activities, can be funded by MHSA for stabilization purposes. MHD staff may also deliver curriculum for and support clients enrolled in the WET Project 6: Consumer Leadership Academy through this project. In case of emergencies, MHSA funds may be used to temporarily provide housing stability or support to a youth in crisis.

Examples of uses for flex funds include, but is not limited to:

- Moving expenses, including housing deposits, specific to providing safe, affordable, and adequate living arrangements for the youth;
- Transportation to and from services and/or community support

	opportunities; • Child-care costs as necessary to promote participation in treatment for parenting youths; • Home improvement projects that promote and/or enhance the safety and adequacy of the living environment of the youth; • Community services expenses that allow the youth and family to participate in meaningful community services; • Skill-building lessons that enhance the independent living skills of the youth; • Educational expenses that promote the youth's success in school; • Medications necessary to assist the youth and family in achieving and maintaining mental and physical well-being; • Emergency food, shelter, or clothing for youth experiencing unexpected immediate hardship; • Emergency household item purchases for youth in immediate need; • Other expenses that the youth's case manager considers appropriate and are previously approved in the individualized treatment plan; and • Objects, fees and services utilized to accomplish the above needs (e.g., bus passes, car repair costs that will result in a safer means of transportation, work gloves for participating in community services, supplies needed for skill building lessons). **Full Service Partnership** Individuals participating in this project who are eligible for TAY Full Service Partnership services would be eligible for the type and extent of activities and supportive services identified in the Children and Youth Full Service Partnership project or the Adult Full Service Partnership project, dependent upon the individual's age. Therefore, the mental health and non-mental health services and project costs identified in Children and Youth Full Service Partnership project and the Adult Full Service Partnership project are incorporated within this project description for the TAY population. **Avoiding Duplication of Services** To the extent that services and supportive flex funds are available to a youth through a non-MHSA program (e.g., education assistance), the other funds will be accessed first. MHSA funds cannot be utilized to supplant other funding options.

Project Name: Transitional Age Youth Engagement, Wellness and Recovery Services — Project 3a

Service Provider: *Mental Health Division*

Services Provided By:	☒ Contracted Vendor[62] ☒ Volunteers ☒ County Staff
Procurement Method:	These services will be provided by County Staff and contracted vendors, through a collaborative approach. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Project Goals:	• Decreased days of homelessness, institutionalization, hospitalization, and incarceration • Safe and adequate housing • Increased access to and engagement with mental health services • Increased use of peer support resources • Increased connection to their community • Increased independent living skills
Outcome Measures:	Measurement 1: Number of days of institutional care placements Measurement 2: Number of days of homelessness / housing stability Measurement 3: Education attendance and performance Measurement 4: Employment status Measurement 5: Continued engagement in mental health services Measurement 6: Linkage with primary health care
Number Served / Quantity of Service:	In FY 2014-15 there were approximately 84 youth enrolled in this project and the average cost per youth was $1,205.
Budget:	Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds. Includes Mental Health Block Grant funding.
FY 2013-14	$350,000
FY 2014-15	$342,387
FY 2015-16	$464,498
FY 2016-17	$714,707
FY 2017-18	$714,707
FY 2018-19	$714,707

[62] These services will be provided by County Staff and volunteers; potential use of Contracted Vendors at a future point in time.

Project Name: Outreach and Engagement Services — Project 4a

Service Provider: *Only Kindness, Inc. (PATH only) and Mental Health Division*

Project Type:	☐ Full Service Partnerships ☐ General System Development ☒ Outreach/Engagement
Objective:	To engage individuals with a serious mental illness in mental health services and to continue to keep clients engaged in services by addressing barriers to service.
Target Population(s):	Individuals with serious mental illness, or who initially identify themselves as having a serious mental illness.
Service Location(s):	Countywide
Project Description:	Mental health professionals, in concert with peer counselors when possible, will provide outreach and engagement services for individuals with serious mental illness who are homeless, in the jails, receiving primary care services, and who require outreach to their homes in order to reach the at-risk population. Outreach and engagement efforts may also be performed in partnership with law enforcement and Crisis Intervention Teams. Outreach and engagement services, in coordination with the El Dorado County Veterans Affairs Office, will also be provided to veterans to assist them in receiving mental health services provided by the Veterans Administration in surrounding counties (e.g., Placer, Sacramento and Washoe County in Nevada). Outreach and engagement services for current Mental Health clients will also be included to help them continue engagement in services, including addressing barriers that may arise due to relocation of the MHD clinics and Wellness Centers. Additionally, through a family liaison staff member, family members may seek information about the processes involved with mental health services (in-patient and out-patient as appropriate), HIPAA requirements, and client-specific information to extent allowed by law. Individuals who contact Mental Health for services may not meet the criteria for "specialty mental health services". However, that assessment cannot be made until a clinician has interviewed the individual. Therefore, when an individual contacts the HHSA for mental health services, they are initially presumed to have a severe mental illness, and as such, triage calls may be funded under this project. Graduates of the Consumer Leadership Academy may also have a role in outreach and engagement. For example, graduates may provide peer engagement support and act as transportation ambassadors. Staff costs for outreach and engagement activities under this project will be funded by MHSA, along with associated costs (e.g., vehicle cost, overhead cost). These funds may also be utilized for the costs of

developing and printing materials utilized for outreach and engagement, to include publication via local media.

HHSA received federal funding for Projects for Assistance in Transition from Homelessness (PATH) program funds in an amount of $35,072 in FY 2015-16 (plus a mandatory match of $1.00 for each $3.00 of PATH funding) to further assist in outreach and engagement activities. No more than 20% of the PATH funds may be used for housing assistance and no more than 10% of the PATH funds may be used for administrative costs. The PATH program has been subcontracted to a community-based organization, Only Kindness, Inc. for outreach, case management, benefit applications, training (including SSI/SSDI Outreach, Access, and Recovery Technical Assistance (SOAR) training), linkage to services and housing assistance. The MHD may retain a portion of the PATH funds to assist with administrative costs and will contribute toward a portion of the required match. These funds are designed to help individuals/families who are homeless or soon to be homeless and who have a mental health issue (or a mental health issue and a substance abuse issue), receive necessary services, apply for public assistance/benefits (including SSI/SSDI), and assistance in obtaining housing or remaining in housing. PATH services will be provided Countywide through Only Kindness, Inc.

Transportation Barriers

Transportation was identified as a key barrier to services in El Dorado County and a key barrier to service for veterans, given the Veterans Administration services are provided primarily in surrounding counties. Location of services, the rural nature of our County and seasonal snow and ice conditions can make it difficult for clients to obtain services. Therefore, transportation assistance may be provided to individuals and families under this project.

As identified in the FY 2012-13 MHSA Plan Update, the Outreach and Engagement project includes assisting the public with getting to the locations of the clinics and Wellness Centers. A Transportation Committee has been established to identify key transportation barriers to service and potential strategies to address those barriers. Staff developing the Transportation Plan may charge their time to this project. Costs associated with implementing the Transportation Plan may be charged to this project (e.g., direct costs, staff time).

Strategies to address transportation barriers may include, but are not limited to:

- Transportation assistance through Medi-Cal providers;
- Provision of services in local communities;

	• Modification of appointment and class/group start times to better align with the bus schedule; • Provision of bus script and/or passes to clients; • Provision of gas cards to clients if they have their own vehicle or support person with a vehicle; • Purchase of and staffing to operate a van to assist clients with access to services at the clinic and Wellness Center locations within El Dorado County and to veterans to access services at the Veterans Administration facilities in surrounding counties; • Development and printing of informational materials necessary to provide clients and potential clients with information about how to get to the clinic and Wellness Center locations; • Working with transportation providers to expand/extend current schedules; and • Contracting with transportation carries, e.g., El Dorado Transit, to enhance current service or provide unique routes. Strategies that involve issuance of instruments with a cash value (e.g., bus script/passes, gas cards) will be done in compliance with County and HHSA policies and procedures. Collaboration with local transportation providers and other County departments will be utilized to maximize efficiencies with transportation barriers and needs, such as collaboration with El Dorado Transit to identify service needs (e.g., times, routes). **Other Barriers to Service Engagement** Other barriers to obtaining services were identified during the community planning process. For example, appointments between 8:00 a.m. and 5:00 p.m., Monday through Friday, may be difficult to keep for clients and parents of clients who are working full time. Strategies to address this issue will be researched. Service locations were another barrier identified. The Outreach and Engagement project will not fund provision of services in rural areas, but rather, will coordinate with other MHSA projects to help them identify where services could be provided that will better assist clients in engagement. Veterans may receive assistance for food and lodging in addition to transportation assistance when they need to attend multiple day mental health related events at Veterans Administration facilities (such as the "Stand-Down Event"). **Project Differentiation** This project differs from the CSS Community-Based Mental Health

Project Name: Outreach and Engagement Services — Project 4a

Service Provider: *Only Kindness, Inc. (PATH only) and Mental Health Division*

	Services project in that this project is seeking to engage those who are already diagnosed with a severe mental illness, or who initially identify themselves as having a serious mental illness, in services rather than providing clinical services. The CSS Community-Based Mental Health Services project provides clinical services for MHD clients in the community setting, including rural areas of the County. This project differs from the Community-Based Mental Health Services (PEI) project in that this project is seeking to engage those who have a severe mental illness, or who initially identify themselves as having a severe mental illness, and to continue client engagement in services. The Community-Based Mental Health Services (PEI) project provides outreach, engagement and referrals for prevention and early intervention purposes for those who may be at risk for mental illness or who have not yet been diagnosed with a serious mental illness. The Older Adults Project will receive referrals from friends, family or community members who are concerned for older adults in need of mental health services. The Outreach and Engagement project is directed more towards individuals seeking services, but may also field referrals as a secondary activity.
Services Provided By:	☒ Contracted Vendor[63] ☐ Volunteers ☒ County Staff
Procurement Method:	None required except for PATH services. Any procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Project Goals:	• To engage individuals with a serious mental illness in mental health services. • Continue to engage clients in services by addressing barriers to service.
Outcome Measures:	Measurement 1: Service engagement Measurement 2: Days to assessment
Number Served/ Quantity of Service:	In FY 2014-15 this project served approximately 1,852 requests for service in initial outreach and engagement activities with an average cost per year per request of $415.
Budget:	

[63] These services will be provided by County Staff and Volunteers; potential use of Contracted Vendors at a future point in time.

Project Name: Outreach and Engagement Services — Project 4a

Service Provider: *Only Kindness, Inc. (PATH only) and Mental Health Division*

FY 2013-14	$250,000
FY 2014-15	$1,055,798 (increase due to change of service provision)
FY 2015-16	$803,543
FY 2016-17	$802,578
FY 2017-18	$802,578
FY 2018-19	$802,578

Project Name: Community-Based Mental Health Services — Project 4b

Service Provider: *Mental Health Division*

Project Type:	☐ Full Service Partnerships ☒ General System Development ☒ Outreach Engagement
Objective:	Provide assessments and specialty mental health services in local communities. This program partners with the Prevention and Early Intervention (PEI) program of "Community-Based Mental Health Services". Clinical staff will visit local communities to provide mental health services to clients under CSS, and will provide information and preventative/early intervention services under Prevention and Early Intervention (PEI) funding when they are not seeing clients under CSS.
Target Population(s):	Individuals eligible for specialty mental health services.
Service Location(s):	Countywide, including the Community Corrections Center in Shingle Springs.
Project Description:	Staff will provide assessments and, for individuals meeting the criteria for specialty mental health services, deliver mental health services in local communities throughout El Dorado County. Clients who are not enrolled in one of the Full Service Partnership projects will no longer be required to solely receive services at the South Lake Tahoe or West Slope clinics, but may be provided with services in their local community, if appropriate space is available. HHSA will enter into agreements for space to provide mental health services (e.g., local medical clinics or office space) when necessary to facilitate the provision of services locally. Services may also be provided in other locations as agreed to by the clinician and the client (e.g., homes, parks, faith-based facilities). The location of service provision must be deemed a safe location as determined by the Mental Health staff and provide adequate privacy to allow the staff and client to speak in confidence. Implementation of this project is dependent upon identification of appropriate space in local communities for service provision. Groups/classes may also be provided in local communities, provided there is adequate demand for the minimum number of attendees (each type of group/class has specific minimum attendees). Residents of the County may attend classes in any area of the County that is convenient for them. Costs for this program include, but are not limited to, staff time, mileage and other operating expenses, e.g., rent, overhead, group/class materials.

Project Name: Community-Based Mental Health Services — Project 4b

Service Provider: *Mental Health Division*

Services Provided By:	☒ Contracted Vendor[64] ☐ Volunteers ☒ County Staff
Procurement Method:	Initially, these services will be provided by County Staff. In the event this program is transitioned to a contracted vendor in whole or in part, the vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Project Goals:	• Improve community health through local services • Increased access to and engagement with mental health services • Decreased days of homelessness, institutionalization, hospitalization, and incarceration • Increased connection to their community • Increased independent living skills
Outcome Measures:	Measurement 1: Continued engagement in mental health services Measurement 2: Days of homelessness, institutionalization, hospitalization, and incarceration Measurement 3: Linkage with primary health care Measurement 4: Levels of Care Utilization System (LOCUS)/CALOCUS Measurement 5: Outcome measurement tools (e.g., CANS)
Number Served / Quantity of Service:	Due to limited funding, this project is currently only providing services at the Community Corrections Center that only serves individuals who qualify for services under AB 109. In FY 2014-15 this project served approximately 67 clients at an average cost per individual of $2,471.
Budget:	Funding for mental health services through the MHD in support of AB 109 is included in the total revenues for this project. MHSA funds will be leveraged with AB 109 (Public Safety Realignment of 2011) funds when services for CSS-eligible individuals are provided through the Community Corrections Center. Insurance (e.g., Medi-Cal) reimbursement and client share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds.
FY 2013-14	$500,000
FY 2014-15	$157,613

[64] These services will be provided by County Staff; potential use of Contracted Vendors at a future point in time.

