COUNTY OF PLACER

DEPARTMENT OF HEALTH AND HUMAN SERVICES



RICHARD KNECHT, M.S.
DIRECTOR, CHILDREN'S SYSTEM OF CARE



MAUREEN F. BAUMAN, L.C.S.W. DIRECTOR, ADULT SYSTEM OF CARE

October 17, 2012

RE: Mental Health Services Act (MHSA)/Prop. 63

Dear Placer County Community Member:

Attached please find a copy of the Placer County 2012-2013 Annual Update

About MHSA and the Campaign for Community Wellness

The Mental Health Services Act (MHSA) is one of several initiatives currently underway in Placer County working to transform mental health services. Together, these various funding streams and initiatives are part of a coordination effort called the Campaign for Community Wellness. The overall goal of the Campaign for Community Wellness is to transform and support traditional and non-traditional mental health services in Placer County that use innovative, collaborative, culturally competent and consumer-guided approaches. For more information about the Campaign or MHSA/Prop 63 please visit: www.campaignforcommunitywellness.org

About the MHSA Placer County 2012-2013 Annual Update

Placer County's 2012-2013 Annual includes information on Placer's community planning and local review process, 10-11 Community Services and Supports (CSS), Workforce Education and Training (WET), and Prevention and Early Intervention (PEI) programs.

We Appreciate Your Feedback

In an effort to continually improve this Plan through community input, we welcome your comments for a 30-day review from the date of posting. Below are the various ways to submit your ideas. All written comments (including email) must be submitted by November 16, 2012 at 5 PM.

Ways to give input.

By Mail
Michele Zavoras
Health and Human Services/Adult System of Care
101 Cirby Hills Drive
Roseville, CA 95678

By Email

mzavoras@placer.ca.gov

In Person

Placer County Mental Health, Alcohol and Drug Advisory Board Public Hearing Monday, November 26, 2012 at 6 PM
Placer County Government Center (DeWitt Center)
11533 C Avenue
Auburn, CA 95603

Thank you for your continued interest and assistance toward improving the quality of life for individuals in our community and their families who are living with mental illness. Together, we can transform mental health services in Placer County.

Sincerely,

Maureen F. Bauman, L.C.S.W., M.P.A

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Mental Health Director

Attachment: Placer County 2012-2013 Annual Update

Placer County MHSA Annual Update Fiscal Year 12-13

The information in this update reflects program activities in fiscal year 10-11.

Placer County is located 30 miles northeast of the State capitol, Sacramento. The county has three regions: the Valley, the Gold Country, and the High. It stretches from the suburbs of Sacramento to Lake Tahoe and the Nevada border. According to the Placer County Economic and Demographic Profile 2011, the 2009 population in Placer County was approximately 79 percent White with about 268,000 people. The second largest ethnic group in Placer County was Hispanic, representing approximately 13 percent of the total population with nearly 45,000 people. NAMI's report "Mental Illness: Facts and Numbers" states racial and ethnic minorities are less likely to have access to mental health services. One in four adults—approximately experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder.

Placer County's MHSA Planning Process includes a large, active community stakeholder group (the Campaign for Community Wellness), Placer County's System of Care staff, and various community partners. All planning and recommendations were either driven by or presented to our Campaign for Community Wellness in an effort to coordinate and leverage key mental health initiatives and ultimately improve mental health care in Placer County for all people. Led by a steering committee of over 30 community members, advocates, providers, consumers and family members, the Campaign for Community Wellness seeks to serve and represent the community, especially persons dealing with mental illness, either personally or through family association. Specifically, the Campaign seeks to strengthen the voice of the often-unrepresented populations in the decision making around mental health policy and resource allocation.

COMMUNITY SERVICES AND SUPPORTS

Work Plan 1: Children's Full Service Partnership: Children (17 years and under) with Severe Emotional Disorders eligible for County Mental Health Services but do not meet the Government Code 26.5 criteria for Special Education Services. CSOC will work closely with the schools to identify the children who qualify for the new RAFT funding. Special attention and outreach will occur in the Latino community to address ethnic disparity. Working in concert with leadership development activities, staff will utilize the services of Family Advocates, and Youth Coordinators and Mentors.

The enrollee numbers went up and down through the year, ending on the high side. There was an influx of referrals due legislative changes to 26.5 and the expectations referrals will continue as a result of the changes. The Plan expanded to 10 Wraparound facilitators including two in Tahoe.

Work Plan 2A: TAY Full Service Partnership: Un-served, under-served and inappropriately served. Transition Age Youth are between the ages of seventeen years and twenty-six with SMI transitioning from CSOC to ASOC or referred from the community. 1) PTAY will work closely to identify youth aging out of foster care or group home that are transitioning from CSOC to ASOC. TAY also work closely with ASOC Adult Reintegration Team (ART) to identify youth recently hospitalized. Finally, TAY works closely with the leadership development activities for Youth and Families, including use of Peer Coordinators and Mentors. The team works closely with available supported housing through CSOC THP Plus and AMIH/ASOC Collaborative Housing. 2) Outreach and brief intervention.

Turning Point Community Programs, TP the provider of TAY services incorporated several new groups for enrollees: "Next Steps" – a group to engage participants in activities in discussion about the future, education, work, and other related topics. The ART group engages clients in treatment in order to increase the client's insight, judgment, coping skills, communication and social skills. Other groups include CBT, DBT, MRT and "Building Bridges." In addition to new groups, TP added "Career Exploration" an opportunity for consumers to try out employment by doing janitorial work in the office. Turning Point had 32 enrolled Full Service

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Partnership TAY. Transition Age Youth enrolled in Full Service Partnerships saw increased employment days, decreased hospitalization and jail days.

Outreach efforts included the ASOC Homeless Outreach worker working with the Sheriff's Department on engaging folks in services. The ART team assisted with transitioning TAY to lower levels of care, assisting with permanent housing option and additional community supports. Outreach activities by Whole Person Learning included participating in the Battle of the Bands- in addition to the music it was a safe place for teens to come hang out and received resources around mental health services housing, employment and college. The Former Foster Youth, FFY had a Welcome event at Sierra College, the TAY Level 1 worker partnered with Youth Advocates in CSOC to put on a focus group with youth to create a survey that would assist to involve foster and group home youth in their placement planning. There was also participation in the Youth Development Institute four day training. Through the efforts of Whole Person Learning, Turning Point and Adult System of Care outreach efforts made 490 contacts with transition age youth.

Work Plan 2B: Adult Full Service Partnership: Adults (18-60 years) with Seriously SMI leaving jail, hospitals or IMDs. Priority is given to un-served or inappropriately served clients who are at risk of psychiatric hospitalization, as well as, those ready to exit Psychiatric Health Facilities, psychiatric hospitals, IMDs, or jail, homelessness or geographic under-served areas (Tahoe). WIT staff go to the jail or hospital and IMDs to make contact with and engage potential clients, including those in the jail who may be un-served SMI. They also coordinate with staff in those facilities to assist with this process. Staff coordinated with the client self-help activities at the Welcome Center and through the Consumer Council.

There were a lot of outreach efforts made throughout the year; better relationships forged with law enforcement, the Community Medical Clinic and other social services agencies to provide a community approach to services. The "Whatever It Takes" Model was successful in stepping people down to lower level of care and maintaining people in permanent housing. Turning Point increased support services by offering more groups to participants and hiring a part-time therapist. As of June 30, 2011, Turning Point had enrolled 97 people in Full Service Partnerships for the year. Overall, 54.2% of all individuals, accrued zero hospitalization days; 79.2% of all individuals, accrued zero homeless days. Of the people served 70% were males, 73% between the ages of 26 and 59; 82.5% were Caucasian and 7.2% Hispanic.

The Tahoe FSP plan is no longer providing FSP services. Sierra Mental Wellness Group formerly, Sierra Family Services, Tahoe clinicians are working with our SMI clients who need case management but in a more limited way through referral to and assistance with community resources. The Community Educator is working with the Tahoe Truckee Homeless Coalition to identify homeless people, refer those who need mental health services and make other community referrals.

Outreach efforts and coordination expanded with an effort to develop integrated behavior and physical health care. The transition of a psychiatrist to a primary care clinic so that mental health consumers could receive their mental health services in a physical health location. A pilot project established a joint behavioral and physical program with the intent to provide augmented services for patients with co-occurring serious mental illness and medical illness. A team targeted patients with major depressive disorder (recurrent), bipolar disorder and/or schizophrenic disorders who also have a diagnosis of, or risk factors for, hypertension, coronary artery disease, dyslipidemia and/or diabetes. MHSA supports a therapist at this clinic through PEI funds (see below) and outreach for clients to provide assessments and brief therapy through the FSP program. This program assures that outreach to clients most at risk to assure that they have the correct level of support to remain in primary care. If not they can be assisted back to specialty mental health or opened in FSP.

Work Plan 2C: Older Adult Full Service Partnership: Older Adults with Serious Mental Illness, aged 60-84 years, newly identified as needing services. Outreach in natural settings in collaboration with the Older Adult Collaborative and other community providers.

