

County of El Dorado Mental Health Services Act (MHSA)

FY 2015-16 MHSA Programs and Projects

MHSA Program Formats

The MHSA established five components that address specific goals for priority populations and key community mental health needs. Within each component, programs have been developed based upon community input as to local needs and priorities and available MHSA funding.

The remainder of this document discusses the individual components and the projects under each component.

Component Name

- Component Definition
- Component Budget
- Projects to be Included in this Plan
- Projects Discontinued from Previous Plan, if any
- Projects Moved to Other Components, if any

Sub-Component Name (if any)

- Sub-Component Definition
- Sub-Component Budget
- Sub-Component Projects to be Included in this Plan
- Sub-Component Projects Discontinued from Previous Plan

As used within this document, and generally within MHSA:

- **“Component”** refers to the MHSA funding streams of:
 - Prevention and Early Intervention (PEI)
 - Community Services and Supports (CSS)
 - Innovation (INN)
 - Workforce Education and Training (WET)
 - Capital Facilities and Technology Needs (CFTN)
- **“Program”** refers to a grouping of projects under a component designed to achieve a common goal, serve a common demographic, or address a common community need. In the past, “Programs” were referred to as “Workplans”.
- **“Project”** refers to a set of targeted activities focusing a specific aspect of a program. One or more projects will be found within each program.
- **“Activities”** are what will occur within each project.

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.⁶³

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.

⁶³ 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.

Future PEI Regulations

The MHSOAC is in the process of developing new regulations for PEI.⁶⁴ The above requirements for PEI will change significantly in the future to align with the new regulations once adopted, but the impacts to current PEI projects once the new regulations are adopted is not yet determined. According to the MHSOAC, the essential principles of the new regulations will be that they are:

- consistent with Administrative Procedures Act;
- based on the MHSA;
- outcomes-focused; and
- flexible: supports county/community priorities and wisdom.⁶⁵


More information about this process and other MHSOAC activities may be found on their website (<http://mhsoac.ca.gov/>).

⁶⁴ The proposed PEI regulations, as of May 14, 2014, can be found at http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2014/May/OAC_052214_7A_ProposedPEIRegs.pdf.


⁶⁵ MHSOAC. *PEI/INN Regulations*. September 26, 2013. http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2013/OAC_092613_Tab4_PElanandINNRegsPPT.pdf

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 (formerly Incredible Years)
- Project 1d: Primary Intervention Project (PIP)
- Project 1e: SAMHSA Model Programs
- 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 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

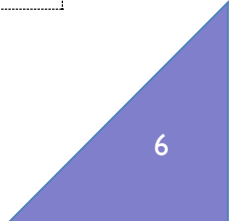
- Project 5a: Community-Based Mental Health Services
- Project 5b: Community Health Outreach Worker

Prevention and Early Intervention

Project Name: Children 0-5 and Their Families

Ia

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> 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	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>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</p>	



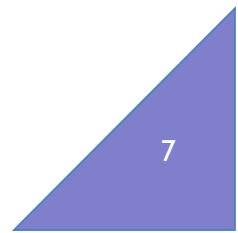
Prevention and Early Intervention

Project Name: Children 0-5 and Their Families

Ia

	<p>and kindergarten programs.</p> <p>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.</p> <p>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 reduction activities.</p> <p>Activities: 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:</p> <ul style="list-style-type: none"> • 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 children in interactions that lead to competence, self-regulation, self-esteem, and trust • Trauma-Focused Cognitive Behavioral Therapy (CBT) • Eye Movement Desensitization Reprocessing (EMDR)
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support⁶⁶</p>
<p>Procurement Method</p>	<p>Sole source to the Infant-Parent Center.</p>

⁶⁶ 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).

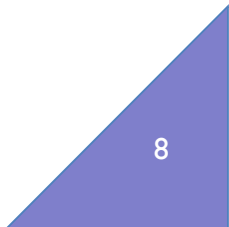


Prevention and Early Intervention

Project Name: Children 0-5 and Their Families

Ia

<p>Short-Term Goals</p>	<ul style="list-style-type: none"> • 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
<p>Long-Term Goals</p>	<ul style="list-style-type: none"> • 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
<p>Outcome Measures</p>	<p>Measurement 1: Success will be measured on pre/post testing based on assessment tools, Parent Stress Index, Beck’s Depression Beck’s Depression and Anxiety Scale, Post-Partum Depression Scale, Ages and Stages, and Marshak Interaction Method</p> <p>Measurement 2: Client satisfaction questionnaires, other provider questionnaires</p> <p>Measurement 3: Statistics provided by Child Welfare Services related to incidence of child abuse/neglect/placement in target population</p> <p>Measurement 4: Informal feedback from area educators in improvement of school readiness and achievement</p> <p>Measurement 5: Tracking of self-referred clients</p> <p>Measurement 6: Decreased incidents of shaken baby syndrome</p> <p>Measurement 7: Reduction of hospital emergency department visits</p> <p>Measurement 8: Decreased incidents of domestic violence</p>

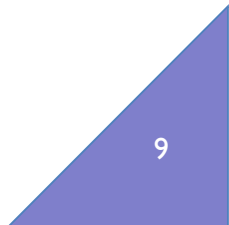


Prevention and Early Intervention

Project Name: Children 0-5 and Their Families

Ia

Number of Services / Quantity of Service	1,400 client contact hours annually.
Budget	<p>Budgeted on a reimbursement basis. As a new project in FY 2013-14, any budgeted funds that were not utilized in FY 2013-14 are eligible to be utilized in FY 2014-15 and are in addition to the annual funds budgeted for FY 2014-15.</p> <p>Costs include staff, administration, overhead, training and continued education, fees and licensing, and supervision.</p>
FY 2013-14	<p>\$125,000</p> <p>Any budgeted funds that were not utilized in FY 2013-14 are eligible to roll into FY 2014-15</p>
FY 2014-15	\$125,000, plus any roll over funding
FY 2015-16	\$125,000
FY 2016-17	\$125,000
FY 2017-18	\$125,000



Prevention and Early Intervention

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

Ib

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> 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)	West Slope - Ken Lowry Center and Head Start School Sites; other sites as may be determined by service provider. Tahoe Basin - To be identified	
Project Duration	Ongoing	
Activities Performed	<p>Outreach: Collaborate with EDCOE Child Development Department</p> <p>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.</p> <p>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.</p> <p>Activities:</p> <ul style="list-style-type: none"> • To help reduce parental stress and increase parent child interaction, as well as parent teacher interaction. • On the West Slope, 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; child case plan development requirements will also 	

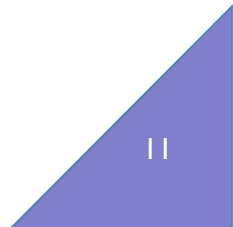
Prevention and Early Intervention

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

Ib

	<p>be implemented in the Tahoe Basin.</p> <ul style="list-style-type: none"> • On the West Slope, each individual match (adult / older adult and child) case managed by a Big Brothers Big Sisters professional staff; similar matching processes will be implemented in the Tahoe Basin. • 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. • Tahoe Basin model to be identified based on responses to competitive procurement process, but program will be similar in nature to the West Slope model.
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁶⁷ West Slope: Big Brothers Big Sisters, and its volunteers Tahoe Basin: Big Brothers Big Sisters, and its volunteers
Procurement Method	West Slope: Sole source to Big Brothers Big Sisters Tahoe Basin: Competitive procurement process, awarded to Big Brothers Big Sisters, and the contract is in the signature process.
Short-Term Goals	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

⁶⁷ 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).



Prevention and Early Intervention

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

Ib

Outcome Measures	Measurement 1: Pre/post surveys Measurement 2: Evaluations Measurement 3: Behavioral evaluation Measurement 4: Documented skill building Measurement 5: Rating sheet Measurement 6: West Slope: Big Brothers Big Sisters Youth Outcomes Survey and Strength of Relationship survey; similar outcome measurement for the Tahoe Basin Measurement 7: Recommended adult surveys and evaluations tools Measurement 8: Testimonials
Number of Services / Quantity of Service	Once program is established, 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 (\$50,000 for West Slope and \$25,000 for South Lake Tahoe) West Slope: As a new project in FY 2013-14, any budgeted funds that were not utilized in FY 2013-14 are eligible to be utilized in FY 2014-15
FY 2014-15	\$75,000 (\$50,000 for West Slope and \$25,000 for South Lake Tahoe) As a new project in FY 2013-14 that is not being implemented until FY 2014-15, any budgeted funds that are not utilized in FY 2014-15 are eligible to be utilized in FY 2015-16
FY 2015-16	\$75,000 (\$50,000 for West Slope and \$25,000 for South Lake Tahoe), plus any roll over funding
FY 2016-17	\$75,000 (\$50,000 for West Slope and \$25,000 for South Lake Tahoe)
FY 2017-18	\$75,000 (\$50,000 for West Slope and \$25,000 for South Lake Tahoe)

Prevention and Early Intervention

Project Name: Parenting Skills

Ic

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 0-5 Years <input checked="" type="checkbox"/> Elementary School <input checked="" type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults (parenting) <input checked="" type="checkbox"/> Older Adults (parenting) <input type="checkbox"/> All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<p>Outreach: Outreach will be accomplished through direct consumer contact, publications, flyers, web-based content and/or other media outlets.</p> <p>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.</p> <p>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.</p> <p>Activities: 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 addresses 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.</p> <p>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</p>	

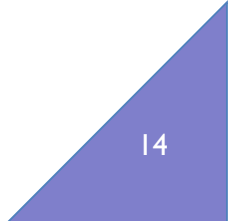
Prevention and Early Intervention

Project Name: Parenting Skills

Ic

	<p>(www.nrepp.samhsa.gov).</p> <p>These classes may be held 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 condensed to a shorter time period to encourage continued participation.</p>
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁶⁸ Contractor: New Morning Youth and Family Services
Procurement Method	In compliance with the Board of Supervisors Policy C-17, Procurement Policy
Short-Term Goals	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Decrease harsh, coercive and negative parenting • Increase family stability • Increase emotional and social capabilities • Reduce behavioral and emotional problems in children
Outcome Measures	Measurement I: 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 \$8,334.
Budget	Budgeted on a reimbursement basis.
	FY 2013-14 \$50,000
	FY 2014-15 \$50,000
	FY 2015-16 \$50,000

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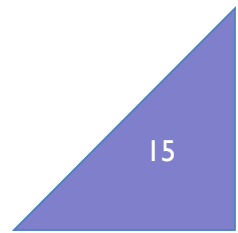


Prevention and Early Intervention

Project Name: Parenting Skills

Ic

FY 2016-17	\$50,000
FY 2017-18	\$50,000



Prevention and Early Intervention

Project Name: Primary Intervention Project

Id

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input type="checkbox"/> Removal of Children from Their Homes
Objective	<p>The Primary Intervention Project (PIP) (also referred to as the Primary Project (formerly the Primary Mental Health Project, or PMHP)) 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.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input checked="" type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
	Kindergarten through Third Grade (approximately 4-9 years of age)	
Service Location(s)	<ul style="list-style-type: none"> • Black Oak Mine Unified School District • Buckeye Unified School District • Lake Tahoe Unified School District • Rescue Union School District 	
Project Duration	<p>PIP was originally identified as a short-term “pilot” program. It has continued to operation. PIP will be extended to operate through June 30, 2015. The project will again be evaluated during the FY 2015-16 MHSA Community Planning Process to determine whether it will be continued.</p>	
Activities Performed	<p>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.</p> <p>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.</p> <p>Stigma and Discrimination Reduction: Increasing the dialogue about mental wellness in a non-stigmatized school setting in an effort to reduce stigma and discrimination.</p>	

Prevention and Early Intervention

Project Name: Primary Intervention Project

Id

	<p>Activities:</p> <ul style="list-style-type: none"> • 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 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.
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support⁶⁹</p>
<p>Procurement Method</p>	<p>No new RFP will be issued; contracts with currently contracted vendors will continue if vendor wishes to continue to provide services.</p> <ul style="list-style-type: none"> • El Dorado Hills Vision Coalition (for up to three schools in the El Dorado Hills Area); • Black Oak Mine Unified School District (for up to four schools in the north County area, plus other children in the north County area if they meet eligibility criteria and can attend sessions at one of the four schools); and • Tahoe Youth and Family Services (for up to four schools in the South Lake Tahoe area). <p>Future procurement processes, if needed, will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p>

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Prevention and Early Intervention

Project Name: Primary Intervention Project

Id

Short-Term Goals	<ul style="list-style-type: none"> • 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
Long-Term Goals	<ul style="list-style-type: none"> • To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health
Outcome Measures	<p>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).</p> <p>Measurement 2: Completion of service delivery report to the County on a monthly basis showing number of students served.</p> <p>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.</p>
Number of Services / Quantity of Service	Approximately 200 children annually, with an average cost per child of approximately \$1,064.
Budget	<p>Budgeted on a reimbursement basis.</p> <p>Total annual funding is up to \$212,700 through FY 2016-17. Funding for FY 2017-18, if any, will be determined during the FY 2017-18 community planning process.</p>
	FY 2013-14 \$106,350
	FY 2014-15 \$212,700
	FY 2015-16 \$212,700
	FY 2016-17 \$212,700
	FY 2017-18 TBD

Prevention and Early Intervention

Project Name: SAMHSA Model Programs

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Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	Coordinate the implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs at all schools within the County to address needs identified. The programs will focus on anti-bullying, reducing substance abuse, and developing positive behaviors in youth. The funds would be used to purchase program materials, staff training and implementation cost, and ongoing support.	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input checked="" type="checkbox"/> Elementary School <input checked="" type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
Service Location(s)	Countywide in schools	
Project Duration	Through FY 2015-16.	
Activities Performed	<p>Outreach: Outreach will be to students, along with their parents.</p> <p>Access and Linkage to Medically Necessary Care: Students and parents will be provided with information about where and how to access mental health services.</p> <p>Stigma and Discrimination Reduction: The programs will focus on reducing stigma and discrimination as part of the curriculum.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Develop a menu of program choices for school districts from the SAMHSA National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov). • Facilitate a needs assessment at each school site to guide the selection of the appropriate model program. • Develop implementation plans for each site. • Monitor and support implementation at each site. 	

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	<ul style="list-style-type: none"> Evaluate effectiveness.
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁷⁰ El Dorado County Office of Education, and its volunteers
Procurement Method	Sole source to EDCOE
Short-Term Goals	<ul style="list-style-type: none"> Develop and implement programs Identify activities to improve teens' relationships and increase their repertoire of safe, healthy activities
Long-Term Goals	<ul style="list-style-type: none"> Increase mental wellness of youth Improve family relationships Reduce stigma and discrimination Reduce bullying Reduce substance abuse
Outcome Measures	Measurement 1: Increase youth engagement in school and community activities that are safe and healthy. Measurement 2: Students and school personnel are able to identify warning signs of vulnerable students at risk of suicide. Measurement 3: Satisfaction surveys completed by families and youth. Measurement 4: Program outcome measures for the individual SAMHSA Model Programs implemented.
Number of Services / Quantity of Service	Approximately 28,000-29,000 students throughout El Dorado County schools. 2011-12 enrollment was 28,965 students per the El Dorado County Office of Education, Public Education in El Dorado County Public School Facts 2012-13 (http://www.edcoe.org/documents/FingertipFactsEDCOE-Winter2013pub.pdf). The average cost per child in FY 2014-15 is approximately \$10.
Budget	Budgeted on a reimbursement basis. Up to \$100,000 in FY 2014-15 and FY 2015-16 annually on a reimbursement basis, plus the rollover funds from FY 2013-14. EDCOE will commit ongoing in-kind contributions of administrative oversight, staff time, technology, and resources to support this PEI project.

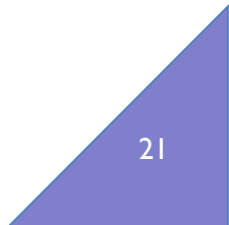
⁷⁰ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

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FY 2013-14	\$192,500 As a new project in FY 2013-14, any budgeted funds that are not utilized in FY 2013-14 are eligible to be utilized in FY 2014-15
FY 2014-15	\$100,000, plus any roll over funding
FY 2015-16	\$100,000
FY 2016-17	\$0
FY 2017-18	\$0



Prevention and Early Intervention

Project Name: Prevention and Early Intervention for Youth in Schools

If

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>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, 2016.</p> <p>This program partners with the CSS Project 1b: Family Strengthening Academy and Project 3a: TAY Engagement, Wellness and Recovery and collaboratively with several other PEI projects.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input checked="" type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults (parents/guardians) <input checked="" type="checkbox"/> Older Adults (parents/guardians) <input type="checkbox"/> All Ages
	<p>As a pilot project, only students attending one of the pilot schools will be eligible to participate in this project.</p> <p>The target age group 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.</p>	
Service Location(s)	<p>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.</p>	
Project Duration	<p>Ongoing</p>	
Activities Performed	<p>Pilot Project</p> <p>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 to determine project success.</p>	

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The pilot project will run through June 30, 2016. This project will receive ongoing evaluation and adjustments will be incorporated as needed. Substantial project changes will be made when there is an MHSA Plan Update. Minor modifications approved by the MHSA team not affecting the project intent may be made at any time during the pilot implementation as need to ensure the project is on target of reaching project goals. During the community planning process for FY 2016-17, this project will be evaluated for expansion to other middle and high schools.

Pilot School Selection Criteria⁷¹

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

⁷¹ 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.

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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.

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.