Project Name: Community-Based Mental Health Services — Project 4b

Service Provider: *Mental Health Division*

FY 2015-16	$206,840
FY 2016-17	$230,761
FY 2017-18	$230,761
FY 2018-19	$230,761

Project Name: Resource Management Services — Project 4c

Service Provider: *Mental Health Division*

Project Type:	☐ Full Service Partnerships ☒ General System Development ☐ Outreach Engagement
Objective:	Develop key community relationships, provide program evaluation and quality improvement oversight for the MHSA programs, and improve access and service delivery.
Target Population(s):	All
Service Location(s):	Countywide
Project Description:	This project is designed to develop key relationships, thereby building access to resources for the consumers and families served (health care, housing, vocational, educational, benefits, and substance abuse treatment), while also providing program evaluation and quality improvement oversight for the MHSA services program. Developing key relationships and building access to resources includes identifying resources for clients and their families including, but not limited to health care, housing, vocational, educational, benefits, and substance abuse treatment; dissemination of the information; and ongoing resource coordination and management. Program evaluation and quality improvement oversight includes researching, developing, administering, scoring, analyzing and reporting activities related to program evaluation, utilization, outcome measures, quality improvement, and data management. Staff may receive necessary resource management training, as needed. Improving access and service delivery includes evaluating and designing services to be effective within our community and the MHD Wellness and Recovery Programs. These services will also include close coordination between MHD staff and primary care physicians, including consultations between MHD psychiatrists and providers of primary health care services. MHSA-funded psychiatry time to serve un-insured MHSA clients is included as well. Project funds will be utilized for staff time, overhead, supplies, equipment, training and travel needed to carry out this project. To encourage volunteers' attendance at quality review and improvement meetings, prepared food and beverage items, along with disposable plates, napkins, cups, and eating and serving utensils, may be purchased.
Services Provided By:	☐ Contracted Vendor ☒ Volunteers ☒ County Staff

Project Name: Resource Management Services — Project 4c

Service Provider: *Mental Health Division*

Procurement Method:	None.
Project Goals:	• Improve the number and quality of resources available to clients and their families. • Improve access and service delivery. • Improve program evaluation process. • Improve client transitions between primary care providers and Mental Health.
Outcome Measures:	Measurement 1: Update and expansion of resource list; dissemination of information to clients Measurement 2: Client wait time. Measurement 3: Client satisfaction surveys Measurement 4: Establishment of standard evaluation process for MHSA programs and dissemination of information Measurement 5: Results of EQRO annual review
Number Served / Quantity of Service:	As a general system development program, there are not a specific number of clients that will be served; rather, this program is designed to improve services to clients and other community providers and to evaluate MHSA programs.
Budget:	
FY 2013-14	$200,000
FY 2014-15	$175,000
FY 2015-16	$75,000
FY 2016-17	$107,000
FY 2017-18	$107,000
FY 2018-19	$107,000

New or Discontinued CSS Programs/Projects

There are no CSS programs/projects to be added or discontinued under this MHSA Plan Update.

Transfer of Funds Between Components

Welfare and Institutions Code (WIC) §5892(b) allows counties to use a portion of their CSS funds for WET, CFTN, and the Prudent Reserve. The total amount of CSS funding used for this purpose may not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Reallocation to Workforce Education and Training (WET)

No CSS funds were shifted into WET from FY 2013-14 through FY 2015-16 and no funds will be transferred in FY 2016-17. Programs will continue to operate on fund balance (as available) through FY 2017-18, at which time any unspent funds will revert to the State. Future transfers of CSS funds to maintain new or existing WET programs will be discussed through the FY 2018-18 MHSA Three-Year Plan Community Planning Process.

Reallocation to Capital Facilities and Technology (CFTN)

No CSS funds were shifted into CFTN from FY 2013-14 through FY 2015-16 and no funds will be transferred in FY 2016-17. Programs will continue to operate on fund balance (as available) through FY 2017-18, at which time any unspent funds will revert to the State. Future transfers of CSS funds to maintain new or existing CFTN programs will be discussed through the FY 2018-18 MHSA Three-Year Plan Community Planning Process.

Contribution to the Prudent Reserve

The County is required to maintain a Prudent Reserve of MHSA funding to provide MHSA services during years in which MHSA revenues fall below recent averages and in which the MHSA allocations are insufficient to continue to serve the same number of individuals as the County had been serving in the previous fiscal year. Previously, legislation required counties to maintain a prudent reserve totaling 50% of the total CSS allocation; however, this requirement was eliminated and the amount of the prudent reserve is determined by each county. The current balance of the County's Prudent Reserve is $1,898,284. There have been no contributions to the Prudent Reserve from FY 2013-14 through FY 2015-16 and no funds will be transferred in FY 2016-17. All references in this Plan to "fund balance" exclude the Prudent Reserve.

Sub-Component: Community Services and Supports-Housing (CSS-Housing)

Sub-Component Definition

Housing is a sub-component of the Community Services and Supports component, the funds for which are administered through the California Housing Finance Agency and are used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies.[65]

Consumers, family members and service providers in El Dorado County have consistently identified housing needs of the seriously mentally ill as a priority. The MHSA Housing Program provides funding for the development, acquisition, construction and/or rehabilitation of permanent supportive housing for persons with serious mental illness and their families who are homeless or at risk of homelessness. The housing program offers consumers housing and supportive services that will enable them to live more independently in our communities.

It is the primary objective of the supportive services plan to support the individual in maintaining tenancy. The overarching principles of the MHSA housing service plan are client/tenant choice and voluntary services for clients.

Application for an MHSA apartment is a two-part process. First, individuals interested in the housing must be determined to be MHSA-Housing Eligible. The eligibility criterion for each development is described below. Once an individual is determined to be eligible for MHSA housing, their application packet is forwarded to the apartment property manager for a determination of eligibility for the development. The property manager will review the client's completed application, credit report, and criminal history report, including reviewing the documents for discrepancies between the three documents. The property manager will determine eligibility for the specific property based upon the development's resident selection criteria.

[65] CCR, Title 9, Division 1, Chapter 14, Section 3200.225, Mental Health Services Act Housing Program Service Category.

CSS-Housing Budget

Funding for the two developments continues to be from the original $2,276,500 in CSS-Housing funds allocated to the County in FY 2007-08 and assigned to CalHFA in June 2010. The funding was then utilized to support two permanent supportive housing developments, Trailside Terrace in Shingle Springs and The Aspens at South Lake in South Lake Tahoe, to assist with construction costs and operating subsidies for the rental costs of the MHSA apartment units.

Program 1: West Slope – Trailside Terrace, Shingle Springs

Located on Sunset Lane near Mother Lode Drive and Highway 50 in the unincorporated community of Shingle Springs; this is the first permanent supportive housing program in El Dorado County. The MHSA Housing Program represents a partnership between Mercy Housing California 55, serving as the housing developer, Mercy Services Corporation serving as the property manager and the HHSA MHD to provide a supportive services program to the tenants of the MHSA units.

The total development budget of the project is approximately $13,434,602. The project was financed using a combination of State and federal funding, including Home Investment Partnership Program (HOME), Community Development Block Grant (CDBG), Low Income Housing Tax Credits, MHSA funding, and conventional financing. MHSA funding for this program was $1,080,800, for capital outlay for development ($540,000) and operating subsidies and administrative fees ($540,000).

MHSA eligible applicants will be adults, aged 18 and over and be eligible for specialty mental health services, who are homeless or are soon-to-be homeless. Supportive services for MHSA-eligible residents will be provided through the Adult Full Service Partnership program (see the "Adult Full Service Partnership" project for more information about FSP services) and designed to promote housing stability and support the residents' recovery.

Status of Housing Completion: Mercy Housing California 55 began construction in March of 2012, and Trailside Terrace received its Certificate of Occupancy on August 2, 2013. Tenants began moving in mid-September 2013. Five MHSA units are occupied and the MHD maintains a waiting list of eligible individuals/families.

Program 2: East Slope – The Aspens at South Lake, South Lake Tahoe

In January 2013, MHSA housing funds were approved by the Board of Supervisors for use in the development of The Aspens at South Lake, a 48-unit affordable housing community. Of the 48 units, one two-bedroom unit is reserved for the resident manager, and 47 units target low-income households earning 50% and below of the El Dorado County area median income. Six units are dedicated to the El Dorado County MHSA housing program and target households that are eligible for services under the MHSA FSP program. MHSA programs support The Aspens at South Lake to meet anticipated outcomes by supporting MHSA participants to achieve wellness, allow for re-integration into the community, reduce hospitalizations and incarcerations, and increase employment.

Initial applications to The Aspens at South Lake were processed by lottery when completion of construction approached. After initial rent-up, applications will be processed in the order in

which they are received. If no units are available, eligible applicants will be placed on a waiting list.

The property is located at 3521 and 3541 Pioneer Trail, near the intersection of Ski Run Boulevard, in the City of South Lake Tahoe. This development represents a partnership between Pacific West Communities, Inc. serving as the housing developer, Cambridge Real Estate Services serving as property manager, SLT Pacific Associates, a CA LP as the property owner, and the HHSA MHD to provide a supportive services program to the tenants of the MHSA units.

The estimated total construction cost of the project is approximately $16 million. The project will be financed using a combination of State and federal funding, including State HOME, Low Income Housing Tax Credits, MHSA funding, and conventional financing. The request for MHSA funding for this program is $1,279,970, for capital outlay for development ($948,770) and operating subsidies and administrative fees ($331,200).

Individuals eligible for the MHSA Housing Program units will be individuals with serious mental illness who have complex and long-term social and medical issues. Consideration will be given to adult individuals diagnosed with a serious mental illness who have minor children, and all MHSA tenants will have experienced homelessness or will be at risk of homelessness. It is anticipated that all of the tenants for the MHSA-designated units in the housing project will be HHSA MHD clients who are assessed as eligible for MHSA FSP outpatient services.

The services and goals for The Aspens at South Lake will be developed in partnership with the tenants and will be individualized and client-directed, utilizing a strengths-based approach. Services will include a FSP approach designed to promote housing stability and support consumers' recovery. These services will include, but not be limited to: outreach and engagement services, peer and family support services, crisis intervention, mental health assessment and evaluation, individual services planning, care coordination, independent living skills training, budget planning, consumer leadership development, and mobility training. Tenant services will also promote linkage to existing supportive systems, such as primary healthcare, employment services, educational services, assistance with food and clothing, mainstream benefits, addiction treatment services, and community building resources. Services will occur onsite and in community and clinic-based settings with a frequency that is individually determined.

Status of Housing Completion: Construction began mid-2013 and was completed ahead of schedule. Tenants began moving into The Aspens at South Lake in January 2014. All six MHSA units are currently leased and the MHD maintains a waiting list of eligible individuals/families.

Program 3: Local Housing Assistance

There is approximately $11,858 of unencumbered CSS-Housing funds at CalHFA that were not assigned to the above two housing programs and have been returned to the counties for local use. These CSS-Housing funds must be utilized to provide housing assistance to those with a serious mental illness who are homeless or soon-to-be-homeless, and include costs such as rental assistance, security deposits, utility deposits, other move-in costs, and/or moving costs. These funds must be utilized within three years.

Workforce Education and Training (WET)

Component Definition

"Workforce Education and Training" includes education and training programs and activities for prospective and current public mental health system employees, contractors and volunteers.[66] "Public mental health system" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State or County. It does not include programs and/or services administered in or by correctional facilities.[67] WET provides funding to remedy the shortage of staff available to address mental illness, improve the competency of staff, and to promote the employability of consumers.

WET funds may be utilized for programs within the following categories:

- **Training and Technical Assistance:** Programs and/or activities that (1) increase the ability of the Public Mental Health System workforce to promote and support the MHSA General Standards; (2) support the participation of clients and family members of clients in the public mental health system; (3) increase collaboration and partnerships among public mental health system staff and individuals and/or entities that participate in and support the provision of services in the public mental health system; and (4) promote cultural and linguistic competence.[68]

- **Mental Health Career Pathway Programs:** These programs may fund, but are not limited to the following: (1) programs to prepare clients and/or family members of clients for employment and/or volunteer work in the public mental health system; (2) programs and coursework in high schools, adult education, regional occupational programs, colleges and universities that introduce individuals to and prepare them for employment in the Public Mental Health System; (3) career counseling, training and/or placement programs designed to increase access to employment in the public mental health system to groups such as immigrant communities, Native Americans and racial/ethnic, cultural and linguistic groups that are underrepresented in the public mental health system; (4) focused outreach and engagement in order to provide equal opportunities for employment to individuals who share the racial/ethnic, cultural and linguistic characteristics of the clients served; and (5) supervision of employees in public mental health system occupations that are in a mental health career pathway program.[69]

- **Residency and Internship Programs:** These programs may fund, but are not limited to, the following: (1) time required of staff, including university faculty, to supervise psychiatric residents training to work in the public mental health system; (2) time

[66] CCR, Title 9, Division 1, Chapter 14, Section 3200.320, Workforce Education and Training.
[67] CCR, Title 9, Division 1, Chapter 14, Section 3200.253, Public Mental Health System.
[68] CCR, Title 9, Division 1, Chapter 14, Section 3841, Training and Technical Assistance Funding Category.
[69] CCR, Title 9, Division 1, Chapter 14, Section 3842, Mental Health Career Pathway Programs Funding Category.

required of staff, including university faculty, to supervise post-graduate interns training to work as psychiatric nurse practitioners, masters of social work, marriage and family therapists, or clinical psychologists in the public mental health system; (3) time required of staff, including university faculty, to train psychiatric technicians to work in the public mental health system; (4) time required of staff, including university faculty, to train physician assistants to work in the public mental health system and to prescribe psychotropic medications under the supervision of a physician; and (5) addition of a mental health specialty to a physician assistant program.[70]

- **Financial Incentive Programs:** These programs may fund financial assistance programs that address one or more of the occupational shortages identified in the County's Workforce Needs Assessment, such as scholarships, stipends and loan assumption programs.[71]

- **Workforce Staffing Support:** These programs may fund, but are not limited to, the following: (1) public mental health system staff to plan, recruit, coordinate, administer, support and/or evaluate WET programs and activities; (2) staff to support Regional Partnerships when performing activities that address shortages within the workforce or shortages of workforce skills identified as critical by the Regional Partnership, deficits in cultural and/or linguistic competence, or promotion of employment and career opportunities in the public mental health system for clients and family members of clients; (3) staff to provide ongoing employment and educational counseling and support to clients entering or currently employed in the public mental health system workforce, family members of clients who are entering or currently employed in the public mental health system workforce or family members who are entering or currently employed in the public mental health system workforce; (4) staff to provide education and support to employers and employees to assist with the integration of clients and/or family members of clients into the public mental health system workforce; (5) staff necessary to support activities in multiple WET funding categories when the staff time is not included in the budget for any other funding category; and (6) the WET Coordinator.[72]

WET funds may be used to:

(1) Educate the Public Mental Health System workforce on incorporating the MHSA general standards of (1) community collaboration, (2) cultural competence, (3) client driven services, (4) family driven services (5) wellness, recovery, and resilience focused, and (6) integrated service experiences for clients and their families.