WIT services provided several older adults the opportunity to live more independently and gain control over their lives. Several transitioned from WIT services to community care. Many of the older adult clients are successfully living independently. The ASOC Older Adult Team incorporated the skills of a Peer Advocate and

MSW intern into their team adding to the depth of services for clients. Outreach services were provided by the ASOC OA and Homeless teams, Turning Point Community Programs, and the ASOC Adult Reintegration Team, ART.

Work Plan 3: Lake Tahoe System: This Plan will provide services that are culturally competent and develop a welcoming system to increase access to mental health services for Latinos in Tahoe, with a focus on the disparity of mental health services provided to Latinos. Sierra Mental Wellness, previously known as Sierra Family Services, was to hire a bi-lingual /bicultural therapist to provide education and support for the identification of mental illness issues in families utilizing natural community strengths and cultural models. The number of enrollments was lower than targeted due to the position being vacant for six months. However, the new therapist has been hired and is providing culturally responsive treatment.

Work Plan 4: Transforming Services Through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy): Placer SOC will improve the system capacity for co-occurring competent, culturally competent, recovery/resiliency oriented and client/family driven services. These evidence-based models promote recovery and increase the level of participation of clients and families. DETAIL: 1) Training for staff, providers, consumers, families on the principles of the recovery model, 2) Leadership development for consumers, families & Consumer Navigators, 3) Peer support programming-Welcome Center/Clubhouse 4) Latino Leadership Council, 5) Consumer Navigators, and 6) Youth Coalition. A number of trainings were offered and well attended by county staff and community members to work towards our goals: a series on Motivational Interviewing, SBIRT, Mental Health First Aid (trainers and community), LGBTQ, Fetal Alcohol Syndrome Disorders, Military Culture, Seeking Safety, working with the Recovery Model, and Employment Services. The Family and Friends coordinators have been active in Stigma Busters, Change Agents, WET Advisory Committee, Client Family Relations Committee and the Campaign for Community Wellness.

Mental Health America provides the Family Advocates in the Systems of Care. In the Adult System of Care the Family Advocates offered support and services to families whose member are in in-patient or out-patient specialty mental health services. The Family Advocates outreach to family members when one of their members is experiencing crisis mental health services especially in-patient services. In the Children's System of Care the Family Advocates are providing service throughout Placer County. Several of the staff are bilingual/bi-cultural. They provide advocacy and support services to families receiving services from in child welfare, juvenile probation, and Wraparound. Their activities also include attending community based activities/meetings, and support groups for children and adults separately.

The Peer Advocates and Navigators partnered with the Advocates for the Mentally III Housing on several fundraising activities that then allowed them to organize consumer driven social activities like Open Mic where consumers shared their talents at the Welcome Center. The Clubhouse, a consumer run drop-in center for open clients, located in Cirby Hills opened and by the end of the year had increased participants and hours of operation. Peer Advocates and Navigators developed their skills by attending trainings on Motivational Interviewing, Seeking Safety, and Mental Health First Aid. Much of the Clubhouse activities centered on socialization and recreation, but groups and resources were also offered. The Latino Council offered weekly support groups in Lincoln, Roseville and Auburn for approximately 50 women each week. The Youth Coalition added the youth perspective by participating in community and county meetings, developing a youth development training institute, started advocacy and support groups, along with hiring a youth coordinator. A fun and successful community event organized by Youth Coalition was the Battle of the Bands.

Work Plan 5: Mental Health Crisis Response and Triage: 1) Provide crisis services at a new one-stop hospital site. 2) Establish a Crisis Triage team to provide same day/next day, follow-up and outreach services for individuals who are 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF). The goal is to prevent hospitalization and/or incarceration and to ensure that no one who is experiencing a crisis "falls through the cracks." As expected there was an increase in 5150 assessments and they continue to be done at the medical hospitals: Sutter Roseville and Sutter Auburn Faith. Referrals from the jail decreased partly due to the implementation of 4011.6 processes and the commitment and collaboration with California Forensic Group, CFMG. The crisis triage team provided services (this is the number of 5150's at Roseville Hospital). The Same

Day Next Day services provided services to an average of 147 people per a quarter, the services included referral to community resources and brief therapy if needed up to 60 days.

Community Services and Supports	Number Enrolled	Target	Outreach and Engagement	Target
Work Plan 1: Children's Full Service Partnership	20	23	93	107
Work Plan 2A: TAY Full Service Partnership	32	26	490	224
Work Plan 2B: Adult Full Service Partnership	71	90	986	100
Work Plan 2C: Older Adult Full Service Partnership	21	20	219	160
Work Plan 3: Lake Tahoe System	26	38	Not tracked	195
Work Plan 4: Transforming Services Through Co-Occurring,	N/A	N/A	4415	3000
Resiliency/Recovery, Cultural Competency and Family/Client-				
driven system (Systems Development Strategy)				
Work Plan 5: Mental Health Crisis Response and Triage	N/A	N/A	2490	2437

MHSA HOUSING PROGRAM

Timberline Shared Housing

In collaboration with Advocates for Mentally Ill Housing, Turning Point Community Programs and Placer County- ASOC the Timberline Housing Project has been successfully operating since January 4, 2010, serving 5 single adults in shared housing this fiscal year- no vacancies. In April, 2011 the ASOC received grant agreements from Housing and Urban Development, HUD for one Shelter Plus Care voucher for the project, an additional \$33,720 to help with the long term rental subsidy.

Placer Street Shared Housing

A new construction/rehabilitation project (the buildings were partially completed) of (six) two bedroom/ two bath units with garages located in the city limit of Auburn. The source of funding for the construction, operating cost and subsidy is MHSA Housing Program funds. The Advocates for Mentally Ill Housing- Placer is the owner and property manager. Supportive services to resident will be provided by Adult System of Care and Turning Point Community Programs. Residents of the program have to meet MHSA Housing Program eligibility- a severe and persistent mental illness, homeless or at-risk of homelessness. (Detailed program eligibly can be obtained by contacting ASOC Housing Team) Residents will pay 30% of their income toward their rent, the remaining will be covered by MHSA Housing subsidy or Shelter Plus Care vouchers. The project will provide housing for 12 individuals and/or a family and will be ready in June 2012.

WORKFORCE, EDUCATION AND TRAINING

Placer County has 23 FTE staff who are able to offer services in Spanish. 11% (682) of our total mental health population is Latino/Hispanic. Of that 11% (682), approximately 17.41% (119) are monolingual. The Kings Beach area (East Placer County in the rural Tahoe area) and Lincoln (North/West Placer with no County buildings) have the largest concentration of monolingual Spanish speaking clients. The need for more Spanish speaking Mental Health employees (particularly in these areas) still exists. While Placer has not met any other threshold language requirements yet, there is a large Ukrainian population in the Roseville (West Placer) area. Residents and county employees have recognized an unmet need for increased ability to serve this population. Outreach and employees who speak their native language are necessary to meet this need. Placer has attempted to reach leaders from the Ukrainian population to join our Cultural Competency Committee and Campaign for Community Wellness groups. We have sent e-mail invitations to a local psychiatrist from that community. We also do general campaigns via e-mail, newsletters, and mailings for people to join Placer committees. Placer continues to expand outreach efforts.

Workforce Staffing and Support

Action 1 WET Coordination

During FY 10-11 Placer County's WET Coordinator supported multiple recovery oriented trainings and developed a strong relationship with community providers and partner agencies increasing the impact of trainings offered.

Our WET Advisory Committee continued to meet bi-monthly to review and advise on the implementation of WET actions. Membership includes representatives from county agencies including personnel, consumer, youth, Latino Leadership, Tahoe region, Native Alliance, public and private universities, Workforce Investment Board and contract providers.

A strong partnership was also developed with Sierra College Nursing department. Placer's WET Coordinator serves as a representative on the state Spirituality Initiative, Sacramento Region MFT Consortium and System of Care Staff Development, Cultural Competency and Co-occurring change agent committees. She has taken an active role in regional WET projects including an effort to identify core competencies related to recovery oriented work as a means to assist in determining the appropriateness and efficacy of trainings provided.

Training and Technical Assistance

Action 2 Consumer and Staff Development

Trainings provided to all staff including consumer/family member and contract and community partners included Culturally Competent Approaches to the LGBTQI community, Military Culture, Fetal Alcohol Syndrome Disorder, a recovery model approach to problem gambling, Motivational Interviewing (MI), Advanced and Supervising MI, SBIRIT Training – Screening For Brief Intervention and Referral To Treatment, and "How Do You Care For A Wild Child".

Our WET Advisory Board partnered with the Department of Rehabilitation (DOR) to provide three trainings: Employment Challenges, Barriers To Employment, and Navigating Life Challenges For Transitional Age Youth. The W.E.T. Advisory Board also partnered with Dr. Mark Ragins from Mental Health America in Los Angeles to conduct a training on Recovery Focused Mental Health Services.

In collaboration with Placer County Sheriff's Department a 4-day Crisis Intervention Training was presented to law enforcement officers to increase positive outcomes for individuals with mental illness.

The Children's System of Care (CSOC) trainings funded through W.E.T. included Childhood Trauma and Resiliency, Mental Health First Aid, a presentation on preventative services for LGBTQI youth, and CWS Supporting Families and Co-Occurring Issues,

All trainings focused on recovery, resiliency and wellness and addressed issues of culture and diversity. Training modules were reviewed and working with the WET Advisory Committee, Cultural Competency and Staff Development committees a comprehensive training plan was developed for 2011-12 which included a unified orientation for interns and a focus on cultural awareness activities and Motivational Interviewing.

