

Nevada County Mental Health Services Act (MHSA) Annual Progress Report for Fiscal Year 2013-2014

Overall Implementation Progress Report on Fiscal Year (FY) 2013-2014 Activities

General Nevada County Information:

Nevada County is a small, rural, mountain community home to 98,764 (2010 US Census) individuals. According to the 2010 US Census a little over 91% of the Nevada County residence identified their race as White. Less than 3% of Nevada County residence identified their race as African American, Asian, American Indian, Alaska Native, Native Hawaiian and Pacific Islander. Additionally, less than 3% identified their race as "Other." Lastly, 3% identified themselves by two or more races. Ninety-one point five percent of the population identified their ethnicity as Non-Hispanic or Latino and 8.5 % of the population of Nevada County identified themselves as Hispanic or Latino, thus Nevada County has one threshold language, Spanish.

The county lies in the heart of the Sierra Nevada Mountains and covers 958 square miles. Nevada County is bordered by Sierra County to the north, Yuba County to the west, Placer County to the south, and the State of Nevada to the east. The county seat of government is in Nevada City. Other cities include the city of Grass Valley and the Town of Truckee, as well as nine unincorporated cities.

MHSA Program Updates:

Community Supports and Services (CSS):

Full Service Partners:

1. **Turning Point Providence Center** provides Adult Assertive Community Treatment (AACT), an evidence-based practice that supports individuals with a severe psychiatric illness at risk of or with a history of psychiatric hospitalization, incarceration, or out-of-home placement. AACT individuals are sometimes homeless, at risk of being displaced from family, jobs, etc. or at risk of losing access to basic needs. AACT is designed to help adults (18 years and older) with a severe psychiatric illness with recovery oriented services and supports. Individuals served may also have a co-occurring substance abuse or medical issue requiring treatment. Services are provided in community, hospital (medical or psychiatric), or correctional facility settings and are available 24 hours a day, seven days a week. Included in AACT services are individuals who may also meet criteria for Assisted Outpatient Treatment, designed for members who, in addition to having a severe psychiatric disability, may have committed an act of violence or made a serious threat of violence (within 48 months of the AOT referral) due to untreated mental illness. Services are grounded in a culturally responsive, respectful manner that fosters independence, self-determination and community integration.

Demographics: In fiscal year (FY) 2013-14 a total of 105 individuals were enrolled into the Providence Center program.

Outcomes:

- Program Discharge: A total of 19 individuals were discharged in FY 13-14. The top 3 discharge settings were “Other” at 42.1%, n=8; Lower Level of Care at 21.1%, n=4; and Unknown Destination at 21.1%, n=4.
- Psychiatric Hospital Days: A total of 573 Psychiatric Hospital Days were reported for 18 individuals (17.1% of total individuals) in FY 13-14. This represents an 84.8% increase over FY 12-13. Eighty-seven individuals (82.9%) accrued zero Psychiatric Hospital Days.
- Jail Days: Jail Days were reported as 921 (a 25.3% decrease from FY 12-13) for 17 individuals (16.2% of total individuals). Eighty-eight individuals (83.8%) accrued zero Jail Days.
- Homeless Days: Twenty individuals (19%) accrued a total of 1,913 Homeless Days (8.2% decrease in days from FY 12-13). Eighty-five individuals accrued zero Homeless Days (81%).
 - Of the 23 individuals who had accrued homeless days within FY 12-13, 20 (87.0%) continued to receive services at Providence Center in the FY 13-14. Fourteen (70.0%) of those 20 individuals were reported as having a decrease in the total number of homeless days accrued. Additionally, 10 of those 14 individuals (71.4%) no longer accrued any homeless days in FY 13-14. The remaining 4 individuals showing a decrease accrued 341 homeless days, or 17.8% of the total 1,913 days accrued within FY 13-14. The remaining 1,572 (82.2%) days were accrued by individuals who had either accrued fewer homeless days in FY 12-13 or were new to Providence Center entirely.
 - Note that only 20 out of the 105 (19.0%) individuals served accrued the 1,913 homeless days in FY 13-14. This shows that a small percentage of the total population is accruing a large percentage of the total homeless days; suggesting the presence of outliers.
 - Overall, 81.0% (n=85) of the individuals served within FY 13-14 accrued zero homeless days, which is a very positive outcome.
- Emergency Interventions: Seventy-three Emergency Interventions were performed on 32 individuals (30.5%). This was a decrease of 22.3% from FY 12-13. Accrual of zero Emergency Interventions applied to 73 individuals (69.5%) in FY 13-14.
- Assisted Outpatient Treatment (AOT) Outcomes: The following outcomes are from data submitted to DHCS for the 40 individuals who were served by AOT in 2013-14.

AOT Hospital Days:

- There were a total of 495 psychiatric hospital days, of which 124 (25%) were accrued by those who volunteered to receive services and 371 (75%) were accrued by those who were court ordered. A total of 495 psychiatric hospital days were accrued by 14 individuals or 42% of the total 33 individuals observed. The majority of individuals (58%, n=19) did not accrue any psychiatric hospital days in the reporting period.
- A comparison of 12 months’ of pre-referral data versus 12 months’ of post-referral data, shows a decrease of 575 days or 63.6% post referral hospital days versus pre-referral. Sixteen (84.2%) of the 19 individuals who had accrued hospital days prior to their AOT

referral were reported as having a decrease in total days accrued post-referral. Ten of those 16 individuals (62.5%) no longer accrued any further hospital days post-referral.

- In comparing the pre and post-referral data, there was a reported decrease of 220 hospital days or 43.1% for individuals who were court ordered into the AOT program. One individual was an outlier who continued to accrue the majority of the hospital days post-referral (35.9%, n=104).

AOT Incarceration Days:

- During the reporting period a total of 151 incarceration days were accrued by four individuals or 12.1% of the total 33 individuals observed. The majority of individuals (87.9%, n=29) did not accrue any incarceration days in the reporting period.
- There was a decrease of 692 incarceration days or 67.8% post referral versus pre-referral. Eight (88.9%) of the nine individuals who had accrued incarceration days prior to their AOT referral were reported as having a decrease in total days accrued post-referral. Five of those eight individuals (62.5%) no longer accrued any further incarceration days post-referral.
- In comparing the pre and post-referral data of only those who were court ordered into the AOT program, there was a reported decrease of 360 incarceration days or 52.4%. One individual was an outlier who continued to accrue the majority of the incarceration days post-referral (89.6%, n=293).

AOT Homeless Days:

- During the reporting period, a total of 418 homeless days were accrued by nine individuals or 27.3% of the total 33 individuals observed. The majority of individuals (72.7%, n=24) did not accrue any homeless days in the reporting period.
- There was a decrease of 903 days or 70.3% post referral versus pre-referral. Eight (88.9%) of the nine individuals who had accrued homeless days prior to their AOT referral were reported as having a decrease in total days accrued post-referral. Five of those eight individuals (62.5%) no longer accrued any further homeless days post-referral.
- In comparing the pre and post-referral data of only those who were court ordered into the AOT program, there was a reported decrease of 137 homeless days or 53.9%. Three of the five individuals who reported a decrease in days (60.0%) no longer accrued any homeless days post-referral.

AOT Emergency Interventions:

- During the reporting period, a total of 56 emergency interventions were accrued by 14 individuals or 42.4% of the total 33 individuals observed. The majority of individuals (57.6%, n=19) did not accrue any emergency interventions in the reporting period.
- There was a decrease of 29 days or 36.3% post referral versus pre-referral. Six (46.2%) of the 13 individuals who had accrued emergency interventions prior to their AOT referral were reported as having a decrease in total days accrued post-referral. Four of those six individuals (66.7%) no longer accrued any further emergency interventions post-referral.
- In comparing the pre and post-referral data of only those who were court ordered into the AOT program, there was a reported slight increase of 18 days or 100% in emergency interventions. Three of the 5 individuals who reported a decrease in days (60.0%) no longer accrued any emergency intervention days post-referral. Of the 11 individuals who accrued the 36 emergency interventions, one individual accrued the vast majority of days (41.7%, n=15).

AOT Milestones of Recovery (MORS):

- The majority of individuals at the time of their referral were at extreme risk (38.9%, n=7) on the MORS scale. After six months, however, the majority of individuals were

coping/rehabilitating (38.7%, n=12). By the end of the reporting period, the majority were continuing to be coping/rehabilitating (40.0%, n=12).

AOT Consumer Satisfaction Survey:

- Overall, the AOT program received a satisfaction rating of 72.4% on a scale from 0% – 100%. In a previous reporting of the Consumer Satisfaction Survey outcomes (November 2012 through April 2013), the overall satisfaction rate was 86%. The reasoning for the lowered score within the current reporting period is that only those who were court ordered were surveyed. In the prior report, those who had been referred and those who volunteered to receive services were also included which influenced the overall outcomes.

Milestones of Recovery (MORS): The majority of Turning Point clients on average were scored as a five (Poorly Coping/Engaged) (35.4%, n≈31.6) or as a six (Coping/Rehabilitating) (27.6%, n≈24.5) on the eight category MORS recovery scale.

2. **New Directions Program** in Nevada County Behavioral Health Department is a lite AACT program, which serves individuals with severe, persistent mental health issues and accompanying challenges to daily living. The program facilitates consumers transitioning from county services to independence and community living. Consumers in the following age categories were served in FY 13-14: [REDACTED]

[REDACTED] The New Directions team maintains a strong commitment to providing services which include Supported Independent Living, Supported Employment, educational and therapy groups, individual therapy and WRAP (Wellness Recovery Action Plans). During the FY 13-14 New Directions provided services to 74 consumers across the three age categories.

Demographics: Of these 74 participants served in FY 13-14, [REDACTED]

[REDACTED]

Service Intensity: During the FYI 2013-2014 service intensity varied by individual for the 74 participants served. The focus of increased services across all age categories is to decrease hospitalization by utilizing intense case management, temporary placement at Odyssey House transitional home, medication caddy services and daily delivery support in partnership with Turning Point and nightly calls to the most high risk consumers. Comparing the year before partnership to the second year of receiving services through New Directions, the number of clients in a Psychiatric Hospital decreased from nine to one, and the number of Psychiatric Hospitalization days decreased from 162 to 11 days.

Program Options:

Housing:

- *Self-Sufficient Support (S³)* - Residents who are successfully capable of living independently with minimal support are classified as “self-sufficient.” These participants receive support on an “as needed” basis from Personal Service Coordinators (PSC). The residents are able to handle and problem solve most basic daily situations of independent living. Comparing the year before partnership to the first year of receiving services through New Directions, the number of clients in Independent living situations increased from 33 to 39, and the number of Independent living days increased from 10,454 to 10,881 days. Also, comparing the year before partnership to the second year of receiving services through New Directions, the number of Homeless days decreased from 355 to 272 days.

- *Supported Independent Living (SIL)* - Residents need regularly scheduled support to remain successful in independent living. Identified shared houses are supported by Nevada County Behavioral Health in the following manner:
 - Deposits are paid by MHSA flex funds.
 - If a room is vacant, MHSA funds are used to pay the monthly rent to maintain stability of the house until residents can locate a new housemate.
 - A “basic needs” list for residents is created by staff and obtained by either clients’ resources, donations and/or MHSA flex funds.
 - PSCs provide support with medication, housemate conflict resolution, money management skills, paying bills, meal planning, budget planning, shopping, leisure skill planning and other daily living skills.
 - PSCs work with landlords to ensure support for both the resident and the landlord.
- New Directions continued support for the six SIL (Supported Independent Living) houses, housing 15 people.
- Housing was provided for 23 homeless people who struggled with severe and persistent mental illness using subsidies from the HUD Supported Housing Program grants. This included Winters’ Haven house and scattered sites in the Summer’s Haven Project. See MHSA Housing section of this report for more details
- *The Catherine Lane House (a joint venture with Turning Point)* - The Catherine Lane House offers 24/7 support services to support residents with challenges to their independent living skills. This non-licensed house includes a focus on single room occupancy that facilitates residents in achieving their maximum level of independence. This house enables residents to live independently and keep their current community support network intact. In FY 2013-2014 the New Directions Program had one participant living at Catherine Lane.
- *The Willo House*- The Willo House is a program which provides intensive support services for participants who are on conservatorship or in need of one or more staff contacts per day. This setting provides participants an opportunity to live in the community with greater independence than an IMD (Institute for Mental Disease) or Board and Care. The Willo House is a three bedroom unit. In FY 2013-2014 the New Directions Program housed three participants in Willo House.

The Supported Housing component of the New Directions program continues to have challenges. The challenges relate to staffing restrictions which limit the number of units which can be adequately developed and managed to meet the participant’s needs.