(2) Increase the number of clients and family members of clients employed in the Public Mental Health System through activities such as:

(A) Recruitment;

(B) Supported employment services;

[70] CCR, Title 9, Division 1, Chapter 14, Section 3843, Residency and Internship Programs Funding Category.
[71] CCR, Title 9, Division 1, Chapter 14, Section 3844, Financial Incentive Programs Funding Category.
[72] CCR, Title 9, Division 1, Chapter 14, Section 3845, Workforce Staffing Support Funding Category.

(C) Creating and implementing promotional opportunities; or

(D) Creating and implementing policies that promote job retention.

(3) Conduct focused outreach and recruitment to provide equal employment opportunities in the Public Mental Health System for individuals who share the racial/ethnic, cultural and/or linguistic characteristics of clients, family members of clients and others in the community who have serious mental illness and/or serious emotional disturbance.

(4) Recruit, employ and support the employment of individuals in the Public Mental Health System who are culturally and linguistically competent or, at a minimum, are educated and trained in cultural competence.

(5) Provide financial incentives to recruit or retain employees within the Public Mental Health System.

(6) Incorporate the input of clients and family members of clients and, whenever possible, utilize them as trainers and consultants in public mental health WET programs and/or activities.

(7) Incorporate the input of diverse racial/ethnic populations that reflect California's general population into WET programs and/or activities.

(8) Establish Regional Partnerships.

(9) Coordinate WET programs and/or activities.

(10) Staff time spent supervising interns and/or residents who are providing direct public mental health services through an internship or residency program may be funded.

Workforce Education and Training funds may not be used to:

(1) Address the workforce recruitment and retention needs of systems other than the Public Mental Health System, such as criminal justice, social services, and other non-mental health systems.

(2) Pay for staff time spent providing direct public mental health services.

(3) Off-set lost revenues that would have been generated by staff who participate in Workforce Education and Training programs and/or activities. [73]

Mental Health Workforce

El Dorado County is longer designated as a Mental Health Professional Shortage Area (MHPSA) by the U.S. Department of Health and Human Services, Health Resources and Services Administration. A MHPSA is an area that has been designated as having a shortage of professionals in the mental health industry. Designation as a MHPSA provides jurisdictions with

[73] CCR, Title 9, Division 1, Chapter 14, Section 3810. General Workforce Education and Training Requirements. Full requirements for the WET program can be found in CCR, Title 9, Division 1, Chapter 14, Sections 3810 through 3856.

specific benefits, such as additional Medicare payments to providers, education loan relief for medical service providers, and waiver of certain J-1 visa requirements related to temporary employment in certain specialty occupations.

Census information is used for this determination and is provided to the federal government from each state. Based on the data, El Dorado County does not meet the criteria to qualify for a MHPSA designation due to the County's poverty level being lower than required poverty level and having more psychiatrists in our area than the criteria allows.[74] The data does not look at the number of psychiatrists practicing in the public mental health system or the type of insurance (if any) accepted by those psychiatrists, but rather the overall number of psychiatrists.[75]

The County has struggled to recruit and retain qualified Mental Health staff, especially Psychiatrists, Nurses, Mental Health Clinicians and bilingual staff. It is anticipated that El Dorado County will complete a workforce needs assessment in FY 2016-17, pending adequate staffing levels. The last workforce needs assessment, published in 2008, identified similar needs as the MHD is currently experiencing. The results of the next Workforce Needs Assessment will be incorporated into the FY 2017-18 MHSA Plan. The WET programs will be re-evaluated at that time to determine their applicability to the outcomes of the new Workforce Needs Assessment and explore how the WET funds may be utilized to better develop a staff recruitment and retention program.

Previous WET Plans detailing the origins of the WET programs and the Workforce Needs Assessment may be found on the County's MHSA web page.[76]

WET Programs

Program 1: Workforce Education and Training (WET) Coordinator

Program 2: Workforce Development

Program 3: Psychiatric Rehabilitation Training (realigned under Program 2 effective FY 2014-15)

Program 4: Early Indicators of Mental Health Issues (discontinued effective FY 2016-17 as EDCOE terminated contract with MHD in FY 2015-16)

Program 5: Suicide Education and Training (discontinued effective FY 2016-17 as EDCOE terminated contract with MHD in FY 2015-16)

Program 6: Consumer Leadership Academy

Program 7: Crisis Intervention Team Training

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[74] These two specific issues were identified during a telephone conversation with Health Resources and Service Administration and the National Health Service Corps, February 2014.
[75] More information about the MHPSA designation requirements and data can be found at http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsaoverview.html, http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsacriteria.html and http://arf.hrsa.gov/arfdashboard/HRCT.aspx.
[76] El Dorado County, MHSA Plans Archive. http://www.edcgov.us/MentalHealth/MHSA_Plans.aspx.

Program Name: Workforce Education and Training (WET) Coordinator 1

Service Provider: *Mental Health Division*

Funding Categories:	☒ Training and Technical Assistance ☐ Residency and Internship Programs ☒ Workforce Staffing Support	☐ Mental Health Career Pathways Programs ☐ Financial Incentive Programs
Objective	Coordinate WET programs and activities and serve as the liaison to the State. This position is required by the MHSA.[77]	
Target Audience	☒ Public Mental Health System Employees ☒ Contractors ☒ Volunteers	☒ Consumers and Family Members ☐ Law Enforcement ☐ Teachers/Education
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	1) Coordinate WET activities. 2) Participate in regional partnerships. 3) Address the priority need of improving the linguistic and cultural capacity of our public mental health workforce. 4) Provide leadership for the implementation of the locally identified WET funding priorities. 5) Develop goals of the workforce development program, expand capacity, and identify career enhancement opportunities.	
Services Provided By	☐ Contracted Vendor ☐ Volunteers ☒ County Staff The MHSA Program Manager is designated as the WET Coordinator for El Dorado County. However, support for this position is provided by various MHSA Project Team members.	
Procurement Method	Services provided by HHSA staff.	

[77] CCR, Title 9, Division 1, Chapter 14, Section 3810, General Workforce Education and Training Requirements.

Program Name: Workforce Education and Training (WET) Coordinator I

Service Provider: *Mental Health Division*

Program Goals	• Increase participation in regional partnerships. • Identify career enhancement opportunities and variety of promotional opportunities for existing public mental health system workforce. • Increased utilization of WET funding for local trainings. • Increase number of bilingual / bicultural public mental health workforce staff. • Increase number and variety of employment and/or volunteer opportunities available to consumers and their families who want to work in the mental health field.
Outcome Measures	Measurement 1: Increase the number of training opportunities for the mental health workforce.
Number of Services / Quantity of Service	Coordinator will work to expand capacity and identify career enhancement opportunities for current County mental health staff as well as consumers. It is estimated that at least four training opportunities occur annually. WET programs will continue to expand in future years.
Budget	Costs include WET coordinator, support staff, administration and overhead.
FY 2013-14	$50,000
FY 2014-15	$11,037
FY 2015-16	$11,000
FY 2016-17	$21,300
FY 2017-18	$TBD
FY 2018-19	$TBD

Program Name: Workforce Development 2

Service Provider: *Mental Health Division, Volunteers and Contracted Vendors*

Funding Categories:	☒ Training and Technical Assistance ☐ Residency and Internship Programs ☒ Workforce Staffing Support	☐ Mental Health Career Pathways Programs ☐ Financial Incentive Programs
Objective	Workforce Development includes education and training programs and activities for prospective and current public mental health system employees, contractors and volunteers.	
Target Audience	☒ Public Mental Health System Employees ☒ Contractors ☒ Volunteers	☐ Consumers and Family Members ☐ Law Enforcement ☐ Teachers/Education
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	Activities under this program include, but are not limited to: 1) Identify training opportunities for the public mental health system staff to improve mental health practices, including cultural and linguistic competency. 2) Provide a web-based training system to provide clinical and health education training, including a comprehensive library of online courses (currently contracted with Relias Learning, however, the MHD is exploring other similar products that may result in lower costs and higher service levels). 3) Identify ways to improve retention rates of current staff. 4) Identify opportunities to recruit new staff into the mental health workforce. 5) As part of this program, prepared food (including, but not limited to snacks, lunch, beverages) may be purchased through MHSA funds and provided for attendees of WET trainings. 6) Upon development of the necessary policies and procedures and execution of an agreement, eligible members of the public mental health system (beyond just County staff and volunteers) may receive reimbursement for training costs, including registration fees, travel to training, lodging, meals and training materials, when attendance at training is received in advance and pursuant to the policies and	

Program Name: Workforce Development 2

Service Provider: *Mental Health Division, Volunteers and Contracted Vendors*

	procedures and the agreement.
Services Provided By	☒ Contracted Vendor ☒ Volunteers ☒ County Staff Relias Learning for access to and maintenance of web-based training system. The MHD is exploring other similar products that may result in lower costs and higher service levels, and if it is determined that a different product would be more beneficial, the MHD may change contracted providers without a separate MHSA Community Planning Process to accomplish that change. Other vendors as needed to provide training. County staff and/or volunteers to provide and/or attend training.
Procurement Method	Services of contracted vendors will be arranged in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Program Goals	1) Increase the number of training opportunities for the public mental health system workforce. 2) Identify career enhancement opportunities for existing mental health workforce. 3) Increase the retention rates for current mental health workforce staff. 4) Increase the number of new staff recruited into the mental health workforce. 5) Increase the number of bilingual / bicultural mental health workforce staff available to serve clients. 6) Increase the number and variety of positions available to consumers and their family members who want to work in the mental health field.
Outcome Measures	Measurement 1: Increased training opportunities for the public mental health system workforce, including staff, contractors, volunteers and consumers. Measurement 2: Increased number of bilingual / bicultural public mental health workforce system staff in the County.
Number of Services / Quantity of Service	All current public mental health system workforce staff, including County employees, contractors and volunteers, as well as consumers and their family members interested in working in the mental health field may be eligible.
Budget	Costs include, but are not limited to, staff, administration, overhead, training materials, training fees (e.g., contracted vendor costs, registration fees, lodging, meals, travel), equipment purchase and repairs, prepared food, household supplies (e.g., disposable plates, utensils). Staff will generally record their time to attend Workforce Development trainings to "indirect" rather than to this project.