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	<p>Project Design</p> <p>The purpose of this project is to develop a school-based system of support for the students that address prevention of or early intervention 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 <u>all</u> 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.</p> <p>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.</p> <p>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.</p> <p>PEI Requirements: Common to all schools will be the standard core elements of a PEI project:</p> <ul style="list-style-type: none">• 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
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	<p>and parents to confirm linkage with services and other referrals that may be needed.</p> <ul style="list-style-type: none">• 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 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. <p>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.</p> <p>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 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.</p> <p>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.</p> <p>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</p>
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	<p>counseling, stress reduction, substance abuse, or how to talk about mental illness.</p> <p>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.</p> <p>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. This 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.</p> <p>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 Reconciliation Therapy (MRT) or Dialectical Behavior Therapy (DBT). Case management services are a strong component of these individualized services.</p> <p>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</p>
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	<p>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. Should a student be determined to meet the criteria for County-provided specialty mental health services, the student will return to the service provider of this project through CSS Project 1b: Family Strengthening Academy for specialty mental health services or transition to the County’s MHD through CSS Project 3a: TAY Engagement, Wellness and Recovery Services. Students engaged in these two CSS services may continue to benefit from participation in the groups/classes offered on campus.</p> <p>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.</p> <p>Linkage with Other MHSA Projects</p> <p>This project will coordinate with the providers of other PEI projects where the subject matter of the project is appropriate for the age group and service needs (e.g., SAMHSA Model Programs, Mental Health First Aid, PFLAG Community Education, Foster Care Continuum Training, Suicide Prevention and Stigma Reduction).</p> <p>This project will provide linkage to two CSS projects for those students who meet the criteria for specialty mental health services through the County MHD:</p> <ul style="list-style-type: none">• CSS Project 1b: Family Strengthening Academy: The provider of services under this PEI project will also be required to provide Medi-Cal specialty mental health services under Project 1b: Family Strengthening Academy to provide continuity of services and build upon already established relationships between the student, their parents and the therapists when the needs of the youth exceed the limitations of the PEI program. The services provided through the Family Strengthening Academy are expected to be provided at the same service locations identified above. <p>The Family Strengthening Academy is designed to promote family unification (or reunification) through a range of promising, best, and</p>
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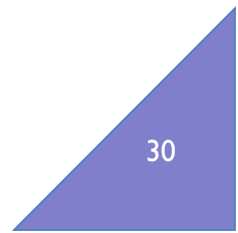
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	<p>evidence-based treatment strategies for children who have been diagnosed with a serious emotional disturbance/serious mental illness and their families/guardians. Services include, but are not limited to, individual and family counseling sessions to strengthen the family unit, classes for the children, parents/guardians or family unit, and other practices based on evidence-based models.</p> <ul style="list-style-type: none">• CSS Project 3a: TAY Engagement, Wellness and Recovery Services: The TAY project provides services to meet the unique needs of transitional age youth and encourage continued participation in mental health services once they turn 18. These services are provided through the County MHD. Services through the CSS TAY project 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. <p>Staffing Requirements</p> <p>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 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 a LCSW, ASW or credentialed School Counselor. All therapeutic interventions must be performed by appropriately licensed or pre-licensed individuals.</p> <p>The California Board of Behavioral Sciences provides clarification as to the LCSW and LMFT services:</p> <p>What is a Licensed Marriage and Family Therapist (LMFT)? Section: 4980.02. PRACTICE OF MARRIAGE, FAMILY, AND CHILD COUNSELING; APPLICATION OF PRINCIPLES AND METHODS</p> <p>For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving</p>
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	<p>more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling.</p> <p>The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37, 4980.40, and 4980.41.</p> <p>What is a Licensed Clinical Social Worker (LCSW)?</p> <p>Section: 4996.9. CLINICAL SOCIAL WORK AND PSYCHOTHERAPY DEFINED</p> <p>The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.</p> <p>Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior,</p>
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	<p>emotions, and thinking, in respect to their intrapersonal and interpersonal processes.⁷²</p> <p>Credentialed School Counselors are defined by the California Commission On Teacher Credentialing. The specialization in School Counseling authorizes the holder to perform the following duties:</p> <ul style="list-style-type: none">• Develop, plan, implement, and evaluate a school counseling and guidance program that includes academic, career, personal, and social development• Advocate for the high academic achievement and social development of all students• Provide schoolwide prevention and intervention strategies and counseling services• Provide consultation, training, and staff development to teachers and parents regarding students' needs• Supervise a district-approved advisory program as described in California Education Code, Section 49600⁷³ <p>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.</p> <p>Administrative staff may be utilized for basic coordination, reporting and invoicing.</p> <p>Pilot Project Evaluation</p> <p>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.</p> <p>The contracted provider will be required to submit monthly, quarterly and annual reports.</p> <p>Project Differentiation</p> <p>This PEI project is distinguished from the CSS projects (Project 1b: Family Strengthening Academy and Project 3a: TAY Engagement,</p>
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⁷² California Department of Consumer Affairs, Board of Behavioral Sciences, http://www.bbs.ca.gov/consumer/what_is.shtml.

⁷³ State Of California, Commission On Teacher Credentialing. *Pupil Personnel Services Credential For Individuals Prepared in California*. <http://www.ctc.ca.gov/credentials/leaflets/cl606c.pdf>.

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	Wellness and Recovery Services) in that this PEI project provides preventative and early intervention for students experiencing mild to moderate mental illness, or other students who may wish to be included in the groups or classes to effectuate a positive culture change at their schools and in their communities as it relates to mental health and, if capacity allows, those who are interested in learning how to address any future mental health needs they may experience may also participate.
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁷⁴ One contracted vendor will be selected to implement this pilot project at all schools identified above. Contracted vendor must also meet the criteria for provision of Medi-Cal specialty mental health services required by CSS Project 1b: Family Strengthening Academy.
Procurement Method	Competitive procurement process initially and all future procurement needs will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy
Short-Term Goals	<ul style="list-style-type: none"> • 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. • Increased knowledge of community resources. • Early identification of the signs and symptoms of mental illness.
Long-Term Goals	<ul style="list-style-type: none"> • 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

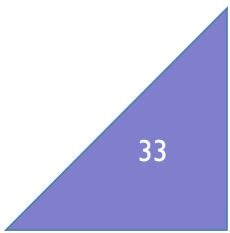
⁷⁴ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

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	<p>completion of homework, increased academic confidence or increased willingness to reach out for academic assistance.</p> <ul style="list-style-type: none"> • Increase school attendance rates for participants. • Decreased referrals for behavior problems or other disciplinary actions for participants. • Improved results from the California Healthy Kids survey, which would show a reduction in the number of students with feelings of hopelessness or suicidal thoughts. • Reduction in substance use and/or self-medicating. • Current substance abusers will decrease use of substances (alcohol, prescription drugs, marijuana, other illicit and life endangering drugs).
<p>Outcome Measures</p>	<p>Measurement 1: Continued engagement of students and parents in this project, including rate of attendance/missed appointments.</p> <p>Measurement 2: Self-assessments measuring pre-, interim- and post-participation self-perceptions, and pre-, interim- and post-participation assessments completing 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.</p> <p>Measurement 3: Truancy rates/absences of the students enrolled in this project.</p> <p>Measurement 4: The number of referrals for behavior problems or other disciplinary actions for the students enrolled in this project.</p> <p>Measurement 5: The number of school dropouts within the students enrolled in this project.</p> <p>Measurement 6: The number of incarcerations within the students enrolled in this project.</p> <p>Measurement 7: The number of attempted or completed suicides by students enrolled in this project.</p> <p>Measurement 8: School-wide surveys to determine the level of knowledge about mental illness, available resources and willingness to discuss mental health concerns.</p> <p>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.</p>



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<p>Number of Services / Quantity of Service</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Budget</p>	<p>Budgeted on a reimbursement basis.</p>
<p>FY 2014-15</p>	<p>\$75,000</p>
<p>FY 2015-16</p>	<p>\$150,000 As a new project in FY 2014-15 that won't be implemented until FY 2015-16, any unexpended funds from FY 2015-16 may roll into FY 2016-17.</p>
<p>FY 2016-17</p>	<p>\$150,000, plus any roll over funding</p>
<p>FY 2017-18</p>	<p>\$150,000</p>

Prevention and Early Intervention

Project Name: The Nurtured Heart Approach

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NEW New Project in FY 2015-16

Program Type:	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults (parenting) <input checked="" type="checkbox"/> Older Adults (parenting) <i>Provided participants are adults with caregiver responsibilities for children and youth</i> <input type="checkbox"/> All Ages
Service Location(s)	Placerville, but all eligible participants Countywide may apply for this project.	
Project Duration	The project will be funded for two fiscal years (FY 2015-16 and FY 2016-17) and 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	<p>Outreach: Outreach will be accomplished through direct consumer contact, publications, flyers, web-based content and/or other media outlets.</p> <p>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.</p> <p>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.</p> <p>Activities: Provide training in The Nurtured Heart Approach® is 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</p>	

Prevention and Early Intervention

Project Name: The Nurtured Heart Approach

Ig

	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.
	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support
Procurement Method	Sole source to Summitview Child and Family Services
Short-Term Goals	<ul style="list-style-type: none"> • Improvement in the caregiver-child relationship • Reduction in problematic behaviors at home, in school, and in the community
Long-Term Goals	<ul style="list-style-type: none"> • Reduction in dollars spent on mental health services, special education, and criminal justice involvement
Outcome Measures	<p>Measurement 1: Pre- and post Conners Comprehensive Behavior Rating Scales (CBRS) assessment</p> <p>Measurement 2: Participant surveys</p>
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.

Prevention and Early Intervention

Project Name: Mental Health First Aid

2a

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>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 two programs available: Mental Health First Aid, which focuses on risk-factors and mental illness in adults and Youth Mental Health First Aid, which focuses on risk-factors and mental illness in youth ages 12 to 25. There is also a military-focused module for the adult program which focuses on the needs of activity duty military personnel, veterans and their families.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School (16+)	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
	<p>Adults. Youth aged 16 and 17 upon special request and approval of the MHSA Program Manager.</p>	
Service Location(s)	<p>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.</p>	
Project Duration	<p>Ongoing.</p>	
Activities Performed	<p>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.</p> <p>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,</p>	

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 with mental illness is reduced.

Activities: 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 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.

Prevention and Early Intervention

Project Name: Mental Health First Aid

2a

<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor⁷⁵ <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p> <p>Mental Health First Aid Certified Instructors, who are County employees or community volunteers.</p> <p>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.</p> <p>Contracted vendor staff may be utilized if they are certified Mental Health First Aid instructors.</p>
<p>Procurement Method</p>	<p>Services provided by HHSA staff.</p> <p>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.</p> <p>For add-on modules, such as Youth or Rural Mental Health First Aid, currently certified instructors would receive priority in attendance.</p> <p>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.</p>
<p>Short-Term Goals</p>	<p>Raise personal awareness about mental health, including increasing personal recognition of mental illness risk-factors.</p>
<p>Long-Term Goals</p>	<p>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.</p>

⁷⁵ These services will be provided by County Staff and Volunteers; potential use of Contracted Vendors at a future point in time.

Prevention and Early Intervention

Project Name: Mental Health First Aid

2a

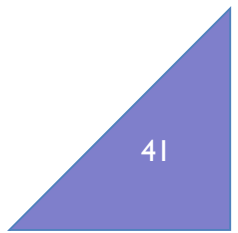
<p>Outcome Measures</p>	<p>Measurement 1: Class evaluation provided to attendees at the end of each session.</p> <p>Measurement 2: Evaluation survey provided to attendees six months after taking the class, including information regarding application of material learned.</p> <p>Measurement 3: Identify attendees who re-register for the class after three years in order to maintain their certification.</p>
<p>Number of Services / Quantity of Service</p>	<p>Estimated at twelve or more Mental Health First Aid courses annually based on community demand, 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 \$500.</p>
<p>Budget</p>	<p>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), or repairs to or replacement of equipment.</p> <p>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.</p> <p>Other costs not identified above may be necessary to effectively implement and monitor the project.</p>
<p>FY 2013-14</p>	<p>\$35,000</p>
<p>FY 2014-15</p>	<p>\$120,000</p>
<p>FY 2015-16</p>	<p>\$100,000</p>
<p>FY 2016-17</p>	<p>\$100,000</p>
<p>FY 2017-18</p>	<p>\$100,000</p>

Prevention and Early Intervention

Project Name: National Alliance on Mental Illness Training

2b

Discontinued in the FY 2014-15 MHSA Plan, effective 7/1/14.



Prevention and Early Intervention

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

2c

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input checked="" type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<p>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.</p> <p>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 be paid for as well. An outreach plan and year-end progress report will be submitted to the MHD by PFLAG.</p> <p>Access and Linkage to Medically Necessary Care: Attendees may self-refer to services.</p>	

Prevention and Early Intervention

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

2c

	<p>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.</p>
Services Provided By	<input type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff
Procurement Method	None. This program is provided by community volunteers (PFLAG members) and County staff.
Short-Term Goals	<ul style="list-style-type: none"> Continue to reduce stigma and discrimination regarding those who are LGBTQ through community education and outreach.
Long-Term Goals	<ul style="list-style-type: none"> 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	<p>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.</p>
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 \$4.54 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
FY 2015-16	\$5,000
FY 2016-17	\$5,000

Prevention and Early Intervention

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

2c

FY 2017-18	\$5,000
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Prevention and Early Intervention

Project Name: Community Information Access

2d

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input checked="" type="checkbox"/> High School (16+)	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
Service Location(s)	Countywide from any high-speed internet connection	
Project Duration	Ongoing	
Activities Performed	<p>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/.</p> <p>Access and Linkage to Medically Necessary Care: Users of the site gain increased awareness about the need for services and may refer friend/family or even themselves to services.</p> <p>Stigma and Discrimination Reduction: Education about mental illness will show how common it is in the general population.</p> <p>Activities:</p> <p>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:</p> <ul style="list-style-type: none"> • Mental health • Addiction, treatment and recovery • Peer education • Workforce skills • Issues related to older adults 	

Prevention and Early Intervention

Project Name: Community Information Access

2d

	<ul style="list-style-type: none"> Needs of returning veterans <p>In addition, the CAS allows 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.</p>
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁷⁶ 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	<ul style="list-style-type: none"> Continue to reduce stigma and discrimination through education.
Long-Term Goals	<ul style="list-style-type: none"> 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 association with mental illness, and overall improvement in the health of the community by being better educated about mental health in general.
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.

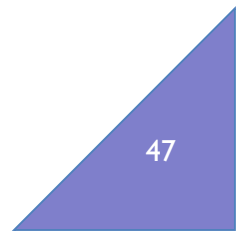
⁷⁶ County staff will be utilized to perform tasks such as: administrative activities (e.g., updating site information, marketing, contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Community Information Access

2d

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



Prevention and Early Intervention

Project Name: Suicide Prevention and Stigma Reduction

2e

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input type="checkbox"/> Removal of Children from Their Homes
Objective	Outreach to all ages Countywide to reduce suicide, increase awareness and access to services, identify how and when to access mental health services, and reduce stigma.	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
	Age appropriate prevention activities.	
Service Location(s)	Countywide via various media, public service announcements (PSAs), printed materials, speakers or other methods.	
Project Duration	Ongoing	
Activities Performed	<p>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, capitalizing on the Suicide Education and Training provided to school personnel under Workforce Education and Training (WET).</p> <p>Access and Linkage to Medically Necessary Care: The project will include information about where to seek assistance.</p> <p>Stigma and Discrimination Reduction: Through the media, PSAs, printed materials, speakers or other methods, individuals will gain a better understanding of mental illness, which will work towards the reduction of stigma and discrimination. This program will integrate with the statewide Stigma and Discrimination Reduction (SDR) program to integrate available materials into the local program.</p> <p>Activities:</p> <ul style="list-style-type: none"> • This program links with the Suicide Education and Training program under the WET Component. • Identification and/or development of program content (e.g., PSAs, printed materials). 	

Prevention and Early Intervention

Project Name: Suicide Prevention and Stigma Reduction

2e

	<ul style="list-style-type: none"> • Distribution and marketing of program content. • Pre- and post-surveys to determine effectiveness. • To the extent possible, work with students to develop locally produced media and PSAs. • Establish linkage with the Statewide Suicide Prevention and SDR programs to utilize existing resources; adapt as necessary for El Dorado County. • Outreach to transition age youth and adults whose lives have been impacted by suicide and/or stigma and provide training (if necessary) to those individuals to speak out regarding their experiences with suicide in the community.
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff & Support ⁷⁷ In certain circumstances, such as, but not limited to, prior to the execution of an agreement for services, a lapse in services resulting from a vendor change, and/or for as-requested services, the El Dorado County HHS, 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	<ul style="list-style-type: none"> • Increase awareness of mental illness, programs, resources, and strategies. • Increased referrals.
Long-Term Goals	<ul style="list-style-type: none"> • Reduce the number of 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. • Promote positive attitudes regarding living with mental illness. • Share messages of wellness, hope and recovery.