Employment/Volunteer Employment:

- *Snack Shack* - Vocational training is available through the Snack Shack program. The Snack Shack program is a collaborative effort between NAMI, the Behavioral Health Department and Consumers. It is a consumer driven retail program providing vocational skills and structure. Participants learn customer service, cash register skills and team building. Management of the program is provided by consumers and a consumer with bookkeeping experience balances the receipts. In FY 2013-2014, 13 participants volunteered to work in the Snack Shack program for a total of 1,156 hours.
- *Peer Counseling Training* - Peer Counseling Training is an eight to ten month program where consumers develop skills to counsel and support peers. The goal of the counseling services is to promote self-empowerment, independence and interdependence, facilitating consumers functioning and thriving in their community. Training requirements are no more than four missed sessions and completion of a mock peer counseling session. The training offers two outcomes: 1) a certificate of graduation or 2) a certificate of participation. Consumers are then

introduced to volunteer opportunities in the community. In FY 2013-2014, 13 participants completed Peer Counseling Training and within the graduates of the program:

- Five participants took the training for personal enrichment.
- One participant is working at the Emergency Department.
- Seven participants are applying for Respite Center position.

Peer counseling challenges continue. As peer counseling continues to expand, so does the need to find paid or volunteer community placements for program graduates. Ongoing outreach to community based agencies and groups' continues to be needed to provide options for graduates to utilize their skills. Additionally, once a Peer counselor has a paid or volunteer position in the community they typically need intermittent support. Staff time is needed to develop peer counseling jobs and to support individual in the field working.

Supportive Services:

- *Weekly Groups:*
 - Healthy Living - Healthy Living courses provide education to consumers and healthy options for independent living. Choices include coping and time management skills; nutrition, social and budgeting skills; leisure and development of Wellness Recovery Action Plans (WRAP) and social activities based in the community.
 - Saturday Adventure Outings - Saturday Adventure Outings serve high risk consumers who have a history of being isolated on weekends. The goal of the program is to engage these individuals socially with other peers that result in decreased symptoms of mental health issues and increased quality of life. The consumers organize the adventure and determine the activities each week. A peer staff member and an MFT intern trainee provide transportation utilizing Behavioral Health vehicles. The staff also provides counseling and referral services during the program. This creative solution has enabled the consumers to access social interactions through activities they determine. In FY 2013-2014 the New Directions Program had 20 participants in the Saturday Adventure Outings program. The lead therapist/program team coordinator provided qualitative data in collaboration with the larger Behavioral Health clinical team indicating that this program had a direct role in reduction of symptoms and the need for more intensive services for program participants.
- *Therapy Support and Service Coordination:*
 - Therapy services are provided by interns through the intern program. The program offers an opportunity for interns to be trained in the mental health field while offering services to consumers who might otherwise wait or not receive individual therapy services. The long term benefit is quality services for the consumer and the training of a new generation of clinicians who have developed skills which they will bring to a variety of community based settings.
 - The Interns are individuals in the process of completing or who have completed their Master's degree in psychology, sociology or a related field. Supervision is provided by a licensed therapist with the New Directions Program.
 - Program treatment options range from service coordination to providing mental health rehabilitation including medication delivery.
 - Individual and group therapy provides consumers the opportunity to further their goals of developing healthy life options, including choosing the abstinence or harm reduction model for recovery from substance use disorders as a component of their co-occurring disorder.
- *After Hour Services* - Nevada County is a small county and resource availability within the Behavioral Health Department is limited given budget constraints. In order to meet the criteria of 24 hour/seven day a week services, the following adjunct supports have been developed for

holidays, weekends and overnight coverage. Consumers have use of the 24 hour crisis line of Nevada County Behavioral Health as a contact resource. They have the further option of requesting contact with the program team coordinator or designee alternate for support in managing critical issues through the crisis line. For consumers in New Directions utilizing daily medication deliveries, service coordinators from Behavioral Health make weekday morning deliveries. Through a partnership with Turning Point Providence Center, medication delivery services are provided at night, on weekends and holidays. During FY 2013-2014, nine daily medication caddie deliveries were made in collaboration with Turning Point for night and weekend coverage.

Outcomes: Notable community impact is reflected by program outcomes measuring:

- decreased hospitalizations (listed above),
- decreased legal issues (11 individuals with arrests prior to partnership, decreased to four partners with arrests during the most recent partnership year),
- maintained or increased independent living (listed above) which reduces the impact on community based homeless resources (decreased homelessness listed above),
- focus on medication compliance, nutrition and physical health to reduce utilization of emergency room services (26 individuals with emergency room visits before partnership, decreased to seven partners during the most recent partnership year).
- The employment program provides enrolled consumers with additional resources which they spend locally and thereby are financially contributing members of the local community.

3. **Victor Community Support Services' (VCSS)** Intensive Treatment Services Program in Grass Valley serves children diagnosed with a serious emotional disturbance or mental illness and their families through three modalities. The Assertive Community Treatment model provides mental health services, case management, medication support, crisis intervention; Therapeutic Behavioral Services (TBS); and Family Vision Wraparound which provides case planning and therapeutic services. This report covers outcomes for children and youth being served through any of these modalities. VCSS clinicians and staff create individualized service plans for each youth and family and work to build upon each family's unique strengths, needs, and existing community supports. Almost all services are delivered within the homes, schools, and communities of the youth and families served.

Service Delivery Data

Demographics: For the 2013-2014 year, 126 unduplicated clients were served at VCSS Grass Valley.

Referrals: During this fiscal year 2013-2014, 58 clients were referred for mental health services. Of the 58 clients referred, 55 (95%) clients completed the intake process and were opened to services. Referral sources were Nevada County Behavioral Health (81%), Child Protective Services (13%) and Nevada County Probation (3%).

Intake Diagnoses: During the intake process for the 55 clients, the primary mental health diagnoses were Posttraumatic Stress Disorder (19%), Mood Disorder NOS (15%) and Attention Deficit and Hyperactivity Disorder (11%).

Service Intensity: The discharged clients in the 2013-2014 year had an average length of stay of 16.96 months. Of the clients discharged, 4 had lengths of stay over 1,000 days. The Average Length of Stay analysis was conducted after removing these outliers. The ALOS for the remaining 33 clients is 13.47 months.

Client Outcomes

Treatment Goals Achieved: For the 2013-2014 fiscal year, 37 clients were discharged, with 11 clients graduating from treatment services. The remaining clients were discharged for various reasons including: parent/client declined further service (15); client moved (6); family elected other provider (2); client did not meet medical necessity (1); group home placement (1); and out-of-county placement (1). Five clients (13.5%) met the criteria for Insufficient Services Duration (ISD), which is determined when a client is not involved in treatment for more than 60-days from admission. During 2013-2014, it is important to note that 21 of the 37 (57%) discharged clients were discharged due to unexpected circumstances which included parents/clients declining further services and clients moving out of the area.

Hospitalization and Juvenile Hall Stays: Of the 126 clients served during the reporting period, 1 client was hospitalized and 10 clients experienced a juvenile hall stay.

Nevada County Goals:

Goal #1: To prevent and reduce out-of-home placements and placement disruptions to higher levels of care. In this fiscal year, 98% of youth served avoided a higher level of care, and remained in a community living situation.

Goal #2: Youth will be out of legal trouble. In this fiscal year, 93% of youth served had no new legal involvement while receiving services.

Goal #3: Youth will improve academic performance. In this fiscal year, 73% of youth served improved their academic performance.

Goal #4: Youth will attend school regularly. In this fiscal year, 71% of youth served attended school regularly.

Goal #5: Youth will improve school behavior. In this fiscal year, 88% of youth served improved in their school behavior.

Goal #6: Caregivers will strengthen their parenting skills. In this fiscal year, 93% of caregivers indicated they felt their skills, self-confidence, and/or knowledge in parenting had increased during participation in the VCSS Grass Valley program.

Goal #7: Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult. In this fiscal year, 88% of youth served reported a high level of relationship permanence as reported on the CANS.

Goal #8: Caregivers will improve connections to the community. In this fiscal year, 73% of parents reported increased confidence in parenting and connections to natural supports.

Goal #9: Youth and families will improve functioning. In this fiscal year, 88% of youth/families reported no major issues with family conflict on the CANS at planned discharge.

Goal #10: Contractor will attempt initial contact with youth and caregiver within 3 business days of receipt of referral. In this fiscal year, newly referred families were contacted, on average, within 3.95 business days.

Goal #11: Contractor will have face-to-face contact with 60% of children and families within 10 working days of receiving the referral. In this fiscal year, 77% of newly referred families were seen in person within 10 business days of the referral. The average number of business days for face-to-face contact was 10.6 days.

Satisfaction Survey Results

VCSS Grass Valley was highly rated in the areas of efficient response time to questions and/or concerns and overall satisfaction with services. Staff were viewed as professional and helpful, and clients felt their culture was respected and valued. Furthermore, VCSS Grass Valley was highly rated as being utilized for future mental health services (100%). Areas that are being addressed for continuous quality improvement are maintaining a collaborative approach to treatment/service planning, appointments and meetings and ensuring that initial contacts are within the 3 and 10 day expectations.

4. **EMQ FamiliesFirst (EMQ FF)** wraparound/full service partnership program serves families of youth who have a serious mental illness or serious emotional disturbance, and are either at imminent risk of out-of-home placement or are returning from an out-of-home placement. The program philosophy includes developing individualized service plans for each youth and family in order to wrap services around the family which build upon their unique strengths and needs. Traditional and non-traditional support services are provided to participating youth and families with the ultimate goal of stabilizing each youth so that s/he can be successful at home, in school and in their community.

Demographics: During the July 2013 to June 2014 period, 38 youth were admitted, 30 youth were discharged, and 89 total youth were served, [REDACTED]

Service Intensity: For the 250 youth served since the inception of the Nevada County Wraparound Program, an average of 16 service hours were provided to each youth, each month. For the 89 youth served during the FY 13-14 period, an average of 10 service hours per youth per month was provided and the range of Medi-Cal service hours was 0 to 53.46 hours per child, per month.

Community Responsiveness: For youth admitted since July 1, 2013, 84% received an initial contact within three business days of receipt of the referral. Fifty-eight percent received face-to-face contact within ten business days of receipt of the referral.

Outcomes/Successes:

- **Length of Stay** - Since inception, the average length of stay, for the 175 youth who were enrolled for 60 days or more, is 13 months. For youths discharged during the July 2013 to June 2014 timeframe, all 30 youth had a length of stay of 60 days or more, and had an average length of stay of 18 months.
- **Pro-social Behavior** - Since 2011, 78 matched pair intake/discharge Child and Adolescent Needs and Strengths (CANS) tool were available to analyze. Sixty-three youth (81%) improved in at least one domain based on the Reliable Change Index (RCI). During the July 2013 to June 2014 timeframe, 100% improved in at least one domain based on the RCI.
- **In Home or Foster Care** - Since inception, 85% of youth who participated in the Nevada Wraparound Program for at least 60 days were stabilized at home or in foster care at

discharge. During the July 2013 to June 2014 timeframe 86% of youth were stabilized at home or in foster care at discharge.

- **School Attendance** - Eighty-seven percent of discharged youth maintained regular school attendance or improved their school attendance during participation in the Nevada County Wraparound Program since inception. During the July 2013 to June 2014 timeframe 95% of youth maintained regular school attendance or improved.
- **School Behavior** - Eighty-four percent of discharged youth had no suspensions or expulsions in the three months prior to discharging since 2011. During the July 2013 to June 2014 timeframe, 91% of youth had no suspensions or expulsions in the three months prior to discharging.
- **Academic Performance** - Seventy-seven percent of discharged youth maintained passing grades or improved their academic performance during participation in the Nevada County Wraparound Program since 2009. In the July 2013 to June 2014 timeframe, 75% of youth maintained or improved their academic performance.
- **Legal Trouble** - Since 2011, 84% of discharged youth had no arrests, probation violations, or days spent in custody in the three months prior to discharging. During the July 2013 to June 2014 timeframe, 95% of youths had no legal trouble in the three months prior to discharging.
- **Relationship** - Since 2008, 71% of discharged youth have established, reestablished or reinforced a lifelong relationship with a caring adult while participating in the Nevada Wraparound Program. During the July 2013 to June 2014 timeframe, 76% of youth established, reestablished or reinforced lifelong relationship.
- **Caregiver Self-confidence in Parenting** - From January 2010 to June 2013, 82% of caregivers indicated they felt their skills and self-confidence in parenting had maintained or increased during participation in the Nevada County Wraparound Program. During the July 2013 to June 2014 timeframe, 60% of caregivers reported that they learned new skills while participating in the program.
- **Families Connecting to Natural Supports** - Since 2009, 73% of youth and families maintained or improved the number of natural supports at discharge, while 63% of youth and families maintained or improved natural supports during the July 2013 to June 2014 timeframe.
- **Discharge** - Since inception, 59% of youths with a length of stay of 60 days or more, were discharged from the program because they met their treatment goals. For the 28 youth who discharged during the July 2013 to June 2014 timeframe, and had a length of stay of 60 days or more, 64% were discharged because they met their treatment goals.