Program Name: Workforce Development 2

Service Provider: Mental Health Division, Volunteers and Contracted Vendors

FY 2013-14	$100,000
FY 2014-15	$49,825
FY 2015-16	$40,000
FY 2016-17	$12,000
FY 2017-18	$TBD
FY 2018-19	$TBD

Program Name: Consumer Leadership Academy 6

Service Provider: *Mental Health Division and Volunteers*

Funding Categories:	☐ Training and Technical Assistance ☐ Residency and Internship Programs ☒ Workforce Staffing Support	☒ Mental Health Career Pathways Programs ☐ Financial Incentive Programs
Objective	The Consumer Leadership Academy provides educational opportunities to inform and empower consumers to become involved in meaningful participation in the broader community. The academy includes peer-training, peer supportive skills training, job skill training, and training related to consumer leadership in the community.	
Target Audience	☒ Public Mental Health System Employees ☐ Contractors ☒ Volunteers	☒ Consumers and Family Members ☐ Law Enforcement ☐ Teachers/Education
Service Location(s)	South Lake Tahoe and West Slope Wellness Centers	
Project Duration	Ongoing	
Activities Performed	This program will include a Consumer Leadership Academy providing educational opportunities designed to inform and empower consumers in relationship to meaningful participation in the broader community. A meaningful role in the community may serve to be one of the most effective preventive measures to relapse to illness. This program began as a grassroots effort with very favorable response from participants. Participants identified a need for support related to transportation assistance, funding for food during activities, and training resources and fees. In addition, establishment of a stipend program to address costs incurred for participants will be pursued. Training will also be pursued through sources such as the California Institute for Mental Health (CIMH), regional MHSA WET funds and local MHSA funds. Peer counselor training may also be included. Staff support for a range of these events will be provided. Mental Health staff and volunteers on both slopes will collaborate with consumers on this project. Individuals who complete the Consumer Leadership Academy will be eligible to receive support in locating potential work and/or volunteer opportunities in the public mental health system. To the extent necessary, MHD staff may provide on-going vocational support for a period of up to two years from the date of hire or start date for	

Program Name: Consumer Leadership Academy 6

Service Provider: *Mental Health Division and Volunteers*

	volunteering to assist with the vocational needs of clients. To the extent possible, this program will partner with services provided through the County's Connections-One Stop Americas Job Center of California, or successor, or other programs including by not limited to the California Department of Rehabilitation.
Services Provided By	☐ Contracted Vendor ☒ Volunteers ☒ County Staff Support[78]
Procurement Method	None. Services provided by HHSA staff.
Program Goals	• Increase consumer awareness of skills necessary to seek employment and/or volunteer opportunities within the public mental health system. • Increase employment and/or volunteer opportunities for mental health consumers.
Outcome Measures	Measurement 1: Number of graduates of the consumer leadership academy. Measurement 2: Number of organizations identified for employment and/or volunteer opportunities. Measurement 3: Number of consumers who receive employment and/or volunteer opportunities after completion of the Consumer Leadership Academy and duration of their employment and/or volunteer position.
Number of Services / Quantity of Service	During FY 2014-15, there was one Academy held with six graduates.
Budget	Costs include, but are not limited to staff, administration, overhead, speakers, transportation, prepared food for meetings, household supplies (e.g., disposable plates, utensils), stipends, training resources, training costs (e.g., registration, travel, lodging, meals, parking), material fees, equipment, and equipment repairs. Staff will generally charge their time to one of the adult CSS projects for provision of the curriculum and support of clients enrolled in this project.
FY 2013-14	$30,000
FY 2014-15	$600

[78] County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Program Name: Consumer Leadership Academy 6

Service Provider: Mental Health Division and Volunteers

FY 2015-16	$1,000
FY 2016-17	$1,000
FY 2017-18	$TBD
FY 2018-19	$TBD

Program Name: Crisis Intervention Team Training 7

Service Provider: *Contracted Provider*

Funding Categories:	☐ Training and Technical Assistance ☐ Residency and Internship Programs ☒ Workforce Staffing Support	☐ Mental Health Career Pathways Programs ☐ Financial Incentive Programs
Objective	De-escalate crisis situations of individual with mental health challenges through crisis intervention training workshops.	
Target Audience	☒ Public Mental Health System Employees ☒ Contractors ☒ Volunteers	☒ Consumers and Family Members ☐ Law Enforcement ☒ Teachers/Education
Service Location(s)	Unknown at this time (either West Slope or South Lake Tahoe)	
Project Duration	On-going until funding utilized.	
Activities Performed	Crisis Intervention Team Training "programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental illness."[79] CIT training is generally provided to law enforcement, but it can be applicable to other first responders or front-line staff who may come into contact with individuals in a mental health crisis. Training provides increased knowledge of available community resources, tools and skills to manage and de-escalate crisis situations. Course objectives include increasing the ability of attendees to recognize an individual with mental illness, increase empathy of attendees for individuals with a mental illness, provide techniques for de-escalating tense situations, increase proficiency in non-violent crisis intervention techniques. The course also provides an overview of major mental disorders, dual diagnosis and developmental disabilities, and hosts a panel of consumers who provide personal insight.	
Services Provided By	☒ Contracted Vendor ☐ Volunteers ☐ County Staff	

[79] NAMI. *Crisis Intervention Teams (CIT).* Retrieved from http://www.nami.org/template.cfm?section=cit2.

Program Name: Crisis Intervention Team Training 7

Service Provider: *Contracted Provider*

Procurement Method	Sole source to the individual/organization utilized by the El Dorado County Sheriff's Office for CIT training. Funds may be paid directly to the El Dorado County Sheriff's Office or the training provider on a reimbursement basis.
Program Goals	• Increase the ability of attendees to recognize an individual with mental illness. • Increase empathy of attendees for individuals with a mental illness. • Provide techniques for de-escalating tense situations. • Increase proficiency in non-violent crisis intervention techniques. • Increase basic knowledge and understanding of various presentations of mental illness. • Increase understanding of how a person with mental illness will respond to different approaches. • Increase ability to recognize dual diagnosis situations. • Increase knowledge of available community resources.
Outcome Measures	Measurement 1: Reduction in negative outcomes between law enforcement and individuals with a mental illness Measurement 2: Increase in respectful treatment of individuals with a mental illness Measurement 3: From course surveys, gauge the knowledge gained by the participants
Number of Services / Quantity of Service	It is anticipated that one or more trainings will be funded through MHSA WET funds.
Budget	Funds may be utilized in whole or in part in any fiscal year. Once funding is utilized in whole or in part, additional funding may be added to this program through the MHSA community planning process if funding is available.
FY 2013-14	$20,000
FY 2014-15	$20,000
FY 2015-16	$10,000, any unused funding may be rolled over to future years
FY 2016-17	Any unused funding from FY 2015-16 ($10,000 budgeted)
FY 2017-18	$TBD
FY 2018-19	$TBD

New or Discontinued WET Programs/Projects

The following WET programs/projects are discontinued as of the date of this Plan Update is adopted by the Board of Supervisors:

- Program 4: Early Indicators of Mental Health Issues (discontinued effective FY 2016-17 as EDCOE terminated contract with MHD in FY 2015-16)
- Program 5: Suicide Education and Training (discontinued effective FY 2016-17 as EDCOE terminated contract with MHD in FY 2015-16)

Capital Facilities and Technology (CFTN)

Component Definition

"Capital Facilities and Technology" are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care that will transform the mental health system and support the goals of MHSA.

Capital Facilities and/or Technological Needs Projects must support the goals of the MHSA and the provision of MHSA services. The planned use of the Capital Facilities and Technological Needs funds should produce long-term impacts with lasting benefits that move the mental health system toward 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 technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families. The foundation for an integrated information systems infrastructure is an Electronic Health Record (EHR) system, which is a secure, real-time, point-of-care, client-centric, information resource for service providers. It is this system in which El Dorado County has focused its CFTN funding.

CFTN in El Dorado County

The programs included in this Plan are based upon the original foundation of the CFTN program. During the initial development of the CFTN Plan for El Dorado County, an assessment of the CFTN needs to support the efficient implementation of the MHSA and transformation to a recovery and resiliency-focused service delivery system in El Dorado County indicated that while there is community interest to use these funds for Capital Facilities expenditures, the challenges associated with a Capital Facilities project were not feasible at the time. Instead, technological improvements that supported the development of an integrated infrastructure that would transform the mental health system and support the goals of the MHSA were identified for the CFTN funds.

It was determined that El Dorado County would dedicate CFTN funds to the development of an integrated information system infrastructure that includes the establishment of an EHR system; electronic clinical assessment and outcome measurement tools for children and adults, telepsychiatry (also known as "telehealth"), an electronic care pathways, and related training and administrative/technical support. Due to changes in technology over the last few years, the separate project for an electronic care pathway has been replaced by the focusing on the integration of the MHD's EHR with add-on software to create direct "pathways" between the MHD, other mental health service providers and health care providers under Project 1a: Avatar Clinical Workstation.

Technology funds were requested and received for systems development to improve the quality and coordination of care, establish the means for the effective use of client assessments and measurements data, and provide for the exchange of information between County providers and community health partners. El Dorado County also requested and received funds for the expansion and improvement of telepsychiatry and videoconferencing capabilities, and an electronic care pathway implementation.

El Dorado County's CFTN Plan also funded relevant training for each of these projects, software to support project management and reporting needs, as well as funds for updating/upgrading equipment including, but not limited to, local and remote desktop computers, server equipment, scanning equipment, and signature pad devices needed to further the goals of the MHSA and the expansion of mental health services.

CFTN Programs and Projects

Program 1: Electronic Health Record System Implementation

Project 1a: Avatar Clinical Workstation

Project 1b: Electronic Outcome Measurement Tools (discontinued effective FY 2015-16 as measurement tools are now available at no cost through the open domain)

Program 2: Telehealth

Program 3: Electronic Care Pathways (discontinued effective FY 2015-16)

Project Name: Avatar Clinical Workstation 1a

Service Provider: *Netsmart, County Information Technology Department, Mental Health Division*

Objective	Successful implementation of an EHR system for the MHD's two outpatient clinics, as well as the PHF. The EHR enables Mental Health staff to safely and securely access a client's medical record. The use of electronic mental health records will enhance communication between treating health care professionals, thus promoting coordination of mental and physical health care needs. With an EHR, providers spend less time repeatedly documenting client information, which will allow providers to spend more time delivering services. Additionally, funding from this project may be utilized to explore and purchase software to allow for greater integration with other mental health service providers and primary health care providers. Such software allows for increased communications between entities to facilitate referrals, authorizations, invoicing and client progress notes, amongst other benefits such as providing a better continuum of care for shared clients.
Service Location(s)	El Dorado County HHSA Mental Health outpatient clinics, Placerville and South Lake Tahoe and the PHF in Placerville. Community-based use via laptop computers. Potential expansion to contracted service providers and primary health care providers.
Project Duration	The project was initiated in September 2011, and the "go live" implementation was completed for all units May 6, 2013. Continued system support, including maintenance, modifications and reporting, and equipment purchases; staff training; annual software licenses and associated computer costs; and expansion/add-on software to increase integration with other mental health service providers and primary health care providers.
Activities Performed	A contract was signed with Netsmart for the customization and development of Avatar's Clinical Workstation (CWS), including an upgrade to the *My Avatar* system, as well as client assessment tools that provide a common language and establish standards to make meaningful recommendations to meet the needs of each individual client. The project team developed many County-specific forms and reports for use with the new system. Staff members moved data from the old computer system to CWS. After successful testing of the system, procedures and training guides were created and staff were provided with training on how to navigate the CWS system. The "go live" implementation was staggered by unit, and the CWS system implementation was successfully completed on May 6, 2013. The EHR system also includes InfoScriber (e-Prescribing), which is a secure, web-based prescribing and medication management system. Benefits of e-Prescribing include enhanced patient safety, increased physician productivity, reduction in pharmacy call backs and adherence to

Project Name: Avatar Clinical Workstation 1a

Service Provider: *Netsmart, County Information Technology Department, Mental Health Division*

	security and confidentiality standards. The e-Prescribing system improves the quality of care and reduces medication errors. The electronic creation and transmission of medication orders from the psychiatrist's computer to the pharmacy reduces the possibility of a misread prescription by a pharmacist. El Dorado County has a centralized Information Technologies (IT) Department providing technical assistance for all general computer issues including department computer and network problems. The IT department also provides CWS programming. IT services are billed to the MHD at an hourly rate. Funding from this project may be utilized to explore and purchase software to allow for greater integration with other mental health service providers and primary health care providers. Such software allows for increased communications between entities to facilitate referrals, authorizations, invoicing and client progress notes, amongst other benefits such as providing a better continuum of care for shared clients.
Services Provided By	☒ Contracted Vendor ☒ County Staff
Procurement Method	The vendor for this project, Netsmart, was selected in compliance with the County Procurement Policy. County staff provide other necessary activities in support of this project. Any future procurement of services or materials will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Current Year Goals	• Standardized scheduling of appointments and reporting appointment status within the MHD, adjusted as needed to address any identified needs. • The Quality Improvement (QI) unit will utilize weekly, monthly and quarterly reports to audit charts, identify potential program challenges (e.g., service delays), standardize procedures, and provide information to the management team. • Develop program changes to addresses identified challenges and implement changes. • Maintenance of the EHR and continued training.

Project Name: Avatar Clinical Workstation 1a

Service Provider: *Netsmart, County Information Technology Department, Mental Health Division*

Outcome Measures	Measurement 1: Implementation of EHR throughout the MHD. – *Completed May 2013.* Measurement 2: Ability to provide centralized, electronic appointment scheduling. – *Completed May 2013.* Measurement 3: Updated and standardized business procedures and assessments, resulting in practices that are more efficient. – *Ongoing.* Measurement 4: Improved reporting capabilities (to audit charts and provide information relevant to program development). – *Ongoing.* Measurement 5: Successful maintenance of the EHR and continued training. – *Ongoing.*
Budget	
FY 2013-14	$225,000
FY 2014-15	$180,686
FY 2015-16	$150,686
FY 2016-17	$213,186
FY 2017-18	$14,836 (any remaining fund balance from FY 2016-17, if any, will be budgeted here)
FY 2018-19	$TBD

Program Name: Telehealth 2

Service Provider: *LocumTenens.com and/or Other Contracted Telepsychiatry Providers, County Information Technology Department, Mental Health Division*

Objective	Expand psychiatric services to clients who are either unable to travel or who live in remote areas of the County and utilize video conferencing to further the public mental health system within El Dorado County.
Service Location(s)	El Dorado County HHSA Mental Health South Lake Tahoe and West Slope outpatient clinics.
Project Duration	Ongoing
Activities Performed	Telemedicine allows psychiatrists to provide psychiatric services using video conferencing technology, allowing clients and psychiatrists to see and hear one another through a secure network. This provides clients who are unable to travel to the psychiatrist's office or who live in areas not staffed by a psychiatrist to obtain needed psychiatric service. Additionally, providers are able to share general system development and health practice training via video conferencing to help improve the public mental health system within our County. The County's large geographic area makes it difficult to provide face-to-face services in some remote areas of our County. To help address this issue, El Dorado County began providing psychiatry services using a telehealth format in 2009. Telehealth allows psychiatrists to provide psychiatric services using videoconferencing technology, allowing clients and psychiatrists to see and hear one another through a monitor. This provides clients who are unable to travel to the psychiatrist's office or who live in areas not staffed by a psychiatrist to obtain needed psychiatric service. The original approved project included two sets of video conferencing equipment, one for the West Slope clinic and one for the South Lake Tahoe clinic. In February of 2012, the South Lake Tahoe HHSA Mental Health office relocated into a County-owned building, which has adequate video conferencing equipment. Therefore, in the previous MHSA Plan Update, the video conferencing equipment for South Lake Tahoe was removed from the program description. However, the South Lake Tahoe clinic will be relocating to a building without the video conferencing equipment, and therefore, the system is being added back into this program.
Services Provided By	☒ Contracted Vendor ☒ County Staff

Program Name: Telehealth 2

Service Provider: *LocumTenens.com and/or Other Contracted Telepsychiatry Providers, County Information Technology Department, Mental Health Division*

Procurement Method	Some telehealth equipment was provided through grant funding for various health providers in El Dorado County, including the MHD. Purchase of additional video conferencing equipment will be done in compliance with the Board of Supervisors' Procurement Policy.
Goals	• Purchase video conference systems for both the Placerville and South Lake Tahoe outpatient clinics. – *Completed in FY 2014-15.* • Expand telemedicine to other remote areas of the County. – *Exploration of this goal continues.*
Outcome Measures	Measurement 1: Increase the number of clients served in remote areas of the County through use of telemedicine. Measurement 2: Utilization of the video conference equipment for general system development and health practice training.
Budget	Costs include, but are not limited to staff, administration, overhead, licensing, equipment purchase and repair, peripheral equipment purchase and repair, software and other hardware purchases, hosting, programming support and maintenance agreements.
FY 2013-14	$130,000
FY 2014-15	$129,000
FY 2015-16	$10,000
FY 2016-17	$20,000
FY 2017-18	$TBD
FY 2018-19	$TBD

While telehealth can be quite successful for some clients, others can find it difficult due to specific symptoms associated with their mental health diagnosis. The MHD continues recruitment efforts for psychiatrists, but use of telehealth technology will continue to be utilized.