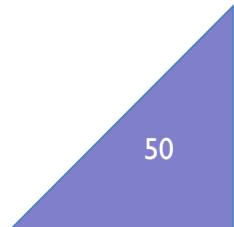
⁷⁷ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Suicide Prevention and Stigma Reduction

2e

Outcome Measures	<p>Measurement 1: Program quality will be measured by interviews and surveys about the program.</p> <p>Measurement 2: Long term success will be measured by the school-wide California Healthy Kids Survey, conducted every other year.</p> <p>Measurement 3: This project shall use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific prevention program/approach implemented.</p>
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. A public outreach campaign such as this could reach 5,000 individuals or more, for an average cost per person of \$6.00.
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



Prevention and Early Intervention

Project Name: Foster Care Continuum Training

2f

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> 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	<p>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.</p> <p>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 children.</p> <p>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.</p> <p>Activities: 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</p>	

Prevention and Early Intervention

Project Name: Foster Care Continuum Training

2f

	mentors.
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ⁷⁸
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	<ul style="list-style-type: none"> • Improve accountability of behavior. • Improve foster parent, support networks, family, foster family agencies and County staff expertise.
Long-Term Goals	<ul style="list-style-type: none"> • 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	<p>Measurement 1: A reduction in seven-day notices.</p> <p>Measurement 2: An improvement in foster care placement stability.</p> <p>Measurement 3: Behavior tracking shows a decrease in maladaptive behavior.</p> <p>Measurement 4: Behavior tracking shows increase in strengths.</p> <p>Measurement 5: Increase in discharges to permanency.</p>
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
	FY 2014-15 \$50,000
	FY 2015-16 \$50,000
	FY 2016-17 \$50,000
	FY 2017-18 \$50,000

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).

Prevention and Early Intervention

Project Name: Community Outreach and Resources

2g

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<p>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 events and printing of resource-related materials.</p> <p>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.</p> <p>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.</p> <p>Activities: It is anticipated that the community will become better informed about mental illness, know where to go for help, reduce the stigma and discrimination association with mental illness, and overall improve the health of the community by being better informed and supported. Activities include, but are not limited to:</p> <ul style="list-style-type: none"> • Staff engagement at health-related fairs and other community-based 	

Prevention and Early Intervention

Project Name: Community Outreach and Resources

2g

	<p>events (e.g., Kids Expo) and community-based outreach efforts, through local organizations and companies;</p> <ul style="list-style-type: none"> • Purchase of incentives as handouts at events; • Printed materials, such as newspaper feature inserts; • Updates to the Mental Health resource documentation. 										
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff										
Procurement Method	<p>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.</p>										
Short-Term Goals	<ul style="list-style-type: none"> • Raise awareness about mental health issues and services available in our community. 										
Long-Term Goals	<ul style="list-style-type: none"> • Reduction of stigma and discrimination associated with mental illness. 										
Outcome Measures	<p>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.</p> <p>It is difficult to measure the outcomes of general public outreach activities due to their non-specific target population and methodology.</p>										
Number of Services / Quantity of Service	<p>Participate in at least two 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 in FY 2014-15.</p>										
Budget	<p>Costs include staff, administration, overhead, printing materials, signage, distribution of materials, and purchase of incentives.</p>										
	<table border="1"> <tr> <td>FY 2013-14</td> <td>\$20,000</td> </tr> <tr> <td>FY 2014-15</td> <td>\$20,000</td> </tr> <tr> <td>FY 2015-16</td> <td>\$31,116</td> </tr> <tr> <td>FY 2016-17</td> <td>\$31,125</td> </tr> <tr> <td>FY 2017-18</td> <td>\$31,125</td> </tr> </table>	FY 2013-14	\$20,000	FY 2014-15	\$20,000	FY 2015-16	\$31,116	FY 2016-17	\$31,125	FY 2017-18	\$31,125
FY 2013-14	\$20,000										
FY 2014-15	\$20,000										
FY 2015-16	\$31,116										
FY 2016-17	\$31,125										
FY 2017-18	\$31,125										

Prevention and Early Intervention

Project Name: Statewide PEI Projects

2h

NEW New Project in FY 2015-16

Project Type:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
Service Location(s)	Statewide	
Project Duration	Ongoing.	
Activities Performed	<p>The provider of the Statewide PEI Projects (currently CalMHSA) may continue to provide projects such as, but not limited to:</p> <ul style="list-style-type: none"> • 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 	
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input type="checkbox"/> County Staff Support ⁷⁹ CalMHSA, or other provider selected to provide services for the Statewide PEI Projects.	

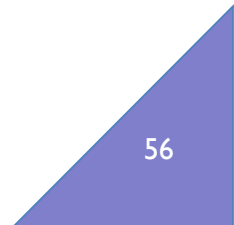
⁷⁹ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Statewide PEI Projects

2h

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 after Plan Update approval by the Board of Supervisors.
FY 2015-16	\$9,471
FY 2016-17	\$9,471
FY 2017-18	\$9,471



Prevention and Early Intervention

Project Name: Wennem Wadati: A Native Path to Healing

3a

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>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 will use various prevention and early intervention 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.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School Native Americans	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
Service Location(s)	<p>Foothill Indian Education Alliance in Placerville, schools and other community-based sites that are accessible to the Native American population.</p>	
Project Duration	<p>Ongoing.</p>	
Activities Performed	<p>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.</p> <p>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.</p>	

Prevention and Early Intervention

Project Name: Wennem Wadati: A Native Path to Healing

3a

	<p>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.</p> <p>Activities: 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 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.</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support⁸⁰ Foothill Indian Education Alliance, which may utilize volunteers for some activities</p>
<p>Procurement Method</p>	<p>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.</p>
<p>Short-Term Goals</p>	<ul style="list-style-type: none"> • Increased awareness in the Native American community about the crisis line and available services.
<p>Long-Term Goals</p>	<ul style="list-style-type: none"> • 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.

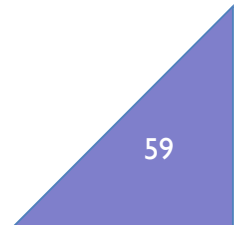
⁸⁰ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Wennem Wadati: A Native Path to Healing

3a

Outcome Measures	<p>Measurement 1: Casey Life Skills Native American Assessment, to be given when an individual joins the Talking Circles and when they end their participation.</p> <p>Measurement 2: Quarterly client registration which includes client demographic data as well as specific client issues to be addressed.</p> <p>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.</p>
Number of Services / Quantity of Service	Target population – All Native Americans living in the County of El Dorado. It is estimated that approximately 350 individuals or more will receive direct services through this project, for an average cost of \$359 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	\$125,725
FY 2017-18	\$125,725



Prevention and Early Intervention

Project Name: Latino Outreach

3b

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>This program addresses isolation in the Spanish-speaking or limited English-speaking Latino adult population and peer and family problems in the youth population as 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.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
	<p>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.</p>	
Service Location(s)	<p>Community-based agencies on both the West Slope and Tahoe Basin using the Promotora model.</p> <p>In the Tahoe Basin, direct mental health services are also provided by the contracted vendor. Limited mental health services are provided on the West Slope.</p>	
Project Duration	Ongoing	
Activities Performed	<p>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 in 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.</p> <p>The South Lake Tahoe community primarily voiced a need for funding to pay for bilingual/bicultural mental health services. This community is</p>	

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, and thereby, greater challenges accessing mental health services. The Latino Outreach program is designed to 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 be 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.

Activities:

The Latino Outreach program requirements include:

- a Promotora services model that provides bilingual/bicultural Spanish-speaking outreach, engagement, screening, administration of outcome and satisfaction survey measures, integrated service linkage, interpretation services and peer/family support for Latino individuals and families;
- clients served must be of Latino descent;
- clients served must be El Dorado County residents;
- support in spirit and practice for the five essential elements of the MHSA;
- services and activities that support the required PEI components of outreach, access/linkage and stigma reduction.
- adherence to the El Dorado County MHSA policies regarding the MHSA principles and culturally competent practice expectations and requirements;
- providing forms, program documentation, brochures, and other

	<p>program documents in Spanish in a format approved by the County;</p> <ul style="list-style-type: none">• access to bilingual Spanish-speaking interpreters to provide Promotora services;• clinical services must be provided by a bilingual licensed mental health professional;• participation in performance indicator measures and community satisfaction surveys that reflect outcomes and responses to the integrated MHSA programs;• submittal of quarterly performance indicator reports and budget reports;• submittal of monthly invoices and service delivery reports;• participation in regularly scheduled meetings with HHSA to ensure coordination and ongoing planning;• capacity to transmit data electronically via high speed internet;• participation in quarterly cultural competency and annual MHSA compliance training;• development of provider-specific policies and procedures for the Latino Outreach program on the western slope;• program administrator and Latino Outreach team members must sign the El Dorado County Mental Health Confidentiality Statement and Code of Conduct agreements; and• adherence to all contract requirements. <p>On the West Slope, the primary focus of the Latino Outreach program is outreach, engagement, screening, administration of outcome and satisfaction survey measures, integrated service linkage, interpretation services and peer/family support for Latino individuals and families. Limited mental health services may be available.</p> <p>Services in the Tahoe Basin also include, but are not limited to:</p> <ul style="list-style-type: none">• A Promotora services program that provides bilingual/bicultural Spanish-speaking outreach, engagement, screening, administration of outcome and satisfaction survey measures, 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.• A comprehensive community-based mental health services center providing culturally specific outreach, engagement, screening, service linkage, interpretation services, peer and family support, and youth, adult and family psycho-education, skill development, and counseling. To this end, a team of Contractor’s staff shall work in concert with the Promotoras.
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- An early intervention counseling program that provides bilingual/bicultural Spanish-speaking counseling services for at-risk Latino individuals and their families, which may include but is not limited to peer counseling, one-on-one counseling of limited duration, group counseling, and/or support groups as part of the overall Latino Outreach MHSA program.

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;
- Los Años Increibles (Incredible Years) (ages 3-8);
- Cafecitos; and
- Kinship Care.

In addition, the Latino Outreach service provider are 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

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

	<p>areas);</p> <ul style="list-style-type: none">• 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). <p>The community identified the need for an MHSA Latino Outreach program to:</p> <ol style="list-style-type: none">1) Collaborate with existing outreach, engagement and community support activities.2) Augment the service delivery system with bicultural/bilingual Spanish-speaking mental health clinicians.3) Gather further information from the local Latino community regarding their unmet mental health needs by means of bicultural/bilingual familiar individuals (Promotora model).4) Research evidence-based or best practice models of mental health service delivery to the Latino community.5) Recognize that there is a continuum of engagement, that services for each point in this continuum are critical, and that the Western Slope region and the South Lake Tahoe region have different assets and needs vis-à-vis this continuum of service engagement. <p>Use of the Promotora model and bilingual/bicultural community-based mental health services are consistent with the MHSA goal of cultural competence and client and family-driven services. This initiative also furthers the goals of community collaboration and service integration by means of establishing these services through community service providers. Finally, the wellness focus will be promoted as peers role model strengths and focus on community empowerment as a means to increase service access.</p> <p>The negative outcome of prolonged suffering resulting from issues of isolation and peer and family problems has been identified as the primary negative outcome resulting from unmet mental health needs that must be addressed within a wellness model. Additional negative outcomes that may be addressed through the Latino Outreach program include suicide, incarceration, school failure or dropout, unemployment, homelessness, and removal of children from their homes.</p> <p>The ability to live and participate fully and in a meaningful fashion in the community will be addressed on a continuous basis by providing services</p>
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Prevention and Early Intervention

Project Name: Latino Outreach

3b

	<p>designed to engage individuals, families and the Latino community. Community and home-based peer outreach and education, information and referral, and support groups are strategies all aimed at enhancing individual and community strengths. The ability to rebound from difficulties (resilience) is addressed through the building and enhancement of skills and the creation of supports and resources. Use of the Promotora model in providing outreach and support groups serves to offer hope, empowerment and mentoring within a culturally appropriate framework.</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff⁸¹</p> <p>Tahoe Basin: South Lake Tahoe Family Resource Center (previously awarded through a competitive procurement process)</p> <p>West Slope: New Morning Youth and Family Services</p>
<p>Procurement Method</p>	<p>Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p> <p>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.</p>
<p>Short-Term Goals</p>	<ul style="list-style-type: none"> • 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.
<p>Long-Term Goals</p>	<ul style="list-style-type: none"> • Stigmas and discrimination lessen • Integration of prevention programs already offered in the community is achieved. • Reduction in suicide, incarcerations, and school failure or dropouts.

⁸¹ 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.

Prevention and Early Intervention

Project Name: Latino Outreach

3b

Outcome Measures	Measurement 1: Customer satisfaction surveys. Measurement 2: Client outcome improvement measurements. Measurement 3: Increased engagement in traditional mental health services. Quarterly reporting will also include, but is not limited to, client demographic data.
Number of Services / Quantity of Service	Approximately 500 individuals annually Countywide, for an average cost per person of \$462 per person.
Budget	Budgeted on a reimbursement basis, consisting of: <ul style="list-style-type: none"> • Tahoe Basin \$135,128 • West Slope \$96,000
FY 2013-14	\$231,128
FY 2014-15	\$231,128
FY 2015-16	\$231,128
FY 2016-17	\$231,128
FY 2017-18	\$231,128



Prevention and Early Intervention

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness

4a

Project Type:	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>Without this PEI program, the Wellness Centers could only be available to MHD clients.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
Service Location(s)	South Lake Tahoe and Diamond Springs	
Project Duration	Ongoing	
Activities Performed	<p>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.</p> <p>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,</p>	

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness

4a

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.

Activities:

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 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).

Surveys were made available to Wellness Center participants during the month of June 2013. Thirty-six surveys were completed (21 from Placerville, 14 from South Lake Tahoe and 1 did not identify the location). The survey asked respondents “In which of the following Wellness Center/Clubhouse activities (existing or new) would you participate?”

Activity	% of Respondents Who Would Participate
Field Trips	71%
Art	62%
Volunteering.....	56%
Educational Discussion on Mental Health Topics.....	53%
Games	53%
Relationship Skills	53%
Music	47%
One-on-One Discussions with Mental Health Staff	47%

Prevention and Early Intervention

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness

4a

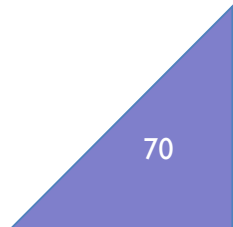
	<p>Computer Skill Building 41%</p> <p>Crafts 41%</p> <p>Gardening..... 41%</p> <p>Cooking..... 38%</p> <p>Independent Living Skills..... 38%</p> <p>Leadership Class..... 38%</p> <p>Peer Support Group..... 38%</p> <p>Exercise 35%</p> <p>Job Skill Building..... 32%</p> <p>Photography 29%</p> <p>Providing Community Education regarding Mental Health Topics..... 29%</p> <p>Educational Discussions on Non-Mental Health Topics (such as travel, sports, etc.)..... 26%</p> <p>Nutrition 26%</p> <p>T-House Outreach / Community Building 26%</p> <p>Skill Sharing..... 24%</p> <p>Theatrical Performance 21%</p> <p>Foreign Language Skills..... 15%</p> <p>The Wellness Centers will focus on providing activities that meet participants’ interests and provide a learning experience.</p> <p>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.</p>
Services Provided By	<input type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff
Procurement Method	None.

Prevention and Early Intervention

Project Name: Wellness Outreach Ambassadors and Linkage to Wellness

4a

Short-Term Goals	<ul style="list-style-type: none"> • Participants gain greater independence through staff interaction, peer interaction and group educational opportunities. • Participants linked with community-resources.
Long-Term Goals	<ul style="list-style-type: none"> • Recovery and resiliency for participants. • Reduction of stigma and discrimination associated with mental illness.
Outcome Measures	<p>Measurement 1: Number of participants and family/friends in their support network.</p> <p>Measurement 2: Deleted effective FY 2015-16</p> <p>Measurement 3: Continued or increased attendance at the Wellness Center.</p> <p>Measurement 4: Area of County in which participant resides.</p>
Number of Services / Quantity of Service	<p>It is estimated that approximately 30 individuals who may not meet eligibility for or require specialty mental health services will participate in the Wellness Center activities annually, and approximately 50 family or friends who provide a support system to Wellness Center participants may participate in activities to enhance their supportive role. This is an average of approximately \$625 per person.</p>
Budget	
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



Prevention and Early Intervention

Project Name: Senior Peer Counseling

4b

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input type="checkbox"/> Homelessness <input type="checkbox"/> Removal of Children from Their Homes
Objective	<p>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. Senior Peer Counseling also provides community education and collaboration with other older adult services and professionals. Volunteers make frequent informational presentations to interested service groups and agencies and attend numerous community forums.</p> <p>The approach of Senior Peer Counseling is to meet the expressed needs of the individual and provide prevention and early intervention on mental health issues. Senior Peer Counseling focuses on wellbeing, empowering clients to find their own solutions, make independent decisions, and thereby become active participants in their own lives. Volunteer counselors assess lifestyle issues know to contribute to mental health and help clients select habits and activities that support emotional, cognitive, and physical wellbeing.</p> <p>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.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> 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.	

Prevention and Early Intervention

Project Name: Senior Peer Counseling

4b

Project Duration	Ongoing
Activities Performed	<p>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.</p> <p>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.</p> <p>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 also be linked with other stigma and discrimination reduction activities.</p> <p>Activities: Approximately 30% of the population of El Dorado County is age 55 or older. 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.</p> <p>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.</p>
Services Provided By	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support⁸²</p> <p>EDCA Lifeskills as the fiscal and administrative contractor on behalf of Senior Peer Counseling. The Senior Peer Counseling program utilizes volunteers as peer counselors.</p>

⁸² 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).