Summary and Conclusions: Based on the outcomes of the youth discharged thus far, youth served in the Nevada County Wraparound Program are primarily being maintained in their homes or reunified. Many youth are attending school regularly, improving their academic performance and establishing lifelong relationships with a caring adult. Additionally, youth and families are meeting their treatment goals and lengths of stay are not excessive. These results indicate that the program is on the right track to helping youth and families effectively achieve their goals.

General System Development:

1. Expand the **Intern Program** service capacity, increase access, and broaden services in Western Nevada County and in Truckee. Interns are funded through both Plans. See Workforce Education and Training (WET) below.

2. Nevada County Behavioral Health has licensed therapists, **Network Providers**, who work in the community at private offices, who see children, Transition Aged Youth (TAY), adults and older adults that NCBHD refer to them. Nevada County Behavioral Health refers clients with lower needs to the Network therapists. These are individuals who do not appear to need medication and a lot of case management. Network providers help to serve more individuals and offer to the individuals and families served a variety of specialties and locations that NCBHD would not be able to offer otherwise. Network Providers provided services to 351 individuals [REDACTED] Network providers are funded under both of the CSS plans.
3. **Nevada County Behavioral Health (NCBH) Children's** staff provided services to 71 children with MHSA CSS funds in FY 2013-2014. Some of the children were being wrapped with Full Service Partner (FSP) providers. Some of these children continue to see NCBH staff individually and work with the wrap team.

Demographics: [REDACTED]

4. **Nevada County Behavioral Health Adult's** staff provided services to 105 individuals in FY 2013-2014 with MHSA CSS funds.

Demographics: [REDACTED]

5. The **Sierra Family Medical Clinic (SFMC)** provides therapy one day a week to underserved children, adolescents, adults and older adults. Therapy includes solution-focused, cognitive behavioral therapy, and other modalities that are evidenced-based/promising practices utilizing motivational enhancement/motivational interviewing counseling styles and techniques. A care coordination is provided to high-need behavioral health patients to assure that care is patient-centered. Individuals with mental health conditions can have challenges prioritizing concerns when seeing a medical provider due to focusing and concentration difficulties. Providers may have a limited amount of time to address concerns in one appointment. The BH care coordinator meets with individuals to assist with this process and develop a multi-visit plan so that the client feels heard and valued. Connection with other community services is continually developed and supported so that clients can access services in accordance with their abilities.

Demographics: In fiscal year 13-14, 232 unduplicated individuals were served by SFMC [REDACTED]

Barriers/Challenges: Challenges are primarily addressing the needs of individuals with serious mental health conditions who require more intensive support than is possible through the clinic. Some individuals have chronic mental health conditions that can be debilitating and for whom sufficient care management is not available.

Another significant challenge is transportation for individuals on Medi-Cal only, who are reluctant to change to managed care Medi-Cal in order to receive transportation to medical appointments. The ability to receive assistance for other areas of support such as food can also be impeded due to lack of public transportation in the area.

A recurring challenge is the ability to help individuals find affordable housing; some people live in substandard housing, crowded conditions and have poor transportation.

Outcomes: Participants report through anecdotal and satisfaction surveys over 95% satisfaction with the services provided. Surveys indicated improved overall health (90%), reduced anxiety levels/decreased stigma of mental health issues (95%), and decreased reliance on emergency services by NCBH Crisis Staff (80%).

6. **Community Recovery Resources (CoRR): Co-Occurring Disorders (COD) Program, Adolescent Services and Co-Occurring Disorders (COD) Program Adult Services** provide services to people struggling with concurrent issues of substance use and mental illness, with program components for both adults and adolescents. The adolescent component also specializes in services to youth in YES Court (Youth Empowerment System, formerly known as Juvenile Drug Court). Co-Occurring Disorders services are an integration of both mental health and substance use treatment. Services are recovery-oriented and driven by the unique needs and strengths of individuals. They are community based, family-centered and culturally relevant. Services include case management, an individualized myriad of rehabilitative life skills development and therapeutic interventions such as mood management and trauma work. The program is based on a COD best-practices model within a recovery-oriented system of care and employs evidenced-based approaches in an integrated manner within COD specific treatment stages to address and promote mental health and substance use disorders recovery. All COD program services are provided by a multidisciplinary, integrated treatment team that functions within a framework of intensive provider collaboration both internally (within CoRR) and externally (within the greater system of care including EMQFF, Victor Services, Behavioral Health, Probation, Courts, Child Protective Services, etc.).

Demographics:

Barriers/Challenges: In the past few months, CoRR, a non-profit organization, has lost several excellent COD team staff to local agencies that offer higher salaries and robust benefits packages. The staff members that have had to move on expressed deep chagrin with their decision, which was based on economic need.

Outcomes/Successes: CoRR used a variety of outcome measure tools in treatment this year including URICA ‘Readiness To Change’- Stage of Change Assessment, Quality Of Life Client Outcomes, System Outcomes, SNAP (Strengths, Needs, Abilities, Preferences), Individualized Service Plans and BASIS-24. Specifically with regard to the BASIS-24, overall Scores show a clear decrease in all areas except one: Relationships. The decreases were in the areas of Depression/Functioning (scores went from 2.14 down to .90), Self-Harm (scores went from .49 down to 0), Emotional Liability (scores went from 2.40 down to .70), Psychosis (scores went from 1.36 down to .30), Substance Abuse (scores went from 1.92 down to .64) and the BASIS-24 Overall (scores went from 1.79 down to .84). The increase in relationship difficulties (scores went from 1.22 up to 1.84) is a known phenomenon in substance misuse/addiction treatment, regarding the radical change that one individual’s recovery may have on his/her significant relationships, as addiction is a family disease. The first year of addiction recovery is often cited as the most difficult period of time in recovery for most and relationships can be challenging in early recovery.

The program also found a volunteer evaluation team to implement the Integrated Treatment Fidelity Scale to evaluate the success of the implementation of the SAMHSA EBP Model for Co-occurring Disorders, over the first three years of the program. The evaluation included both a General Organizational Index, and an Integrated Treatment Fidelity Scale. The results yielded valuable feedback that was then turned into improvement plans. It also highlighted the challenges faced by a program implementation that is not supported by healthcare ‘system wide’ integration.

7. **MHSA Crisis Worker Position and Crisis Support Team** services provide a crisis worker position onsite at the Behavioral Health office 8am to 5pm during normal weekday hours. Also provided is a crisis support position for afterhours including weekends and holidays. These services are exclusive to western Nevada County. Funding sources used to support these Crisis Services included Medi-Cal, Senate Bill 82 Triage Grant, 1991 Realignment funds, MHSA-CSS funds.

In May, 2014 SB 82 grant funds were used to add a Crisis worker position to staff the local hospital’s emergency department 24 hours a day, seven days a week. In FY 13-14 MHSA Crisis Workers had face-to-face contact with 614 individuals. Services were provided on site at the Crown Point facility. Those services included: Crisis Intervention; 5150 Assessment; Collateral Support; and collaboration with family, behavioral health staff, and other support providers. Consultation with law enforcement, the hospital, and community service providers also occurred. Phone contacts with unduplicated consumers came to 519. Those contacts provided brief crisis support, assessment and linkage and referral services. The Crisis workers also provided crisis services to individuals in county jail. In FY 13-14 982 unduplicated individuals were served by the Crisis Support Team.

8. **ED Crisis Peer Counselor Program (SPIRIT ED)**, SPIRIT’s 5150 Emergency Department Program, has been funded for extended hours. Crisis Peer Counselors (CPCs) are available for 10

hours a day, 7 days a week. The Sierra Nevada Memorial Hospital Emergency Department is grateful that SPIRIT is there and feels the CPCs are making a difference. Crisis Peer Counselors and Team Leaders work closely together to support each other on any challenges that may come up during their shifts supporting community members in crisis.

Demographics: The SPIRIT - ED Program completed its first full fiscal year as of June 30, 2014. The program served 247 unduplicated clients in their first year, [REDACTED].

Outcomes:

- On March 5, 2014 coverage increased by four hours a day with CPCs on call from noon to 10 pm daily.
 - After the SPIRIT – ED management team met with the Crisis Team in February 2014 to discuss logistical changes related to Crisis Workers being present at the hospital, the number of referrals increased by 400% over the previous quarter. This increase in referrals continued into the fourth quarter.
 - In FY 13-14, at least 32 individuals seen at the ED became SPIRIT Center participants. Often, the ED Peer Counselors act as volunteer Peer Counselors at the SPIRIT Center to maintain the relationship and rapport they established with someone at the hospital.
 - In FY 13-14, follow-up contact was made with 32% of people served at the ED and/or referred by the Crisis Team. Twenty percent refused contact, 23% were unavailable by phone, and 11% received calls, but did not return them. Approximately 6% of the individuals served and/or referred did not give permission for contact.
 - During the 4th quarter, SPIRIT-ED staff received HIPAA training from Mali Dyck, Nevada County HIPAA Compliance Officer.
 - Staff also participated in a day long training on Motivational Interviewing from a Working Well Together training consultant.
 - CPCs and Team Leaders work together to build a collective knowledge base about community resources. In the upcoming fiscal year, FY 14-15, representatives from various community agencies will be meeting with CPC staff to provide more information and answer questions about services offered. SPIRIT CPCs continue to receive accolades from the Crisis Team and hospital staff, but most importantly from the individuals they serve.
9. **Welcome Home Vets (WHV)** provides a portion of Nevada County’s veteran population with mental health services not provided by the Veterans’ Administration (VA). Although those afflicted by combat-related Post Traumatic Stress Disorder (PTSD) are treated locally through a contracted VA provider, at the time of the original contract those veterans were required to go to Auburn or Reno for continues treatment once they received a disability rating for PTSD from the VA. Rather than go out of the county to see a new therapist and join a therapy group with which they were not familiar, most vets would discontinue treatment. WHV was initially formed for the purpose of keeping those veterans involved in the treatment they needed, and to do so locally. The CSS contract has been a major factor in funding that ongoing treatment, thus ensuring that some veterans who are at a high risk for suicide, involvement with the legal system, divorce and psychiatric hospitalization received the help they needed.

Demographics: In FY 13-14, WHV served 41 individuals [REDACTED]

Barriers/Challenges: As the fiscal year ended, there was a change within the VA that allowed those veterans being treated under VA funding to remain under that funding umbrella with their local provider. However, WHV had also determined that there were a number of veterans in Nevada County whose trauma, although incurred in the military, was not related to being in combat. Those veterans were, and still are, not eligible for treatment in the county through VA funding. Yet they are often just as disabled by their PTSD and other diagnoses as the combat vet. WHV has been adding those veterans to the target population as funding has been available, both through donations, fundraising and other short-term grants. During next fiscal year (FY14-15) WHV will serve those non-combat veterans as the VA is continuing to fund treatment for combat veterans within the county.

However, there is still a pressing need to continue treatment of families of those veterans who have PTSD, a need which has been met for the past three years by the MHSA/INN contract. That contract expired on September 30, 2014, and is not renewable. Fortunately, WHV will be providing services to family members as well as veterans. Even though combat veterans are now going to be funded through the VA, WHV still has a waiting list of families and of non-combat veterans who need services. WHV continues to seek other funding sources to cover this population.

Outcomes/Successes: During FY 13-14, WHV has been successful in reaching more veterans than ever before. In addition, the ability to discharge veterans from psychotherapy to peer-facilitated support groups has added another dimension to the program, a further move towards a recovery-oriented program instead of a strictly “therapist provides the help” kind of program. However, there is still a reluctance on the part of many vets to move out of a group they know to an unknown situation. Unfortunately, although the therapists verbalize support for the program, they tend to empathize with the stress expressed by their clients and therefore don’t highlight peer support as a growth step for vets. WHV is gradually seeing a change in this thinking by the therapists and continues to educate them on a recovery model; a model that fits the needs of this chronically disabled population quite well. As clients begin to achieve some of the goals they set, especially goals in the area of relationships with others, they become less dependent on the paid therapist and are able to engage in more social activities with peers – something many have not done since leaving the military.

With the advent of an outreach program funded through the Veteran Service Office (VSO) via MHSA funds, WHV is able to attract an even greater number of Nevada County veterans into treatment.

10. MHSA Housing includes:

Winters’ Haven: Nevada County Housing Development Corporation (NCHDC) purchased a five bedroom house in Grass Valley in October 2011. NCHDC renovated the house in FY 2011-2012. The first tenants moved into the House in December 2012 and by June 2013 the house was full with five tenants. The Behavioral Health Department applied for and received Housing and Urban Development (HUD) Continuum of Care (CoC) grant to support the tenants with housing vouchers.

For FY 13-14 Winters’ Haven had a total of eight tenants in the year; [REDACTED]

[REDACTED] Three individuals came from Emergency Shelters; four came from a place not meant for habitation and one person transferred over from another housing

program. [REDACTED]

[REDACTED] All eight tenants had a source of income at the end of the fiscal year. The four individuals leaving the home had SSI and/or SSDI at program exit. The four remaining had SSI or General Assistance. Three of the four individuals exiting the program exited to other permanent supported housing or with family members, one person exited to an emergency shelter. Lastly, seven of the eight tenants (87.5%) were housed for six months or longer.