All MHD clients in South Lake Tahoe receive psychiatric services via telehealth, and all children in need of psychiatric services on the West Slope who are seen by contracted providers who do not have their own psychiatrists are seen via telehealth.

New or Discontinued CFTN Programs/Projects

There are no CFTN programs/projects to be added or discontinued under this MHSA Plan Update.

Innovation (INN)

Component Definition

An Innovation project is defined as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to "try out" new approaches that can inform current and future practices/approaches in communities, an Innovation project contributes to learning.

Innovation projects must address one of the following purposes as its primary purpose:

1. Increase access to mental health services to underserved groups as defined in Title 9 California Code of Regulations, Section 3200.300;
2. Increase the quality of mental health services, including measurable outcomes;
3. Promote interagency and community collaboration related to mental health services or supports or outcomes; and/or
4. Increase access to mental health services;

and support innovative approaches by doing one of the following:

1. Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
2. Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
3. Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.[80]

Innovation plans must be approved by the MHSOAC prior to the expenditure of funds in this component.[81] The Innovation Plan will be developed, and submitted through the approval process including approval of the Innovation Plan by the MHSOAC.

INN Regulations

The MHSOAC approved new regulations for INN effective October 1, 2015.[82] More information about the regulations and other MHSOAC activities may be found on their website (http://mhsoac.ca.gov/).

[80] WIC §5830(b).
[81] WIC §5830(c).
[82] The approved INN regulations, effective October 1, 2015, can be found at http://www.mhsoac.ca.gov/Counties/Innovation/docs/Approved%20INN%20Regulations.pdf.

Innovation Projects

Through the community planning process, the public submitted ideas for Innovation projects. After discussion with the MHSOAC and a review of the proposed Innovation projects by the MHSA project team, two Innovation projects were identified.

Project #1: Restoration of Competency in an Outpatient Setting

County: El Dorado **Date:** May 31, 2016

Project Name: Restoration of Competency in an Outpatient Setting

Project Overview
1. **The Service Need** Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county. What primary problem or challenge are you trying to address? The current practice for Restoration of Competency is to have individuals wait in jail until an inpatient bed is available. El Dorado County Health and Human Services Agency, Mental Health Division is responsible for Restoration of Competency for individuals charged with a misdemeanor. The County is currently using a facility that is located far from the County and results in Misdemeanants who are found to be incompetent to stand trial losing connection to natural supports in the community. El Dorado County is experiencing: • An increase in the number of individuals who are found incompetent to stand trial due primarily to a culture shift in our judicial system. • Higher acuity clients in our community. • An increase in resistance to treatment since implementation of AB109 and Prop 47. • While individuals are waiting for a bed, they remain in jail but are forced into isolation 23 hours a day because they are not labeled "incarcerated" and are therefore not able to be with the general population. • Lack of beds at facilities that perform Restoration of Competency, leading to individuals having to wait several months (in isolation for 23 hours a day) for a bed to become available. • High placement costs for individuals who need Restoration of Competency services. • Current information indicates a quicker rate of restoration from an inpatient setting than is anticipated from outpatient restoration, but the data does not take into account the wait time in jails prior to admission to an inpatient program. The primary challenge to be addressed is whether a Restoration of Competency in an Outpatient Setting program would be successful in a rural community, thereby reducing the number of days a Misdemeanant would have to remain in jail in isolation awaiting inpatient Restoration of Competency services, maintain the Misdemeanant's connection with his or her community, and reduce the cost of Restoration of Competency services. It is anticipated that this process will also encourage participants who may be found guilty of a misdemeanor after the provision of Restoration of Competency services to continue engaging in mental health services while in jail and once released, continue with mental health services which

could potentially reduce recidivism.

The goal of this project is to provide Restoration of Competency in an Outpatient Setting to individuals, living in their community, seeing their Mental Health Professionals, reducing days of incarceration waiting for a bed, and having the support of their family and community, as well as to reduce recidivism.

2. **The Proposed Project**

Describe the project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. Include sufficient details so that a reader without prior knowledge of the process can understand what you're proposing to do, how you will implement the project, what participants will experiences, and any other key activities associated with development and implementation.

The Restoration of Competency in an Outpatient Setting will provide necessary services in a community setting. The Misdemeanant will receive a full Mental Health assessment to determine his/her mental health service needs, Alcohol and Drug Program service needs, family and community supports, medication compliance, and family/friend supportive housing. If appropriate housing has been identified and medication compliance has been determined, and it has been determined that it is safe for the Misdemeanant to be in an outpatient setting, the Misdemeanant will be approved for participation in the Restoration of Competency in an Outpatient Setting program.

Misdemeanants will have an opportunity to receive Restoration of Competency services and Specialty Mental Health Services from County Mental Health. These services include, but are not limited to, the assignment of a Mental Health Clinician and a Mental Health Worker trained in Restoration of Competency, Psychiatric services as indicated, and Wellness Center Staff to provide Wellness Activities in a social setting. Wellness Activities may include, but are not limited to, managing emotions, exercise group, conversation skills, healthy pleasures for sober living, smoking cessation, self-care, life skills, and mindfulness skills. Participating individuals will have the opportunity to attend the Mental Health Division's Wellness Center activities that are available Monday through Friday from 1pm to 4pm and include natural supports, such as family and friends, in the treatment process. If an individual loses housing and is no longer medication compliant, or otherwise unsafe to maintain in an outpatient setting, they may be appropriately hospitalized (i.e., through the 5150 process) or returned to jail for the Restoration of Competency services provided in the jail setting, or to wait for an available inpatient Restoration of Competency bed.

3. **Innovative Component**

Describe what about the project (potentially including project development, implementation or evaluation) is new, changed or adapted. What are you doing that distinguishes you project from similar projects other counties and/or providers have already piloted? What efforts have you made to investigate existing models or approaches close to what you're proposing? For example, literature reviews, internet searchers, or direct inquiries.

Research has shown that Restoration of Competency in an Outpatient Setting is not a standard practice. This practice in a rural community, with affordable housing shortages and transportation challenges, has not been tried. Counties who are providing Outpatient Restoration, are fairly new

and innovative and do not include long term data to support outcomes.

A unique feature of this Innovation project is that it includes the provision of a wide array of additional supportive mental health services to participants, including Wellness Center activities in a social setting, peer driven groups, and participation in the Wellness Recovery Action Plan, which is a self-designed prevention and wellness process to get well, stay well and make their life the way they want it to be. Additionally, the program will focus on encouraging family and friends to participate in the Restoration of Competency process, which may lead to a quicker, more effective process. Through this early introduction to Mental Health services, it is anticipated that individuals will be more comfortable engaging in Mental Health services upon completion of any court-ordered jail time, and if not required to serve jail time, that they will continue to engage in Mental Health services, which in turn should result in a lower rate of recidivism.

It is also anticipated that an additional benefit of this program would be to develop close working relationships with the County Jail and Courts to be able to move people in and out of incarceration as needed to provide the most appropriate level of Restoration of Competency services available.

4. **Learning Goals or Objectives**

Describe your learning goals or objectives. What is it that you want to learn or better understand over the course of the Innovative Project? (There is no minimum or maximum number of learning goals required, but we suggest at least two or three. Goals might revolve around understanding processes, testing hypotheses or achieving specific outcomes.)

Primary Question: Will the Restoration of Competency in an Outpatient Setting be successful in a rural County?

Measures of "successful" include the following objectives:

Will family and friends be willing to house an individual ordered to Outpatient Restoration?
Will transportation be an issue/barrier to completing the Outpatient Restoration services?
Will participants be able to complete the Outpatient Restoration services?
Will participants in the Outpatient Restoration program experience a reduction in recidivism?

5. **Learning Plan (or Evaluation)**

For each of your learning goals or objectives, describe the approach you will take to achieving the goal or meeting the objective. We suggest including brief information across the following categories, as applicable:

1. Target participants (for example, who you plan to administer a survey to or interview);

Potential participants of this program are individuals identified by the courts as being charged with a misdemeanor as an adult, age 18 and over, and incompetent to stand trial. These potential participants will be assessed for their appropriateness for an outpatient program per guidelines that will be established (e.g., safe to maintain in the community, appropriate housing has been identified and medication compliance has been determined). Target participants will be those individuals who meet these eligibility standards.

2. Name and brief description of any specific measures, performance indicators or interview tools;

Measure/Indicators:

- How many potential participants are identified by the courts?
- How many potential participants meet program eligibility criteria?
- What percentage of potential participants locate appropriate housing, and what was their housing status prior to incarceration?
- Track days held in the jail until an individual is ordered to Restoration to Service, and then number of days from the order for Restoration to release from the jail to the Outpatient Restoration program.
    - For those individuals found not eligible for the Outpatient Restoration program, track the number of days from the order for Restoration to placement in a facility.
- During the Outpatient Restoration program:
    - What percentage of participants face transportation barriers, and what is done to overcome those barriers?
        - Track transportation assistance provided, such as transportation provided by Mental Health Division Drivers.
    - Attendance rate for Outpatient Restoration services, including Psychiatric appointments.
    - Identify the number of participants who sign Release of Information to allow family and/or friends participate in their services.
- What percentage of individuals will successfully complete their Restoration Services in an Outpatient Setting?
    - How many days from the release from the jail to the Outpatient Restoration program to the completion of the Restoration of Competency program?
    - What percentage of successful participants will experience a reduction in recidivism or experience no recidivism within specified time frames (e.g., 3 months, 6 months, 1 year, 2 years)?
    - What percentage of successful participants will continue with mental health services after they have been restored to competency?
- What percentage of clients will have to be hospitalized and/or re-incarcerated and not complete the Outpatient Restoration process?
    - If a participant is not successful in completing the Outpatient Restoration, what barriers to success were faced by the participant and how can they be overcome?
        - Were the barriers client specific or due to program design?
        - If due to program design, how can the program be changed to avoid these barriers in the future?
    - If possible to collect, what percentage of unsuccessful participants experience recidivism?
    - If possible to collect, what percentage of unsuccessful participants will see

mental health services upon release?

Tools:

- Mental Health Assessments
- Levels of Care Utilization System (LOCUS)
- Adult Needs and Strengths Assessment (ANSA)
- Consumer Perception Survey
- Mental Health Requests for Services (post-release)
- Mental Health Division Electronic Health Record (EHR)
- Restoration of Competency Curriculum

3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data)

Evaluation methods include, but may not be limited to, analysis of the resulting data from the tools identified above, including the Mental Health Division's EHR, interviews with the participants and their support networks, surveys, and analysis of encounter data. Variables in the services received will also be evaluated to determine how outcomes vary based upon participation in certain services, for example outcomes for the participants who engage at the Wellness Center versus those who do not engage at the Wellness Center.

4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis.

Evaluation: Program evaluation will be performed by the Mental Health Division's Quality Improvement Team and the Mental Health Services Act (MHSA) Team, which incorporates both clinical and non-clinical staff, with assistance as needed from the Health and Human Services Agency Epidemiologist, using the above-referenced tools and methods. Collaboration with other stakeholders (in the form of an advisory group) to determine the individual and aggregate success of the program may include, but is not limited to, the following participants: staff from the Courts, County Counsel, Public Defender, Jail and Probation, Hospitals, Mental Health Commission, local National Alliance on Mental Illness (NAMI) chapter and/or faith-based organizations who provide community services. To the extent possible, previous successful participants may also be asked to participate.

Participants: Potential participants will be identified by the courts, and the Restoration of Competency Clinician will make a recommendation for participation. The recommendation will be reviewed by the QI Manager for appropriateness.

Data Collection: Data collection will be ongoing. Some information will be collected at the beginning of a participant's program, such as their initial Assessment, LOCUS, history of judicial system involvement, and housing status prior to incarceration. Other data will be collected at regular intervals during participation, such as updated LOCUS and initial and updated ANSAs. Other data will be collected after participation in the program, such as an updated ANSA and the Consumer Perception Survey. Tracking will also occur post-

completion of the program to monitor for future requests for services, hospitalizations and incarcerations, to the extent the information is available.