Prevention and Early Intervention

Project Name: Senior Peer Counseling

4b

<p>Procurement Method</p>	<p>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.</p>
<p>Short-Term Goals</p>	<p>Client Short-Term Goals</p> <ol style="list-style-type: none"> 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. <p>Program Short-Term Goals</p> <ol style="list-style-type: none"> 1) Contractual agreements with the licensed clinical supervisor are finalized. 2) New volunteers are obtained through the use of publicity, including volunteers from outlying areas, prior to the next training in 2014. 3) Agencies interested in collaborating to establish a Senior Peer Counseling program in the South Lake Tahoe area are identified and consulted. 4) Implement revised training in Spring 2014, and thereafter new volunteer trainings are presented 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.
<p>Long-Term Goals</p>	<p>Client Long-Term Goals</p> <ol style="list-style-type: none"> 1) Through the use of TLCs, clients improve their mental health and 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. <p>Program Long-Term Goals</p> <ol style="list-style-type: none"> 1) A job description is completed for a part-time program assistant to manage the program, keep records, and analyze data from the

Prevention and Early Intervention

Project Name: Senior Peer Counseling

4b

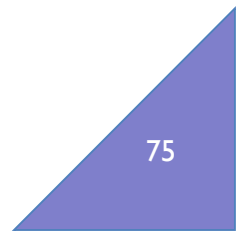
	<p>measurements made. Hire the assistant in the latter part of the first year or in the second year.</p> <ol style="list-style-type: none"> 2) Depending on the number of active volunteers, as additional licensed clinical supervisor is hired in the third year, and meets with a second supervision group weekly. 3) 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. 4) Procedures are developed to reimburse counselors' travel expenses for client visits, to increase services to outlying areas.
<p>Outcome Measures</p>	<p>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:</p> <ol style="list-style-type: none"> 1) Exercise 2) Nutrition / Diet 3) Nature 4) Relationships 5) Recreation / Enjoyable Activities 6) Relaxation / Stress Management 7) Religious / Spiritual Involvement 8) Contribution / Service <p>Measurement 2: Volunteers will record the clients' self-reported improvement in the presenting problem as selected by the client at the start of counseling.</p> <p>Measurement 3: ORS which measures the following 4 psychological categories:</p> <ol style="list-style-type: none"> 1) Individually (personal well-being) 2) Interpersonally (family, close relationships) 3) Socially (work, school, friendships) 4) Overall (general sense of well-being)
<p>Number of Services / Quantity of Service</p>	<p>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 \$875 per person.</p>
<p>Budget</p>	<p>Increase in annual costs reflects program expansion as new volunteers are trained and potential expansion to South Lake Tahoe.</p>
<p>FY 2013-14</p>	<p>\$35,000</p>

Prevention and Early Intervention

Project Name: Senior Peer Counseling

4b

FY 2014-15	\$35,000
FY 2015-16	\$45,000
FY 2016-17	\$55,000
FY 2017-18	\$55,000



Prevention and Early Intervention

Project Name: Older Adults Program

4c

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input type="checkbox"/> 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. This program partners with the CSS Older Adults Program.	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> All Ages
	Older adults (age 60+) who have unmet mental health needs, with an emphasis on the diagnostic category of depression. This population may include Medi-Cal, Medicare, and uninsured individuals under the Prevention and Early Intervention (PEI) program. The CSS Older Adults Program would treat individuals who are Medi-Cal or uninsured.	
Service Location(s)	Countywide, including services in local community centers and clients' homes.	
Project Duration	Ongoing	
Activities Performed	<p>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.</p> <p>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.</p> <p>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.</p> <p>Activities: The Older Adult Program advances the goal of expanding mental health</p>	

Prevention and Early Intervention

Project Name: Older Adults Program

4c

	<p>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.</p> <p>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 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.</p> <p>Costs for this program include, but are not limited to, staff time, mileage and other operating expenses (e.g., rent, overhead).</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support^{B3}</p>
<p>Procurement Method</p>	<p>Procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p>
<p>Short-Term Goals</p>	<ul style="list-style-type: none"> • 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.
<p>Long-Term Goals</p>	<ul style="list-style-type: none"> • 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.
<p>Outcome Measures</p>	<p>Measurement 1: Clients will complete a pre- and post-rating form.</p> <p>Measurement 2: Number of clients that are referred to out-of-home placement for care.</p>

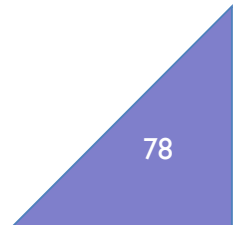
^{B3} County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Older Adults Program

4c

Number of Services / Quantity of Service	Per the 2010 census, there are 39,494 (22%) residents of El Dorado County age 60+, but 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 in FY 2014-15.
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



Prevention and Early Intervention

Project Name: Community-Based Mental Health Services

5a

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	<p>Provide prevention and early intervention mental health services in local communities.</p> <p>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/early intervention services under Prevention and Early Intervention (PEI) funding when they are not seeing clients under CSS.</p>	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
Service Location(s)	<p>Shingle Springs at the Community Corrections Center.</p> <p>Countywide in local communities (e.g., El Dorado Hills, North County, South County, Pollock Pines, South Lake Tahoe, Placerville).</p> <p>Multi-disciplinary team meetings at various locations throughout the County.</p>	
Project Duration	Ongoing	
Activities Performed	<p>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.</p> <p>Access and Linkage to Medically Necessary Care: Staff will provide referrals/linkage to medically necessary care services.</p> <p>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</p>	

Prevention and Early Intervention

Project Name: Community-Based Mental Health Services

5a

	<p>understanding of mental illness, which will work towards the reduction of stigma and discrimination.</p> <p>Activities: 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. This program can include the services previously identified under the PEI program “Early Intervention Program for Youth”, which was discontinued effective June 30, 2013.</p>
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor ⁸⁴ <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff
Procurement Method	<p>Initially, these services will be provided by County Staff.</p> <p>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.</p>
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	<p>Measurement 1: Number of individuals/families served, and outcomes for each.</p> <p>Measurement 2: Client satisfaction surveys.</p>
Number of Services / Quantity of Service	<p>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 in FY 2014-15.</p> <p>These services will reach local communities in the County.</p>
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

⁸⁴ These services will be provided by County Staff; potential use of Contracted Vendors at a future point in time.

Prevention and Early Intervention

Project Name: Community Health Outreach Worker

5b

Project Type:	<input checked="" type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
Negative Outcome(s) Addressed:	<input checked="" type="checkbox"/> Suicide <input checked="" type="checkbox"/> Incarcerations <input checked="" type="checkbox"/> School Failure or Dropout <input checked="" type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Prolonged Suffering <input checked="" type="checkbox"/> Homelessness <input checked="" type="checkbox"/> Removal of Children from Their Homes
Objective	Provide a point of contact for general mental health information coordination and community resources.	
Target Population(s)	<input type="checkbox"/> 0-5 Years <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School	<input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input checked="" type="checkbox"/> All Ages
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<p>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.</p> <p>Access and Linkage to Medically Necessary Care: The purpose of this program is to provide better linkage to needed services and medically necessary care as described below.</p> <p>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, and therefore a reduction in 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.</p> <p>Activities: 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</p>	

Prevention and Early Intervention

Project Name: Community Health Outreach Worker

5b

	<p>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.</p> <p>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).</p> <p>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 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.</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support⁸⁵</p>
<p>Procurement Method</p>	<p>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.</p>
<p>Short-Term Goals</p>	<ul style="list-style-type: none"> • Identify community mental health resources • Establish a mechanism for tracking resources • Establish a dedicated phone line for general community mental health information
<p>Long-Term Goals</p>	<ul style="list-style-type: none"> • 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.

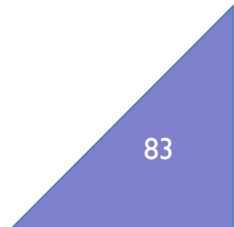
⁸⁵ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Prevention and Early Intervention

Project Name: Community Health Outreach Worker

5b

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.
Number of Services / Quantity of Service	Per the 2010 census, there are 181,058 residents of El Dorado County, but 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



Discontinued PEI Programs/Projects

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

- None

Realigned PEI Programs/Projects (to another MHSA Component)

- None

Sub-Component: Prevention and Early Intervention-Statewide Projects

Sub-Component Definition

In 2007, the MHSOAC approved various Statewide Prevention and Early Intervention (PEI) Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that the following three Statewide PEI Projects would be most effectively implemented through a single administrative entity:

1. Suicide Prevention
2. Student Mental Health Initiative
3. Stigma and Discrimination Reduction (SDR)

A number of California counties, including El Dorado County, joined CalMHSA, an Independent Administrative and Fiscal Governments Agency focused on the delivery of the Statewide PEI Projects. As a CalMHSA member, El Dorado County's Statewide PEI Program Component Allocation is assigned directly to CalMHSA to implement these three projects.

Through CalMHSA, resources can be maximized for the most efficient purchasing of products, such as materials translated into threshold languages for target populations, or services, such as technical assistance, and completion of administration requirements, such as reporting. CalMHSA provides a mechanism at the Statewide level for counties to collectively represent their best interests and will act as a planning body representing counties for Statewide projects.

Current Status of Statewide PEI Projects

MHSA funding for the Statewide PEI Projects ended June 30, 2014. CalMHSA developed a sustainability program for the Statewide PEI Projects, which included requesting contributions from each county's PEI funding, to continue these projects. The recommended level of funding is between 4% and 7%, with the minimum contribution at 1% to continue participation with CalMHSA.

El Dorado County did not contribute to the Statewide PEI programs in FY 2014-15 because insufficient information was available to discuss this issue during the FY 2014-15 community planning process.

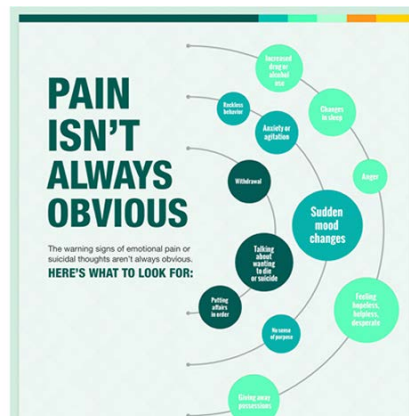
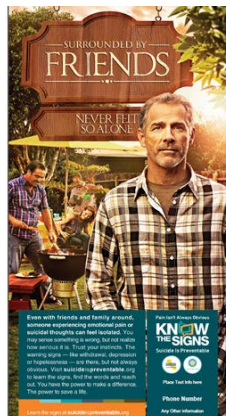
Contribution to the Statewide PEI Projects was a proposal during the FY 2015-16 Community Planning Process. For more information about the proposed new project, please see [Project 2h: Statewide PEI Projects](#).

Outcomes

El Dorado County has benefited from the Statewide PEI-funded programs in the following manner:

- **Educational Materials:** Educational and prevention materials are regularly provided to the County, such as posters, brochures and other handouts related to stigma and discrimination reduction and suicide prevention. These items are made available to the

community at no cost. Interested organizations should contact the MHSA Program Team at MHSA@edcgov.us. Materials are available in both English and Spanish, such as:



- **Know the Signs Suicide Prevention Campaign:** The Statewide Suicide Prevention project provided 30-second ads in two movie theaters (El Dorado Hills and South Lake Tahoe in English), a standee in the lobby of the South Lake Tahoe movie theaters (in Spanish) and a print ad in the Mt. Democrat.
- **Each Mind Matters:** One of Each Mind Matters video vignettes, Art’s Story, is about a Native American community leader in El Dorado County, Art Martinez, speaking about the mental health issues associated with his community and how discrimination has prevented Native Americans from getting the help they need. Art’s Story is also included in the documentary “A New Frame of Mind: Ending the Stigma of Mental Illness”, which was shown and discussed throughout El Dorado County in 2014 by the Community Resource Center (funded through a grant from CalMHSA).
- **Walk In Our Shoes:** A “Walk In Our Shoes” school play was held at Charter Home Study Academy. A School Administrator who participated in Walk In Our Shoes stated: “As an administrator, it definitely enhanced the conversation about mental health among staff. It also reinforced the need for additional support staff for students and families.”
- **LivingWorks Education:** More than 50 individuals from El Dorado County have received the SafeTalk suicide prevention training as a result of the instructor training provided by LivingWorks Education at the MHD in March 2014.
- **Friendship Line for Older Adults:** More than 450 calls from El Dorado County were made to the Friendship line from July 2011 to September 2014.
- **WellSpace Health (General Population) Hotline:** More than 700 calls to WellSpace Health were made from January 2013 to September 2014.

Local Funding

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.

In previous MHSAs, the Statewide PEI Projects have been a sub-component of PEI. Upon approval of this Plan Update, the MHD will provide direct funding to CalMHSA, and the Statewide PEI Projects sub-component will become PEI Project 2h: Statewide PEI Projects.

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, transition age youth, adults, and older adults.⁸⁶ 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.⁸⁷ 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 I of the Government Code.

⁸⁶ CCR, Title 9, Division 1, Chapter 14, Section 3200.080, Community Services and Supports.

⁸⁷ CCR, Title 9, Division 1, Chapter 14, Section 3615, Community Services and Supports Service Categories.

(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 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 veterans 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.⁸⁸

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)

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

Future Potential Project:

- Project 2d: Assisted Outpatient Treatment

CSS-Housing

- Project 1: West Slope – Trailside Terrace (formerly Sunset Lane Apartments), Shingle Springs
- Project 2: East Slope – The Aspens at South Lake, South Lake Tahoe
- Project 3: Local Housing Assistance

⁸⁸ 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.

Community Services and Supports (CSS)

**Project Name: Youth and Family Full Service Partnership
(formerly Youth and Family Wraparound)**

Project Ia

Project Type:	<input checked="" type="checkbox"/> Full Service Partnerships <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach/Engagement
Name Change:	<p>The term “Wraparound” brought challenges in identifying the funding, method and/or purpose of this project. The distinction between applying wraparound principles and services (as defined in WIC §18251(d)), utilizing a specific wraparound model, or services provided under the former Senate Bill (SB) 163 Wraparound program was not always clear. Therefore, the County is recommending a name change for this project from “Youth and Family Wraparound” to “Youth and Family Full Service Partnership” to more closely align with the terminology utilized under the Mental Health Services Act (MHSA). The intent of the project remains the same.</p>
Objective:	<p>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.</p> <p>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.</p>
Target Population(s):	<p>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:</p> <p>SED children/youth who fall into at least ONE of the following groups:</p> <p>Group I:</p> <ol style="list-style-type: none"> 1. As a result of the mental disorder, the child/youth has substantial impairment in at least two of these areas: <ol style="list-style-type: none"> a. Self-care. b. School functioning. c. Family relationships. d. Ability to function in the community. <p>and</p> <ol style="list-style-type: none"> 2. Either of the following occur:

Community Services and Supports (CSS)

**Project Name: Youth and Family Full Service Partnership
(formerly Youth and Family Wraparound)**

Project 1a

	<ul style="list-style-type: none">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. <p>Group 2 – The child/youth displays at least ONE of the following features:</p> <ul style="list-style-type: none">1. Psychotic features.2. Risk of suicide.3. Risk of violence due to a mental disorder. <p>Group 3 – The child/youth meets special education eligibility requirements under Chapter 26.5 of the Government Code.</p> <p>SED Transition-Age Youth (youth 16 years to 25 years old) who meet ALL of the following:</p> <ul style="list-style-type: none">1. They fall into at least one of the groups in (A) above.2. They are unserved or underserved. <p>and</p> <ul style="list-style-type: none">3. They are in one of the following situations:<ul style="list-style-type: none">a. Homeless or at risk of being homeless.b. Aging out of the child and youth mental health systemc. Aging out of the child welfare systemsd. Aging out of the juvenile justice systeme. Involved in the criminal just systemf. At risk of involuntary hospitalization or institutionalization, org. Have experienced a first episode of serious mental illness <p>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.</p> <p>As used in this description, the terms “child”, “children” and “youth” also</p>
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Community Services and Supports (CSS)

**Project Name: Youth and Family Full Service Partnership
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	<p>include NMDs.</p> <p>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 coverage, or who do not have any health insurance.</p> <p>Children may have an active Child Welfare Services case, but involvement with Child Welfare Services is not a requirement for project eligibility.</p> <p>This project will serve only children who reside in the County.</p> <p>Children placed in group homes are not eligible for Youth and Family FSP services.</p> <p>A juvenile who is incarcerated due to criminal activity is not eligible for Youth and Family FSP services.</p>
<p>Service Location(s):</p>	<p>Countywide.</p>
<p>Project Description:</p>	<p>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”</p> <p>For children, the County has identified wraparound principles and services as the FSP project. Wraparound principles include family voice and 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):</p> <p>“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.</p> <p>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-</p>

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	<p>appropriate services.</p> <p>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.</p> <p>Project Eligibility</p> <p>Prior to referral, children are assessed by County Mental Health clinicians and together with parents or guardians, specific services are determined.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• 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. <p>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</p>
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Community Services and Supports (CSS)

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

	<p>be provided in coordination with the FSP services.</p> <p>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.</p> <p>Eligible children/youth can terminate and re-enter the Youth and Family FSP project.</p> <p>FSP Services</p> <p>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.</p> <p>Services provided will recognize and strengthen characteristics of resiliency in children/youth:</p> <ul style="list-style-type: none">• 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
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Community Services and Supports (CSS)

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	<p>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.</p> <p>Services and supports to be provided may include, but not be limited to, the following:</p> <ul style="list-style-type: none">• 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. <p>Family members will not run the service but as part of the service team, their role will be to:</p> <ul style="list-style-type: none">• Participate on all family treatment teams;• Provide mentoring/support for parents and consumer;• Assist facilitator in finding appropriate community resources;• Plan celebrations;
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Community Services and Supports (CSS)

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

- 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.

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

Community Services and Supports (CSS)

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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

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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 is 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

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	services, supplies needed for skill building lessons).
Services Provided By:	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Current Vendors: Sierra Child and Family Services, West Slope and South Lake Tahoe Summitview Child and Family Services, West Slope Additional contracted vendors may be added through the procurement method identified below.
Procurement Method:	The current contract with Sierra Child and Family Services and Summitview will continue until the current RFP for services is awarded. 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:	<ul style="list-style-type: none"> • 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
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. It would be anticipated that the average number of children enrolled in this project would be approximately 35 annually and that the average cost per child would be \$10,714 in FY 2015-16. However, some children may have a higher level of need, and the actual cost per child will not be limited to \$10,714.