Winters' Haven had its first California Housing Finance Agency inspection and the inspection resulted in no negative findings.

Summer's Haven Project/Supportive Housing Project (SHP): The Behavioral Health Department applied for and received a Housing and Urban Development (HUD) Continuum of Care (CoC) grant in the amount of \$108,803 to provide permanent supportive housing to a minimum of 13 individuals with severe mental illness enrolled in the MHSA Full Service Partnerships (FSP) or individuals eligible for an FSP program.

In FY 13-14 the SHP vouchers were utilized by 16 households consisting of 19 individuals. [REDACTED]

[REDACTED] The residence prior to program entry varied: four from emergency shelters, 13 from a place not meant for habitation, and one from another permanent supportive housing program. [REDACTED]

[REDACTED] All tenants had a source of income except one. Sources of income included SSI, SSDI and General Assistance. All three households who left the program in the fiscal year left for a permanent housing situation. All 19 program participants were enrolled in the program for at least 6 months (housing stability measure).

The largest barrier to implementing this program is finding landlords that will master lease to Nevada County Housing Development Corporation.

Home Anew: The Behavioral Health Department submitted an application to HUD for three additional housing vouchers for chronically homeless individuals with a serious mental illness diagnosis. At the end of the fiscal year it was still not known if the county would be granted the award from HUD. In FY 14-15 the Behavioral Health Department learned that they would be funded for two vouchers.

Housing Choice Vouchers (HCV) (formally known as Section 8): The Housing Choice Vouchers waiting list opened for the first time in five years. The Nevada County Continuum of Care (NCCC) worked to educate service providers on how to complete the HCV Pre-Application. The Personal Service Coordinators from Behavioral Health and contracted service providers helped program participants complete the HCV Pre-Application form. Many Behavioral Health and contracted service provider program participants were placed on the Housing Choice Voucher wait list.

Homeless Count January 2014: A Homeless Shelter Count was conducted for the night of January 27, 2014 for individual in Emergency Shelters and Transitional Shelters (sheltered). The count showed that there were 94 individuals homeless that night, 89 individuals in Emergency Shelters and five individuals in Transitional Shelters. [REDACTED]

[REDACTED] There were 22 (33.3%) individuals who were chronically homeless (homeless for a year or longer or had four instances of homelessness in three years). [REDACTED]

11. In order to apply for and receive Homeless Continuum of Care (CoC) funding, the United States Department of Housing and Urban Development (HUD) requires that a community establish an effective Homeless Continuum of Care. Nevada County is a member of the **Nevada-Placer Continuum of Care (NP CoC). Nevada County Coordinating Council (NCCC) to End Homelessness** is one of three regional groups that provides feedback, support and information to the NP CoC. The other two regional groups are located in Tahoe Truckee and in western Placer County. The Behavioral Health Department is an active member of the NP CoC and NCCC.

In FY 13-14 NP CoC filed for and became a 501(c)(3) designated non-profit as required by HUD. NP CoC became the Homeless Resource Council of the Sierras (HRCS).

Outcomes/Successes: MHSA funds are used to help support the CoC Coordinator. The HRCS Coordinator in FY 13-14 completed the following:

- Developed the HUD Homeless Assistance applications that were submitted to HUD in February 2014. The Coordinator assisted the Nevada County applicants in the development of their applications.
 - Summer's Haven: This permanent supportive housing program will be funded annually at \$108,803 to provide 13 housing units for individuals with severe mental illness enrolled in an MHSA Full Service Partnership program.
 - Homelessness Management Information System (HMIS): The HMIS Lead Agency, The Salvation Army Grass Valley Corps, submitted two proposals to fund a full-time HMIS Systems Operator for the HRCS and to purchase user licenses. An applicant must be using HMIS to receive HUD Homeless Assistance Funds or Emergency Solutions Grants. Since the HPRP Grant (Homelessness Prevention and Rapid Rehousing Program) expired in September 2012, it was imperative that a new funding source be developed.
 - Home Anew: This permanent supportive housing program will be funded in the amount of \$20,270 to provide 2 housing units for individuals with severe mental illness enrolled in an MHSA Full Service Partnership program.
- Coordinated the application, evaluation and Annual Progress Report process for the HRCS's nine HUD grants that annually total \$1,093,951.
- For the January 2014 round of Emergency Solution Grant (ESG) funding, the California Department of Housing and Community Development required that the CoCs assign up to 100 Need Points to each applicant. However, the points assigned to each application needed to be at least five points apart. The Coordinator facilitated the process to develop an unbiased HRCS Committee to review the ESG applications and assign points. Six Nevada County ESG applications were reviewed. Three applications from Nevada County were funded:

- Hospitality House was awarded two grants for a total of \$317,845.
- The Salvation Army was awarded a grant for \$76,125
- Conducted the January 2014 Sheltered Homeless Count and Housing Inventory Chart.
- Facilitated the following HRCS-wide committees/task forces:
 - Nevada-Placer Governance Committee
 - Homelessness Management Information System
 - Coordinated Assessment

12. To **Expand Adult Psychiatric Services** in FY 13-14, NCBH provided psychiatric consultation to the Grass Valley Federally Qualified Health Clinic, Western Sierra Medical Clinic. Two NCBH doctors provided consultation, including conducting psychiatric evaluations and providing treatment recommendations to patient's primary care providers.

Demographics: The program served 12 clients [REDACTED]

Outcomes/Successes:

- Improved communication with primary care providers
- Provided an additional consultation option to primary care providers
- Provided additional psychiatric services

Outreach and Engagement:

1. **Full Service Partnership Agencies and Other Contract CSS Service Providers** are asked to conducted outreach and engagement services. These services are done for individuals, families, and other stakeholders and are conducted one-on-one, with families and with groups. Outreach and engagement activities were provided to 559 individuals in FY 13-14. This number does not include services provided by the individual programs listed below.
2. **National Alliance on Mental Illness (NAMI)** provides free educational classes for parents, caregivers, family members of children, teens and adults with mental illnesses. Classes are Signature NAMI programs and are offered throughout the country. Additionally, the local chapter provides free Inside Mental Illness classes for providers of services for individuals with mental illnesses; classes feature personal stories by young adults, adults and older adults with lived experience of mental illnesses that punctuate the presentation of knowledge and skills which are tailored for the audience.

Demographics: NAMI served 55 unduplicated [REDACTED]

Barriers/Challenges: The primary challenge faced by NAMI is lack of publicity for their general public classes.

Solutions to Barriers: The Union newspaper consistently publishes articles publicizing NAMI's general public classes and a strong response is seen after the articles are run. It is known that more families involved with mental health providers could benefit from NAMI services. NAMI is exploring how they can strengthen relationships with providers to enhance referrals. Information from families involved in Full Service Partnerships and Nevada County Behavioral Health services, who have participated in Family to Family and BASICS programs shows that this information and support cannot be found elsewhere.

Outcomes/Successes: Evaluations showed that NAMI achieved the outcomes articulated in the contract. Sample responses: "NAMI gave me the language to talk with my daughter in ways I had no idea." "Even though I have bipolar illness, as does my son, I didn't know how to talk with him effectively; now I can." Inside Mental Illness classes for substance use services providers were well-received. After the course was over, one of the Inside Mental Illness speakers was invited to come back and talk to staff to further their understanding of co-occurring mental health and substance use disorders.

3. **SPIRIT Peer Empowerment Center (SPIRIT)** serves visitors 18 years and older. The program serves people with severe, moderate and mild mental illness including the homeless population, offering 17 different support groups. These groups cover topics such as: Dual Diagnoses, WRAP (Wellness Recovery Action Plan, currently serving 6 individuals with two recently recertified facilitators), Bi-polar Group, Men's Group, Women's Group, and LGBTQ Group.

Demographics: For FY 13-14 SPIRIT had 465 unduplicated visitors.

Outcomes:

- Program volunteers contributed 5,760 hours of their time to help with the front desk, property maintenance, Peer Counseling, Team Leader/Rovers, the community garden and running the center on a daily basis.
- SPIRIT provided 1,072 peer counseling services and 1,012 support group services in FY 13-14.
- This year the program also supplied 1,512 showers and 599 loads of laundry to homeless participants.
- Two hundred and fifty participants came to SPIRIT for resources this year. Resources included accessing a computer, basic computer training, one-on-one help completing paperwork, socialization, and help navigating the mental health system.
- Participants were given access to food donated by the local Nevada County Food Bank 2,633 times this year. This included lunches made collaboratively by volunteers and participants.
- SPIRIT's Saturday Brunches fed over 4,800 individuals throughout the year.
- In FY 13-14 SPIRIT provided these trainings: Core Volunteer, Group Facilitation, and PC 101 training. In the fourth quarter, four individuals graduated from the Group Facilitation class and 10 more have signed up for the PC 101 class starting in FY 14-15.
- SPIRIT Center offers Peer Counseling in North San Juan (NSJ). Peers either meet the individuals at the Family Resource Center in NSJ or at the individual's home. Six unduplicated clients were served in NSJ in FY 13-14. This service is provided by two of SPIRIT's Peer Counselors. They are husband and wife and have lived in the community for

years, so they know the culture in NSJ well. A SPIRIT board member does additional outreach in NSJ.

- A retreat was held at the end of this fiscal year focused on team building and Motivational Interviewing. Both the SPIRIT Emergency Department Peer Counselor staff and the SPIRIT Center staff came together for two days of learning. Staff were encouraged to step out of their comfort zone and to challenge themselves.
 - SPIRIT staff had outside speaking engagements with the Domestic Violence and Sexual Assault Coalition (DVSAC), KVMR Radio, and KNCO Radio. SPIRIT representatives were also asked to speak at NAMI's (National Alliance on Mental Illness) Family to Family program and at a panel addressing stigma reduction.
 - Volunteer staff attended the We Count, California training in Sacramento in July, 2013 and were subsequently asked to sit on the Continuum of Care (CoC) committee for Nevada County.
 - SPIRIT has been included in several newspaper articles written this fiscal year.
 - SPIRIT's first summer concert fundraiser was in June 2014 and was a great success.
 - A new Volunteer Coordinator has been hired to oversee the volunteers and volunteer programs, like the one-on-one peer counseling at Wayne Brown Correction Facility.
 - SPIRIT Center is an active participant on MHSA subcommittees including CSS, PEI, CoC, Cultural Competency/WET as well as, NAMI, Forensic Task Force, Suicide Prevention Task Force and Mental Health Board.
-

Prevention and Early Intervention (PEI): Access to Services

Activity 1: Suicide Prevention Intervention (SPI) Program

Suicide Prevention Intervention (SPI) Program was created to make a more “suicide aware community.” An SPI Coordinator organizes and leads the implementation of this program. The Coordinator works with a cadre of concerned citizens, comprised of consumers, individuals, families, support groups, task forces, community based organizations, local & state governments, including schools, crisis lines & health clinics. These citizens have all contributed towards the shared goal of creating a more “suicide aware community.” The goals of the program are to: 1) Raise awareness that suicide is preventable, 2) Reduce stigma around suicide & mental illness, 3) Promote help-seeking behaviors, and 4) Implement suicide prevention & intervention training programs. Programs provided include the following:

- Youth Mental Health First Aid (YMHFA) Train-the-Trainer Conference: Certified Instructor Course.
- Know The Signs (KTS) Media Forum: Responsible suicide reporting and do no harm media messaging.
- Workshops: Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid (MHFA), YMHFA, KTS and Question, Persuade & Refer QPR.
- Sources of Strength (SoS): Bear River High School, Park Avenue Continuation High School & Spirit Center. Spirit Center provided an SoS training to FREED Friendly Visitor Program.
- Crisis Debrief, Response, Support & Guidance: Alder Creek Middle School (ACMS), Family Resource Center (FRC) of Truckee, and Sierra Nevada Community College (SNCC).
 - ACMS: Critical Incident Stress Debriefing.
 - ACMS, FRC & SNCC: Educate and support key staff and link survivors to crisis & counseling services.
 - SNCC: Help to secure a volunteer counselor that turned into a paid staff position.
- Parent Focus Night at ACMS: Signs & invitations, open talk about suicide, help is available.
- Media Reporting: “If it bleeds it reads” industry norms featuring stories of shock and trauma. They are potentially dangerous and damaging when it comes to reporting on suicide events.

Demographics: In FY 13-14 the SPI Program served 1,570 individuals. 



Barriers/Challenges:

- Workshops: There was a limited number of Nevada County ASIST & safeTALK trainers (2). The administrative support for workshop implementation was limited as were facilities available, especially for the 2-day workshops.
- ACMS Staff Debrief: It was felt that the administration built ‘emotional firewalls’ to protect staff from outsiders.
- ACMS Parent Focus Night: Parents had cumulative fears about an on-campus suicide attempt. There were parent fears about youth suicides, helpless attitudes, and not knowing what to say or how to talk with their child about suicide.