Action 3 Leadership Development

Trainings as noted in Program #2 were provided in collaboration with our regional WET partnership and CA Alcohol and Drug Programs. The WET advisory committee has developed a specific proposal, application and process for the Leadership Academy and specific design and implementation of the Speakers' Bureau with possible implementation in FY 2012-13. The CASRA curriculum was purchased and is being evaluated along with other curricula by a team of consumer staff to determine the most effective means of implementing consumer leadership trainings in Placer County. As many counties in the Central Region have defined the same objective in their WET plans, the partnership is working to develop collaborative leadership training for consumers. Placer County consumer leaders will take an active role in developing and participating in this regional effort.

The SOC Staff Development and WET Advisory committees are considering tools and methods for evaluating the efficacy of trainings. The most efficient process for the awarding of stipends is being investigated.

Action 4 ELearning

Placer continues to use the Network of Care E-Learning as the primary tool for tracking and monitoring staff trainings. Future goals include increasing the number of mandatory trainings available in an online format and better use of the post-test applications to measure retention of knowledge. Licensed staff have stated that access to online CEUs has been a great resource; allowing them the opportunity to select courses that are most relevant for them since the course offerings are broader than could be offered in classroom only settings.

Mental Health Career Pathway Programs

Action 5 Psychosocial Rehabilitation Certification Program

Placer County has purchased the 5 course CASRA curriculum and is looking into the most effective means for implementation. Placer County also participates in the Central Region WET Workgroup that is collaborating in efforts to bring CASRA or similar Psychosocial Rehabilitation curriculum to local community colleges to allow individuals to get applicable college credit in the pursuit of a Certified Psychosocial Rehabilitation Practitioner certification. This group is also looking into a developing a regional stipend/scholarship program to assist individuals with attaining USPRA certification.

Action 6 Outreach and Enhanced High School Career Tracts

During FY 10-11 there was minimal progress on this program primarily due to budget impacts on the educational institutions. Efforts to build relationships with schools continue. The WET coordinator was available for presentations and career interviews for high school and junior college students

Action 7 Increased Retention Efforts

Collaboration with community partners has increased and all community partners are invited to the recovery oriented trainings and events. The WET Coordinator works with the Social Marketing Committee developing strategies to decrease stigma both internally and in the community at large. The newsletter includes articles on co-occurring and cultural competency efforts and information and stories of resilience and integration.

Trainings on creating welcoming environments and hope and resiliency in the workplace are targeted at increasing staff retention and comfort in the workplace.

A recovery focused New Employee Orientation was developed and will be implemented with incoming interns and staff in FY10-11

Residency/Internship Programs

Action 8 Internship Programs

During FY 10-11, Placer hosted one MFT Trainee, 1 BSW, 4 first year MSW students with 2 from the Rural Cohort sponsored by WET dollars, and 5 second year MSW students - including 3 Title IVE (Child Welfare), and 2 who received an MHSA stipend who are committed to working in the public MH field.

Work will continue so that the opportunity to expose students to working in public mental health is not lost. Recovery oriented supervision for all interns is ongoing and used in conjunction with other training to support a transition to a recovery oriented workforce. An intern orientation program was developed which was implemented in Fall of 2010. Due to the county's current hiring freeze, it was not possible to bring on the high school level interns at this time.

Financial Incentive Programs

Action 9 Stipends/Scholarships/Grants

The WET Coordinator is working on the required process for stipend distribution. There are some considerations within the Regional Partnership to use a central agency and application for consistency and ease of fund distribution. A reimbursement form has been created and approved. Implementation of its use is being held until the form has been translated into Spanish so they can be released simultaneously. Pursuant to MHSA, the Mental Health Loan Assumption Program (MHLAP) was created to increase the supply of mental health practitioners serving in hard to retain positions within public mental health system. The WET coordinator participated in the program assisting with three Placer County staff being awarded \$10,000 to pay down student

loans. One awardee was a supervisor (a hard to fill position) and two others were bi-lingual Spanish speaking staff.

PREVENTION AND EARLY INTERVETION

Activities related to Prevention and Early Intervention (PEI) has generally proceeded as detailed in the approved PEI plan. PEI activities are combined under three (3) approved programs, Ready for Success, Bye-Bye Blues and Bridges to Wellness.

As with all new services, there have been challenges during implementation of some programs. The most common were the expectations outlined in the local Request for Proposals did not always match the realities of community need or the capacity of the awarded vendor, and outreach and engagement struggles.

During FY10-11, many one-time activities, along with on-going activities were provided under PEI. Approximately 2,734 unduplicated persons were served.

PEI							
1. Information of used):	1. Information on the total number of individuals served across all PEI programs (for prevention, estimated #'s are used):						
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Gender	# of Individuals
Child and Youth (0-17)	653	White	721	English	1,701	Female	1,540
Transition Age Youth (16-25)	875	African American	20	Spanish	1,019	Male	1,194
Adult (18-59)	1,037	Asian	12	Native Language	14		
Older Adult (60+)	169	Pacific Islander	12				
		Native American	721				
		Hispanic	1,108				
		Multi					
		Unknown					
		Other					

Ready for Success: Youth and Family Support Program

<u>Incredible Years (IY)</u> is a 12 to 14 week class for parents of children ages 6-12 presenting educational materials and facilitating group discussion in both English and Spanish, was provided by a local Family Resource Center, KidsFirst. The classes are held in either schools throughout Placer County or at the Family Resource Centers in Roseville and Auburn. IY intends to strengthen parenting competencies and to foster parents' involvement in children's school experiences in order to promote children's competencies and reduce conduct problems. Short-term goals include increasing children's problem-solving skills, decreasing children's aggressive behavior, increasing parents' positive communication skills, and increasing family support networks. Long-term goals include developing a cost-effective prevention program which families with young children can use to prevent serious childhood conduct problems from emerging in the first place. In FY10-11, nine (9) IY classes were held serving a total of 176 individuals, 45% Latino.

During FY10-11, there were barriers to engagement and retention of parents in this activity. When IY courses began, each session was 20 weeks; however, there were very high attrition rates because parents were unable to commit to such a high number of sessions. This was remediated by decreasing the course to 12-14 weeks but

remaining consistent with the fidelity of IY. Another barrier to parents' retention rates was the fact that English and Spanish classes were offered together, a strategy that required more class time for the translator to present the same materials in a different language. To attract more parents to the program and accommodate their language needs, classes were then offered separately in English and Spanish. Lastly, to address the engagement of parents, the community provider partnered with the local elementary schools to offer IY on school campuses, increasing accessibility to the course and allowing families to feel more comfortable.

<u>Functional Family Therapy (FFT)</u> is an evidence-based, short term family intervention that assists families in changing the way they think about each other and their problems. FFT works with children who are age eleven (11) and older and their families. FFT works best with families that are in need of improved communication, family conflict resolution, treatment of delinquency behaviors and/or problem solving.

During FY10-11, 58 people, representing 9 families completed FFT. All the families demonstrated an improvement in overall family function in comparing pre and post evaluation data. This program is always at capacity and the one barrier is the waiting list for services.

<u>Parent Project (PP) and Family Counseling</u> is a 12-16 week Spanish-language parenting course for parents struggling with hard-to-parent children/youth. PP is intended to improve the parenting skills of parents who struggle with out-of-control adolescent behavior by providing effective strategies that re-engage the children and improve family relations. Family counseling is offered to those families whose needs may be greater than PP can initially address.

Pre- and post-evaluations are conducted for each class, assessing increase in family function, decrease in youth delinquency/challenges and increase in parent/guardian ability to manage family stress. Overall, this program has greatly increased the parent/guardian's ability to quickly deal with stresses in everyday life, to effectively manage rewards/consequences in the family and to alleviate stressors that create family chaos and dysfunction. Participants reported decreases in work absences due to child issues; decreases in youth challenges at school, with law enforcement or other social problems; decreases in parent/guardian stress levels due to child conduct; increased ability to discuss problems openly and to resolve issues as a family without fights; and increases in the amount of joyful time the family spent together.

<u>Positive Indian Parenting (PIP)</u> program provides parent education and support services including Positive Indian Parenting classes, White Bison recovery support groups, and Families of Tradition family education nights at the Sierra Native Alliance (SNA) Cultural Education Center. The Positive Indian Parenting (PIP) program serves Native American families that are at risk for/or are involved in the child welfare system. Most of the families served through this program have been impacted by mental health, substance abuse, family separation, domestic violence, parent incarceration and economic stress. In the 2010-2011 program year, 56 families were enrolled in the positive parenting program, and 174 participants attended the family education nights, with the program benefitting over 103 children.

SNA has developed a unique survey tool based on the Medicine Wheel to measure the growth of cultural resiliency and parent protective factors. Connecting the assessment of family strengths, resources and challenges conducted in the course of developing Family Wellness Plans, case managers are able to monitor growth in parent protective factors as well as progress towards family wellness goals. The parent protective factor survey monitors growth in six resilience domains which include: Individual/Family Social Connections, Relations Between Parent and Child, Knowledge of Parenting and Child Development, Access to Concrete Support in Times of Need, Spiritual/Cultural Connections, and Overall Balance/Parental Resilience.