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**Project Name: Youth and Family Full Service Partnership
(formerly Youth and Family Wraparound)**

Project 1a

<p>Budget:</p>	<p>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.</p> <p>Budgeted on a reimbursement basis.</p> <p>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.</p>
<p>FY 2013-14</p>	<p>\$600,000</p>
<p>FY 2014-15</p>	<p>\$425,000</p>
<p>FY 2015-16</p>	<p>\$375,000 combined with the funding for Project 1c</p>
<p>FY 2016-17</p>	<p>\$375,000 combined with the funding for Project 1c</p>
<p>FY 2017-18</p>	<p>\$375,000 combined with the funding for Project 1c</p>

Community Services and Supports (CSS)

Project Name: Family Strengthening Academy

Project 1b

The project is discontinued effective FY 2015-16.

Project Type:	<input type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input type="checkbox"/> Outreach/Engagement
Objective:	<p>This project is designed to promote family unification or reunification through a range of promising, best, and evidence-based treatment strategies for children who have been diagnosed with a serious emotional disturbance/serious mental illness and their families/guardians.</p> <p>This program partners in part with the Prevention and Early Intervention (PEI) Project 1f: Prevention and Early Intervention for Youth in Schools.</p>
Target Population(s):	<p>Children (under age 18) who are MHD clients and their families/guardians, meeting the following criteria:</p> <ul style="list-style-type: none"> • Parents/guardians are willing to be active, or are active, in their child's treatment. • Parents/guardians/family participation is anticipated to lead toward the family's recovery and resiliency. • Parents/guardians/family participation is anticipated to help with family unification or reunification.
Service Location(s):	<p>Diamond Springs and South Lake Tahoe Mental Health Clinics. Schools, homes or other locations for those youth enrolled in this project through the PEI Project 1f: Prevention and Early Intervention for Youth in Schools. Other locations as may be determined.</p>
Project Description:	<p>In addition to addressing other mental health issues, activities include but are not limited to individual and family counseling sessions to strengthen the family unit, classes for the children, parents/guardians or family unit, and other practices based on evidence-based models.</p> <p>The Treatment Plan must indicate the expectations for the children and parents as it relates to the Family Strengthening Academy (e.g., classes to be attended, activities to be performed).</p> <p>Classes, groups and practices will be implemented to address and improve personal and family risk factors, such as:</p> <ul style="list-style-type: none"> • Personal and family stress; • Communication; • Healthy relationships; • Family unification; • Social skill improvement; • Mindfulness – development of cognitive recognition skills so the participants can gain insight into difficulties and emotions they are experiencing

Community Services and Supports (CSS)

Project Name: Family Strengthening Academy

Project 1b

- Distress tolerance – learning to recognize negative situations and their impact and appropriately address situations;
- Emotional regulation – participants become aware of how their emotions are affecting their self, their family and others; and
- Interpersonal effectiveness – learning skills to help participants balance priorities.

Children and families will be referred for participation in classes, groups and practices to address the risk factors and may include, but are not limited to, Incredible Years, Parent Project, Anger Management, Teaching Pro-Social Skills, ART, Trauma-Focused CBT, DBT and Difficult Beginnings.

A qualifying CALOCUS score for this project would likely be 2 or 3, however higher or lower CALOCUS scores would 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. Participation in the Family Strengthening Academy would be evaluated quarterly at the same time the CALOCUS is revisited.

Children participating exclusively in traditional assessment, medication management or individual child therapy would not be eligible for this project.

Families/guardians may be working with Child Welfare Services, but involvement with Child Welfare Services is not a requirement for project eligibility.

Families with a prior history of participation in MHSA Wraparound or Family Strengthening Academy where there has been little or no progress toward recovery and resiliency would not be eligible for this project, except by approval of a Mental Health Program Coordinator. Such decisions would be based upon a change in family circumstances and consideration of the totality of the circumstances surrounding the child's and family's risk factors and mental health needs

For the Family Strengthening Academy activities, MHSA CSS funds would be utilized to purchase supplies (including but not limited to books, handouts, client activities, incentives), prepared food and household items, including but not limited to disposable plates, napkins, cups, and eating and serving utensils. The type and quantity of supplies, prepared foods and household items to be purchased depends upon the number of attendees, activities planned, and the time of day the classes are offered. Where there is a cost for an outside activity directly related to a group or class provided through the Family Strengthening Academy, MHSA funds would be utilized to pay for activity fees (including but not limited to entrance fees, admission ticket fees, rental fees).

Childcare and transportation to and from groups and classes may also be

Community Services and Supports (CSS)

Project Name: Family Strengthening Academy

Project 1b

	<p>provided on a case-by-case basis, addressing some barriers faced by families in receiving mental health services. The child’s clinician would assess the family needs. Childcare and transportation services and costs would be approved by the Program Manager.</p> <p>Project Differentiation</p> <p>This project differs from the MHSA Youth and Family Full Service Partnership project in that the level of intensity of services is considerably higher in the Youth and Family Full Service Partnership project. Additionally, the flexible supports, resources and services that may be available to a child or family through the MHSA Youth and Family Full Service Partnership project are not available through the Family Strengthening Academy, other than those identified supports related to attendance at groups and classes.</p> <p>This project differs from traditional children’s services in that the child and family is not limited to counseling only. Family members will be participating in a variety of other classes and groups to help strengthen the family dynamics, reduce family stress and improve family unification, while addressing the child’s mental health issues.</p>
<p>Services Provided By:</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p>
<p>Procurement Method:</p>	<p>Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p> <p>Initially, as well as during times when there is no contract in place with a vendor for Family Strengthening Academy overall project services, these services will be provided by County Staff. County staff may refer clients to vendors under contract with HHSa for specific activities (e.g., groups or classes).</p> <p>Vendor(s) that will be providing Family Strengthening Academy overall project services (e.g., case management, interventions, groups) will be selected through an open procurement and/or competitive procurement process. Interested vendors will provide HHSa with a description of their agency, the wraparound service model utilized, 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.</p> <p>When services are provided by the County, the County will access services through vendors under contract or if new vendors are needed, services will be procured through an open procurement and/or competitive procurement 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</p>

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	<p>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.</p> <p>This project includes a contracted vendor which will also be providing services through the new PEI Project 1f: Prevention and Early Intervention for Youth in Schools in an amount not to exceed \$50,000 annually.</p>
Project Goals:	<ul style="list-style-type: none"> • Reduce out-of-home placement for children. • Strengthen family unification or reunification. • Improve coping skills • Reduce at-risk behaviors • Reduce behaviors that interfere with quality of life
Outcome Measures:	<p>Measurement 1: Service engagement.</p> <p>Measurement 2: School engagement.</p> <p>Measurement 3: Suicide attempts.</p> <p>Measurement 4: Number of hospitalizations.</p> <p>Measurement 5: Out-of-home placements or change of placements.</p>
Number Served / Quantity of Service:	0; Project Discontinued.
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	\$400,000
FY 2014-15	\$100,000
FY 2015-16	\$0; Discontinued

Community Services and Supports (CSS)

Project Name: Foster Care Enhanced Services

Project Ic

Project Type:	<input checked="" type="checkbox"/> Full Service Partnerships <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach Engagement
Objective:	<p>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.</p> <p>This program is designed to provide mandated mental health and supportive services resulting from the <i>Katie A. vs. Bonta</i> class action settlement agreement.⁸⁹</p>
Target Population(s):	<p>Children/youth are considered to be a member of the target population if they meet the following criteria:</p> <ol style="list-style-type: none"> 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; <u>and</u> 5. Meet either “a.” or “b.” below: <ol style="list-style-type: none"> a. Is currently in, or being considered for: <ol style="list-style-type: none"> 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 b. Is currently in, or being considered for: <ol style="list-style-type: none"> i. A foster care group home (Rate Classification Level [RCL] 10 or above); ii. A psychiatric hospital (e.g., psychiatric inpatient hospital,

⁸⁹ For more information about *Katie A. v. Bonta*, please visit <http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx>.

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	<p>community residential treatment facility);</p> <p>iii. 24-hour mental health treatment facility; or</p> <p>iv. Has experienced three or more placements within 24 months due to behavioral health needs.</p> <p>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.</p>
<p>Service Location(s):</p>	<p>Countywide and in out-of-County (but in the State) locations where qualifying children/youth are located.</p>
<p>Activities Performed:</p>	<p>Activities performed under this project are designed to comply with requirements for implementation of the <i>Katie A. v. Bonta</i> State Settlement and associated State regulations and requirements.</p> <p>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.</p> <p>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 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.</p> <p>ICC and IHBS⁹⁰</p> <p>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.</p>

⁹⁰ County of Los Angeles, Department of Mental Health, June 26, 2013, No. 13-04 Quality Assurance Bulletin.

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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^{91, 92}

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 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:

⁹¹ *Ibid.*

⁹² State of California, Department of Health Care Services, Information Notice 13-11, May 3, 2013.

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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.

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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 is 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;
- 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.

Additionally, 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.

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	<p>This project differs from Family Strengthening Academy in that the Family Strengthening Academy is not a Full Service Partnership program and the type and level of services provided are lower intensity, focusing on strengthening the family dynamics, reducing family stress and improving family unification, while addressing the child’s mental health issues. The Foster Care Enhanced Services are more child focused, of a higher intensity level, and may be provided in non-clinical/office settings.</p> <p>Additional Activities Authorized through this Project</p> <p>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.</p>
<p>Services Provided By:</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p> <p>Current Vendors: Sierra Child and Family Services, West Slope and South Lake Tahoe Summitview Child and Family Services, West Slope</p> <p>Additional contracted vendors may be added through the procurement method identified below.</p>
<p>Procurement Method:</p>	<p>Current contracts with Sierra Child and Family Services and Summitview Child and Family Services will continue until the current RFP is awarded.</p> <p>Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p> <p>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.</p>
<p>Project Goals:</p>	<ul style="list-style-type: none"> • 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
<p>Outcome Measures:</p>	<p>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</p>

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Project 1c

	<p>Measurement 7: Days in out of home placement</p> <p>Measurement 8: Child care stability</p>
Number Served / Quantity of Service:	<p>There are an estimated 200 children/youth detained by Child Welfare Services annually, and approximately 400 open cases, which would be screened for eligibility to receive assessments. 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.</p> <p>The full impacts to caseloads from the implementation of this mandated program are not yet know. It is anticipated that participation could increase by approximately 11 children per month.</p> <p>It is anticipated that the average cost per child would be approximately \$11,626 annually. However, some children may have a higher level of need, and the actual cost per child will not be limited to \$11,626.</p>
Budget:	<p>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.</p> <p>Budgeted on a reimbursement basis.</p> <p>Contracted vendors will compensated on a reimbursement basis.</p> <p>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.</p>
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	\$755,700 combined with the funding for Project 1a
FY 2017-18	\$755,700 combined with the funding for Project 1a

Community Services and Supports (CSS)

Project Name: Wellness Centers

Project 2a

Project Type:	<input type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input checked="" type="checkbox"/> 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:	<p>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.</p> <p>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.</p> <p>As identified in the State-approved FY 2008-09 CSS Plan, 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.</p> <p>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.</p> <p>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</p>

Community Services and Supports (CSS)

Project Name: Wellness Centers

Project 2a

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.⁹³

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.

Key to the success of continued engagement with Mental Health and in the Wellness Centers is the availability of activities that are of interest to the participants, while providing an educational opportunity. Surveys were made available to Wellness Center participants during the month of June 2013. Thirty-six surveys were completed (21 from Placerville, 14 from South Lake Tahoe and one did not identify the location). The survey asked respondents "In which of the following Wellness Center/Clubhouse activities (existing or new) would you participate?"

Activity	% of Respondents Who Would Participate
Field Trips	71%
Art	62%
Volunteering.....	56%
Educational Discussion on Mental Health Topics.....	53%
Games	53%
Relationship Skills	53%
Music	47%

⁹³ Marano, H. E., July 1, 2003. Retrieved from <http://www.psychologytoday.com/articles/200308/the-dangers-of-loneliness>, August 22, 2013.

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Project 2a

One-on-One Discussions with Mental Health Staff	47%
Computer Skill Building	41%
Crafts	41%
Gardening.....	41%
Cooking.....	38%
Independent Living Skills.....	38%
Leadership Class.....	38%
Peer Support Group.....	38%
Exercise	35%
Job Skill Building.....	32%
Photography	29%
Providing Community Education regarding Mental Health Topics.....	29%
Educational Discussions on Non-Mental Health Topics (such as travel, sports, etc.).....	26%
Nutrition	26%
T-House Outreach / Community Building	26%
Skill Sharing.....	24%
Theatrical Performance	21%
Foreign Language Skills.....	15%
<p>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.</p> <p>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 transportation costs (e.g., bus script/passes), toiletries, and laundry. Replacement and repair of Wellness Center items (e.g., equipment, furniture) are also included.</p>	

Community Services and Supports (CSS)

Project Name: Wellness Centers

Project 2a

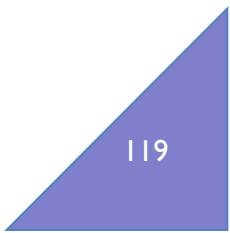
	With the West Slope and South Lake Tahoe Wellness Center moves that occurred in FY 2013-14 and FY 2014-15, these MHSA funds will be utilized to facilitate a smooth transition from the Wellness Center's old locations to their new location to minimize negative impacts to participants. Costs may include, but are not limited to, moving expenses, construction costs and acquisition of items needed to make the Wellness Centers be usable and healthy spaces for the clients, equipment necessary for the new spaces to continue implementation of the Wellness Center project, and storage. To the extent possible, items from the old Wellness Centers will be utilized in the new Wellness Centers.
Services Provided By:	<input type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff
Procurement Method:	None.
Project Goals:	<ul style="list-style-type: none"> • 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:	<p>Measurement 1: Number of participants and frequency of attendance.</p> <p>Measurement 2: Continued engagement in mental health services.</p> <p>Measurement 3: Attainment of individualized goals.</p>
Number Served / Quantity of Service:	<p>It is projected that the monthly participation rate will average approximately 750 visits. This represents total visits to the Wellness Centers, not the total number of unique individuals attending the Wellness Center. It is estimated that the monthly participation rate (unique individuals attending) will be approximately 100 individuals. However, recent trends have indicated that attendance is increasing at the Wellness Centers.</p> <p>At 9,000 client visits annually (750 clients per month x 12 months), the average cost per visit would be \$278. The visits may include sessions with clinicians, psychiatrists, or other Mental Health staff.</p>
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

Community Services and Supports (CSS)

Project Name: Wellness Centers

Project 2a

FY 2016-17	\$2,400,000
FY 2017-18	\$2,300,000



Community Services and Supports (CSS)

Project Name: Adult Full Service Partnerships

Project 2b

Project Type:	<input checked="" type="checkbox"/> Full Service Partnerships <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach Engagement
Objective:	<p>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.</p>
Target Population(s): ⁹⁴	<p>(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.</p> <p>(b) Transition age youth, in addition to (a) above, must meet the criteria below.</p> <ul style="list-style-type: none"> (1) They are unserved or underserved and one of the following: <ul style="list-style-type: none"> (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. <ul style="list-style-type: none"> (1) They are unserved and one of the following: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (1) They are unserved and one of the following: <ul style="list-style-type: none"> (A) Experiencing a reduction in personal and/or community

⁹⁴ CCR, Title 9, Division I, Chapter 14, Section 3620.05, Criteria for Full Service Partnerships Service Category.

Community Services and Supports (CSS)

Project Name: Adult Full Service Partnerships

Project 2b

	<p>functioning.</p> <p>(B) Homeless.</p> <p>(C) At risk of becoming homeless.</p> <p>(D) At risk of becoming institutionalized.</p> <p>(E) At risk of out-of-home care.</p> <p>(F) At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.</p> <p>(2) They are underserved and at risk of one of the following:</p> <p>(A) Homelessness.</p> <p>(B) Institutionalization.</p> <p>(C) Nursing home or out-of-home care.</p> <p>(D) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.</p> <p>(E) Involvement in the criminal justice system.</p> <p>Priority shall be given to populations that are underserved. “‘Underserved’ 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 underserved.”⁹⁵</p>
<p>Service Location(s):</p>	<p>Countywide.</p>
<p>Project Description:</p>	<p>A FSP is defined as “the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.”⁹⁶</p> <p>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.”⁹⁷ 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</p>

⁹⁵ CCR, Title 9, Division I, Chapter 14, Section 3200.310, Underserved.

⁹⁶ CCR, Title 9, Division I, Chapter 14, Section 3200.130, Full Service Partnership.

⁹⁷ California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult*. 2011, page 11.

Community Services and Supports (CSS)

Project Name: **Adult Full Service Partnerships**

Project 2b

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."⁹⁸ 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 towards 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."⁹⁹

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 the client's goals and achieve outcomes that support the client's recovery, wellness and resilience."¹⁰⁰ "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]."¹⁰¹ 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."¹⁰²

Mental Health Services and Supports

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

⁹⁸ *Ibid.*, page 12.

⁹⁹ CCR, Title 9, Division 1, Chapter 14, Section 3200.160, Fully Served.

¹⁰⁰ CCR, Title 9, Division 1, Chapter 14, Section 3200.150, Full Spectrum of Community Services.

¹⁰¹ CCR, Title 9, Division 1, Chapter 14, Section 3620, Full Service Partnership Service Category, subsection (a).