Solutions to Barriers:

- Know The Signs (KTS) Media Forum: Participants learned to appreciate that the media has a powerful & influential role in educating the public. Local media was invited to join a panel of experts to share lessons learned from the field.
- Workshops: A ‘Bi-County Collaborative’ was developed with the Placer County Office of Education (PCOE) to increase trainer capacity and the delivery of multiple ASIST workshops. PCOE provided two ASIST trainers, administrative support, materials, Continuing Education Units (CEU) and facilities, and paid for trainer lodging (Truckee). PCOE provided workshop participants with lunches & snacks.
- ACMS Staff Debrief: Staff met with administration to build trust and co-create help strategies for staff to sort through the feelings that surrounded the traumatic event.
- ACMS Parent Focus Night: Administration worked with parents to co-create help strategies. An expert guest speaker was secured.

Outcomes/Successes:

- Know the Signs (KTS) Media Forum: A take away from the forum was a Media & Community Pact to “Do no harm!” The forum showed that local media cares about, and is invested in the community they serve. Local media & community groups stated that they support responsible reporting to minimize contagion and when covering the topic of suicide, they will try to highlight suicide prevention and help-seeking messages. The forum was attended by 75 individuals.
- Workshops: 6 ASIST (Bi-County Collaborative); 2 MHFA; 3 YMHA; 6 KTS & 1 QPR were held. A total of 400 participants attended.
- ACMS Staff Debrief: A Critical Incident Stress Debriefing was held for 40 school personnel.
- ACMS Parent Focus Night: Parents opened up about youth suicide concerns. Parents gained more awareness of signs of suicide, how to talk to their kids about suicide and what types of helping resources are available on campus and in the community. The event hosted 25 parents.

Activity 2: Integrative Behavioral Health (IBH) Training for Primary Medical Care

Providers: No Activities this FY.

Activity 3: First Responder Training

First Responder Training - Mental Health First Aid (MHFA) Training is an evidence based, community proven training provided to first responders. “First Responders” may respond to an individual in crisis in their home, on the streets, at school, on the job, at church, etc. “First Responders” are often the facilitators for mental health services for people in the community. This activity decreases the disparity of services for people who may not otherwise get services. In fiscal year 2013-2014 six Adult focused and two Youth focused Mental Health First Aid Trainings were held. A total of 143 individuals were trained.

First Responder Training - Crisis Intervention Training (CIT) provided training to first responders dealing with mentally ill individuals in crisis. The intent is to increase knowledge and skill levels to assist in working with mentally ill consumers in crisis situations. During fiscal year 2013-2014 at least four separate trainings were provided to 104 attendees.

Demographics: All 104 individuals served [REDACTED] Twenty were Peer Counselors and 84 were First Responders.

Barriers/Challenges: There were scheduling challenges with both hospitals and law enforcement to access training for staff. These challenges were with providers who work in 24/7 services. It was difficult to insert trainings into established law enforcement protocols. There was some resistance to concepts and possible stigma presence regarding mental health consumers. Overcoming resistance to change was difficult. Another barrier was anxiety about “people with mental illness” and misperceptions of threat levels. The program needs to improve awareness of emergency department policies and reduce resistance to working with individuals in a hospital environment.

Solutions to Barriers: The program continues to provide ongoing training to First Responders in order to undue preconceived stigma, and educate individuals in appropriate responses. CIT provided direct information and participation in individual contacts and trainings. The program offered in vivo exposure to the work setting, and training to identify the best practices approach with consumers and staff in the emergency room setting. CIT staff made a persistent effort to schedule future trainings with law enforcement and other first responder groups.

Outcomes/Successes:

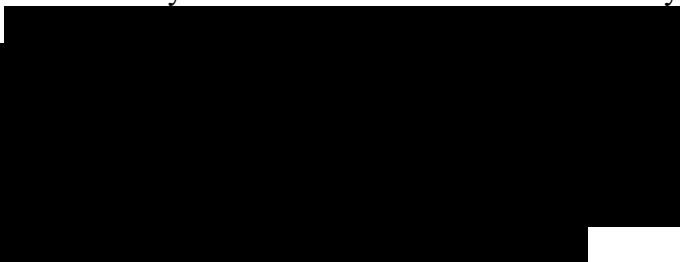
- CIT established planning for several training meetings for ambulance drivers, volunteers, and nursing staff at Sierra Nevada Memorial Hospital.
- The program reduced fear and anxiousness and increased knowledge and skills for training participants.
- Further requests for expanded trainings for all staff were received.
- Training plans for peer counselor staff were established.
- Training was provided to over 100 individuals in formal training events.
- Training plans for future law enforcement and first responder events were established.

Activity 4: Nevada County 2-1-1

211 Nevada County is a free, confidential information and referral service that is available 24 hours a day, seven days a week. By dialing 211 Nevada County residents can access health information, community services, and disaster services throughout Nevada County. This program offers assistance in multiple languages, and services that are accessible to people with disabilities. Utilizing a comprehensive computerized database of more than 1,282 nonprofit and public agencies at 1,739 different locations in Nevada County, trained information and referral specialists give personalized attention to each caller. Specialists can refer callers to a variety of service that best meet their needs. In FY 13-14 call referrals by category included:

Call Referrals	Count	%
Housing & Shelter	773	19%
Health Care	515	12%
Food Pantries & Programs	487	12%
Government Agencies	457	11%

Aging & Disability Resources	437	11%
Behavioral Health	393	9%
Children & Family Services	251	6%
Legal Services	182	4%
Other 211 Agencies	122	3%
Emergency Asst/Crisis Support	101	2%
Transportation	99	2%
Veteran Services	90	2%
Employment	74	2%
Emergency Services	59	1%
Community	56	1%
Business Services	35	1%
Education	24	1%
Dental Services	5	0%
Total	4,160	

Demographics: The total number of service calls as they relate to MHSA Prevention and Early Intervention in FY 13-14 were 4,160 calls. 

Outcomes/Successes: During the fiscal year 13-14, 211 Nevada County centralized operations in the Grass Valley call center while continuing to increase call volume. Increased call volume can be attributed to specialized programs such as enrolling consumers in Covered California health insurance, screening callers for emergency assistance services, and providing CalFresh outreach and education.

Prevention and Early Intervention: Outreach Projects

Activity 1: Social Outreach (Disabled and Older Adult Outreach)

The **Social Outreach (Disabled and Older Adult Outreach) Program** is funded by the Mental Health Services Act, working with the Falls Prevention Coalition as a component of the Prevention and Early Intervention (PEI) Program.

Friendly Visitor Program: This program is designed to provide early intervention and prevention mental health services by reducing isolation in seniors and people with disabilities. Isolation can be geographical or social and lead to depression, anxiety, and other health issues. By intervening and providing community contact, this program increases mental and physical health of individuals who are at risk.

Friendly Visitor volunteers are matched with consumers and provide peer support and community engagement primarily through weekly home visits and phone calls to isolated individuals. The program is administered by FREED Center for Independent Living, an organization that provides a consumer driven, peer support model of services to people with any type of disability including mental health in the community.

The Friendly Visitor Program impacts the community in three distinct ways: 1) It brings members of the community to an individual, reducing isolation and improving mental health; 2) It mitigates and prevents, in many instances, the reliance on more costly services and complements other mental health programs such as the Senior Outreach Nurses by providing social contact and; 3) It connects individuals who are isolated and at risk of depression, anxiety, and suicide to other mental health and community services so that they can remain living safely in the community.

Demographics: In fiscal year 2013-2014, 44 unduplicated consumers received services. [REDACTED]

Barriers/Challenges:

- Getting referrals in the Truckee area for the two volunteers was a challenge. FREED is strategically working with the Mana Project, the Senior Center, and Tahoe-Truckee Hospital social workers, as well as monthly attending the Community Collaborative of Truckee Tahoe Resource Sharing Meetings to try and get more referrals.
- Matching volunteers and consumers successfully for a long-term relationships is another challenge. FREED is revising both the volunteer and consumer applications to gather more pertinent information that will allow for more successful long-term matches.
- It has been challenging finding dates/times for Volunteer Trainings when most volunteers can participate.

Outcomes/Successes:

Consumers:

- There were 790 home visits made.
- There were 58 phone calls made.
- There were 1,174 hours of in-home visitation.
- The consumer survey reported:
 - 100% of respondents enjoyed their weekly visits.
 - 100% indicated that they felt less lonely since they have received visits.
 - 100% said that they are happier and look forward to their weekly visits.
 - 100% would recommend the Friendly Visitor Program to others.
 - 100% were satisfied with the Friendly Visitor Program.

Volunteers and Volunteer Training:

- Volunteers are interviewed and have reference and background checks and are given orientation training.
- This year, 44 active volunteers participated in the program.
- Currently there are two volunteers in Truckee.
- FREED provided four group trainings to volunteers in FY 13-14. Topics covered included:
 - Suicide Prevention-Know the Signs with Kim Honeywell
 - Dementia with Barbara Larsen

- Sources of Strength with Barbara Lindsay-Burns from SPIRIT
- End-of-Life Issues with staff from Hospice of the Foothills
- Additional training support was given by phone or in person to volunteers or potential volunteers for a total of 116 hours.
- The volunteer survey reported:
 - 100% agreed or strongly agreed that they enjoyed being a friendly visitor
 - 100% agreed or strongly agreed that they were having a positive impact in the person's life who they were visiting
 - 86% were familiar with the signs of depression, anxiety and suicidal behavior
 - 86% felt comfortable talking to the person they visit about depression, anxiety, and suicide
 - 100% felt comfortable talking to FREED staff about any issue that came up or that they had a concern about
 - 100% felt supported by the FREED staff
 - 100% would recommend the program to others
 - 100% were satisfied with the Friendly Visitor Program

Focus for Fiscal Year 2014-2015:

- Continuing administration of the Friendly Visitor Program and increasing services in the Truckee Area are ongoing goals.
- Another goal is to successfully provide support groups and ongoing training for the volunteers rotating on different days/times to accommodate different schedules.
- The following trainings are scheduled for FY 14-15:
 - Companionship Skills
 - Older Adults and Substance Abuse
 - CPR by the American Heart Association
 - Depression Among Older Adults

Social Outreach Nurse Program: This program is in its fifth year and is continuing to grow and develop. There were 101 referrals this year as compared to 51 the previous year.

Name of Referral Source	# of Referrals
Senior Outreach Nurses	27
Gold Country Community	12
Sierra Nevada Memorial	10
Progressive Home care	10
Adult Protective Services	9
FREED	5
Behavior Health	4
Self, Family or Care Provider	4
Patty Cambra	3
2-1-1	3
Various Community Agencies	4
Other	4
IHSS	2
Sierra Nevada Home Care	2
Helpline	2

Total	101
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The Senior Outreach Nurses do a Mental Health/PEI Screening on all new clients unless they have dementia. This fiscal year they saw 283 clients and referred 29 of them to the Social Outreach Program. Other referrals came from Gold Country Community Services, Social Workers from the hospital and home care agencies, FREED, Health Care Providers working with HIV/AIDS clients, as well as Social Outreach clients' friends and neighbors.

The Social Outreach Nurse visits seniors and disabled adults in their homes; the vast majority are living alone. Some of the many challenges they are dealing with are: isolation, loss of independence, grief, declining health issues, financial concerns and family conflicts. Many of the situations are complex. The majority of the clients are receptive to the support and work towards making changes in their lives.

Demographics: In fiscal year 2013-2014 the Social Outreach Nurse Program served 101 people.



Barriers/Challenges: There have been a couple of potential referrals in the Truckee area, which did not materialize. There is a contracted Senior Outreach Nurse in Truckee who provides thorough assessments including mental health screenings. She refers to the Social Outreach program when necessary. It has been difficult to find volunteers in the eastern county. FREED now has two volunteers which may help to support these clients. The intention of the Social Outreach Nurse in this upcoming fiscal year is to further develop relationships in the Truckee Area.

Affordable housing is a huge problem for many of these client's; there are very few options open to them. Another major challenge is financial as most of the clients have very limited resources. This sometimes prohibits going for counseling and social activities.

Outcomes/Successes:

- The Social Outreach Nurse assesses for depression, anxiety, and fall risk while building rapport with the clients. Part of the assessment may include a Geriatric Depression Scale (Yesavage). Of the six clients who indicated mild to severe depression, when the screening was repeated, five out of the six (83%) indicated an improvement in depressive feelings. The client who's score remained the same had additional physical problems, but stated she was doing better socially primarily due to her Friendly Visitor. Of the other clients who it was too soon to re-screen, three out of the four are now receiving counseling and have verbalized that they have felt an improvement in their depression.
- It is well documented that anxiety often accompanies depression. Sometimes the issues and concerns around anxiety are easier to identify and deal with openly. When the anxiety issues are addressed the depression improves as well. Many of the clients deny being depressed but express concerns about anxiety. The nurse provides support by listening, advocating and making referrals to various public and private services. The number of visits and phone contacts vary with each client based on need. Follow up "check in" calls are frequently done and clients are always encouraged to call if any needs arise.