6. **Contracting**

If you plan to contract out the INN project and/or project evaluation, describe the County's relationship to the contractor(s) and how the County will ensure quality as well as regulatory compliance.

There is no planned contracting for evaluation purposes.

Additional Regulatory Requirements and Project Details

7. **Certifications**

Please attach documentation of all of the following:

i. Adoption by County Board of Supervisors
ii. Certification by the County Mental Health Director which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA)
iii. Certification by the County Mental Health Director and by the County Auditor-Controller that the county has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA
iv. Documentation that the source of INN funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

8. **Community Program Planning**

Please describe the County's Community Program Planning process for the INN Project, including inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

The general public and stakeholders were invited to participate in or host MHSA planning opportunities and provide input to contribute to the development of the County's FY 2016-17 MHSA Plan Update, Innovation ideas. Emails were sent to the MHSA distribution list of approximately 680 members and includes:

- adults and seniors with severe mental illness
- families of children, adults and seniors with severe mental illness
- providers of services
- law enforcement agencies
- education
- social services agencies
- veterans and representatives from veterans organizations
- providers of alcohol and drug services
- health care organizations
- other interested individuals

Additionally, the MHSA project team received 388 completed surveys, which included a specific

section describing the requirements for Innovation projects and requesting Innovation proposals. Three substantial proposals were received and were discussed with representatives from the MHSOAC. Two of the three proposals met the State's initial approval and were presented to the community at a recent Mental Health Commission meeting. The Commission voted to move forward with development and submittal of the Innovation application. The proposed Innovation Plan was circulated to the public for a 30-day comment period, after which there was a Public Hearing before the Mental Health Commission. The final Innovation Plan will also be brought to the Board of Supervisors at a regularly scheduled public meeting for further input and anticipated adoption of the Plan by the County. The Innovation Plan will then be forwarded to the Mental Health Services Oversight and Accountability Commission for review and approval.

9. **Primary Purpose**
Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (above).

d) Increase access to mental health services

10. **MHSA Innovative Project Category**
Which MHSA Innovation definition applies to your new Innovative Project (circle one):
a) Introduces a new mental health practice or approach

b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

11. **Population (if applicable)**
a. Estimate number of clients expected to be served annually : 10-12

b. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate:

Provided individuals meet the eligibility criteria for participation in the Outpatient Restoration program as described above, the following demographics apply:

- Must be charged as an adult and age 18 or over
- All gender identities will be served
- All races and ethnicities will be served, however based upon the demographics of the residents of El Dorado County the majority of the individuals will likely be Caucasian or Latino
- Individuals of all sexual orientations will be served
- Individuals who speak any language, or need other language assistance such as braille or sign language, will be served, however based upon the demographics of the residents of El Dorado County, English and Spanish will be the primary languages

12. **MHSA General Standards**
Using specific examples, briefly describe how your Innovative Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references

for each of the General Standards.) If one or more general standard could not apply to your Innovative Project, please, for each, explain why.

a) **Community Collaboration** – The Mental Health Division, Courts, County Counsel, Public Defender and Jail Staff will work collaboratively to provide Restoration Services in the most appropriate setting. Staff from Probation or other County and City (Placerville and/or South Lake Tahoe) programs may also be involved. Additionally, the participant will be encouraged to establish or re-establish other community connections such establishing their primary care provider and engaging in community activities.

b) **Cultural Competency** – Services will be provided without judgment and bias, doing so in the client's primary language and considering the cultural needs and preferences of the client.

c) **Client-Driven** – Clients will participate in their goals of Restoration Services, following the requirements of Restoration, but also identifying personal goals for life improvement. Restoration curriculum will be provided in a manner that considers the clients' capabilities rather than a "one size fits all" approach.

d) **Family-Driven** –Clients will be encouraged to identify family and friends who are willing to participate in the Restoration Service process. They will be included in the treatment planning and service delivery as authorized by clients.

e) **Wellness, Recovery, and Resilience-Focused** –Treatment will be wellness and recovery focused and include establishing or re-establishing positive community connections to assist with sustaining wellness and recovery. A strength-based approach to treatment planning will be included. Dialectical Behavior Therapy (DBT) is the foundation of services provided through the Mental Health Division, however other approaches to services will be provided based upon individual needs, helping provide resiliency for each participant.

f) **Integrated Service Experience for Clients and Families** – The Mental Health Division has a strong network of partners to provide the most effective services to clients and their families. The Mental Health Division will promote trusted relationships and consistency in care with County and community resources.

13. **Continuity of Care for Individuals with Serious Mental Illness**

Will individuals with serious mental illness receive services from the proposed project? ☒ Yes ☐ No

If yes, describe how, if or when the Innovative Project ends, you plan to protect and provide continuity of care for these individuals.

Individuals with a serious mental illness will receive care through referrals to the Mental Health Division and/or contracted service providers. If the Outpatient Restoration program is successful, the Mental Health Division anticipates there will be fiscal savings that can be re-applied to the ongoing services of this program. Each individual who is placed into an inpatient Restoration of Competency facility results in a cost of approximately $13,000 per month. Savings from the inpatient placements can be redirected to the Outpatient Restoration of Competency if the program is determined to be successful.

14. **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**. *Note that this is not a required element of the initial Innovative Project description but is a mandatory component of the Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

Once this Innovation program is approved for implementation, the Mental Health Division will pursue how Restoration of Competency has been measured in a culturally competency manner for the inpatient setting, adapting those measurements as needed to the Outpatient program. The complete process will be included in the Final Report and discussed throughout the program by the advisory group.

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must be involved in contributing to evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weigh in at different stages of the evaluation.*

Meaningful stakeholder participation will be achieved by including a wide cross-section of representatives of organizations that would normally come into contact with Misdemeanants or individuals who have released from jail, such as Courts, County Counsel, Public Defender, Jail, Law Enforcement, Probation, Hospitals, Mental Health Commission, local National Alliance on Mental Illness (NAMI) chapter and/or faith-based organizations who provide community services. To the extent possible, previous successful participants may also be asked to participate. It is anticipated that there will be regularly scheduled meetings of the stakeholders in the form of an advisory group.

15. **Deciding Whether and How to Continue the Project Without INN Funds**

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without Innovation Funds following Project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As part of the evaluation of the Restoration of Competency in an Outpatient Setting program, the Mental Health Division and key stakeholders will consider the effectiveness of the program. "Effectiveness" will look at the measurements identified above, such as the number of clients eligible to participate, the number of participants who complete the program and who do not complete the program, identification of barriers to completion and whether they can be overcome by the program, and a cost-benefit analysis of the Outpatient vs. Inpatient Restoration of Competency program.

If the Outpatient Restoration program is successful, the Mental Health Division is committed to continuing these services as a part of the Mental Health Division's services. There is an expectation that cost savings will occur due to a reduction in inpatient Restoration of Competency levels, and the savings from those out-of-county placements can be redirected to the Restoration of Competency in an Outpatient Setting program.

16. **Communication and Dissemination Plan**.

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your Innovative Project.

a) How will you disseminate information to stakeholders within your county, and (if applicable) to other counties?

Information will be disseminated through community advisories, community groups, HHSA internal meetings and newsletters, the MHSA Email Distribution List, Mental Health Commission meetings, MHSA Plan/Plan Updates, El Dorado County Crisis Intervention Team meetings, the El Dorado County Community Corrections Partnership meetings, and other methods that may be identified during the course of the program.

b) How will program participants or other stakeholders be involved in communication efforts?

Program participants, to the extent possible, will be included in community advisories to ensure successful practices and messaging. Key stakeholders will be involved in evaluation, reporting, and sharing information processes. Program participants and key stakeholders will be surveyed as to effective communication efforts to ensure information is distributed in a manner that can reach potential participants, including providing the information to the Courts, Jail and Public Defender.

17. **Timeline**

A) Specify the total timeframe (duration) of the Innovative Project: 2 Years

B) Specify the expected start date and end date of your Innovative Project:

Note: Please allow processing time for approval following official submission of the INN Project Description.

Start Date: July 1, 2016 (or the date upon which the MHSOAC approves the Innovation Plan, whichever comes first)
End Date: Two years after the start date.

C) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

a. Development and refinement of the new or changed approach;
6 months

b. Evaluation of the INN Project;
Evaluation of the project will be ongoing with a final review at the end of the project.

c. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project.
Ongoing with a final review at the end of the project.

d. Communication of results and lessons learned.
A formal communication plan will be developed within the first six months of the program. It is anticipated that communication will be ongoing as identified in Section 16 above. Lessons learned will be communicated as they are identified during the program, within the Final Report, during the MHSA Community Planning Process, and annually in the MHSA Plan/Plan Update.

18. **Budget.**
Provide an estimated annual (fiscal year) and total budget for this Innovative Project, utilizing the following line items. Please include information for each fiscal year or partial fiscal year.

NEW INNOVATIVE PROJECT BUDGET							
EXPENDITURES							
A.	**Project expenditure of INN Funds for this INN Project, by fiscal year, for:**	**FY 2016-17**	**FY 2017-18**	**FY 2018-19**	**FY 2019-20**	**FY 2020-21**	**Total**
1.	Personnel expenditure, including salaries, wages & benefits	$99,850	$104,843	n/a	n/a	n/a	**$204,693**
2.	Operating expenditure	$3,500	$3,500	n/a	n/a	n/a	**$7,000**
3.	Non-recurring expenditures, such as the cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project	$0	$0	n/a	n/a	n/a	$0
4.	Consultant contracts (distinguish between specific training contracts, e.g. contract with a trainer, facilitator or evaluator, and, if applicable, funds expected to be awarded to an external contracting entity for full project implementation; add additional line-items as necessary)	$0	$0	n/a	n/a	n/a	$0
5.	Other expenditures projected to be incurred on items not listed above and provide a justification for each of the expenditures	$0	$0	n/a	n/a	n/a	$0
6.	**TOTAL FUNDING REQUESTED** (Total amount of MHSA INN funds you are requesting that the MHSOAC approve)	**$103,350**	**$108,343**	**n/a**	**n/a**	**n/a**	**$211,693**
	All-source expenditures for B. Administration & C. Evaluation						
B.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by fiscal year and the following funding sources:**	**FY 2016-17**	**FY 2017-18**	**n/a**	**n/a**	**n/a**	**Total**

1.	Innovative MHSA Funds	$244,624	$256,855	n/a	n/a	n/a	**$501,479**
2.	Federal Financial Participation	$0	$0	n/a	n/a	n/a	**$0**
3.	1991 Realignment	$0	$0	n/a	n/a	n/a	**$0**
4.	Behavioral Health Subaccount	$0	$0	n/a	n/a	n/a	**$0**
5.	Other funding	$	$	n/a	n/a	n/a	**$0**
6.	*** Total Proposed Administration** (includes A-87, Agency and Division Administration)	**$244,624**	**$256,855**	**n/a**	**n/a**	**n/a**	**$501,479**
C.	**Estimated total mental health expenditures <u>for evaluation</u> for the entire duration of each INN Project by fiscal year and the following funding sources:**	**FY 2016-17**	**FY 2017-18**	**n/a**	**n/a**	**n/a**	**Total**
1.	Innovative MHSA Funds	$6,750	$7,088	n/a	n/a	n/a	**$13,838**
2.	Federal Financial Participation	$0	$0	n/a	n/a	n/a	**$0**
3.	1991 Realignment	$0	$0	n/a	n/a	n/a	**$0**
4.	Behavioral Health Subaccount	$0	$0	n/a	n/a	n/a	**$0**
5.	Other funding	$0	$0	n/a	n/a	n/a	**$0**
6.	**Total Proposed Evaluation**	**$0**	**$**	**n/a**	**n/a**	**n/a**	**$**
	TOTAL MENTAL HEALTH EXPENDITURES for the INN Project	**$354,724**	**$372,286**	**n/a**	**n/a**	**n/a**	**$727,010**

C. Budget Narrative.

Include a brief, itemized budget narrative to explain how the budget is appropriate for the described INN project. If known, please list the key personnel, contractors, roles and/or responsibilities that will be involved in this project. For example, "Project coordinator, full-time; Statistical consultant, part-time…"

This proposal is appropriate for the Innovation component because it increases access to mental health services in a less restrictive environment. This project received support from many departments and agencies, as well as the justice system staff in El Dorado County. The proposal includes funding for two years to provide the following:

0.50 Clinician – responsible for providing mental health services and linkage to needed services and care.
0.50 Mental Health Worker – responsible for providing the basic restoration of competency requirements and case management as needed.

* Indirect costs for Mental Health programs include County (A-87 costs), Agency, and Divisional overhead and support service costs. The indirect costs are allocated across the El Dorado County Health and Human Services Agency, including the Mental Health programs, based on the salaries of each program. The calculation and allocation of these costs follow the methodology used by the County and the County's A-87 Indirect Cost Rate is approved by the State Controller's Office.