¹⁰² CCR, Title 9, Division 1, Chapter 14, Section 3620, Full Service Partnership Service Category, subsection (b).

Community Services and Supports (CSS)

Project Name: **Adult Full Service Partnerships**

Project 2b

	<p>“(A) Mental health services and supports including, but not limited to:</p> <ul style="list-style-type: none">(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.(viii) ISSP¹⁰³ development.(ix) Crisis intervention/stabilization services.(x) Family education services.”¹⁰⁴ <p>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.”¹⁰⁵</p> <p>Non-Mental Health Services and Supports</p> <p>The full spectrum of community services also includes, but is not limited to, non-mental health services and supports such as:</p>
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¹⁰³Individual Services and Supports Plan (ISSP).

¹⁰⁴CCR, Title 9, Division I, Chapter 14, Section 3620. Full Service Partnership Service Category, subsection (a).

¹⁰⁵California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult*. 2011, page 60.

Community Services and Supports (CSS)

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Project 2b

“(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.”¹⁰⁶

The County may also provide items necessary for daily living; travel, transportation and transportation-related expenses; medication; furniture; household products; appliances; community activities; school 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.¹⁰⁷

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.¹⁰⁸

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.”¹⁰⁹ 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

¹⁰⁶CCR, Title 9, Division 1, Chapter 14, Section 3620. Full Service Partnership Service Category, subsection (a).

¹⁰⁷California Department of Mental Health, Prepared by the California Institute for Mental Health. *Full Service Partnership Tool Kit, Adult*. 2011, page 108.

¹⁰⁸*Ibid.*, pages 103 and 108.

¹⁰⁹*Ibid.*, page 108.

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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.

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 self-management is the process by which clients increase their involvement in decisions about their care and recovery."¹¹⁰ 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.¹¹¹

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 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.¹¹²
- Increasing clients' social networks and increasing opportunities to meet new people through social, nonprofessionally oriented

¹¹⁰ *Ibid.*, page 52.

¹¹¹ *Ibid.*, page 50.

¹¹² *Ibid.*, page 76.

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	<p>interactions with other individuals who may act as community supports for the clients.¹¹³</p> <ul style="list-style-type: none">• Establishing safe, affordable, and permanent housing for each client, and identifying emergency housing as may be needed.¹¹⁴• Identifying clients who are living in board and care facilities but, with appropriate FSP supports, could make the transition to independent living.¹¹⁵• 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 them transcend beyond their role as a client within the mental health system.¹¹⁶• 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.¹¹⁷• 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.¹¹⁸• Identifying financial goals and resolving insufficiencies.¹¹⁹• 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.¹²⁰• Addressing a client’s drug or alcohol use or other behaviors based on the client’s level of readiness for change¹²¹ 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.”¹²²• 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
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¹¹³ *Ibid.*, page 65.

¹¹⁴ *Ibid.*, page 102.

¹¹⁵ *Ibid.*, page 103.

¹¹⁶ *Ibid.*, page 67.

¹¹⁷ *Ibid.*, page 39.

¹¹⁸ *Ibid.*, page 75.

¹¹⁹ *Ibid.*, page 69.

¹²⁰ *Ibid.*, page 81.

¹²¹ *Ibid.*, page 81.

¹²² *Ibid.*, page 57.

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	<p>recovery, wellness and resiliency within the appropriate cultural context.</p> <ul style="list-style-type: none"> Assisting clients in becoming good tenants, neighbors, and community members by building the skills and supports necessary for living in the community.¹²³
Services Provided By:	<input checked="" type="checkbox"/> Contracted Vendor ¹²⁴ <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Summitview Child and Family Services (for operation of an ARF and provision of FSP services to clients residing in the ARF).
Procurement Method:	<p>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).</p> <p>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.</p> <p>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.</p>
Project Goals:	<ul style="list-style-type: none"> 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:	<p>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.</p> <p>Measurement 2: Achieving goals identified on the ISSP.</p> <p>Measurement 3: Continued engagement in services.</p>

¹²³ *Ibid.*, page 105.

¹²⁴ These services will be provided by County Staff and volunteers; potential use of Contracted Vendors at a future point in time.

Community Services and Supports (CSS)

Project Name: Adult Full Service Partnerships

Project 2b

Number Served / Quantity of Service:	It would be anticipated that the average number of adults enrolled in this project would be 125 annually and that the average cost per adult would be \$32,400. However, some adults may have a higher level of need, and the actual cost per adult will not be limited to \$32,400.
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
FY 2014-15	\$3,846,189
FY 2015-16	\$4,050,000
FY 2016-17	\$4,000,000
FY 2017-18	\$3,900,000

Community Services and Supports (CSS)

Project Name: Older Adults Program

Project 2c

The project is discontinued effective FY 2015-16.

Project Type:	<input type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach Engagement
Objective:	Provide mental health services to older adults with a serious mental illness in client-preferred locations (e.g., home, community centers). Individuals must meet the criteria for receiving services through the MHD.
Target Population(s):	Individuals age 60 and above
Service Location(s):	Countywide
Project Description:	<p>Older adults were cited by the community as under-served. A mental illness may be complicated by issues such as isolation, multiple losses, complex family dynamics and physical health concerns. Factors such as the stigma associated with mental illness, not wanting to bother others with their concerns, transportation barriers, cost, and/or misdiagnosis, older adults may not receive necessary mental health services.</p> <p>It is estimated that there is a large number of un-served or under-served individuals in the target population. Older adults (age 60+) represent 22% of the population in El Dorado County, and the older adult population is one of the fastest growing age groups within our County.¹²⁵ In the 2000 census, older adults (age 60+) represented 17% of the population.¹²⁶</p> <p>The Older Adults project will provide a mobile mental health team approach. The goal is to provide holistic mental health services to frail and isolated older adults in order to repair, enhance, and redefine their safety net thereby maintaining them in their homes and avoiding institutionalization. This program partners with the Prevention and Early Intervention (PEI) Older Adults project to provide a continuum of services to older adults in our communities who may need brief prevention services to those who may need clinical mental health services. Older Adults in need of high intensity mental health services who qualify for Full Service Partnership services would be provided with those services under the MHSA Adult Full Service Partnership program.</p> <p>Referrals for services would be welcomed from all community members, including neighbors, family members, faith-based organizations,</p>

¹²⁵ Retrieved from the 2010 census (<http://quickfacts.census.gov/qfd/states/06000.html>), March 7 and May 7, 2013.

¹²⁶ Retrieved from American Fact Finder, 2000 Census. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_00_SFI_DPI&prodType=table, August 23, 2013.

Community Services and Supports (CSS)

Project Name: Older Adults Program

Project 2c

community-based organizations and governmental agencies. Older adults would also be able to self-refer. It is anticipated that initial referrals for mental health services under CSS would be processed through the PEI Older Adults project.

Through the PEI Older Adults project, MHSA funds will be used initially to promote program development in the area of outreach, engagement and systems development in support of a mobile outreach, case management and brief treatment model program. In the outreach and engagement services for this hard-to-reach population, non-traditional referral sources (community members who, through their regular personal or business activities, come into contact with seniors) may receive information as to identifying and referring at-risk individuals to the senior services system. This community organization approach serves to empower and engage the broader community in assisting the older adult population. In the event an older adult is in need of specialty mental health services, those services would be provided through this CSS program. MHD staff may also deliver curriculum for and support clients enrolled in the WET Project 6: Consumer Leadership Academy through this project.

Older Adult Preferences for Services

The Older Adults Survey distributed during the community planning process identified that a majority of the respondents would prefer to receive mental health services in their home (71%) or in a doctor’s office (68%). Only 11% of the respondents indicated they would prefer to receive mental health services at a County building. Further, 80% indicated they would prefer to receive individual services as opposed to group counseling (19%). Although the survey sample size was small, it does provide a general indicator of how seniors, both homebound and those who go to the West Slope Senior Centers, would like to receive mental health services.

The survey respondents also identified barriers to seeking and receiving mental health services:

Summary Category	% of Responses
Transportation.....	73%
Impact to Others.....	66%
Cost.....	64%
Lack of Information.....	48%
Stigma.....	44%
Physical Health Limitation	44%
Provider Issue	26%
Cultural/Language Differences	4%

Community Services and Supports (CSS)

Project Name: Older Adults Program

Project 2c

	<p>This program is designed to address a majority of those barriers. 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 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.</p> <p>Costs for this program include, but are not limited to, staff time, mileage and other operating expenses (e.g., rent, overhead).</p>
<p>Services Provided By:</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p>
<p>Procurement Method:</p>	<p>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).</p> <p>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.. One or more vendors may be selected to provide these services.</p> <p>Contracts for specific activities, groups or classes will be done through an open and/or competitive procurement 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.</p>
<p>Project Goals:</p>	<p>Increased access to mental health services Decrease in institutional care placements for older adults</p>
<p>Outcome Measures:</p>	<p>Measurement 1: Initial engagement in mental health services Measurement 2: Continued engagement in mental health services Measurement 3: Days of institutional care placements Measurement 4: Pre- and post-survey measuring connectivity (opposite of isolation/loneliness)</p>

Community Services and Supports (CSS)

Project Name: Older Adults Program

Project 2c

Number Served / Quantity of Service:	Per the 2010 census, there are 39,494 (22%) residents of El Dorado County age 60+, but it is difficult to determine how many individuals would be in need of services annually. It is estimated that 50 older adults may be assessed for specialty mental health services on an annual basis. The majority of older adults will receive brief duration prevention and early intervention services under the PEI Older Adults project. It would be anticipated that the average number of older adults enrolled in this project would be 10 annually and that the average cost per adult would be \$5,050. However, some adults may have a higher level of need, and the actual cost per adult will not be limited to \$5,050.
Budget:	The project is discontinued effective FY 2015-16.

Community Services and Supports (CSS)

Project Name: Assisted Outpatient Treatment

Project 2d

Project Type:	<input checked="" type="checkbox"/> Full Service Partnerships <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach Engagement
Objective:	Implementation of an Assisted Outpatient Treatment (AOT) project as defined in the WIC. ¹²⁷
Target Population(s):	Adults meeting the criteria set forth in WIC. ¹²⁸
History:	<p>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.¹²⁹</p>
Project Description:	<p>The requirements of AOT are identified in WIC.¹³⁰</p> <p>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.</p> <p>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.</p>
Services Provided By:	<input checked="" type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Vendor TBD. Summitview Child and Family Services (for operation of an ARF and provision of FSP services to clients residing in the ARF).

¹²⁷ WIC §§5345-5349.5. <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5345-5349.5>.

¹²⁸ *Ibid.*

¹²⁹ SB 585. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB585.

¹³⁰ *Ibid.*

Community Services and Supports (CSS)

Project Name: Assisted Outpatient Treatment

Project 2d

Procurement Method:	Vendor(s) will be selected in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Project Goals:	<ul style="list-style-type: none"> • Reduction in institutionalization • People are maintained in the community • Services are individualized • Team approach to treatment
Outcome Measures:	<p>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.</p> <p>Measurement 2: Reduction in institutionalization and incarceration.</p> <p>Measurement 3: Continued engagement in services, as needed, after discharge from AOT.</p>
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:	<p>Contracted services are on a reimbursement basis.</p> <p>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.</p> <p>The CCC has committed \$125,000 for the three-year pilot project.</p>
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	If implemented, \$200,000
FY 2017-18	If implemented, \$200,000

Community Services and Supports (CSS)

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

Project Type:	<input checked="" type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach Engagement
Objective:	<p>Provide services to meet the unique needs of transitional age youth and encourage continued participation in mental health services.</p> <p>This program partners in part with the Prevention and Early Intervention (PEI) Project 1f: Prevention and Early Intervention for Youth in Schools.</p>
Target Population(s):	<p>Transitional age youth (ages 16 through 25).</p> <p>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.</p> <p>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.</p> <p>Youth must meet the eligibility requirements for their age group to receive specialty mental health services.</p> <p>This project will serve only clients who reside in the County.</p> <p>Youth may leave this project and return to this project at a later date.</p> <p>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., Family Strengthening Academy, 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.</p>
Service Location(s):	Countywide
Project Description:	<p>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</p>

Community Services and Supports (CSS)

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Project 3a

of incarceration and homelessness.

There is no comprehensive MHS 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

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-- 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 transition 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 transition 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

Community Services and Supports (CSS)

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

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

First Episode of Psychosis

Through 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.

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 develop 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

Community Services and Supports (CSS)

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Project 3a

- 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 successfully 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

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	<p>sexual orientation or gender-bias.</p> <p>Collaboration</p> <p>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.</p> <p>Supportive “Flex Funds” (Flexible Supports and Services)</p> <p>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.</p> <p>Examples of uses for flex funds include, but is not limited to:</p> <ul style="list-style-type: none">• 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
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Community Services and Supports (CSS)

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

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	<ul style="list-style-type: none"> • 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). <p>Full Service Partnership</p> <p>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.</p> <p>Avoiding Duplication of Services</p> <p>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.</p>
<p>Services Provided By:</p>	<p><input checked="" type="checkbox"/> Contracted Vendor¹³¹ <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p>
<p>Procurement Method:</p>	<p>These services will be provided by County Staff and contracted vendors, through a collaborative approach.</p> <p>Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p>
<p>Project Goals:</p>	<ul style="list-style-type: none"> • 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

¹³¹These services will be provided by County Staff and volunteers; potential use of Contracted Vendors at a future point in time.

Community Services and Supports (CSS)

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

Outcome Measures:	<p>Measurement 1: Number of days of institutional care placements</p> <p>Measurement 2: Number of days of homelessness / housing stability</p> <p>Measurement 3: Education attendance and performance</p> <p>Measurement 4: Employment status</p> <p>Measurement 5: Continued engagement in mental health services</p> <p>Measurement 6: Linkage with primary health care</p>
Number Served / Quantity of Service:	<p>It is estimated that 50 to 120 youth would qualify for this project per year. The number of youth participating in this project is anticipated to be small, perhaps 50 to 70 per year due to staffing and funding limitations. The remaining TAY would be funded through other appropriate projects (e.g., traditional services, CSS Project 1a: Youth and Family Full Service Partnership, CSS Project 2a: Wellness Centers or CSS Project 2b: Adult Full Service Partnership).</p> <p>It would be anticipated that the average number of youth enrolled in this project would be 70 annually (although more youth will be served if staffing and funding allows) and that the average cost per youth would be \$4,286. However, some youth may have a higher level of need, such as those in need of FSP services, and the actual cost per youth will not be limited to \$4,286.</p>
Budget:	<p>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.</p> <p>Includes Mental Health Block Grant funding.</p>
FY 2013-14	\$350,000
FY 2014-15	\$342,387
FY 2015-16	\$464,498
FY 2016-17	\$464,498
FY 2017-18	\$464,498

Community Services and Supports (CSS)

Project Name: Outreach and Engagement Services

Project 4a

Project Type:	<input type="checkbox"/> Full Service Partnerships <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> 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:	<p>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.</p> <p>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.</p> <p>Graduates of the Consumer Leadership Academy (previously a PEI project, now a WET project) may also have a role in outreach and engagement. For example, graduates may provide peer engagement support and act as transportation ambassadors.</p> <p>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,</p>

Community Services and Supports (CSS)

Project Name: Outreach and Engagement Services

Project 4a

to include publication via local media.

HHSA is seeking federal 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 will either be utilized directly by HHSA or be subcontracted to a community-based organization, 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 towards 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. If these services are provided through a subcontractor, a sole source contract process will be utilized to contract with a provider of these PATH services Countywide.

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

Community Services and Supports (CSS)

Project Name: Outreach and Engagement Services

Project 4a

	<p>align with the bus schedule;</p> <ul style="list-style-type: none">• 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. <p>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 HHS policies and procedures.</p> <p>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).</p> <p>Other Barriers to Service Engagement</p> <p>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.</p> <p>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”).</p> <p>Project Differentiation</p> <p>This project differs from the CSS Community-Based Mental Health 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</p>
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Community Services and Supports (CSS)

Project Name: Outreach and Engagement Services

Project 4a

	<p>Services project provides clinical services for MHD clients in the community setting, including rural areas of the County.</p> <p>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.</p> <p>This project differs from the Older Adult Project (both PEI and CSS) in that the Older Adult Project requires more specialty services to address the needs of older adults, and as such, those services will be contracted to a community provider. The Older Adults Projects will also 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.</p>
Services Provided By:	<input checked="" type="checkbox"/> Contracted Vendor ¹³² <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> 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:	<ul style="list-style-type: none"> • 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: Wellness Center attendance.
Number Served/ Quantity of Service:	This component anticipates serving 1,750 requests for service each year in initial outreach and engagement activities with an average cost per year per request of \$459.
Budget:	
FY 2013-14	\$250,000

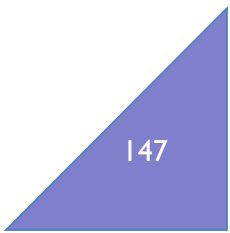
¹³² These services will be provided by County Staff and Volunteers; potential use of Contracted Vendors at a future point in time.