- Every client (100%) is under the care of a primary physician and has been seen within the past year. Many are being seen by specialists as well.
- The response from the 10 client surveys returned, indicated 100% benefited emotionally from the social visit. One hundred percent also looked forward to the visits and would recommend the program to a friend.
- Eighty percent of clients accepted referrals and stated that they felt they benefited. Of those that didn't accept referrals, one felt she had enough support, and the other did not think they would be of any benefit. The referrals that clients reported benefit from included: Counseling, Friendly Visitor, Helpline, Falls Prevention Event, Health Insurance Counseling and Advocacy Program (HICAP), Guided Imagery, Support Group, Adult Protective Services (APS), and obtaining a Primary Care Physician.
- As part of the on-going outreach and education the Social Outreach Nurse attends meetings, trainings, seminars and workshops:
 - Meetings: Falls Prevention Coalition, Adult Services Unit Meetings, Elder Care Provider's Coalition (ECPC), Community Networking Meetings, and MHSA Steering Committee.
 - Events: Falls Prevention Coalitions' Annual Community Event and Nevada County Mental Health Council: The Elephant in the Room.
 - Classes: Presented a two hour class on Anxiety and Depression through In Home Supportive Services/Public Authority.
 - In-services Attended: Options Counseling, Alzheimer's Outreach Program (Sierra Nevada Home Care), Healthy Outcomes Integration Team (HOIT), Hospice Liaison Donna Brown, Healing Journey's at Sierra Nevada Memorial Hospital (SNMH), Strokes Prevention and Treatment presented by SNMH, Aging and Disability resource Connection (ADRC) presentation by Ana Acton from FREED, and Drug Addiction and Community Resources Available.
 - Seminars/Trainings: Mental Health First Aid Stigma Reduction, Evidence Based Nutritional Strategies for the Aging Brain, Professional Education Systems, Inc. (PESI): Treatment Resistant Anxiety, Worry & Panic, and HIPPA Training.
 - Online Trainings: UC Davis Extension: Civil Rights Division 21- Nevada County 2014.

Activity 2: Latino Outreach

Latino Outreach:

In **Western Nevada County** the Latino population is growing. Behavioral Health believes that this population is underserved, in accessing Spanish speaking resources, especially mental health services. The Grass Valley Family Resource center serves the Latino population in the area. The Family Resource Center's Promotora Program conducts Mental Health Outreach and Engagement groups for the Latino Community. The goal of these groups is to educate individuals and to decrease stigma and fear about mental health issues in the Latino Population. These groups are conducted in Spanish and childcare is always available. Meetings take place at the Family Resource Center and the Grass Valley Charter School, facilities of the Nevada County Superintendent of Schools (NCSOS).

Also, part of this program are NCBH Spanish speaking therapists to which the Promotora can refer individuals and families. The therapists provide services to individuals or if the client is a child, services are provided to the child and their family.

Western County Demographics: In FY 13-14 NCBH's Latino Outreach therapists served 70 clients. [REDACTED]

In FY 13-14 NCSOS's Latino Outreach program served 203 individuals [REDACTED]

Western County Outcomes/Successes:

- A WRAP presentation was given to two High School graduates. Their evaluations revealed the youth benefited from preparing their Action Plans, expressing a proactive attitude towards their mental health.
- A Kids WRAP Day Camp was held. Ten Children: seven boys and three girls, nine to eleven years of age made WRAP Plans, learning how to manage stressful events. Nine of the ten evaluations showed they understood and expressed how they would use their WRAP plans.
- One hundred and eighteen adults and 76 children and youth participated in Educational Meetings and/or Social Events. Of these, 49 received services in the form of referrals to 34 community services, help with translation, appointments, applications, and information.
- Attendance at the following events equaled 298 occurrences: 10 psycho-educational meetings with Salsa exercise and two social events. The psycho-educational meetings were focused on stress, anxiety, depression, bipolar disorder, tobacco and alcohol use, and self-care through WRAP. Extended time was given to focus on the "Signs of and the Prevention of Suicide".
- Twenty exercise group meetings focusing on mental health and nutrition were attended by 33 participants for 306 occurrences. The meetings used SanaMente conversation starters such as myths vs. facts regarding those that suffer from a mental health challenge. The group's lively conversations on messages to reduce stigma and discrimination, cultural barriers statistics, informational sheets and additional materials on nutrition, drugs, alcohol, and the importance of making their own WRAP plan, developed new friendships and a strong sense of community.
- Nine referrals were made to NCBH; some individuals are still in therapy.
- Seven women, in three groups completed their WRAP Plans in three sessions during three weeks.
- The Promotora planned activities based on previously expressed needs, such as exercise and nutrition and used these topics to incentivize the Latino community to participate. Mental Health initiatives were an integral part of these activities. This Mental Health series attracted new Latino members and the international community to engage in healthy events. Salsa classes and the 20 one-hour Boot Camp exercise sessions attracted the young and old alike. These classes integrated mental health education and resulted in a reduction in mental health stigma. This was evidenced by the 10 people who wanted to create their own WRAP plan in the future. The number of people who opened up about their own concerns and were willing to be referred to Behavioral Health adds emphasis to the successful ground gained by Mental Health education.

In **Eastern Nevada County** the Family Resource Center of Truckee (FRCoT) Promotoras continued to see success in their outreach and education work in the Latino Community during the 2013-2014 fiscal year. The three Promotoras from last year all returned in FY13-14, two for their fourth year and one for her third year working as Promotoras. They all continue to be dedicated to, and passionate about, serving the local Latino community.

Eastern County Demographics: In FY 13-14 FRCoT's Latino Outreach program served 55 individuals. [REDACTED]

Eastern County Outcomes/Successes:

- **Professional Development and Collaboration:** Collaboration and partnership are defining features of the FRCoT and the same is true of the FRCoT Promotora Program. In FY 13-14 the Promotoras continued to work collaboratively with the FRCoT staff and other local partners and groups in an effort to bring further mental health education and resources to the local Latino community. The Promotoras continued to be involved in Truckee Tahoe Community Suicide Prevention efforts. They attended community meetings and worked with Question, Persuade, Refer: For Suicide Prevention (QPR) trained FRCoT staff to put on the Gatekeeper QPR Training for community members, which is described in further detail in the group description. Through the end of the FY13-14, NCBH's bilingual Children's Therapist, continued to provide therapy one day per week on site at the FRCoT; the partnership and referrals process are in their formative stage as exploration continues on how to best connect clients to the therapist through the Promotoras and FRCoT staff. Consideration is being given to the possibility of the NCBH Therapist providing direct training and support to the Promotoras as the program develops.

This year the FRCoT has collaborated closely with North Tahoe Family Resource Center (NTFRC) in Kings Beach and Tahoe Forest Hospital District (TFHD) to evaluate how to further develop and expand the Promotora model through a regional approach. Together with NTFRC and TFHD, the FRCoT is working to coordinate an in-depth Promotora training program with renowned trainers to further enhance the Promotoras capacity in the community. The training is to take place in the fall of 2014. The goal of the training is to expand the Promotora program by providing the current Promotoras with further professional development and by recruiting new Promotoras. Hopefully this will provide even greater outreach and education in the Truckee/North Tahoe Latino community.

- **Number of Groups Offered:**
 - "En Mi Familia Empieza el Mundo" ("The World Begins in My Family") was held January 13 - March 31, 2014 (12 workshops) at Henness Flats Apartments, a local affordable housing complex on the east end of town. The Promotoras opened the series with discussion and activities which allowed the participants to get to know each other, building familiarity, trust and confidence. Over the course of the series, the Promotoras presented information on mental illnesses including depression, anxiety, schizophrenia, post-partum depression, bipolar disorder and associated symptoms. With the discussion of each illness, participants opened up about their own personal experiences with mental illness. Participants expressed both surprise and comfort in hearing that others had gone through experiences similar to their own.

In response to the recent occurrences of suicide in Truckee youth, the Promotoras requested the assistance of the Suicide Risk Reduction Task Force to host a session on suicide education for the group. A bilingual FRCoT staff member, who is also a member of the Task Force trained in Question, Persuade, Refer: For Suicide Prevention (QPR), met with the Promotora team to plan a culturally sensitive and relevant version of QPR. The Promotoras and the FRCoT staff member collaboratively presented a training on suicide risk reduction education to the group. The attendees received Question Persuade Refer: For Suicide Prevention (or Preguntar Persuadir Referir: Para la Prevención del Suicidio) and the Promotoras used their Know the Signs knowledge to contribute additional input.

Through the program, the participants were able to create a space of trust and openness with each other. No longer were they isolated in their worries and concerns for their families. Together, this group of mothers and grandmothers was able to speak freely, to relate to one another, and to create a supporting, caring community of friends. One woman shared that she found a place to “un-drown” herself as a part of the program. Many women shared that they think of themselves as better mothers because of the program and how they are able to understand themselves and their children.

Following are the demographics for the participants in “En Mi Familia Empieza el Mundo” and “Platicas de Salud”:

	Ethnicity	Gender		Primary Language	Age		
		Male	Female		Youth (0-18)	Adult (19-55)	Older Adult (56 +)
Total Participants	Latino			Spanish			
8*	█	█	█	█	█	█	█

**These demographics are for participants who attended at least eight of the workshops over the course of the third quarter. A total of 24 unique individuals attended at least one workshop.*

- “Platicas de Salud” (“Health Talks”) was held February 7, 20, 27 and March 27, 2014 at Henness Flats Apartments. The FRCoT Promotoras partnered with local health specialists to put on a series of health talks in the Latino community. The first meeting enlisted a Tahoe Forest Health District Exercise Physiologist discussing why it is important to exercise and how to do basic exercise at home. The next two meetings saw participation with a TFHD Nutritionist discussing the importance of heart healthy eating and demonstrating how to prepare heart healthy foods. The fourth meeting was with a local doctor who discussed general health and preventive care. All four group meetings were very interactive, with the health specialist presenting the information and the participants having the opportunity to try out their new skills. The Promotoras continue to collaborate with THFD and are working to plan future collaborative workshops.
- “Las Chicas de Truckee” (“The Truckee Girls”) was held September 27 – November 15, 2013 (8 workshops) at the FRCoT. Given the great success of the adolescent youth group in FY 2012-2013, the Promotoras elected to offer another group for adolescent girls in the fall. The group was structured around the topics of greatest interest to the participants. The

topics centered mainly around depression and suicide; alcohol and substance use, abuse and addiction; how to handle bullying; and how to improve healthy communication at home. The Promotoras presented information about mental health, followed by group discussion and activities. The participants had the opportunity to raise questions in the group or submit them anonymously. The Promotoras sought to answer all questions, researching the topics further when necessary. The participants expressed that the workshops were enjoyable and they learned valuable information about mental health.

Following are the demographics for the participants in “Las Chicas de Truckee”:

	Ethnicity	Gender		Primary Language	Age		
	Latino	Male	Female	Spanish	Youth (0-18)	Adult (19-55)	Older Adult (56 +)
Total Participants*							
7	█	█	█	█	█	█	█

**These demographics are for participants who attended at least four of the workshops in the series. A total of 8 unique individuals attended at least one workshop.*

- “Prevención de Alcohol en Adolescentes – Reunión de Padres” (“Prevention of Alcohol in Adolescents – Parent Meeting”), a community workshop at the FRCoT was held on November 8, 2013. In past workshops and work with the Latino community, a request the Promotoras have received often is for more information on how to prevent their children’s use and abuse of drugs and alcohol. As a result, this year the Promotoras sought to put on a community workshop addressing this topic with the help of key partners. The Promotoras coordinated closely with River Coyote and Devin Bradley, directors of Tahoe Truckee Future without Drug Dependence (TT-FWDD); Ryan Moreau, Truckee Police Department School Officer, and students from Truckee High School’s “Friday Night Live Natural High Club” to host a community workshop geared towards Spanish-speaking parents of adolescent youth. The Promotoras did outreach throughout the Latino community and there was a good response and showing for the workshop. River and Devin presented on trends around substance use and abuse among adolescents and the effects that it has on adolescent brain development; Officer Moreau spoke about Truckee P.D.’s role in the schools and answered many questions posed by the participants on a variety of aspects of the local youth’s use and abuse of alcohol and drugs; the students from “Friday Night Live Natural High Club” spoke about their experiences with their peers’ substance use and answered very poignant questions from the parents. The parents were deeply engaged and expressed a strong interest in attending additional workshops addressing this topic as well as others relating to their children’s mental health.