Each of the families participating in the Positive Indian Parenting reported progress towards the goals they identified in their Family Wellness plans. These goals included improving mental health; attaining sobriety; securing jobs, housing, and transportation; reunifying with children; improving communication skills and family relationships; and increasing cultural knowledge and community supports. In an analysis of Parent Protective Factor survey data for a sub-set of 35 families who completed pre- and post-service surveys during the service period of Jan-June 2011, the pre-post survey comparison reveals a significant increase in each of the six protective factor domains. The average increase across each of the domains was 1.67 on the 7 point Likert

scale. The average increase in the Individual/Family Social Connections domain was 2.16 (increasing from 2.94 to 4.6), average increase in Relations Between Parent and Child was 1.57 (3.74 to 5.31), average increase in Knowledge of Parenting and Child Development was 1.51 (3.86 to 5.37), average increase in Concrete Support in Times of Need was 1.66 (3.57 to 5.23), average increase in Spiritual/Cultural Connections was 1.29 (3.77 to 5.06), and the average increase in Balance/Parental Resilience was 1.83 (3.51 to 5.34). This represents a change from "Mostly Challenges/ Some Strengths" to "Mostly Strengths/Some Challenges" for the majority of families.

Native Youth Development Program engages youth in culturally relevant leadership, mentoring and advocacy services. Using the White Bison- Sons and Daughters of Tradition curriculum, along with components of the HUD Strengthening Native Community Commitment through Mentoring curriculum, Sierra Native Alliance (SNA) has created an intergenerational group mentoring model that promotes positive peer relationships for youth ages 9-15, and leadership skills for youth ages 16-24. The SNA Youth Development program is designed to serve Native youth ages 9-15, and transition age youth ages 16-24 who are at risk for mental health and substance abuse challenges. With an over-representation of Native youth in the child welfare and juvenile justice system, many of the youth served by this program have experienced trauma due to family violence, separation/loss, mental health, substance use, economic stress, homelessness, school failure, foster care and justice system involvement. These youth come from a variety of tribal backgrounds and often have had little access to their family history and cultural heritage.

During the 2010-11 program year, 67 youth participated in youth development programs, with 43 transition age youth participating in the leadership council and 24 youth ages 9-15 participating in the mentoring activities. Of these youth, 15 received additional family support and advocacy services to assist with education, child welfare, or juvenile justice challenges. The youth leadership council was very active in their community service activities, volunteering at cultural events and making presentations throughout the year.

SNA has gathered feedback on participant satisfaction through surveys and talking circles with youth and their parents. In a participant satisfaction survey conducted with youth and parents in December 2010, the majority of the 42 families surveyed reported that SNA programs were meeting their youth development needs, with 70% responding that their needs had been met "very well", 23% "well", and 2% "satisfactory". 67% of the families surveyed responded that the quality of the services they received were "excellent", 26% "very good", and 7% rated the services as "good." Implementing a more detailed evaluation with a sub-set of 18 youth who participated in the NYCC conservation corps project, SNA conducted pre and post project surveys in addition to focus groups with participants and community members involved in the program, to document the impact that the program had on the youth. The analysis of pre-post project surveys revealed that 100% of interns increased knowledge in all five areas measured: environmental knowledge, cultural knowledge, traditional health practices, environmental career pathways, and peer education and leadership skills:

<u>Transition to Independence Process (TIP) Program</u> is the only evidence-supported model designed to assist transition age young persons with emotional or behavioral health challenges to more successfully transition into adulthood and maintain wellness. The TIP Program assists the young person in: 1. Developing a support team that will continue after the program ends; 2. Developing a transition plan including goals related to independence in the areas of Employment/Career, Education, Living Situation, Personal Effectiveness/ Wellbeing, and Community Life.; 3. Facilitating the support team in assisting the participant in reaching the identified goals; and 4. Providing resources and referrals to other agencies/programs. The TIP program is participant driven and the young person must demonstrate a willingness to engage in the program. TIP is administered by Unity Care Group, which also contract to provide Independent Living Services, and is experienced with engaging transition age youth.

TIP struggled with obtaining appropriate referrals for this program. In response, Unity Care Group provided ongoing revisions to the TIP Program referral process, as well as continuous marketing and more detailed program information to the community. In addition, due to the limited knowledge and training on the TIP Model, Unity Care Group has sought out agencies outside of Placer County who are currently successful with the TIP Program. By collaborating with other agencies providing TIP services, Unity Care Group has gained access to a rich learning community. TIP also had difficulties identifying measurable standardized outcomes.

To address this issue, TIP adopted various assessments and program operational policy and procedures to ensure all participants receive assessments along the same timeline allowing for measurable data.

Due to these challenges, there is limited quantitative data regarding success rates for FY10-11, and a series of assessment tools were implemented in late summer of 2011. Qualitative data, however, indicates a measure of success. Since each case is young person driven, success is specific to each case. Completion of individual goals are measured by the young person's own judgment.

<u>Teaching Pro-Social Skills (TPS)</u> is a training program designed to help children and adolescents develop competency in the areas of social skills, anger control and moral reasoning. These training activities are provided in partnership with the Lighthouse Counseling and Family Resource Center and the Western Placer Unified School District (WPUSD). A weekly class is also offered to parents, to provide information about what their child is learning and experiencing in TPS class, and to offer tips on how to support their child. Parents are also provided with enhanced parenting skills education based on the Nurtured Heart Approach, developed by Howard Glasser.

There were early challenges engaging families, as many children and parents were put off by the name of the class. After the initial session, outreach materials were re-written to emphasize social development and leadership skills, and the name of the class was modified based on this new emphasis. Subsequent groups had much higher enrollment rates. The program also found that enrollment was much more successful when an announcement and description are sent to all parents rather than targeting specific students/households. Finally, in cooperation with WPUSD administration, the program was modified during the 2011-2012 school year to accommodate more students.

During FY10-11, each session's primary learning objectives were based on pre-class skillstreaming checklists; learning objectives varied for each session. For the first session, the post-class skillstreaming surveys of both students and teachers showed significant improvement of the areas of understanding and expressing feelings, and responding to teasing and embarrassment. In addition, the students recognized a marked change in their ability to deal with fear and anger in themselves and others, and teachers saw a significant improvement in the students' ability to apologize and thank others, join in with other kids or deal with being left out, and in following instructions and rewarding themselves. In the second session, the post-class skillstreaming surveys of students showed significant improvement in the areas of asking questions/seeking to understand others, starting conversations, complimenting others, having patience with others and compromising. During the final session, the post-class skillstreaming surveys of students showed significant improvement in the areas of understanding the feelings of others and expressing that understanding, introducing themselves to other, joining in with activities that interest them, helping and standing up for others, complimenting others, finding alternatives to fighting, including expressing complaints verbally and handling teasing.

<u>Life Skills Training (LST)</u> groups were provided by Tahoe SAFE Alliance at North Tahoe Middle School for 39 students. The groups met twice a week for 10 weeks. In conjunction with the youth groups, 11 parents participated in the Life Skills Training Parent Program (LSTPP) weekly from the North Tahoe Family Resource Center. LST is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. The program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations, and also provides tools to parents to recognize and talk to their children about these situations. The goal of LST is to teach students the necessary skills to resist social (peer) pressures to smoke, drink, use drugs and use violence. It should help students to develop greater self-esteem and self-confidence, enable them to effectively cope with anxiety, increase their knowledge of the immediate consequences of substance abuse and using violence, and enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

Life Skills Training Pre and Post-Surveys were used in the LST youth groups. In addition students were polled at the mid-point and at the conclusion of group about what they liked, didn't like and would change about group. The LSTPP participants were surveyed at the conclusion of the program to obtain their feedback for satisfaction. In the first LST youth group, overall scores from the Pre and Post-Surveys increased 4%. This is not a large

increase; however, the questions on the surveys were very specific to each lesson. Therefore, if a student missed a lesson, they would often miss the corresponding question on the survey. In the second LST youth group, overall Pre and Post-Survey scores increased 14%. This was a 10% improvement from the previous LST group, probably due to fewer students in the group and greater enjoyment and learning.

The parents involved in the LSTPP reported that although the general concept of the group was "good", they wanted topics more specific and relevant to their lives such as how to communicate with your partner, etc. Parents rated the information about preventive parenting "exceptionally well", and the information on using and practicing with the contents of the parent guide they rated "very well". Overall the parents were extremely satisfied with the lessons, facilitators and lesson materials.

A <u>Youth Council</u> leadership group was started and facilitated by Tahoe SAFE Alliance and Adventure Risk Challenge. The North Tahoe Youth Council ended its first year with the culmination of their "What is Success" video project, in which community members and students in the Lake Tahoe area talk about their own definitions of success and the paths they followed to reach it. Ultimately, the video sends the message to Middle and High School students that everyone has the ability to choose what success means to them and that it is never too late to start working towards your own goals. Eight North Tahoe High School students worked throughout the school year outlining the 10-minute video, conducting interviews, editing hours of video, and were finally able to show off their finished product to peers during a special Advisory period. The Youth Council identified in the beginning of the school year that they wanted to find ways to motivate their fellow students to not give up when classes are hard for them or they are struggling to find their path in life. The Youth Council also set up a peer tutoring program after school weekly.