Community Services and Supports (CSS)

Project Name: Outreach and Engagement Services

Project 4a

FY 2014-15	\$1,055,798 (increase in budget due to change of service provision method)
FY 2015-16	\$803,543
FY 2016-17	\$804,000
FY 2017-18	\$804,000



Community Services and Supports (CSS)

Project Name: Community-Based Mental Health Services

Project 4b

Project Type:	<input type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach Engagement
Objective:	<p>Provide assessments and specialty mental health services in local communities.</p> <p>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.</p>
Target Population(s):	Individuals eligible for specialty mental health services.
Service Location(s):	Countywide, including the Community Corrections Center in Shingle Springs.
Project Description:	<p>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.</p> <p>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.</p> <p>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), and residents of the County may attend classes in any area of the County that is convenient for them.</p> <p>Costs for this program include, but are not limited to, staff time, mileage and other operating expenses (e.g., rent, overhead, group/class materials).</p>

Community Services and Supports (CSS)

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

Services Provided By:	<input checked="" type="checkbox"/> Contracted Vendor ¹³³ <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> 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:	<ul style="list-style-type: none"> • 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:	<p>Measurement 1: Continued engagement in mental health services</p> <p>Measurement 2: Days of homelessness, institutionalization, hospitalization, and incarceration</p> <p>Measurement 3: Linkage with primary health care</p> <p>Measurement 4: Levels of Care Utilization System (LOCUS)/CALOCUS</p> <p>Measurement 5: Outcome measurement tools (e.g., CANS)</p>
Number Served / Quantity of Service:	<p>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.</p> <p>It would be anticipated that the average number of client enrolled in this project would be 55 annually and that the average cost per individual would be \$3,761. However, some individuals may have a higher level of need, and the actual cost per individual will not be limited to \$3,761.</p>
Budget:	<p>Funding for mental health services through the MHD in support of AB 109 are 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.</p> <p>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.</p>
FY 2013-14	\$500,000
FY 2014-15	\$157,613
FY 2015-16	\$206,840

¹³³ These services will be provided by County Staff; potential use of Contracted Vendors at a future point in time.

Community Services and Supports (CSS)

Project Name: Community-Based Mental Health Services

Project 4b

FY 2016-17	\$206,840
FY 2017-18	\$206,840

Community Services and Supports (CSS)

Project Name: Resource Management Services

Project 4c

Project Type:	<input type="checkbox"/> Full Service Partnerships <input checked="" type="checkbox"/> General System Development <input type="checkbox"/> 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:	<p>This project is designed to develop key relationships and thereby build 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. As identified in the approved MHSA FY 2007-08 Expansion Proposal, we will also utilize MHSA-funds to engage in general systems development planning to improve access and service delivery.</p> <p>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.</p> <p>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.</p> <p>Improving access and service delivery includes evaluating and designing services to be effective within our community and the MHD Wellness and Recovery Programs. With preparations for and the arrival of the Affordable Care Act, 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. This will also include coordination with ACCEL members, continued participation in the ACCEL collaborative, and financial support of ACCEL to continue to promote effective coordination between Mental Health and primary care providers. MHSA-funded psychiatry time to serve un-insured MHSA clients is included as well.</p> <p>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,</p>

Community Services and Supports (CSS)

Project Name: Resource Management Services

Project 4c

	prepared food and beverage items, along with disposable plates, napkins, cups, and eating and serving utensils, may be purchased.
Services Provided By:	<input type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff
Procurement Method:	None.
Project Goals:	<ul style="list-style-type: none"> • 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:	<p>Measurement 1: Update and expansion of resource list; dissemination of information to clients.</p> <p>Measurement 2: Client wait times.</p> <p>Measurement 3: Client satisfaction surveys.</p> <p>Measurement 4: Establishment of standard evaluation process for MHSA programs and dissemination of information.</p> <p>Measurement 5: Results of EQRO annual audit.</p>
Number Served / Quantity of Service:	As a general system development program, there is 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 \$75,000
	FY 2017-18 \$75,000

Community Services and Supports (CSS)

Project Name: Reallocation to Workforce Education and Training

Objective:	To provide ongoing workforce education and training to build and maintain a strong public mental health system workforce in El Dorado County.
Outcome Measures:	Please see the WET component project descriptions for the anticipated project outcomes.
Budget:	
FY 2013-14	\$0
FY 2014-15	\$35,361 (due to sufficient fund balance in WET, these funds were not transferred from CSS to WET)
FY 2015-16	\$46,519
FY 2016-17	\$52,000
FY 2017-18	\$37,000

Project Name: Reallocation to Capital Facilities and Technology (CFTN)

Objective:	To provide funding for ongoing CFTN projects.
Outcome Measures:	Please see the CFTN component project descriptions for the anticipated project outcomes.
Budget:	
FY 2013-14	\$0
FY 2014-15	\$0
FY 2015-16	\$0
FY 2016-17	\$0
FY 2017-18	\$0

Community Services and Supports (CSS)

Project Name: Reallocation to Workforce Education and Training

Project Name: Contribution to the Prudent Reserve

Objective:	To maintain adequate funding to continue implementation of MHSA programs during years when revenues drop
Outcome Measures:	Please see the discussion about the Prudent Reserve for more information.
Budget:	
FY 2013-14	\$601,716 was budgeted to be transferred to the Prudent Reserve but the transfer was not made. The FY 2014-15 MHSA Plan reversed this contribution to \$0.
FY 2014-15	\$0
FY 2015-16	\$0
FY 2016-17	\$0
FY 2017-18	\$0

Discontinued CSS Programs/Projects

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

- Project 1b: Family Strengthening Academy
- Project 2c: Older Adults Program (Partner program to PEI Older Adults Program)

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.¹³⁴

Consumers, family members and service providers in El Dorado County have consistently identified housing needs of the seriously mentally ill as a priority. The MHSAs 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 MHSAs housing service plan are client/tenant choice and voluntary services for clients.

Application for an MHSAs apartment is a two-part process. First, individuals interested in the housing must be determined to be MHSAs-Housing Eligible. The eligibility criteria for each development is described below. Once an individual is determined to be eligible for MHSAs 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.

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

¹³⁴ CCR, Title 9, Division 1, Chapter 14, Section 3200.225, Mental Health Services Act Housing Program Service Category.

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 (formerly Sunset Lane Apartments), Shingle Springs

MHSA housing funds were approved for use in the development of Trailside Terrace, a 40-unit affordable housing (apartment) community, in 2010. Five units will be dedicated to the El Dorado County MHSA housing program and will target households that are eligible for services under the MHSA Adult Full Service Partnership project.

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 HHS MHD to provide a supportive services program to the tenants of the MHSA units.

The estimated total development budget of the project is approximately \$13,434,602. The project will be 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. The request for MHSA funding for this program is \$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. Four MHSA units are occupied and one application is being processed for the fifth apartment. 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. 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. On January 7, 2015, the State issued MHSUDS Information Notice No.: 15-004, which authorized the counties to request all unencumbered funds be 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.

In El Dorado County, these funds will be utilized to provide housing assistance to clients enrolled in a Full Service Partnership project and who are homeless or soon-to-be-homeless, which includes clients moving from transitional housing to independent living. These funds must be utilized within three years.

Budget:	
FY 2013-14	\$11,858
FY 2014-15	Any funds remaining from FY 2015-16.
FY 2015-16	Any funds remaining from FY 2015-16.

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.¹³⁵

“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.¹³⁶ 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.¹³⁷
- **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.¹³⁸
- **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 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

¹³⁵ CCR, Title 9, Division I, Chapter 14, Section 3200.320, Workforce Education and Training.

¹³⁶ CCR, Title 9, Division I, Chapter 14, Section 3200.253, Public Mental Health System.

¹³⁷ CCR, Title 9, Division I, Chapter 14, Section 3841, Training and Technical Assistance Funding Category.

¹³⁸ CCR, Title 9, Division I, Chapter 14, Section 3842, Mental Health Career Pathway Programs Funding Category.

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.¹³⁹

- **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.¹⁴⁰
- **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.¹⁴¹

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;
- (C) Creating and implementing promotional opportunities; or
- (D) Creating and implementing policies that promote job retention.

¹³⁹ CCR, Title 9, Division I, Chapter 14, Section 3843, Residency and Internship Programs Funding Category.

¹⁴⁰ CCR, Title 9, Division I, Chapter 14, Section 3844, Financial Incentive Programs Funding Category.

¹⁴¹ CCR, Title 9, Division I, Chapter 14, Section 3845, Workforce Staffing Support Funding Category.

- (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.¹⁴²

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 a been designated as having a shortage of professionals in the mental health industry. Designation as a MHPSA provides jurisdictions with specific benefits, such as additional Medicare payments to providers, education loan relief for medical service providers, and waiver of certain J-I visa requirements related to temporary employment in certain specialty occupations.

¹⁴²CCR, 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.

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.¹⁴³ 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.¹⁴⁴

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 2015-16, 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 2016-17 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.¹⁴⁵

WET Programs

Program 1: Workforce Education and Training (WET) Coordinator

Program 2: Workforce Development

Program 4: Early Indicators of Mental Health Issues

Program 5: Suicide Education and Training

Program 6: Consumer Leadership Academy

Program 7: Crisis Intervention Team Training

¹⁴³ These two specific issues were identified during a telephone conversation with Health Resources and Service Administration and the National Health Service Corps, February 2014.

¹⁴⁴ 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>.

¹⁴⁵ El Dorado County, MHSA Plans Archive. http://www.edcgov.us/MentalHealth/MHSA_Plans.aspx.

Workforce Education and Training

Program Name: Workforce Education and Training (WET)
Coordinator

I

Funding Categories:	<input checked="" type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> Financial Incentive Programs
Objective	Coordinate WET programs and activities and serve as the liaison to the State. This position is required by the MHSA. ¹⁴⁶	
Target Audience	<input checked="" type="checkbox"/> Public Mental Health System Employees <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Teachers/Education
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<ol style="list-style-type: none"> 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	<input type="checkbox"/> Contracted Vendor <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> 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.	

¹⁴⁶ CCR, Title 9, Division 1, Chapter 14, Section 3810, General Workforce Education and Training Requirements.

Workforce Education and Training

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

I

Program Goals	<ul style="list-style-type: none"> • 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 I: 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 trainings opportunities occur in 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 \$11,000
	FY 2017-18 \$11,000

Workforce Education and Training

Program Name: Workforce Development

2

Funding Categories:	<input checked="" type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Public Mental Health System Employees <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Teachers/Education
Service Location(s)	Countywide	
Project Duration	Ongoing	
Activities Performed	<p>Activities under this program include, but are not limited to:</p> <ol style="list-style-type: none"> 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 for 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 procedures and the agreement. 	

An online survey to gather input on the training preferences for El Dorado County was distributed at the end of August and remained open through September 4, 2013. The purpose of this survey was to gauge public input on the types and formats of workforce development training that should occur. Only nine responses were received, therefore the results from this survey are rather limited in identifying public preferences related to the Workforce Development program. Respondents were asked: “On a scale of 1 to 5, with 5 being the highest need, please prioritize each of the following Workforce Education and Training (WET) trainings topics and training formats.”

On a scale of 1 to 5, with 5 being the highest, these were the priorities identified:

Evidence-Based Practices for Transitional Age Youth.....	4.63
Evidence-Based Practices for Adults.....	4.38
Evidence-Based Practices for Youth	4.38
Youth Development and Youth Assets	4.25
Co-Occurring Substance Use/Abuse and Mental Illness	4.13
Recognizing Signs of Mental Illness.....	4.13
Crisis Intervention Techniques (CIT).....	3.88
Recovery and Resiliency.....	3.88
Shared Training Opportunities (multiple organizations at one training).....	3.88
Strength-Based Supervision and Leadership	3.88
Suicide Prevention	3.88
Healthcare Reform (Affordable Care Act).....	3.75
Integrated Service Delivery Models.....	3.63
Outcome Measures	3.63
Post-Traumatic Stress Disorder (PTSD)	3.63
Stigma and Discrimination with Mental Illness	3.63
Parenting/Step-Parenting Programs	3.38
Cultural Competency.....	3.00
DSM-5.....	3.00
Electronic Health Records Systems.....	2.75

Additionally, respondents were given the opportunity to identify other training topics, and they identified the following:

- Employment/Education for Consumers
- Consumers in the Workforce
- School Outreach/SDR

Workforce Education and Training

Program Name: Workforce Development

2

	<ul style="list-style-type: none"> • Co-occurring use/abuse mental illness • Integrated services • Mindfulness Based Stress Reduction (MBSR) training program <p>The MHD has purchased other training materials, including but not limited to:</p> <ul style="list-style-type: none"> • Psychiatric Rehabilitation Training <p>These topics and training formats will be the primary focus during the term of this Plan, however other relevant training topics supporting the General Standards of MHSA and the MHSA projects identified in this Plan will also be available.</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff</p> <p>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.</p> <p>Other vendors as needed to provide training.</p> <p>County staff and/or volunteers to provide and/or attend training.</p>
<p>Procurement Method</p>	<p>Services of contracted vendors will be arranged in compliance with the Board of Supervisors Policy C-17, Procurement Policy.</p>
<p>Program Goals</p>	<ol style="list-style-type: none"> 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.
<p>Outcome Measures</p>	<p>Measurement 1: Increase the number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers and consumers.</p> <p>Measurement 2: Increased number of bilingual / bicultural public mental health workforce system staff in the County.</p>

Workforce Education and Training

Program Name: Workforce Development

2

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.
FY 2013-14	\$100,000
FY 2014-15	\$49,825
FY 2015-16	\$40,000
FY 2016-17	\$30,000
FY 2017-18	\$20,000

Workforce Education and Training

Program Name: **Psychiatric Rehabilitation Training**

3

This program was moved under Program 2: Workforce Development effective with the adoption of the FY 2014-15 MHS Plan. Rather than being a separate program, it will become one of many options for training opportunities funded through the Workforce Development program.

Workforce Education and Training

Program Name: Early Indicators of Mental Health Issues

4

Funding Categories:	<input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> Financial Incentive Programs
Objective	Increase the number of education staff trained to identify early indicators of mental issues. EDCOE will identify and/or develop online training modules and resources that will be made available to all educators and, to the extent allowed by licensing, community partners working with children and youth (e.g., Boys and Girls Club, Big Brothers Big Sisters)	
Target Audience	<input checked="" type="checkbox"/> Public Mental Health System Employees (Secondary) <input checked="" type="checkbox"/> Contractors (Secondary) <input checked="" type="checkbox"/> Volunteers (Secondary)	<input type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Teachers/Education (Primary)
Service Location(s)	Countywide	
Project Duration	Through June 30, 2016.	
Activities Performed	EDCOE will identify a menu of SAMHSA approved evidenced-based programs that may be selected for implementation. This will allow for the selection of programs that most specifically meet the need of their students, beyond existing programs. To the extent allowed by licensing and provided there is no additional cost incurred to do so, these programs will also be available to educators and community partners working with children and youth. To identify potential SAMHSA-approved programs, EDCOE may facilitate a needs assessment or other information gathering approach to guide the selection of the appropriate model program. EDCOE will develop an implementation plan, monitor and support implementation, and evaluate effectiveness.	
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support	
Procurement Method	Sole Source to EDCOE. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.	

Workforce Education and Training

Program Name: Early Indicators of Mental Health Issues

4

<p>Program Goals</p>	<ul style="list-style-type: none"> • Identify or develop online training and resources for educators and community partners working with children and youth to increase awareness of mental illness and help them better identify the early signs and risk factors of mental illness. • Increase appropriate referrals to mental health professionals for individuals and families in need of services at earlier opportunities. • Implement a mental illness awareness campaign within the school districts Countywide. • Promote positive attitudes among youth regarding living with mental illness. • Share messages of wellness, hope and recovery.
<p>Outcome Measures</p>	<p>Measurement 1: Survey community partners and educators to determine the number of participants that have completed the training.</p> <p>Measurement 2: Success will be measured by interviews and surveys about the training.</p> <p>Measurement 3: Outcome measurement tools utilized by the individual evidence-based programs selected.</p> <p>Measurement 4: Referrals from schools to mental health professionals.</p>
<p>Number of Services / Quantity of Service</p>	<p>This training program will be available to all school districts within El Dorado County.</p>
<p>Budget</p>	<p>WET funds would be utilized for purchase of program materials, staff training, implementation costs (including but not limited to web site development and video production costs), and ongoing program support. EDCOE will commit ongoing in-kind contributions of administrative oversight, staff time to attend and implement the programs, technology hosting, and resources to support this WET program.</p>
<p>FY 2013-14</p>	<p>\$50,000</p>
<p>FY 2014-15</p>	<p>\$50,000</p>
<p>FY 2015-16</p>	<p>\$45,000</p>
<p>FY 2016-17</p>	<p>\$0; Discontinued</p>
<p>FY 2017-18</p>	<p>\$0; Discontinued</p>

Workforce Education and Training

Program Name: Suicide Education and Training

5

Funding Categories:	<input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> Financial Incentive Programs
Objective	Equip all educators to identify suicide warning signs and make appropriate referrals.	
Target Audience	<input checked="" type="checkbox"/> Public Mental Health System Employees (Secondary) <input checked="" type="checkbox"/> Contractors (Secondary) <input checked="" type="checkbox"/> Volunteers (Secondary)	<input type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Teachers/Education (Primary)
Service Location(s)	Countywide	
Project Duration	Through June 30, 2016	
Activities Performed	<p>EDCOE will identify and/or develop online training modules and resources that will be made available to all educators. To the extent allowed by licensing and provided there is no additional cost incurred to do so, these programs will also be available to educators and community partners working with children and youth.</p> <p>The training will be designed to empower educators to identify warning signs and risk factors for suicide and refer students to clinical staff. Potential training options include QPR and Teen Screen.</p> <ol style="list-style-type: none"> 1) Identify evidence-based programs (including but not limited to SAMHSA Model Programs). 2) Develop and implement online training modules. 3) Train at least ten suicide prevention trainers within the County. 4) Implement suicide prevention public awareness campaign. 5) Include suicide prevention training with annual staff information sharing and/or training. 6) Have at least one suicide prevention specialist at each school site, with a “specialist” being an individual who has received suicide prevention training, with priority given to high schools and middle schools <p>This program links with the Suicide Prevention and Stigma Reduction program under the PEI component.</p>	

Workforce Education and Training

Program Name: Suicide Education and Training

5

Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support
Procurement Method	Sole Source to EDCOE. Any future procurement of services will be done in compliance with the Board of Supervisors Policy C-17, Procurement Policy.
Program Goals	<ul style="list-style-type: none"> • Identify/develop online training modules and resources for educators. • Increase awareness of mental illness and suicide warning signs for educators. • Increase referrals to clinical staff and other resources. • Reduce the number of suicides of school-aged children and youth to zero. • Implement suicide prevention public awareness campaign Countywide. • Have at least one suicide prevention specialist at each school site, with a “specialist” being an individual who has received suicide prevention training, with priority given to high schools and middle schools. • Promote positive attitudes and reduce stigma associated with living with mental illness. • Share messages of wellness, hope and recovery.
Outcome Measures	<p>Measurement 1: Survey each school district to determine the number of educators that have completed the training.</p> <p>Measurement 2: Interviews and surveys about the training.</p> <p>Measurement 3: Specific outcome measures utilized by the selected evidence-based trainings.</p> <p>Measurement 4: The number of students referred for suicide prevention services.</p> <p>Measurement 5: The number of youth who are prevented from committing suicide and the number of youth who commit suicide.</p>
Number of Services / Quantity of Service	All staff working in the El Dorado County public school system.
Budget	WET funds would be utilized for purchase of program materials, staff training, implementation costs (including but not limited to web site development and video production costs), and ongoing program support. EDCOE will commit ongoing in-kind contributions of administrative oversight, staff time to attend and implement the programs, technology hosting, and resources to support this WET program.