Project #2: Community-Based Engagement and Support Services

County: El Dorado **Date:** May 31, 2016

Project Name: Community-Based Engagement and Support Services

Project Overview
19. **The Service Need** Describe what led to the development of the idea for your INN project and the reasons that your project is a priority for your county. What primarily problem or challenge are you trying to address? The goal of this project is to increase physical and mental health care access for families, pregnant women, and children ages birth through 18 years resulting in reduced high risk pregnancy, family violence, substance abuse, and mental health issues including perinatal mood and anxiety disorders. According to the Maternal, Child and Adolescent (MCAH) Health Needs Assessment and Action Plan, El Dorado County is experiencing: • High rate of mood disorder hospitalizations in 15 to 24 year-olds due to lack of early identification of mental health issues, provider screening, and resource identification. • High rate of mood disorder hospitalizations in pregnant women due to lack of early identification of mental health issues, provider screening, and resource identification. • High rate of substance use hospitalizations in 15 to 24 year-olds due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, limited knowledge on the effects of substance use, and where or how to obtain assistance for their behavioral health issues. • High rate of substance abuse hospitalizations in pregnant women due to mental health issues, social isolation, inadequate problem solving skills, poor self-esteem, and limited knowledge on the effects of substance use during pregnancy. • Low rate of early prenatal care entry in females delivering a live birth due to substance abuse and mental health issues. • High rate of domestic violence calls in the county due to lack of education, early identification of problem behaviors, and resource identification. Due to the above identified health disparities in El Dorado County, community partners agreed that primary prevention and early intervention strategies are needed to get ahead of the behavioral health issues in order to build a healthier County. The Adverse Childhood Experience (ACE) Study provides the scientific research to understand why this is important and the Strengthening Families™ and Youth Thrive™ frameworks from the Center for the Study of Social Policy provides the roadmap on how to do this. The ACE Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. It showed how childhood trauma is linked to the adult onset of mental illness, substance use, chronic disease, violence and being a victim of violence. In the 1998 ACE Study, conducted by the CDC and Kaiser Permanente, of 17,377 middle class San Diego Kaiser patients, researchers found that 64 percent of participants had an ACE score of 1 or more; 12 percent had an ACE score of 4 or more (i.e., four out of the 10 different types

of adversity).

The researchers also found that the higher a person's ACE score, the greater the risk of mental illness and chronic disease. For example, compared with someone who has an ACE score of zero, a person with an ACE score of 4 is 12 times more likely to attempt suicide, seven times more likely to become an alcoholic, and twice as likely to have heart disease. People with a score of 6 or higher have shorter lifespans – 20 years shorter.

The ACE Study is part of a new understanding that is sometimes called a "unified science" of human development. This ACE's science includes:

- the epidemiology of childhood adversity (the ACE Study and subsequent ACE surveys, including 32 U.S. states which all showed the same results),
- how toxic stress from childhood trauma can damage a child's developing brain (neurobiology),
- how toxic stress embeds in a person's biology to emerge decades later as disease (biomedical consequences of toxic stress),
- how the effects of toxic stress can be passed from parent to child (epigenetics),
- and how resilience research is showing how the brain is plastic and the body wants to heal.

Researchers have further found that how parents and children respond to stressors is more important than the stressors themselves in determining outcomes. If parents and children are resilient, they are more likely to achieve healthy and favorable outcomes. "Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma." *Center for the Study of Social Policy*

Our project will help to build resilience in families and communities by utilizing a trauma-informed approach to: socially connect parents in each community with a special focus on those who live in isolated communities, provide information and support as to how to achieve optimal health and build healthy relationships, conduct parenting classes which include information on child development, provide education on and linkage to community resources, empower parents to raise happy and healthy children, and provide information on how to manage stress appropriately.

20. **The Proposed Project**

Describe the project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. Include sufficient details so that a reader without prior knowledge of the process can understand what you're proposing to do, how you will implement the project, what participants will experiences, and any other key activities associated with development and implementation. Community Hubs will leverage the best practices in early childhood, health and community building to inform systems change and increase access to health care, social services and mental health services for pregnant women and families, including children birth through 18 years of age. This systems change will offer a local point of access for services and outreach to isolated families in surrounding communities. Hubs will be established at libraries located in the five supervisorial districts within El Dorado County. The Hubs will offer health prevention activities including support groups, educational classes and engagement opportunities for the purposes of building resiliency within the community. Community Health Advocates (CHAs) will be assigned to each Hub, charged with engaging isolated pregnant women, families and children birth through eighteen, assisting them in health navigation that may include insurance, medical homes and accessing services. Using a trauma-informed approach, Public Health Nurses (PHNs) will provide case management, health

screening, and assist clients in accessing services to meet individualized needs, including referrals to contracted mental health partners.

The Center on the Developing Child at Harvard University finds that the foundation for sound mental health is built in early childhood. In the Early Childhood Mental Health Brief, researchers recommend three local policy improvements to improve mental health outcomes for children and families:

1. *"Better coordination of resources invested in mental health services for young children and their parents would provide a more stable and efficient vehicle for assuring access to effective prevention and treatment programs."*

   Community Hubs bring collaborative partners together in leveraging resources supporting the healthy development of children and families in our county. This systematic approach integrates core mental health prevention strategies identified in the Harvard research:
   - Engage parents in health and mental health screening tools to identify significant mental health problems early.
   - Offer support groups and educational classes promoting healthy relationships between children, parents and caregivers.
   - Utilize a trauma informed care approach engaging parents who have suffered adverse childhood experiences and reduce the likelihood of those experiences for their children.
   - Build resilience in families to understand their mental health needs and build the skills to regulate, adapt and self-identify supports.
   - Support children's mental health in the context of their family, home and community.

2. *"The emotional and behavioral needs of vulnerable infants, toddlers, and preschoolers are best met through coordinated services that focus on their full environment of relationships, including parents, extended family members, home visitors, providers of early care and education, and/or mental health professionals. Mental health services for adults who are parents of young children would have broader impact if they routinely included attention to* the needs of the children as well."

   Parents are their child's first teacher. All Hub services will be offered to families in a two generational approach supporting parents and caregivers in understanding, identifying and meeting their child's needs. In partnerships with the First 5 Commission, Hub families will be encouraged to regularly monitor their child's development using the Ages and Stages Questionnaires (ASQ) and the ASQ: Social Emotional (ASQ:SE).

   Screening results will be used to support parents in meeting their children's needs whether they are typically developing, have questions or whose scores indicate follow up is needed.

   Parents whose children are typically developing or who have questions about their development can participate in support groups and educational classes. Children who score outside the norm will be referred to a Public Health Nurse to further assess and coordinate services as needed.

3. *"Physicians and providers of early care and education would be better equipped to understand and manage the emotional and behavioral problems of young children if they had more appropriate professional training and easier access to child mental health professionals when they are needed."*

   The role of the Public Health Nurse in the Hub model will include developing relationships with

health and child care professionals in understanding the social and emotional development of young children.

Approximately 15% to 18% of children in the United States have developmental or behavioral disabilities (Glascoe, F. August 2000). Overall, one in four children has serious psychosocial problems." To ensure mental health issues are detected and addressed early, the American Academy of Pediatrics (AAP) recommends pediatricians use validated, screening tools at each well child visit.

Research shows that good developmental/behavioral tools can detect 70% to 80% psychosocial problems (Glascoe, F., 2000). Furthermore, using valid and reliable, parent based tools address barriers to screening children who are fearful, sleepy, sick and don't want to participate. The ASQ and ASQ:SE have proven to be valid and reliable parent based developmental screens and is included in AAP recommendations.

Use of the ASQ and ASQ:SE will be promoted in local health practices and child care programs to assist in understanding the social and emotional development of young children, identify children who are not developing typically and connect their families to resources early. Public Health Nurses will facilitate community trainings and assist in care coordination for families in accessing services.

21. **Innovative Component**

Describe what about the project (potentially including project development, implementation or evaluation) is new, changed or adapted. What are you doing that distinguishes you project from similar projects other counties and/or providers have already piloted? What efforts have you made to investigate existing models or approaches close to what you're proposing? For example, literature reviews, internet searchers, or direct inquiries.

Integration of successful service delivery models in the early childhood, health and community building systems to provide a local continuum of care for pregnant women, families and children birth through eighteen, increasing access to mental health services. Key elements of the proposal include:

- **Community-Based Access:** Establishing Community Hubs located at Libraries in each of the five supervisorial districts in El Dorado County based upon the Oregon Early Learning Hub Model. Offering community-based services increases access by addressing transportation barriers. Providing services through a library can reduce the stigma associated with seeking mental health services.

- **Outreach to Isolated Communities:** Engage pregnant women, families and children birth through eighteen in isolated regions of the county using Community Health Workers Model. Often referred to as Health Navigators, CHAs assist community members to increase access to care by securing health insurance and medical home. As a trusted community partner, CHAs *"can offer linguistic and cultural translation while helping beneficiaries get coverage, develop continuous relationships with a usual source of care, understand current risk behaviors, motivate them to engage in risk management, and receive support and encouragement for maintaining these efforts."*

- **Continuum of Care:** Develop trusted relationships to assist community members in assessment, developing an individualized plan, and case management through Public Health Nurses. With offices in the Community Hubs, PHN's will focus *"on populations at risk needing interventions to address the prevention or amelioration of high risk conditions, whether it is chronic illness or mental health needs."*

- **Community Assessments:** Ongoing, local assessments promote continuous quality improvement in service delivery by engaging community members in determining successful implementation.

Collaborative partners in this systems change include El Dorado County Health and Human Services (HHSA), First 5 El Dorado Commission, the El Dorado County Library, the El Dorado County Office of Education, and the El Dorado Community Foundation.

22. **Learning Goals or Objectives**

Describe your learning goals or objectives. What is it that you want to learn or better understand over the course of the Innovative Project? (There is no minimum or maximum number of learning goals required, but we suggest at least two or three. Goals might revolve around understanding processes, testing hypotheses or achieving specific outcomes.)

Will a library based access point for services, facilitated by a Public Health Nurse using trauma-informed approach, be successful in the rural areas of the County?

Does providing services at the Library reduce stigma?
Does increasing access to prevention and early Intervention reduce long term mental health costs?
Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
Does case management by a Public Health Nurse increase client screening and treatment for mental health services?
Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?
Can Community Hubs be sustained through local planning and leveraging of resources?

23. **Learning Plan (or Evaluation)**

For each of your learning goals or objectives, describe the approach you will take to achieving the goal or meeting the objective. We suggest including brief information across the following categories, as applicable:

1. Target participants (for example, who you plan to administer a survey to or interview);
   Target populations within each supervisorial district will be identified using data collected and reported by El Dorado County Health and Human Services Agency's Maternal, Child and Adolescent Health Program.

2. Name and brief description of any specific measures, performance indicators or interview tools;
   Consistent with the Maternal, Child and Adolescent Health Plan, the following indicators will be measured:

- Increased rate of early prenatal care entry in females by June 30, 2020, as measured by Vital Statistics data.
- Decreased rate of domestic violence calls by June 30, 2020, as measured by domestic violence-related calls for assistance data.
- Decreased rate of substance abuse hospitalizations in pregnant women by June 30, 2020, as measured by hospital discharge data.
- Decreased rate of mood disorder hospitalizations in pregnant women by June 30, 2020, as measured by hospital discharge data.

Program strategies will be evaluated using the Family Strengthening Protective Factors Parent Survey. This survey assesses an adult's resilience by measuring isolation, education, developmental understanding, and support.

3. Evaluation methods (e.g. interviews, focus groups, ethnographic observation, surveys, analysis of encounter data)
Client level data will be collected via Community Health Advocates and Public Health Nurses. The number of clients served will be recorded, type and amount of screenings performed, specialty health referrals made and to whom as well as the number of clients who accessed these services.

First 5 family surveys will be used in program implementation to assess the impact of strategies. The survey includes the Family Strengthening Protective Factors Parent Survey. This survey assesses an adult's resilience by measuring isolation, education, developmental understanding, and support. Process measures will report the impact of services on wellness for children birth through five and their parents/guardians, including family resilience, access and barriers to services.

Community level reporting will be facilitated in partnership with El Dorado Community Foundation to better understand local needs and inform strategy implementation. Hub communities will be convened on a regular basis to better understand service impact, access and barriers to services. This qualitative data will be combined with county quantitative data to provide a better understanding of community need. These data profiles will guide program implementation.

4. *Preliminary* plan for evaluation administration, participant recruitment, data collection and cleaning, and analysis.

Data will be collected at the client level by service provided and aggregated per Hub for the overall project to determine the short-term, effectiveness of service.

Data from family surveys will be reported on an annual basis and shared with community advisories to identify successful strategies and barriers. A Community Profile will be used to guide annual program implementation.

The Evaluation will report data on three levels: client, program and community. The County's MCAH Director will provide project evaluation at the client service level in-kind and work with Mental Health and First 5 to submit progress reports. El Dorado First 5 will provide project evaluation assistance in-kind from family survey data. All evaluation data will be analyzed and

reported in an Annual Community Profile facilitated by the El Dorado Community Foundation and highlighted on WellDorado.org

24. **Contracting**

If you plan to contract out the INN project and/or project evaluation, describe the County's relationship to the contractor(s) and how the County will ensure quality as well as regulatory compliance.

There is no planned contracting for evaluation purposes. The proposal includes in-kind partnerships only.

Additional Regulatory Requirements and Project Details

25. **Certifications**

Please attach documentation of all of the following:

v. Adoption by County Board of Supervisors
vi. Certification by the County Mental Health Director which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA)
vii. Certification by the County Mental Health Director and by the County Auditor-Controller that the county has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA
viii. Documentation that the source of INN funds is 5 percent of the County's PEI allocation and 5 percent of the CSS allocation.

26. **Community Program Planning**

Please describe the County's Community Program Planning process for the INN Project, including inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

The general public and stakeholders were invited to participate in or host MHSA planning opportunities and provide input to contribute to the development of the County's FY 2016-17 MHSA Plan Update, Innovation ideas. Emails were sent to the MHSA distribution list of approximately 680 members and includes:

- adults and seniors with severe mental illness
- families of children, adults and seniors with severe mental illness
- providers of services
- law enforcement agencies
- education
- social services agencies
- veterans and representatives from veterans organizations
- providers of alcohol and drug services
- health care organizations
- other interested individuals

Additionally, the MHSA project team received 388 completed surveys (360 English and 28 Spanish), which included a specific section describing the requirements for Innovation projects and requesting

Innovation proposals. Three substantial proposals were received and were discussed with representatives from the MHSOAC. Two of the three proposals met the State's initial approval and were presented to the community at a recent Mental Health Commission meeting. The Commission voted to move forward with development and submittal of the Innovation application. The proposed Innovation Plan was circulated to the public for a 30-day comment period, after which there was a Public Hearing before the Mental Health Commission. The final Innovation Plan will also be brought to the Board of Supervisors at a regularly scheduled public meeting for further input and anticipated adoption of the Plan by the County. The Innovation Plan will then be forwarded to the Mental Health Services Oversight and Accountability Commission for review and approval.