The Youth Council identified ways that their projects could run more smoothly, and were excited to put these changes in place during the next school year. Verbal feedback from teachers about the tutoring program was very positive, with many saying that they saw improvement in grades from students who attended tutoring sessions regularly. For the video, the Youth Council collected very positive verbal feedback from their peers; many reported that they felt more hopeful and motivated to find ways to reach their goals.

Adventure Risk Challenge (ARC), under the auspices of the University of California Berkeley, provided an intensive leadership and literacy program for high school students in the Tahoe/Truckee area. The program is rooted in the integration of rigorous academic instruction (writing, reading, research, and public speaking) with challenging leadership and life-skills training (goal setting, teamwork, cooperation, resilience, and personal responsibility). The integrated, year-round approach to youth development incorporates wilderness, academics, and community outreach. Participants engage in outdoor activities and challenges, stewardship and conservation ethics, a cutting-edge academic curriculum, and mentorship and service. ARC addresses one of the region's greatest challenges: to prepare youth for a future that includes higher education, leadership development, participation in the work force, and engagement in civic life.

During FY 10-11, ARC evaluation efforts included: a pre- and post-test based on the California High School Exit Exam administered to all 40-day program participants; the Search Institute's Developmental Assets Profile (DAP) survey administered to all weekend retreat and 40-day program participants quarterly; tracked the college enrollment rate of weekend retreat and 40-day program participants; tracked the high school graduation rate of weekend retreat and 40-day program participants; tracked the passing rate of the California High School Exit Exam of our weekend retreat and 40-day program participants; and participant surveys administered at the end of every weekend retreat and 40-day course, requesting their feedback on everything from the food, to the activities, to what they found most valuable, to what they would like to see change.

During FY 10-11, 262 youth were served. Of the participants served, 92% of participants passed the California High School Exit Exam and 78 % of participants are attending a 2 or 4-year university. In addition, of those administered the Developmental Assets Profile, there was a 3.9 point increase from pre-survey to post-survey.

Bve-Bve Blues: Reducing Depression and Suicide

<u>The Bilingual Community Educator</u> is responsible for assisting Latino families in the Tahoe area and providing outreach and engagement to provide better access to mental health services. The community educator finds

innovative ways to provide information on services and supports for Latino parents and their children. These services include but are not limited to general counseling, family therapy, substance abuse treatment, referrals to financial and medical aid, information on general health care, domestic violence support, parenting and family education, and many other kinds of support services. The community educator is instrumental in helping community members understand and navigate the various service systems in Tahoe. The community educator works in the community and schools to put on various educational seminars and activities to help support the Latino community on issues pertaining to general mental health and overall wellbeing.

The community educator has continued to work closely with family advocates from partnering organizations to increase referrals and improve outreach. Confusion with the intake referral process caused many problems in the past in helping shared clients access mental health services from other organizations. The community educator has continued to do trainings for partnering organizations such as Tahoe Safe Alliance and the North Tahoe Family Resource Center on the intake and referral process for shared clients looking for more mental health support. During FY10-11, the community educator helped the North Tahoe Partner Network Referral Form resulting in a streamlined referral process and provided guidelines needed to make a collaborative handoff for clients already involved in programs with other organizations looking to get access to mental health services while maintaining accurate and current releases of confidentiality from the client. To improve the communication and efficiency of services being provided, the community educator also developed a Referral Follow-Up Form to maintain accurate communication between agencies for respective clients.

<u>The Older Adult Counseling</u> program serves residents aged fifty-five (55) and older who suffers from mood disorders, such as Major Depression or Bipolar Disorder, by providing individual, family and/or group psychotherapy. The intent of this program is to reduce depressive symptoms and to increase psychological, physical and social functioning and health. Referrals to this program came from Primary Care Providers and Psychiatrist at the Placer Community Clinic, Psychiatrist at the Adult Systems of Care, Community Organizations, and self-referrals.

70 clients received therapy in FY 10-11. The Beck Depression Inventory was used as the pre and post treatment evaluation tool. During this time, post-treatment Beck Inventory scores showed, on average, a statistically significant decrease in depression symptoms.

<u>The Maternal Depression (MD) Treatment</u> program provides counseling to mothers of children ages 0-5, and strives to serve women who are currently un or underserved by mental health services. KidsFirst, a Family Resource Center, employs a licensed, bi-lingual and bi-cultural therapist to provide 12-16 counseling sessions to reduce depression and suicide among mothers.

MD used the Parenting Stress Index (PSI), the Edinburgh Postnatal Depression Scale (EPDS), and Satisfaction Survey for pre and post treatment evaluation. In FY 10-11, MD served 79 clients. As measured by pre and post EPDS tests, depressive symptoms of clients decreased by an average of 41%. In addition, pre and post PSI tests indicated that 68% of clients demonstrated decreased stress and improved family functioning. Finally, according to the Satisfaction Surveys, 100% of clients reported increased awareness and access to community resources.

<u>Native Culture Camps</u>: There were three culture camp activities in program year 2010-2011. These events included Indigenous People's Day, the EDCIC Summer Gathering, and the first annual Culture Camp hosted by the Sierra Native Alliance (SNA). With over 700 people attending these three events, the four-day family SNA Culture Camp, hosted at the Golden Hollow Campground in Nevada City, was attended by 203 participants. The event directly addressed mental health and promoted wellness in a way that was very well received by all participants.

Keynote speaker, Gene Tagaban, from the Native Wellness Institute, brought his skill as a storyteller and traditional dancer to facilitate the experience of community healing in a culturally appropriate way. Focusing on the impact of historical trauma on personal health, the large group sessions addressed the multi-generational effects that trauma has had in the Native community. Gene was highly skilled in engaging youth in interactive

exercises to acknowledge repressed anger and depression, while building cultural pride and communication that affirms personal value and self-esteem.

The Culture Camp event was intended to build mental health awareness and support for members of the Native community. By acknowledging the conditions that contribute to poor mental health within the Native community, the camp format drew from the Gathering of Native Americans (GONA) community prevention model and suicide prevention tools used by the Native Wellness Institute to promote community building and access to cultural health practices. Focused on building awareness of the impact of personal and historical trauma on mental health, education sessions were designed to increase health seeking behaviors and resources. With the majority of activities targeted for high risk teens, the camp promoted traditional values through a multigenerational learning environment that included workshops in traditional health, language and survival skills. Many of the youth participants came from underprivileged homes, and had experienced family mental health, substance abuse, family separation, homelessness, school failure, foster care, and/or juvenile justice involvement. Some of the youth attending had mental and behavioral health challenges, and/or were in the process of family reunification.

Bridges to Wellness: Awareness, stigma reduction and Linking to Resources Project

In FY 10-11, the social marketing committee worked to develop campaign messages and strategies to raise awareness about mental health issues in Placer County, empower community-based programs and reduce mistrust of the system by consumers. The campaign focused on the concept of trusted advisors--individuals within the community who already have the trust of the community--and a way to leverage them as a connection between consumers and services. This is very similar to the Promotora model which is currently being used in the Latino communities in Placer County. The major accomplishment during this period was the creation of a campaign website, which hosts information about mental health issues, stigma, the impact of culture and ways family members and friends can support those in need. Additional activities included the development of a set of cultural guides designed to help providers extend care in a more culturally-appropriate way. The cultural fact sheets addressed the impact of culture on mental health and patient/provider relationships and covered a variety of cultures including Hispanic, African American, Asian, Easter European, Elderly, Youth and more. The group also worked with the Sierra Native Alliance to develop content for a brochure detailing the rights and opportunities of Native Americans involved in system services. Development of a variety of other materials was started, including a Spanish website, posters and bookmarks which were finalized and produced in fiscal year 2011-12.

One-Time Activities

During FY10-11, several one-time activities and trainings were also provided. Some of the activities included, training 29 county and community agency staff using the curriculum of the Youth Development Institute. Also, the Tahoe community was supported by offering local meeting facilities, child care and interpreting services to support education and mental health services.

Fiscal Year 2012-2013 Planned Activities

During FY 12-13, these PEI activities will continue at their previous level, as well as continued support of training, education and stigma reduction.