Following are the demographics for the participants in the “Prevención de Alcohol en Adolescentes”:

	Ethnicity	Gender	Primary Language	Age

Total Participants	Latino	Male	Female	Spanish	Youth (0-18)	Adult (19-55)	Older Adult (56 +)
13	■	■	■	■	■	■	■

- A “Bailando por mi Salud” (“Dancing for my Health”) group met twice a week in the spring of 2014, at Henness Flats Apartments. During the fourth quarter, the Promotoras organized a group of local women who were interested in meeting regularly to increase their physical activity, through the popular dance workout, Zumba. The women greatly enjoyed not only the activity, but also the camaraderie and support they received from other participants. The Promotoras also had a local nutritionist and exercise physiologist come to give brief educational presentations on the importance of nutrition and exercise, which provided further education and encouragement to the participants.

Following are the demographics for the participants in “Bailando Por Mi Salud”:

Total Participants	Ethnicity		Gender		Primary Language	Age		
	Latino		Male	Female	Spanish	Youth (0-18)	Adult (19-55)	Older Adult (56 +)
27	■		■	■	■	■	■	■

- Evaluation/ Increase in knowledge of mental health and substance abuse treatment resources available in Truckee and Nevada County; Increased comfort in talking about depression, anxiety, mania and suicide: Over the course of FY 13-14, the Promotoras continued to elicit feedback from the participants of their groups and workshops in order to evaluate the participants’ increase in knowledge of mental health and availability of local resources. The group participants wrote down questions, issues, concerns or recommendations and submitted them anonymously at the end of each session. This method also helped the Promotoras to assess group needs and participant understanding of topics covered.

Throughout the groups, the Promotoras shared information about available resources in Truckee and Nevada County. As previously mentioned, the Promotoras coordinate closely with FRCoT staff and partner agencies in order to stay up to date on new and changing resources and to collaborate on providing appropriate referrals.

There continues to be a strong interest in discussing suicide and better understanding the signs and symptoms. Through responses, participants demonstrated an increased comfort in talking about depression, anxiety, mania and suicide over the course of the series. The participants expressed great interest in having ongoing opportunities to discuss these important issues with their peers.

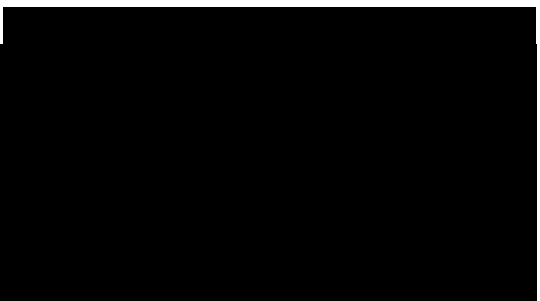
The FRCoT, along with TFHD and NTFRC, is electing to incorporate data collection and evaluation modules into the aforementioned Promotora training taking place in the fall of 2014. Through this training the FRCoT aims to enhance the Promotoras’ skills in collecting

and evaluating participant feedback and data so as to gain more insight on the impact of their work in the Latino community.

Activity 3: Homeless Outreach

The **Homeless Outreach Program** provided by Hospitality House Homeless Shelter (HH) serves unsheltered individuals through many routes of engagement; social networking at food banks, bus stops, homeless camps, libraries and public parks, word of mouth referrals, law enforcement referrals, shelter guests and community referrals.

Demographics:

HH provided services to 624 individuals in FY 13-14. 

Barriers/Challenges:

In the summer there were a number of calls/complaints regarding homeless encampments located on both public and private land. As is almost always the case with homeless encampments, the primary concerns noted by reporting parties centered on environmental health and water quality issues, trash, sewage, fires, etc., as well as generalized safety concerns ranging from crime, drug activity, theft, violence, etc.

Given the extremely rural nature of this community and the liberal crossover of members of the homeless population from one law enforcement jurisdiction to the next, obtaining the awareness and action of law enforcement can be a lengthy process from the perspective of the citizenry.

Outcomes/Successes:

- Once a call/situation has been investigated case managers pull in other service providers, Environmental Health workers, relevant law enforcement agencies, Social Services, Behavioral Health, etc. The culmination of these efforts is most often a re-location effort. HH Outreach partners with property owners (public and private), law enforcement agencies, and other service providers and government agencies in order to peacefully, and lawfully pickup/cleanup the encampments and re-establish residency elsewhere. Residency can be in a new camp, in the shelter, or other housing options. Most notably this process, when successful, eliminates the need for law enforcement to get involved at a punitive and criminal level.
- Regarding the awareness and law enforcement action issue mentioned above, staff's willingness to respond to calls rapidly does a lot to minimize the fears and concerns of the community at large.
- At any one point in time there are thirty to fifty people requesting and accessing services through the Hospitality House Outreach program. This number reflects individuals who are engaged in a plan/goal oriented relationship with HH outreach. This number appears to always be steadily increasing.

- HH has been allocated the services of a NCBH Psychologist to accept referrals from both in and out of the shelter, from the local police departments and other service providers in the field. This position serves as an accessible, reliable gateway to mental health services available to clients.
- Working closely with the Rapid Re-Housing (RRH) case management team to identify, contact and support potentially ‘Housing Ready’ client/consumers, more than 12 outreach households have been assisted back into housing. There is a natural synergy developing between the Homeless Outreach program, the overnight shelter, and the RRH team. It is not uncommon for HH outreach workers to make initial contact with a client/consumer in a camp/street/unsheltered setting, build a relationship which empowers the client to check into the shelter, thus connecting the client with RRH case management support. The client then quickly transitions into housing of their own. As experience and familiarity is gained with the potential for overlap and interdependence between these three aspects of the organization, efficiency and productivity continue to accelerate.
- Informational meetings/presentations were attended/given at Adult Services, SPIRIT Peer Empowerment Center, the Gold County Mission group, FREED Center for Independent Living (FREED), Family Resource Centers (FRC), COC, Emergency Assistance Coalition (EAC), Sierra Nevada Memorial Hospital (SNMH) Community Collaboration on Behavioral Health and 5150’s, Respite Care SB82 hosted by Behavioral Health, Healthy Outcomes Integration Team (HOIT), Business & Professional Women of Nevada County, Stigma Reduction Training, collaboration for Homeless Court attendees, and local non-profit, Sierra Roots. HH Outreach meets weekly with the leadership of Nevada County Police Department, and coordinates ongoing roundtable meetings with the Grass Valley Police Department and NCBH, where multidisciplinary strategies for homeless outreach and intervention are discussed as part of the Street Team.
- A CIT (Critical Incident Training), hosted by the Oakland Police Department was attended by HH Outreach staff. The purpose of the training was to equip a core group of individuals with the tools and skills to effectively de-escalate conflicts and better serve clients and citizens dealing with the negative consequences of addictions and mental illnesses/crisis.
- In partnership with the city of Nevada City, HH outreach has been instrumental in supporting the creation and implementation of a permitted camping system on city property, within Nevada City limits. The program focuses primarily on the increased accountability of homeless campers who have made the community of Nevada City their home. A team of community members, government officials, social workers and homeless advocates has been gathered under the leadership of Nevada City Police Chief. Regular meetings have been established for the purpose of creating a program that is in the best interest of not only homeless campers, but also the greater community, including business leaders, merchants, residents and officials. As primary points of focus, the team has been considering ways to healthily address the issues of health and sanitation in the camps, and the on-going issue of trespassing on both public and private land.
- For the second year HH is participating in an educational community service project in cooperation with the Food Love Project (FLP). FLP is a subsidiary of the Living Lands Agrarian Network, a local non-profit whose mission it is to train young farmers in organic and sustainable agriculture. Each Tuesday morning a group of homeless individuals is transported to the farm where they work and learn about what it takes to grow good, healthy food on a small and sustainable level. The project grows each week and has been a real success.
- A community service project involving the weekly cleanup of downtown Grass Valley has proven enormously successful. HH guests and outreach clients work for two hours every

Friday morning picking up trash in the downtown business district, to the satisfaction of both merchants and themselves.

Activity 4: Forensic Outreach

Forensic Specialist Services aim to prevent and decrease law enforcement contact and incarceration for individuals experiencing mental health conditions. Services provided are assessment of needs and obstacles, referrals to community resources, support accessing drug and alcohol treatment, consultation, and direct counseling interventions. The Forensic Specialist engages with numerous community resources including Law Enforcement, Mental Health Court, Public Defender, Behavioral Health, Adult Protective Services, Hospitality House, CoRR, Common Goals, NAMI, SPIRIT and other social service providers.

Demographics: During FY 13-14 there were 17 people served under this program. [REDACTED]

Barriers/Challenges: For the first quarter of FY 13-14 there were very few forensic referrals due to previous Forensic Specialist leaving the position. A replacement was not hired until October, 2013.

Outcomes/Successes:

- There were a total of 17 referrals in FY 13-14.
- All of them were assessed and provided forensic services, except one individual, who refused further help at the time of the assessment.
- Three out of 17 individuals were referred to Behavioral Health and opened to more services.
- One of these individuals was referred to Mental Health Court.
- Fourteen of 17 referrals were sent to substance abuse treatment (residential, CoRR, Common Goals, Alcoholics Anonymous, Narcotics Anonymous).
- Eight individuals were referred to long-term, residential substance abuse treatment, and six were referred to outpatient drug and alcohol treatment.
- One individual was referred back to primary care to receive psych medications.
- Five of the 17 individuals were re-arrested/re-incarcerated within the fiscal year.
- Two of these 17 individuals were still in jail at the time this report was written (8/1/2014).

Activity 5: Wellness Center: Peer Support and Outreach Services

Wellness Center – Truckee Tahoe Unified School District (TTUSD) provides Peer Support & Outreach

Demographics: In fiscal year 2013-2014 TTUSD's Wellness Program at the Wellness Center served 1,030 students. [REDACTED]

Outcomes/Successes:

- *GOAL #1 - YOUTH:* At least 50 youth will be trained in peer mentor and leadership skills to better support themselves and their peers, as well as have authentic voices in shaping school and community initiatives.

ACTIVITIES SUPPORTING GOAL #1: In school year 2013-2014, 80 youth were trained as Peer Mentors at Truckee High School, North Tahoe High School and Sierra High School. The Peer Mentors were trained in active listening, knowing the signs of suicide/depression, identifying their Sources of Strength and trusted adults they can seek out for support. Support was provided to the Peer Mentors in the following ways:

1. Youth Empowerment/Voice provided opportunities for 14 youth to actively participate in Community Collaborative Meetings and leadership opportunities.
 - Two Peer Mentors presented at Youth Suicide Prevention Task Force.
 - Three Peer Mentors participated in the Youth Committed Summit.
 - Six Peer Mentors participated in Community Collaborative (CCTT) Director's meetings.
 - Fourteen students participated in the Community Collaborative Youth Café Meeting. This was an interactive meeting where youth had the opportunity to speak with community leaders about the following issues: youth drug & alcohol usage, depression & feeling isolated, youth activities needed in the community.
 - Two Peer Mentors spoke at the CCTT Bullying Resource Sharing Meeting.
 - One Peer Mentor spoke at the Nevada County Stigma Reduction Training. He was supported to bravely share his story of suffering from depression and the stigma he felt from mental health providers and friends at school. An unanticipated result was that he was able to be connected with more resources and receive help to figure out his insurance options so he could regularly meet with a therapist.
2. Peer to Peer Support provided the following opportunities:
 - Eight Peer Mentors supported ninth graders at Challenge Days.
 - Twelve Peer Mentors facilitated weekly ninth Grade Peer Mentor Groups for freshmen girls and boys. The groups helped ninth graders build a stronger social and support network. The groups talked about friendships, family life, school and shared their life experiences with each other. The Peer Mentor Groups also served as a great way to outreach to new students and connect them to the Wellness Center.
 - Four participants ended up receiving additional support services from the Wellness Center for depression, anxiety, social isolation and school stress.
 - Peer Mentors met individually with 17 students about a variety of issues, such as: eating disorders, relationship issues, low self-esteem, friends gossiping, boyfriend/girlfriend problems, anxiety, school stress and family violence.
 - Ten Peer Mentors trained Alder Creek Middle Students in Sources of Strength.
3. Improving School Climate:
 - Be the Change Messaging: bulletin announcements, posters and compliment letters.
 - Think Kindness Campaign: posters, bulletin announcements, radio announcements, instagram/facebook postings, kindness video, t-shirt contest.
 - Helped spread the word about the new WeTip Hotline, an anonymous hotline that the school district implemented this spring. The hotline is a way for young people and community members to report unsafe behaviors, such as: bullying, underage drug and alcohol usage and violence.

- **GOAL #2 - SUPPORT:** At least 50 youth will receive support from Wellness Center Staff and Volunteers to improve their social, emotional and mental health and will have opportunities to access community resources.