Workforce Education and Training

Program Name: Suicide Education and Training

5

FY 2013-14	\$50,000
FY 2014-15	\$50,000
FY 2015-16	\$45,000
FY 2016-17	\$0; Discontinued
FY 2017-18	\$0; Discontinued

Workforce Education and Training

Program Name: Consumer Leadership Academy

6

Funding Categories:	<input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input checked="" type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> Financial Incentive Programs
Objective	<p>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.</p>	
Target Audience	<input checked="" type="checkbox"/> Public Mental Health System Employees <input type="checkbox"/> Contractors <input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Teachers/Education
Service Location(s)	<p>South Lake Tahoe and West Slope Wellness Centers</p>	
Project Duration	<p>Ongoing</p>	
Activities Performed	<p>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.</p> <p>This program begun 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.</p> <p>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.</p> <p>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 volunteering to assist with the vocational needs of clients.</p>	

Workforce Education and Training

Program Name: Consumer Leadership Academy

6

	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	<input type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> County Staff Support ¹⁴⁷
Procurement Method	None. Services provided by HHSA staff.
Program Goals	<ul style="list-style-type: none"> • 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	<p>Measurement 1: Number of graduates of the consumer leadership academy.</p> <p>Measurement 2: Number of organizations identified for employment and/or volunteer opportunities.</p> <p>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.</p>
Number of Services / Quantity of Service	Approximately two Consumer Leadership Academies per year with up to 10 participants per academy session.
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
FY 2015-16	\$1,000

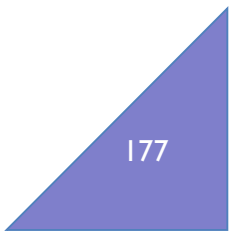
¹⁴⁷ County staff will be utilized to perform tasks such as: administrative activities (e.g., contracting, accounting), program analysis, and quality assurance activities related to this project. Costs will be applied to these projects either directly (such as through direct recording of time from time card) or indirectly (such as through County cost applied charges).

Workforce Education and Training

Program Name: Consumer Leadership Academy

6

FY 2016-17	\$1,000
FY 2017-18	\$1,000



Workforce Education and Training

Program Name: Crisis Intervention Team Training

7

Funding Categories:	<input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Residency and Internship Programs <input checked="" type="checkbox"/> Workforce Staffing Support	<input type="checkbox"/> Mental Health Career Pathways Programs <input type="checkbox"/> Financial Incentive Programs
Objective	De-escalate crisis situations of individual with mental health challenges through crisis intervention training workshops.	
Target Audience	<input checked="" type="checkbox"/> Public Mental Health System Employees <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Consumers and Family Members <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> 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	<p>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.”¹⁴⁸ 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.</p> <p>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.</p>	
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor	<input type="checkbox"/> Volunteers <input type="checkbox"/> County Staff

¹⁴⁸ NAMI. *Crisis Intervention Teams (CIT)*. Retrieved from <http://www.nami.org/template.cfm?section=cit2>.

Workforce Education and Training

Program Name: Crisis Intervention Team Training

7

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	<ul style="list-style-type: none"> • 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	<p>Measurement 1: Reduction in negative outcomes between law enforcement and individuals with a mental illness.</p> <p>Measurement 2: Increase in respectful treatment of individuals with a mental illness.</p> <p>Measurement 3: From course surveys, gauge the knowledge gained by the participants.</p>
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
FY 2016-17	Any unused funding from FY 2015-16.
FY 2017-18	Any unused funding from FY 2016-17.

Discontinued WET Programs/Projects

There are no WET programs/projects to be discontinued under this MHSA Plan Update.

Realigned WET Programs/Projects

None

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 towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups.

These efforts include development of a 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 MHSAs and the expansion of mental health services.

The previous CFTN Plans detailing the origins of the CFTN programs may be found on the County's MHSAs web page.¹⁴⁹

CFTN Programs and Projects

Program 1: Electronic Health Record System Implementation

Project 1a: Avatar Clinical Workstation

Project 1b: Electronic Outcome Measurement Tools

Program 2: Telehealth (formerly Telemedicine)

Program 3: Electronic Care Pathways

¹⁴⁹ El Dorado County, MHSAs Plans Archive. http://www.edcgov.us/MentalHealth/MHSA_Plans.aspx.

Capital Facilities and Technological Needs (CFTN)

Project Name: Avatar Clinical Workstation

Ia

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 HHS 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	<p>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.</p> <p>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 security and confidentiality standards. The e-Prescribing system improves the quality of care and reduces medication errors. The</p>

Capital Facilities and Technological Needs (CFTN)

Project Name: Avatar Clinical Workstation

Ia

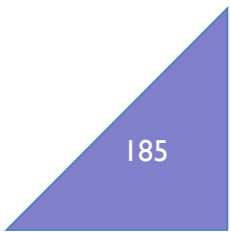
	<p>electronic creation and transmission of medication orders from the psychiatrist's computer to the pharmacy reduces the possibility of a misread prescription by a pharmacist.</p> <p>El Dorado County has a centralized Information Technologies (IT) Department providing technical assistance for all general 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.</p> <p>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.</p>
<p>Services Provided By</p>	<p><input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> County Staff</p>
<p>Procurement Method</p>	<p>The vendor for this project, Netsmart, was selected in compliance with the County Procurement Policy.</p> <p>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.</p>
<p>Current Year Goals</p>	<ul style="list-style-type: none"> • 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.

Capital Facilities and Technological Needs (CFTN)

Project Name: Avatar Clinical Workstation

Ia

Outcome Measures	<p>Measurement 1: Implementation of EHR throughout the MHD. – <i>Completed May 2013.</i></p> <p>Measurement 2: Ability to provide centralized, electronic appointment scheduling. – <i>Completed May 2013.</i></p> <p>Measurement 3: Updated and standardized business procedures and assessments, resulting in practices that are more efficient. – <i>Ongoing.</i></p> <p>Measurement 4: Improved reporting capabilities (to audit charts and provide information relevant to program development). – <i>Ongoing.</i></p> <p>Measurement 5: Successful maintenance of the EHR and continued training. – <i>Ongoing.</i></p>
Budget	
FY 2013-14	\$225,000
FY 2014-15	\$180,686
FY 2015-16	\$150,686
FY 2016-17	\$60,000
FY 2017-18	\$51,000



Capital Facilities and Technological Needs (CFTN)

Program Name: Electronic Outcome Measurement Tools

Ib

Objective	Implement tools that can be utilized to develop client treatment plans, support quality improvement efforts, and monitor outcomes.
Service Location(s)	El Dorado County HHS Mental Health outpatient clinics, Placerville and South Lake Tahoe and the PHF in Placerville. Also within the community when services are provided locally.
Project Duration	Ongoing.
Activities Performed	<p>HHS MHD identified the client assessment tool of LOCUS for adults, and the CALOCUS for children. The LOCUS for adults and the CALOCUS for children are quantifiable measures to guide assessment, level of care placement decisions, and service packages. These tools provide a common language and establish standards to make judgments and recommendations meaningful and sufficiently sensitive to distinguish appropriate needs and services for each individual client. The collaboration between the clinician and the client to accomplish the input will develop services and processes that will facilitate recovery.</p> <p>The initial Three-Year Program and Expenditure Plan identified the outcome measurement tool for adults as the CIOM (Clinically Informed Outcomes Management) and the Y-OQ® software package for children. The CIOM is client completed and reports their perception of functional progress and service satisfaction and Y-OQ® will assist clinicians to track the actual change in the client's functioning based upon normative data. However, the electronic versions of these outcome measurement tools were not available electronically at that time.</p> <p>HHS MHD has now identified the CANS and ANSA tools for use within its service provision. Although The Praed Foundation (http://www.praedfoundation.org) maintains the copyright on the CANS and ANSA tools, The Praed Foundation makes these tools available at no cost through the open domain.</p> <p>"The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications."¹⁵⁰</p> <p>"The Adult Needs and Strengths Assessment (ANSA) is a</p>

¹⁵⁰ The Praed Foundation. *About the CANS*. Retrieved from <http://www.praedfoundation.org/About%20the%20CANS.html>. September 28, 2013.

Capital Facilities and Technological Needs (CFTN)

Program Name: Electronic Outcome Measurement Tools

Ib

	<p>multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA is currently used in a number of states and Canada in applications hospitals, emergency departments, psychosocial rehabilitation programs, and ACT programs."¹⁵¹</p> <p>The CANS and ANSA will be administered at regular intervals during the course of treatment provided to clients, the results of which will be utilized to develop client treatment plans, support quality improvement efforts, monitor client-level outcomes, and determine appropriate discharge of services.</p>
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> County Staff Contracted vendors will be asked to utilize the CANS and ANSA tools for clients referred through the MHD. Additionally, the MHD utilizes CANS and ANSA, as appropriate by the clients' ages, for clients seen directly by the MHD.
Procurement Method	The CANS and ANSA are available at no cost through the open domain.
Goals	<ul style="list-style-type: none"> • Train staff on use of the CANS and ANSA. • Implement use of the CANS and ANSA. • Continued reporting of CANS and ANSA data to be utilized for decision making purposes related to treatment.
Outcome Measures	<p>Measurement 1: Quantifiable data to identify continuing client needs and/or barriers to improvements.</p> <p>Measurement 2: Identify growing strengths of clients, which show improvement in life functions, that result from service delivery.</p> <p>Measurement 3: Identify program changes that may be needed based on identified outcomes.</p>
Budget	These costs include but are not limited to staff, administrative and overhead costs, as well as licensing fees and programming support, if needed.
	FY 2013-14 \$5,000
	FY 2014-15 \$5,000
	FY 2015-16 \$2,500

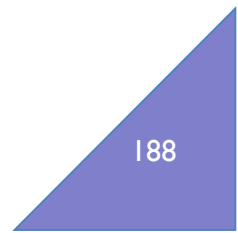
¹⁵¹ The Praed Foundation. *About the CANS*. Retrieved from <http://www.praedfoundation.org/About%20the%20ANSA.html>. September 28, 2013.

Capital Facilities and Technological Needs (CFTN)

Program Name: Electronic Outcome Measurement Tools

Ib

FY 2016-17	\$2,500
FY 2017-18	\$0



Capital Facilities and Technological Needs (CFTN)

Program Name: Telehealth

2

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 HHS Mental Health South Lake Tahoe and West Slope outpatient clinics.
Project Duration	Ongoing
Activities Performed	<p>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.</p> <p>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.</p> <p>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 HHS Mental Health office relocated into a County-owned building, which has adequate video conferencing equipment. Therefore, in the previous MHS 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 the this program.</p>
Services Provided By	<input checked="" type="checkbox"/> Contracted Vendor <input checked="" type="checkbox"/> County Staff
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.

Capital Facilities and Technological Needs (CFTN)

Program Name: Telehealth

2

Goals	<ul style="list-style-type: none"> • Purchase video conference systems for both the Placerville and South Lake Tahoe outpatient clinics. – <i>Completed in FY 2014-15.</i> • Expand telemedicine to other remote areas of the County. – <i>Exploration of this goal continues.</i>
Outcome Measures	<p>Measurement 1: Increase the number of clients served in remote areas of the County through use of telemedicine.</p> <p>Measurement 2: Utilization of the video conference equipment for general system development and health practice training.</p>
Budget	<p>Approximately \$10,000 in FY 2015-16 and FY 2016-17, and \$5,763 in FY 2017-18.</p> <p>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.</p>
	FY 2013-14 \$130,000
	FY 2014-15 \$129,000
	FY 2015-16 \$10,000
	FY 2016-17 \$10,000
	FY 2017-18 \$9,333

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.

Capital Facilities and Technological Needs (CFTN)

Program Name: Electronic Care Pathways

3

Objective	An Electronic Care Pathway facilitates linkage between mental health and primary health care providers for persons with mental illness, chronic disease issues and/or co-occurring substance abuse.
Discontinued Effective Upon Adoption of the FY 2015-16 Plan Update	With the implementation of EHRs by health care providers and the Mental Health Division, the use of iReach was discontinued and replaced with a referral process utilizing forms printed directly from the EHRs (rather than double entering of data into iReach and the EHRs). Referrals are faxed to and from providers. Please see Project 1a: Avatar Clinical Workstation regarding the purchase of software to automate the referral and authorization process from within the EHRs.

Discontinued CFTN Programs/Projects

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

Program 3: Electronic Care Pathways

Innovation (INN)

Component Definition

Based upon current MHSA regulations and State directives, 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:

- (A) Increase access to underserved groups;
- (B) Increase the quality of services, including measurable outcomes;
- (C) Promote interagency and community collaboration; and/or
- (D) Increase access to services;

and support innovative approaches by doing one of the following:

- (A) Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention;
- (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community; or
- (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.¹⁵²

If an innovative project has proven to be successful and a County chooses to continue it, the project shall transition to another category of funding.¹⁵³

Innovation projects may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following:

- (1) administrative, governance, and organizational practices, processes, or procedures;
- (2) advocacy;
- (3) education and training for service providers, including nontraditional mental health practitioners;
- (4) outreach, capacity building, and community development;
- (5) system development;
- (6) public education efforts; or
- (7) research.
- (8) Services and interventions, including prevention, early intervention, and treatment.¹⁵⁴

¹⁵² WIC §5830(b).

¹⁵³ WIC §5830(d).

¹⁵⁴ WIC §5830(c).

Innovation plans must be approved by the MHSOAC prior to the expenditure of funds in this component.¹⁵⁵ The Innovation Plan will be developed, and submitted through the approval process including approval of the Innovation Plan by the MHSOAC.

Future INN Regulations

The MHSOAC is in the process of developing new regulations for INN.¹⁵⁶ As of the publication of the Plan Update, the proposed regulations have not yet been implemented. More information about this process and other MHSOAC activities may be found on their website (<http://mhsoc.ca.gov/>).

Innovation Projects

Through the community planning process, the public submitted ideas for Innovation projects. After discussion with the MHSOAC representative for El Dorado County and a review of the proposed Innovation projects by the MHSA project team, the following Innovation projects are under consideration:

- Occupational Mental Health Training: Would providing training to individuals in occupations that frequently interact with individuals through the provision of personal or professional services (e.g., house cleaners, hair dressers, electricians, plumbers) increase identification of potential mental health concerns and access (referrals) to mental health services?
- Mini-Grants: Can a single program focus and/or message be effectively implemented County-wide through mini-grants to local communities to tailor the message to their needs and unique characteristics, thus promoting interagency and community collaboration.
- REACH: Responsive Engagement and Awareness for Children at Home: Would partnering with programs providing direct linkage in underserved/unserved neighborhoods decrease the stigma associated with seeking treatment for mental health related issues and change early intervention services from behaviorally manifested to developmentally-based?
- High School Theater Arts and Mental Health Services: Would a program to provide direct integration between an evidence-based practice normally applied in a clinical setting and apply its principles to a Theater Arts program to engage youth involved in the juvenile justice and/or mental health programs result in a reduction of juvenile justice and/or mental health interventions?

Through the Innovation community planning process, other projects may be identified.

¹⁵⁵ WIC §5830(c).

¹⁵⁶ The proposed INN regulations, as of September 18, 2013, can be found at http://mhsoc.ca.gov/Meetings/docs/Meetings/2013/INN_09192013_Regs.pdf.

A separate Innovation community planning process will commence to review these projects, receive stakeholder input, and determine which will become part of the El Dorado County MHSa Innovation Plan.

No Innovation projects are proposed for implementation within this Plan.

Discontinued INN Programs/Projects

There are no INN programs/projects to be discontinued under this MHSa Plan Update. The previous INN program was discontinued in FY 2012-13.

Innovation Funding and Expenditures

The Innovation component receives 5% of the annual MHSa revenues with a three-year reversion period. In FY 2015-16, it is estimated that approximately \$567,000 will be subject to reversion. The additional expenditures are a result of administrative activities to develop the new Innovation Plan. When the Innovation Plan is brought to the Board of Supervisors for approval, the budget for the proposed Innovation project will be established.