INNOVATIONS

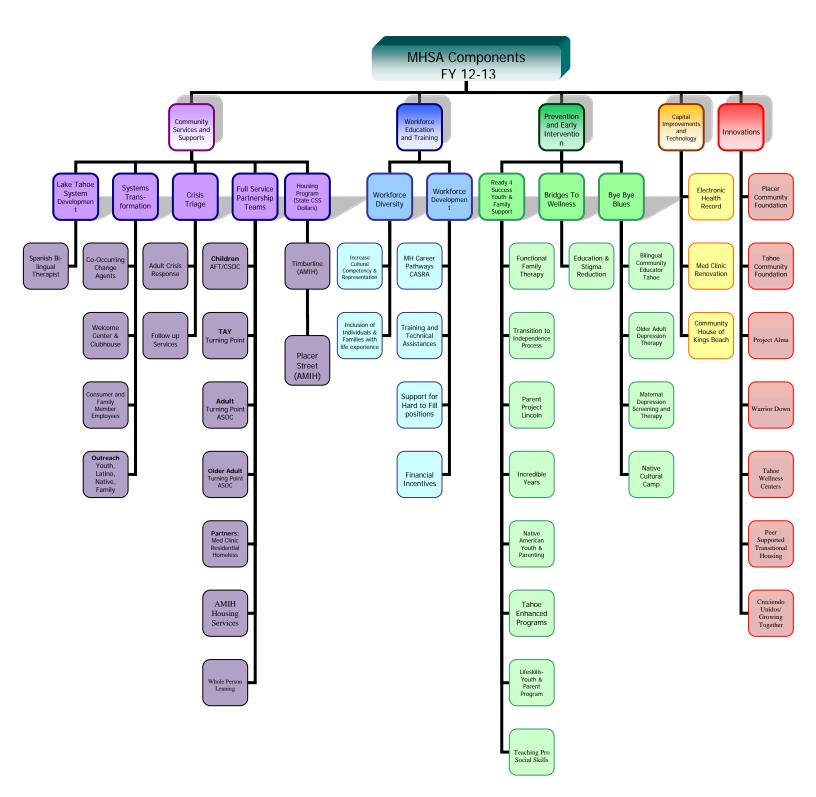
Placer County's Innovations plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on September 27, 2010. Placer County utilized the remaining part of FY 10-11 to solicit Request for Proposals and award contracts.

Two (2) contracts were granted to Community Foundations, Tahoe Truckee Community Foundation and Placer Community Foundation, to award mini-grants. The grants are intended to promote collaboration with the community to develop relationships with various partners to implement non-traditional ideas that could ultimately result in better services for those with mental health needs. These Community Foundations awarded 33 mini-grants to various agencies and non-profits throughout the county. Five (5) larger contracts were

awarded to agencies that allowed for learning around culturally responsive and community ready peer support and resiliency models.

Fiscal Year 2012-2013 Planned Activities

During FY 12-13, these programs, along with some additional awardees, will complete their learning grant cycle. Placer County will begin to review the progress from FY 11-12 during this next fiscal year.



MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Placer

Local Mental Health Director	County Auditor-Controller
Name: Maureen F. Bauman, LCSW	Name: Andrew Sisk, CPA
Telephone Number: 530-889-7256	Telephone Number: 530-889-4160
E-mail:Mbauman@placer.ca.gov	E-mail: auditor@placer.ca.gov
County Mental Health Mailing Address:	
11512 B Avenue Auburn, CA 95603	
To the best of my knowledge and belief, I herebifiscal accountability requirements as directed by and that all expenditures are consistent with the recounty Auditor-Controller Certification Limitations Mental Health Director. I did not audit, examine, report and professional standards do not allow right the Mental Health Services Act or the charactertification I have reviewed the compliance requirement management, and for expexpenditures have been reconciled to the County's	the State Department of Health Care Services, equirements of the Mental Health Services Act. The attached report is the responsibility of the or review the results presented in the attached me to provide assurance regarding compliance ster of underlying expenditures. In providing this irements, obtained representations from Mental renditures that have already occurred, those
Maureen F. Bauman, Director	Mat & whater
Local Mental Health Director/Designee (PRINT)	Signature Date
Andrew Sisk, CPA	Signature Date
County Auditor-Controller (PRINT)	Signature Date
County: Placer	

Placer 2012-2013 Comments on MHSA Annual Update

Comment 1

Dear Ms. Zavoras,

10/18/12

Many Native American members of the community receiving or have received services from CSOC and certain county providers have numerous and serious concerns that they would like to address as a group to the county. Many of our people who have or continue to receive services do not feel comfortable articulating their stories and concerns in the written word due to their education level or other reasons. I believe the county would receive a much broader and larger input during this public comment period beginning today if it was set up so people could verbally tell their experiences and that they would be recorded like many public comment meetings routinely do. I understand that time is of the essence since the county needs the comments to be ready to go to the state by November 15th. We will do everything possible to transport, organize, and ensure that a sizable portion of the native community reaches such a meeting. Our fear is that if the only way public comment can be received is through email or the public mail the cultural differences in our community would prevent many from participating.

I have contacted the clerk of the Board of Supervisors to try and get this on the agenda if we are not able to have a public forum to address our concerns.

We would much prefer to not go to such lengths if something can be arranged to meet our needs. I feel seeing families in person and hearing their stories will be much more understood than an email or letter, especially if it comes from someone who is not comfortable with that form of communication.

Thank you for your time,

John E. Negrete

RESPONSE Sent 10/22/12

Good morning Mr. Negrete,

I am happy to inform you of a public hearing regarding the Placer County MHSA Annual Update that will be held on November 26th at 6 PM. The hearing will occur at 11533 C Avenue, Auburn (in the Dewitt Center), in the Large Conference Room.

I have forwarded your comments and concerns below to our Systems of Care Directors, Maureen Bauman and Richard Knecht. If you have any questions, please contact me.

Thank you,

Michele Zavoras

Comment 2 10/22/12

Thanks for sending this to me for review and comment Michelle. Do you have last years update? I would like to compare the two years. Also, do you do a Performance Analysis each year to see if you have met your MHSA goals? If so, please forward it to me for 2011, Thanks again, it is important to have input and I appreciate the opportunity. Best regards,

Dr. Frank James Lozano Advocate, Writer, Artist Mental Health Advocate Placer County Nami and Nami CA

Comment 3 10/23/12

Hi Michelle `I found the 2010-2011 report on your site so no worries about that. I still would like "hard data" for no. individuals seen/program and the results of their time spent under the guidance of Placer Mental Health. Thanks, DrF

Dr. Frank James Lozano Advocate, Writer, Artist Mental Health Advocate Placer County Nami and Nami CA

Response 10/25/12

Hello,

I have attached the 2011-2012 Annual Update per your request. I have also copied Kathie Denton and Maureen Bauman to answer your question about Performance Analysis.

Thank you,

Michele Zavoras

Comment 4 10/29/12

Hello ~ I hope you are both doing well this beautiful Monday.

I have read your update and have comments and questions.

However, before I submit them to you I would like to know why you did not use the same format you used last year? It makes it difficult to compare your plans from 2010/2011 to 2012/2013. Also, you seem to have "unexpended funds" in both updates. It seems to be a lot of money. Couldn't we have used those funds to hire interns or other permanent personnel? How does that occur and does it factor in to this year's overall budget?

Are you using the percentages as called out in Prop 63 for each category?

I do not see hard data such as how many people were served, succeeded in improving, were referred to another program, etc in actual numbers for each of your programs.

Thanks for your time and attention. You have a lot to do and many to serve and I appreciate all you do. Best regards, Dr F

Dr. Frank James Lozano Advocate, Writer, Artist Mental Health Advocate Placer County Nami and Nami CA

Response 10/30/12

Hello Dr. Lozano,

Please see below for answers to your questions:

Why you did not use the same format you used last year? In previous years, the State sent forms to be completed for the annual report. This year there were no forms or guidance because of the disbanding of the Department of Mental Health; counties were left to determine their format.

Couldn't we have used those funds to hire interns or other permanent personnel? We had the MHSA positions filled. The funds can only be used for providing MHSA services. When we contracted out services; the organization hired additional staff in most cases.

How does that occur and does it factor in to this year's overall budget? Each year we plan accordingly, either spending or put in a prudent reserve all our funds; we have had no funds revert back to the State.

Are you using the percentages as called out in Prop 63 for each category? Yes, our budgets are designed with the percentages in mind.

I do not see hard data such as how many people were served, succeeded in improving, were referred to another program, etc in actual numbers for each of your programs. On page 4 you will find a data chart for Community Services and Supports, page 7 will show Prevention and Early intervention data; the narratives in these sections will describe outcomes. The "succeeded in improving, were referred to another program" were not data elements that were collected.

I still would like "hard data" for no. individuals seen/program and the results of their time spent under the guidance of Placer Mental Health:

Community Services and Supports	Number Enrolled	Target	Outreach and	Target
			Engagement	
Work Plan 1: Children's Full Service Partnership	20	23	93	107
Work Plan 2A: TAY Full Service Partnership	32	26	490	224
Work Plan 2B: Adult Full Service Partnership	71	90	986	100
Work Plan 2C: Older Adult Full Service Partnership	21	20	219	160
Work Plan 3: Lake Tahoe System	26	38	Not tracked	195
Work Plan 4: Transforming Services Through Co- Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven system (Systems Development Strategy)	N/A	N/A	4415	3000
Work Plan 5: Mental Health Crisis Response and Triage	N/A	N/A	2490	2437

PEI

1. Information on the total number of individuals served across all PEI programs (for prevention, estimated #'s are used):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Gender	# of Individuals
Child and	653	White	721	English	1,701	Female	1,540
Youth (0-17)							
Transition	875	African	20	Spanish	1,019	Male	1,194
Age Youth		American					
(16-25)							
Adult (18-	1,037	Asian	12	Native	14		
59)				Language			
Older Adult	169	Pacific	12				
(60+)		Islander					
		Native	721				
		American					
		Hispanic	1,108				
		Multi					
		Unknown					
		Other					

From page 2As of June 30, 2011, Turning Point had enrolled 97 people in Full Service Partnerships for the year. Overall, 54.2% of all individuals, accrued zero hospitalization days; 79.2% of all individuals, accrued zero jail days; and 87.5% of all individuals, accrued zero homeless days. Of the people served 70% were males, 73% between the ages of 26 and 59; 82.5% were Caucasian and 7.2% Hispanic.