27. **Primary Purpose**

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (above).

a) Promote interagency collaboration related to mental health services, supports, or outcomes.

28. **MHSA Innovative Project Category**

Which MHSA Innovation definition applies to your new Innovative Project (circle one):

a) Introduces a new mental health practice or approach

b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community

c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

29. **Population (if applicable)**

c. Estimate number of clients expected to be served annually : When fully staffed – at least 100 clients per Hub

d. Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate:

- Families, pregnant women, and children birth through 18 (49.3% of the population of El Dorado County is under age 45)
- Mostly Caucasian and Latino individuals as per El Dorado's demographic profile (78% of the population of El Dorado County is Caucasian; 13% of the population of El Dorado County is Latino).
- English will be the primary language but services will be provided in Spanish as needed
- All sexual orientation will be served

Services will be provided in a culturally competent manner based upon the needs and preferences identified by those being served. Bilingual/bicultural staff will be recruited for this program.

30. **MHSA General Standards**

Using specific examples, briefly describe how your Innovative Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your Innovative Project, please, for each, explain why.

g) Community Collaboration – First 5 El Dorado Commission and the MCAH Director will meet on a regular basis to assess and address implementation. Commission membership is mandated and includes: Board of Supervisors, Health and Human Services Agency, Education, Medical and Community Representatives.

h) Cultural Competency – Services will be delivered within the Strengthening Families Protective Factors Framework, providing guidance to ensure cultural competency.

i) Client-Driven – First 5 El Dorado Commission will utilize a client satisfaction survey to assess service impact and identify barriers. PHNs will work with clients to develop service intervention and goals using a trauma-informed approach.

j) Family-Driven - Community Advisories will be convened by the El Dorado Community Foundation on an annual basis to share data, assess impact, and identify success and barriers to successful program implementation. PHNs will include entire families when helping each client to provide whole-family, person intervention.

k) Wellness, Recovery, and Resilience-Focused – Collaborative Partners will participate in the Adverse Childhood Experiences (ACEs) Community Collaborative for ongoing professional development in promoting client and community resiliency. Staff at Hubs will utilize trauma-informed approach for community intervention and service.

l) Integrated Service Experience for Clients and Families – Public Health Nurses in each Community Hub will promote trusted relationships and consistency in care. In addition, Public Health Nurses are aware of county and community resources and have strong linkages with community health providers.

31. **Continuity of Care for Individuals with Serious Mental Illness**
Will individuals with serious mental illness receive services from the proposed project? ☒ Yes ☐ No

If yes, describe how, if or when the Innovative Project ends, you plan to protect and provide continuity of care for these individuals.
Individuals with a serious mental illness will receive care through referrals to the Mental Health Division and contracted service providers. Direct services will not be provided through this project other than screening by Public Health Nurses, primary intervention (Mental Health screening, reflective listening, preliminary safety plan, etc.) and short-term case-management. Referrals to the Mental Health Division and contracted services providers will continue beyond the project term. One of the greatest challenges for the Mental Health Division is reaching families for early interventions. The Community Hub model will allow families to approach a Public Health Nurse, and as part of their interaction receive mental health evaluations and linkage to necessary services to address those needs.

32. **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement**.
c) Explain how you plan to ensure that the Project evaluation is **culturally competent**. *Note that this is not a required element of the initial Innovative Project description but is a mandatory component of the Final Report. We therefore advise considering a strategy for cultural*

competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

Implementation strategies will be guided by the Family Strengthening Protective Factors Framework. The self- assessment tool guides continuous quality improvement in cultural sensitivity.

The MHSA project team and the Quality Improvement / Utilization Review staff will work collaboratively with the First 5 Commission to ensure that project evaluation is culturally competent.

d) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must be involved in contributing to evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weigh in at different stages of the evaluation.*

Annual Community Profiles will include an analysis of quantitative and qualitative data including analysis. Quantitative data will be provided in collaboration with WellDorado.org, integrating local community assessments. Qualitative data will be gathered through the ACEs Community Collaborative and client focus groups. Quarterly input allows for continuous program improvement, informing and guiding implementation. Analysis will include strengths, opportunities and focus areas. The implementation timeline will be on the calendar year with profiles released each January. The MHSA project team will invite participation from stakeholders to be part of the ACEs Community Collaborative and client focus groups. Additionally, the MHSA project team will convene an advisory group or a subgroup within an existing group to encourage stakeholder input.

33. **Deciding Whether and How to Continue the Project Without INN Funds**

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without Innovation Funds following Project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

As part of sustainability planning, collaborative partners will align long-term strategic plans to maximize resources and collaboratively support families, pregnant women and children birth through eighteen. As part of this transition process, successful strategies will be identified and prioritized in future strategic plans.

34. **Communication and Dissemination Plan**.

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your Innovative Project.

c) How will you disseminate information to stakeholders within your county, and (if applicable) to other counties? Information will be disseminated through community advisories, community groups, HHSA manager meetings and newsletters, MCAH Director calls and /or

meetings, CA First 5 calls and / or meetings.

d) How will program participants or other stakeholders be involved in communication efforts? Program recipients will be surveyed and included in community advisories to ensure successful practices and messaging,. Stakeholders will be involved in evaluation, reporting, and sharing information processes.

35. **Timeline**

B) Specify the total timeframe (duration) of the Innovative Project: **4 Years**

B) Specify the expected start date and end date of your Innovative Project: **July 1, 2016 Start Date through June 30, 2020 End Date**

Note: Please allow processing time for approval following official submission of the INN Project Description.

C) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

e. Development and refinement of the new or changed approach;
The changed approach will be implemented over four years.

f. Evaluation of the INN Project;
Evaluation will be ongoing throughout the project and also conducted at the end of the four year period to measure the project's impact on county-level health indicators.

g. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project.
Decision-making will be on-going and guided by the MCAH Advisory Committee with regular engagement through the ACEs Community Collaborative, Public Health Nursing Leadership Team, and State MCAH Program. Stakeholder involvement will also be sought for this Innovation project as part of the MHSA annual community planning process meetings, 30-day public comment, Mental Health Commission public meetings, and included with the annual MHSA Plan updates.

h. Communication of results and lessons learned.
Communication will be ongoing regarding results and lessons learned. This communication will occur with project stakeholders: El Dorado County Health and Human Services, First 5 El Dorado Commission, the El Dorado County Library, El Dorado County Office of Education, State MCAH Program and the El Dorado Community Foundation. Additionally, the results and lessons learned will be published in the annual MHSA Plan updates and will be a discussion topic in the MHSA annual community planning process, Mental Health Commission, and other collaborative meetings.

36. **Budget.**

Provide an estimated annual (fiscal year) and total budget for this Innovative Project, utilizing the following line items. Please include information for each fiscal year or partial fiscal year.

NEW INNOVATIVE PROJECT BUDGET							
EXPENDITURES							
A.	**Project expenditure of INN Funds for this INN Project, by fiscal year, for:**	**FY 2016-17**	**FY 2017-18**	**FY 2018-19**	**FY 2019-20**		**Total**
1.	Personnel expenditure, including salaries, wages & benefits (half of the salary costs for PHN's and a small portion of Supervising PHN)	**$279,176**	**$293,135**	**$307,792**	**$323,182**	**n/a**	**$1,203,285**
2.	Operating expenditure	**$54,700**	**$57,435**	**$60,305**	**$63,325**	**n/a**	**$235,765**
3.	Non-recurring expenditures, such as the cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
4.	Consultant contracts (distinguish between specific training contracts, e.g. contract with a trainer, facilitator or evaluator, and, if applicable, funds expected to be awarded to an external contracting entity for full project implementation; add additional line-items as necessary)	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
5.	Other expenditures projected to be incurred on items not listed above and provide a justification for each of the expenditures	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
6.	**TOTAL FUNDING REQUESTED** (Total amount of MHSA INN funds you are requesting that the MHSOAC approve)	**$333,876**	**$350,570**	**$368,097**	**$386,507**	**n/a**	**$1,439,050**
	Funding from Public Health MCAH (half of the salary costs for CHAs, PHNs and Supervising PHN	**$529,176**	**$555,635**	**$583,417**	**$612,588**	**n/a**	**$2,280,816**
	Funding from First 5 Commission (half	**$187,500**	**$250,000**	**$250,000**	**$250,000**	**n/a**	**$937,500**

	of salary costs for CHAs and Supervising PHN)						
	In-Kind Contribution from First 5 Commission (0.10 FTE Executive Director for Project Coordination)	**$16,398**	**$17,265**	**$17,743**	**$18,319**	**n/a**	**$69,725**
	In-Kind contribution from Public Health (Program Manager – includes A-87 and administration)	**$46,289**	**$48,603**	**$51,034**	**$53,585**	**n/a**	**$199,511**
	All-source expenditures for B. Administration & C. Evaluation						
B.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by fiscal year and the following funding sources:**	**FY 2016-17**	**FY 2017-18**	**FY 2018-19**	**FY 2109-20**		**Total**
1.	Innovative MHSA Funds	$306,481	$321,805	$337,895	$354,790	n/a	$1,320,971
2.	Federal Financial Participation	$0	$0	$0	$0	n/a	$0
3.	1991 Realignment	$0	$0	$0	$0	n/a	$0
4.	Behavioral Health Subaccount	$0	$0	$0	$0	n/a	$0
5.	Other funding – Public Health MCAH	$131,241	$137,803	$144,693	$151,928	n/a	$565,665
6.	*** Total Proposed Administration** (includes A-87, Agency and Division Administration)	**$437,722**	**$459,608**	**$482,588**	**$506,718**	**n/a**	**$1,886,636**
C.	**Estimated total mental health expenditures <u>for evaluation</u> for the entire duration of each INN Project by fiscal year and the following funding sources:**	**FY 2016-17**	**FY 2017-18**	**FY 2018-19**	**FY 2019-20**		**Total**
1.	Innovative MHSA Funds	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
2.	Federal Financial Participation	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
3.	1991 Realignment	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
4.	Behavioral Health Subaccount	**$0**	**$0**	**$0**	**$0**	**n/a**	**$0**
5.	Other funding – In-Kind contribution from First 5 Commission (Program Coordinator for Project Evaluation)	**$10,279**	**$10,820**	**$11,125**	**$11,491**	**n/a**	**$43,715**

6.	**Total Proposed Evaluation**	**$10,279**	**$10,820**	**$11,125**	**$11,491**	**n/a**	**$43,715**
	TOTAL MENTAL HEALTH EXPENDITURES for the INN Project	**$1,561,240**	**$1,692,501**	**$1,764,004**	**$1,839,208**	**n/a**	**$6,856,953**
	Breakdown of Funding Sources						
	Total MHSA Innovation Funds	***$640,357***	***$672,375***	***$705,992***	***$741,297***	***n/a***	***$2,760,021***
	Total Public Health MCAH Funds	***$660,417***	***$693,438***	***$728,110***	***$764,516***	***n/a***	***$2,846,481***
	Total First 5 Commission Funds	***$187,500***	***$250,000***	***$250,000***	***$250,000***	***n/a***	***$937,500***
	Total In-Kind Public Health	***$46,289***	***$48,603***	***$51,034***	***$53,585***	***n/a***	***$199,511***
	Total In-Kind First 5 Commission	***$26,677***	***$28,085***	***$28,868***	***$29,810***	***n/a***	***$113,440***
	Total Expenditures	***$1,561,240***	***$1,692,501***	***$1,764,004***	***$1,839,208***	***n/a***	***$6,856,953***

C. Budget Narrative.

Include a brief, itemized budget narrative to explain how the budget is appropriate for the described INN project. If known, please list the key personnel, contractors, roles and/or responsibilities that will be involved in this project. For example, "Project coordinator, full-time; Statistical consultant, part-time…"

This proposal is appropriate for the Innovation component because it promotes interagency collaboration related to mental health services in a promising and community-driven. This project received support from many agencies in El Dorado County. The proposal includes not only Innovation funds, but other funds from HHSA Public Health MCAH funds and First 5 Commission funds, along with in-kind support from HHSA Public Health and the First 5 Commission. The proposal includes funding for four years to provide the following:

5.0 FTE Public Health Nurses – responsible for case finding, case management and case coordination, including connection to care; mental health, developmental, substance use and domestic violence screenings; provider outreach and education; overall development of community outreach plan; collaboration with community organizations; and development of health educational materials and implementation of health education curriculum for families and community agencies.
5.0 FTE Community Health Advocates – responsible for outreach and linkage
1.0 FTE Supervising PHN – responsible for oversight and supervision of the PHNs and CHAs
0.20 FTE Program Manager (in-kind) – responsible for overall program implementation, including contract monitoring
0.10 FTE Program Coordinator (in-kind) – program support including First 5 El Dorado Commission data collection and reporting on objectives, indicators and process measures that guide program implementation
0.10 FTE Executive Director (in-kind) – Collaborative Lead responsible for engaging community partners in resources

coordination and leveraging funding toward long term sustainability

Additionally, project evaluation oversight will be provided by both the MHSA project team and the Quality Improvement / Utilization Review staff.

* Indirect costs for Mental Health programs include County (A-87 costs), Agency, and Divisional overhead and support service costs. The indirect costs are allocated across the El Dorado County Health and Human Services Agency, including the Mental Health programs, based on the salaries of each program. The calculation and allocation of these costs follow the methodology used by the County and the County's A-87 Indirect Cost Rate is approved by the State Controller's Office.