The results can be found in the narrative of the report, programs reported results differently. This year, we have implemented a more uniform result oriented outcome tracking.

As I stated in our conversation this morning, if you have further questions, please feel free to send them in writing and/or attend the Public Hearing on November 26, 2012 at 11533 C Avenue, Auburn promptly at 6 PM.

Thank you and have a great day,

Michele Zavoras

Comment 5 10/30/12

Michelle ~ Please see repies below in CAPS. I reviewed the tables below when reviewing the update. I did not need you to send them again. Hard data means: how many people served, how many success stories, what happens to those people who do not do well, where do you send them for further treatment, do they continue into the next year.....?etc., When you have time please answer. If not, I will pose these and many more questions at the public comment session. DrF

Dr. Frank James Lozano (530) 885-7747 Advocate, Writer, Artist Mental Health Advocate Placer County Nami and Nami CA "A Life is a terrible thing to waste!" http://namipc.org

On Tue, Oct 30, 2012 at 11:10 AM, Michele Zavoras < MZavoras@placer.ca.gov > wrote:

Hello Dr. Lozano,

Please see below for answers to your questions:

Why you did not use the same format you used last year? In previous years, the State sent forms to be completed for the annual report. This year there were no forms or guidance because of the disbanding of the Department of Mental Health; counties were left to determine their format.

Couldn't we have used those funds to hire interns or other permanent personnel? We had the MHSA positions filled. The funds can only be used for providing MHSA services. When we contracted out services; the organization hired additional staff in most cases. SO YOU DO NOT PERFORM MHSA SERVICES WITHIN YOUR ORGANIZATION, BUT CONTRACT WITH OUTSIDE SERVICES TO PERFORM FOR YOU?

How does that occur and does it factor in to this year's overall budget? Each year we plan accordingly, either spending or put in a prudent reserve all our funds; we have had no funds revert back to the State. WHY DON'T YOU USE ALL OF THE FUNDS EACH YEAR?

I still would like "hard data" for no. individuals seen/program and the results of their time spent under the guidance of Placer Mental Health:

THIS ISN'T HARD DATA. EG., WORK PLAN 1 ...OF THE 20 ENROLLED WHAT WAS THEIR DISPOSITION? DID THEY GO ON TO ANOTHER PROGRAM, IF SO, WHICH ONE? SAME FOR PLAN 2B....71 ENROLLED, HOW MANY IMPROVED? HOW MANY NEEDED TO GO TO ANOTHER PROGRAM AND WHICH ONE?

Comment 6 10/31/12

Thank you for the opportunity to offer my comments, suggestions, and questions. Please respond by November 8, 2012.

Best regards,

Dr Frank Lozano

(This was attached to the email) October 31, 2011

Subject: Mental Health Services Act 2012\2013 Update review

Dear Michelle, Kathie, and Maureen,

Thank you for allowing me to offer comments and inputs on your 2012/2013 MHSA funding proposal.

Comments, Questions, Suggestions where appropriate from my point of view:

CSS

<u>Work Plan 1</u>. What success rates or projected outcomes do you anticipate for the participants in your programs? ie., actual number of participants/number released or referred...etc Is Turning Point your main provider?

Work Plan 2A. Sounds great and again what are your projected outcomes? How do they compare with last years projections and results? I am sure Turning Point (TP) has hard data.

Work Plan 2B. At last hard data and it is good. Nice job.

Who will provide FSP services since Tahoe FSP will no longer provide the services?

Work Plan 2C. How many Older Adults actually lived "more independently?"

Work Plan 3. Wonderful.

Work Plan 4. Looks like wonderful planning.

Work Plan 5. Do you now have Crisis Services in place at a new one-stop site? What is happening with 5150 since it appears most individuals are released and not processed further. Ie 5152, 5260, etc., Your data supplied to me this year regarding 5150 does not support your statement of "referral to community resources if needed up to 60 days." 72H hold = 603, 14 day hold = 261, addit'l 14 day = 200, 30 day hold = 200, 180 day hold = 200 and no Conservatorship for 2011

<u>Placer Street Housing Project</u>. Is it ready and occupied?

WET

What results do you have in your attempts to reach bi-lingual individuals to join your staff?

<u>Action 1.</u> Any results for the recovery oriented trainings? How about with the Sierra College Nursing department?

Action 2. What were the results of your partnering with DOR for training?

Your CIT occurred the last week of October 2012. Any results to report? We in NAMI would have appreciated an invite.

Action 3. Looks good to me. Keep up the good work.

<u>Action 9.</u> Why make non-spanish individuals wait until the forms are translated into Spanish? What is the need to release the forms "simultaneously?"

PEI

<u>Ready for Success: Youth and Family Support Program.</u> Isn't this more a Social Services concern. While it is true 5% - 7% of all Californians will experience some form of Mental Illness during a

calendar year, MHSA funds for SMI individuals.

<u>Functional Family Therapy.</u> Isn't this more a Social Services concern. While it is true 5% - 7% of all Californians will experience some form of Mental Illness during a calendar year, MHSA funds for SMI individuals.

<u>Parent Project and Family Counseling.</u> Once again... Isn't this more a Social Services concern. While it is true 5% - 7% of all Californians will experience some form of Mental Illness during a calendar

year, MHSA funds for for SMI individuals.

<u>Positive Indian Parenting.</u> This is probably in the correct category since substance abuse can lead to severe mental illness and seems to be a worthy program. Lord knows the Indan nations need all the assistance they can get, although, again this could be a function of Social Services.

<u>Native Youth Development Program.</u> I like the White Bison -Sons and Daughters of Tradition concept. Should be a great program and easily withing PEI guidelines.

<u>Transition to Independence Process Program.</u> Can you partner with Social Services on this project? Have the outcomes been delineated?

<u>Teaching Pro-Social Skills and Life Skills Training.</u> Both programs appear to be better served in Social Services since there is no mention of SMI ...ie "the goal of LST is to teach students the necessary skills to resist social pressures to smoke, drink, use drugs, and use violence."

<u>Youth Council and Adventure risk Challenge.</u> Both programs appear to be better served in Social Services since there is no mention of SMI.

Older Adult Counseling. What were the results of this program?

INNOVATIONS

Why so much money in the "unexpended funds" category for 2010/2011 and 2012/2013?

Why did you change format from 2011 to the one you are using in 2012? You are not using the exhibits from MHSOAC but aren't there other formats you could use?

Thanks for all you do. Mental Health, especially for those Severely Mentally Ill is a constant challenge with much to learn and implement.

Please respond to my questions and comments by November 8, 2012

I have been contacted by California Watch reporter to offer my opinion on your 2012/2013 MHSA update as to the appropriateness of funding.

Dr Frank Lozano Nami Mental Health Advocate, Placer County drlozano@wavecable.com 530-885-7747 **Comment 7** 11/14/12

Mr. Zavoras,

I received my monthly newsletter from Jennifer Montgomery where I found the information regarding the 2012-2013 MHSA Plan. I would like a printed copy of the plan if that option is still available to the public.

I am a recovering alcoholic/addict nearing 19 years. I also have mental disorders such as depression, anxiety, PTSD, phobias which I manage with medication and couseling. I am currently on Social Security Disability and intersted in volunteering in the mental health sector.

I plan on attending the November 26th public hearing in Auburn and would so appreciate reveiwing the MHSA plan prior to that meeting.

I can't stress enough the bases for any addictions and/or complusive behaviors stem from mental disorder(s). Our society as a whole still views folks with mental disorders as weak. Our society still views alcoholism and drug addiction as a "moral" issue. Our society is ill informed and ignorant in holding such attitudes and/or opinions.

I would appreciate a response and hopefully a copy of the MHSA Plan.

Thank-you, Cherie Holm

Response 11/14/12

Hello Cherie.

Thank you for your email and sharing your personal experience. A copy of the 2012-2013 MHSA Annual Update is in the mail for you to review in its entirety, I have also sent you an electronic version (attached).

Thank you again for emailing me regarding the Placer County MHSA 2012-2013 Annual Update.

Thank you,

Michele Zavoras

Comment 8

11/16/12

Attached are my comments on reviewing of your update.

Sharen Neal

Response

11/16/12

Hello Sharen,

Thank you for contacting me regarding Placer County 2012-2013 Annual Update, however there was nothing attached to your email.

Thank you,

Michele Zavoras

Comment 9

11/16/12

P. O. Box 7706 Auburn, CA 95604-7706

Re: MHSA Annual Funding Proposal Update 2012-2013

To Whom It May Concern:

For a number of years, there seems to be little or no accountability to the private sector: e.g. our office was not notified of the proposed changes nor of a time for comments. This was also the case last year regarding lack of notification. We have not seen it advertised in the Auburn Journal. NAMI Placer County asked to be notified and included in the planning for the CIT (Crisis Intervention Training) for our first responders. This is traditionally a NAMI involved program all the way up to the National organization. However, our request was ignored last month.

Placer County has apparently developed a poor reputation for services to the severely mentally ill. Many of our citizens and family members have had to seek assistance from outside the county. We often hear about individuals that were not offered nor informed of services or housing that might be available – and then, only if it involves a crime. Voluntary commitments are a thing of the past. Consider the Galleria fire. Those determined as "5150's" are often released with no further support or follow up. Veterans with PTSD returning from the Middle East and Baby Boomers, where 1 in 8 are expected to have Alzheimer's Disease, are expected to put a strain on all economies in the next 15 years. We truly need to be as effective as possible in the future.

Many of your plans presented appear to be more closely a part of the Social or Human Services functions rather than the intent of Prop. 63's intention to help the SEVERELY MENTALLY ILL. NAMI Placer County is willing to offer whatever assistance they can to help streamline services availability and function. Sincerely,

NAMI Placer County Gayle Smullen Secretary

Comment 10 (From Sharen Neal)

11/16/12

Placer County has LOST ITS INSIGHT AND UNDERSTANDING as to why Prop 63 was approved BY THE VOTERS in the State of California.

This County has done very little to develop programs to help the MAJORITY of SMI adults with mental illness within this county and that IS or WAS the intent of Prop 63.

I see this 2012-2013 Annual update as a job plan not a mental health plan to help the clients.

This plan allows students to get credit for classes in the "Mental Health Career" and also, pays down student loans. This is an education problem NOT a mental health program. WHY IS IT that people are not flocking to this county for jobs in the mental health services? Is it because Placer County does NOT offer any new exciting and innovative programs for the mentally ill within this county? If Placer Mental Health money is spent on these students are they required to work in Placer County when they graduate? So that families with a mentally ill loved ones can get the benefit of this education within our county.

There is a lot a "job workforce and training programs" which is NOT mental health department responsibility. Government has programs through County programs, Dept of Rehab and the partnership should be responsible to training at there own expense.

It appears that a bulk of the money is spent on programs/services under 18. Proportionally how much funds are being used to children/family services verses adult services within this plan?

Placer County keeps claiming they are trying to be family involved with adults but this is NOT TRUE. In NOT ONE of these plans did Placer County Mental Health notify NAMI-PC families that there were classes available for them under the County to help with there loved ones. Nami-Placer County has been in this county since about 1969 and has NEVER stopped helping families and clients in all those years. (**Under Work Plan 5**: #2). Believe it or not NAMI-PC wrote this up as a request in the year 2005 in one of the annual responses to the Placer County plan years ago, and it is just now being done.

Placer County has never had to worry about housing because of our sister AMI Housing. It wasn't Placer County's idea; it was NAMI-PC families requesting it.

Your plan has very little hope for crisis; no help for the 5150's and times are getting rougher and rougher for people trying to get services. People are quitting in looking for services as it appears there are no services for them and they are unhappy with the quality of these minimal amount of service. Money needs to be redirected back into REAL mental health services for those who request and need help including the families of loved one with supportive services for them. Counseling needs to be provided for more than 3 months and with a 4 to 6 month wait. Medications continued and family supportive services need to be done by the County not OUT SOURCED.

Funding for programs like "Native Culture Camps & Positive Indian Parenting" has blocked people from using the funds, but it is broken down to one group of people and therefore NOT EVERYONE can use the funds. I SUPPORT THE publishing of materials and lectures in different languages, but these families don't take anymore time with their mentally ill than a lot of the families I have dealt with in my 25 years in this County. WE ARE ALL PEOPLE and SHOULD NEVER BE DIVERTING FUNDS BASED ON NATIONALITIES / minorities. I see to much effort in funding based on race in this counties plan. Mental illness does not DIFFERENTIATE and neither should this plan.

Funding for different races has been getting worse and worse since most of the REAL PUBLIC is no longer attended Campaign for Community Wellness meetings leaving the stakeholders and county employees/staff and their committees are making the decisions for funding and true spending is not revealed OPENLY IN THIS COUNTY.

PROBLEMS:

Your plan does NOT let the public know when or where the public review will be held.

- 1. Only the newspaper mentions the date: 26 Nov 2012 @ 6:00 PM just prior to Placer County Alcohol and Drug meeting.
- 2. There is NO Public forum for public to see other public comments prior to the meetings regarding this plan such as what was done with the very first plan. WHY NOT?
- 3. Will Placer County Alcohol and Drug Board discuss this plan in front of the public who come that night of the 26th? I have attended these meetings before and never have any of the PCADMH board members made any comments about their personal feeling about the plan/plans. WHY? Isn't this a public board?
- 4. Since County is required all commits be submitted in writing no later then 16 Nov 2012 at 5 PM. Does this board intend on answering questions and discussing public comments that night?
- 5. Many families are disappointed with services within the county and many feel that this county used them to get the funding and County didn't do what families suggested you needed to with it. (FACT: The very first plan was changed by Placer County Mental Health Executive Community (after the plan was voted on by the PCMHADB) WITHOUT notice to the public and ONLY under the "Freedom of Information Act" is this discovered). These has ALWAYS been problems with the County in questioning the spending and public doesn't trust Placer County Mental Health because of it.
- 6. I know that there are projected cost involved in this programs but the public has NO idea how much money will be projected to be spent in these different programs under this plan. Public needs openness from the County to understand where it money is really going and how much is being spent. Public needs some cost figures with these projects programs. County has never provided accountably for funds spent to the PUBLIC.
 - It's the people money being used under Prop 63. PUBLIC should be involved and allowed to see if the County is doing the right thing with the funds. That has NEVER been done even when requested in writing from County. OPEN YOUR BOOKS to the PUBLIC in light of the Oversite Community no longer handling this issue of "self planning and self monitoring" of programs and funds.
- 7. Plan has many acronyms for programs but NO reference sheet for the public to understand what these are. YOU HAVE BEEN TOLD OF THIS PROBLEM BEFORE.
- 8. CIT (Crisis Intervention Program) needs some funding. Because of the government economy, jobs have been cut and departments have had to lay officers off AND taking an officer off the streets for this training is difficult. This NAMI developed this program and it is run under the Sheriff's Department in this program has saved lives.

- 9. I would like to see some extra money going into the Welcome Center at DeWitt in increasing the public awareness of this program. Placer Mental Health Dept has been shifted some responsibilities to that area but is not helping with extra cost, as I don't see that in this program. WHY NOT?
- 10. More programs and funds should be centered around the 5150's as you are being forced to turn people in crisis away and because of bed shortage in the area. There are no more "voluntary" commitments as there is not room for them; create a safe place for them and safety for the public.
 - 11. With most services being "outsourced" within Placer County what services are being done at Placer County Mental Health Dept. for clients and families? Are we turning Placer Mental Health into a contracting dept and not a mental health service dept?

Sharen Neal, Nami-PC Advocate, PO Box 1385, Colfax, CA 95713

Comment 11

11/17/12

Thanks for returning my call Lisa. It was great reconnecting with you again. I was asked by our county department to review and comment on the proposed MHSA funding for 2012/2013 which I did and my review is listed below.

Question: What are the DHCS guidelines for county funding approval? What I have ascertained via my review is that many of the programs are not PEI or CSS for the Severely Mentally Ill, but could better fit into Social Services. I also did not see hard data for the results of last years' programs. I sent this to our county Mental Health and requested a reply by Nov 8th, and once again no response for a request from me. Please advise.

Dr. Frank James Lozano (530) 885-7747 Advocate, Writer, Artist Mental Health Advocate Placer County Nami and Nami CA

County Response to Public Input

The County welcomes all comments and the opportunity -to respond to substantive comments relating to suggested *additions or deletions* to the Proposed Annual Plan. This is a County responsibility that is mandated by the Act. The County responses are included above. In a review of all the suggestions that were specific to changes in the proposed plan the County would respond to several areas identified:

There were several suggestions that the prevention activities in this plan be funded with social services dollars rather than Mental Health Services Act (MHSA) dollars. The direction from the State Department of Mental Health requires that PEI funding be used to prevent mental health problems or to intervene early with relatively short duration and low intensity approaches, in order -to achieve intended outcomes, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families. These services, while often having a supportive or social focus, do in fact, prevent or help mitigate the

development of mental impairment.

In addition it was required that counties must reflect programs that address all age groups and a minimum of 51 percent of their overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25. These programs are not allowed to provide interventions that last longer than 1 year. The Campaign for Community Wellness strongly supported the implementation of these prevention programs, and the county believes they have proven to be effective.

There was additional input emphasizing the importance of addressing substance use disorders as part of this plan. The plan does target those who have both mental illness and alcohol and drug addiction. The Campaign for Community Wellness strongly supports co-occurring services and they are prioritized in this plan.

Lastly there was a specific recommendation to fund additional services at the Welcome Center and to support the CIT program. The MHSA plan does fund Consumer Positions that provide staff to the Welcome Center. The CIT program is operated with in-kind resources from both Mental Health and the Sheriff's office but there will be a review to determine if additional funding is needed, and the county's MHSA steering committee will be informed should this need be identified