ACTIVITIES SUPPORTING GOAL #2: In school year 2013-2014, 13 volunteers from partner agencies were trained in skills to help them better support and connect youth to community health resources. All the volunteers received training in mandated reporting, confidentiality, basic active listening/compassion skills, understanding the youth culture, suicide prevention (Question, Persuade, Refer - QPR) and reporting, Heart Math and setting healthy boundaries. The volunteers staff the Wellness Centers and provide group and individual support to students. This successfully creates a safe space for youth to talk, seek support and get connected to outside community resources. Some of the program accomplishments are as follows:

- Supported and built relationships with 210 Truckee High, North Tahoe High and Sierra High students. This includes: lunch time socialization, girls support group, ninth grade peer mentor groups, Sources of Strength/Be the Change Clubs, Peer Mentor meetings, individual meetings and tutoring.
 - Worked in-depth with 51 students to listen to, support and connect them to outside resources. These students came in regularly to the Wellness Center for ongoing social/emotional support. The issues ranged from friend relationship issues to self-harm and suicidal thoughts. The program worked closely with the school counselors and psychologists to provide a coordinated system of support.
 - Improvement was noted in many of the frequent Wellness Center students' emotional stability and well-being from the fall to the spring. Many of the students who were having a very hard time in the fall/winter and seemed to be doing much better during the spring quarter. While this can't be entirely contributed to the Wellness Centers, it is felt that the Wellness Centers played a significant role in this improvement based on comments the students shared. Students really felt the Wellness Centers helped them learn to cope better, connect with others and feel good about themselves.
 - Connected 41 students with community resources, such as: Nevada/Placer County Child Protective Services (CPS) & Mental Health, Truckee Town of Police/Placer County Sheriff 51/50, Tahoe Forest Hospital, Sierra Mental Wellness, Truckee/North Tahoe Family Resource Centers, What's Up Wellness Check-Ups, Nevada County/Kings Beach Clinic, Ski Duck Program, and Community Recovery Resources.
 - Provided afterschool tutoring services to 42 Truckee High students.
 - Offered five all school retreat days for 45 students. These retreats were designed to build relationships, build a positive school culture and teach students stress reduction tools. Activities included: rock climbing, solo nature time with meditation, hiking, water/beach time, art, stress reduction and self-care techniques.
 - Conducted Core Gift Interviews with 42 Sierra High and Community School (Court Ordered School) students. The Core Gift Interviews support each student in identifying what their unique gift is that they have to offer their families and communities. They each received typed certificates with their core gift statement, what supports their core gift, and what their assets are. They each created a piece of artwork and shared their gifts with the school community.
- **GOAL #3 - EDUCATION:** At least 200 youth will learn practical tools to improve their overall health and well-being.

ACTIVITIES SUPPORTING GOAL #3: Fifty Wellness Workshops have been provided to 608 students on the following topics:

- Fourteen Heart Math presentations were provided to 337 Health Class students. Heart Math teaches students about the impact stress has on their bodies and tools for regulating their heart rhythms and breathing. The program partnered with Wellness Partners to offer additional workshops in health classes: Alcohol Education, Healthy Relationships, Nutrition, Sexual Education and Bullying.
- Ten Zumba Classes were provided to 160 students.
- Sixteen Yoga/Mindfulness Classes were provided to 44 Sierra High and Community School students. These classes taught students tools to decrease their stress, connect with their bodies to calm themselves and the power that their thoughts have on their mental well-being.
- Two Test Taking/Stress Reduction Workshops were provided to 60 students.
- A “December Wellness Blitz” was facilitated, consisting of four weekly Wellness Workshops for seven Community School students on the following topics: Yoga, Mindfulness, Sound Healing, “Happiness” Film and Beading (students made rosaries for themselves).
- In FY 13-14 *Sources of Strength* (SOS) was implemented at four school sites: Truckee High, North Tahoe High, Sierra High and Alder Creek Middle School. Four SOS trainings were offered to over 100 students. This program served 108 students. Of those, 70 were Children between 0-15 years old and 38 were Transitional Aged Youth between 16-24 years old. Most were Caucasian and spoke English as a Primary Language (n=64), while many were Latino/Hispanic and spoke Spanish as a Primary Language (n=44). Two of the students identified as Lesbian, Gay, Bi-sexual, Transgender, Queer (LGBTQ).
 - Truckee High and North Tahoe High were combined for the SOS training with components of the Peer Helper and Natural Helpers curriculum to deepen the student’s skills in peer mentoring. The work for the clubs was framed into the following areas: Youth Empowerment/Voice, Peer to Peer Supports, and Improving School Climate. The students organized into work committees and planned activities in these three areas. *See above for some examples of the activities in which they participated.
 - At Sierra High the SOS club focused on creating a positive school climate. Sierra High is unique because it is so small and there are already so many supports in place that it made sense for the students to focus on building a more supportive school community. The group met at least twice monthly throughout the year, more often if a particular event was happening. They always checked-in re: status, atmosphere of school and any concerns. There was always a lot of brainstorming about how to keep school cohesive, safe and fun. When special events occurred, i.e. holiday parties and special activities, the group branched into committees with specific tasks. The focus of the events were always about positive messaging. The following activities occurred this year:
 - The Winter Holiday party encouraged a family/home feel (pajamas, gift exchange, cooking). All students received candy canes with positive affirmation messages attached.
 - The Easter Party included a positive message egg hunt that was really fun.
 - Midway through the year students put positive affirmation notes all over the school.
 - The group was also very involved in the shoe drive under the guidance of the Kindness Project.
 - At Alder Creek Middle School, SOS students who participated in the training were determined they wanted to spread the message of Sources of Strength school-wide. As a result, they organized the following activities:
 - The Truckee High SOS Team was invited to visit each homeroom to discuss SOS during a Homeroom Day.

- They organized and ran an SOS booth at the Wellness Fair. Students visiting the booth were asked to name their strongest source and state why it was strong for them and spin the wheel. If they landed on a Source that wasn't strong for them they had to state what they would do to strengthen that source. Students were also asked to name trusted adults at home, at school, and in their community by writing their names down on stickers and placing them on a sun. The sun was placed in the foyer after the Wellness Fair for all students to see.
- SOS students supported the Think Kindness Challenge at their school.
- Students attended a celebration of all their hard work at the Grand Sierra Pool at the end of the year.

Prevention and Early Intervention for at Risk Children, Youth, and Families

Activity 1: Teaching Pro-Social Skills in the Schools

The Nevada County Superintendent of Schools brings the Second Step Curriculum into preschools of the Western Nevada County Region as a component of the County's MHSAs Prevention and Early Intervention (PEI) Plan.

Demographics: In FY 13-14, 591 children [REDACTED] participated in Second Step at both new and continuing schools. [REDACTED]

Barriers/Challenges: One of the challenges of program continuation is still the relatively high teacher turnover rate. Only once has there been a case where a new teacher took over the Second Step program the next year with mentoring from another experienced teacher. In all other cases, new staff needs to be trained. It's vital for Second Step Trainers to be able to return to schools, if needed.

Outcomes/Successes:

- Contacts and commitments to adopt the Second Step program were gained at 11 sites. One school did not complete the year, as the owner/teacher is about to retire and sell the business. The total number of classrooms currently using the program is 30.
- Nine State Preschools and five Head Start Centers are now using Second Step.
- Thirteen on-site training sessions were given to meet each school's staff and scheduling needs, including one for the teachers of this summer's three-week 'Step Up to Kindergarten' program.
- Twenty-two individuals were trained including: 14 teachers, four teacher/owners, one teacher/site supervisor, two teacher/directors and one director.
- Re-training was provided at three sites due to staff changes and three more sites have asked for return training next year for the same reason.
- Second Step curriculum kits were supplied to each site with the recommended thematic storybooks for each week of the first unit (263 books loaned out in FY 13-14).

- The first two weeks of daily lessons were delivered in each of 11 different classrooms, with teacher present, to model the program in their classroom with their own children.
- An additional 51 storybooks were purchased to help build the diversity of the library and to have some of the Unit One books needed for the newly acquired curriculum kits.
- Each teacher was trained based on their unique schedule to help them understand how to incorporate the multiple daily parts of Second Step into their existing program.
- Appropriate pre-tests, post-tests, Lesson Completion Records, and Teacher Feedback forms were collected from the new sites using the program.
- Pre-assessments, post-assessments and feedback was collected from previously started schools that regularly use the DRDP (Desired Results Developmental Profile) from which the assessments were created.
- To bring the supply of curriculum kits back to the full level of twelve (typical amount distributed in a year), two actions were taken. First, staff arranged an exchange with Committee for Children and SSHS. Three extra kindergarten kits were exchanged for three Early Learning kits. Secondly, a proposal was made to First Five Nevada County that they fund the purchase of four more Early Learning kits for the program's use. The proposal was accepted and kits purchased.
- Ratings on the Desired Results Developmental Profile-Preschool (DRDP) tool baseline vs. year-end, 28 weeks later were submitted to the county.
 - One county contract goal required 50% of children to have an improved score on the knowledge assessments (designed to measure the child's ability to identify emotions, brainstorm alternative solutions to problems, and generate pro-social responses to problems). Results indicated that 100% of the children in the program showed some improvement.
 - As a whole group, improvement on the twelve individual measures ranged from 78% to 90%.
- The second goal was for disciplinary issues to be reduced by 20% at the end of the school year. Based on the Final Feedback Form, teachers who could quantify the reduction as a percentage reported an average of a 50% reduction in disciplinary issues.

Tahoe Truckee Unified School District (TTUSD) is entering its fourth year of implementation of the updated **Second Step** Curriculum, a curriculum that teaches social and emotional learning for children from preschool to eighth grade that was introduced in FY 10-11 into Eastern Nevada County elementary schools. With significant outcomes in FY 12-13 at Glenshire Elementary, the first elementary school to implement Second Step, the program continues to support all teachers, school staff and students at all elementary schools with the goal of full implementation in K-eighth classrooms.

In January of 2014 two local preschools were trained in Second Step Early Learning. Seventy-five students benefited from this social-emotional curriculum. The Second Step early learning program is a universal, classroom-based program designed to increase children's school readiness and social success by building their social-emotional competence and self-regulation skills. It supports skill development in four key areas of social-emotional competence: empathy and compassion, emotion management, friendship skills and problem solving, and Skills for Learning. Equipping children with Second Step skills helps ease their transition to kindergarten and sets them up for success in school and life.

In the spring of 2014, Alder Creek Middle School piloted the Second Step Middle School Curriculum, "Student Success through Prevention," in two classrooms at the sixth, seventh and

eighth grade levels, with the goal of full implementation of the middle school curriculum in 2014-2015. Leveraging the familiar Second Step concepts and vocabulary that students experienced in elementary school has provided a familiar framework and smooth transition for middle school students who, research shows, are especially challenged in the realms of social change and pressure. During these years, students witness and take part in more problem social behaviors than at any other time in their educational careers.

The Second Step Middle School Program aims to prevent or reduce aggression, violence and substance abuse through the promotion of attitudes and social and problem solving skills that are linked to interpersonal and academic success. The design draws on theory and research about adolescent development and utilizes a risk and protective factors framework. Risk factors include: inappropriate classroom behavior; favorable attitudes toward problem behavior; friendships with others who engage in problem behavior; early initiation of problem behavior; peer rewards for antisocial behavior; and peer rejection and impulsiveness. Protective factors include social skills, school connectedness, and adoption of conventional norms about substance abuse.

The elementary schools continue to teach Second Step, school-wide, at the K-fifth grade level. These schools see a marked decrease, 45%, in physical aggression referrals. There is also a 48% decrease of referrals on the playground. Students are using their self-regulation, empathy, and self-talk skills instead. There is an increase in hurt feelings due to the emphasis of the program's utilization of telling others how one feels and what solutions can be tried to reduce the behavior (problem-solving). This effect is preferred over physical violence to solve problems. Elementary staff continue to speak a common language as well as partner with parents in consistently reinforcing the Second Step skill set. Therefore, all staff are able to start a conversation with any student using this language and know they understand completely. Students continue to work on problem-solving sheets when sent to the office to problem-solve different solutions for next time and obtain a parent signature that evening and return the sheet to the office the next day. This serves the dual purpose of informing the parent of the behavior and the new solution for next time, as well as cultivating a conversation between the student and the parent about making positive choices during their school day.

Demographics: In FY 13-14, TTUSD Second Step served 1,173 children. 



Outcomes/Successes:

- One hundred percent of K-fifth classroom teachers at Glenshire fully implemented curriculum.
- One hundred percent of K-fifth classroom teachers at Truckee Elementary fully implemented curriculum
- Ten percent of sixth-eighth classroom teachers at Alder Creek Middle School fully implemented curriculum.
- Early Learning curriculum was implemented at two new Preschools.
- The program benefited from participation in a National Second Step Leadership Professional Community.

- Teachers and school staff felt supported by ongoing training, support and technical assistance from a Counselor/Facilitator, and Early Childhood Educators felt supported by assistance from an Early Learning Trainer.
- TTUSD demonstrated effectiveness of curriculum via SWIS (School-wide information system) in order to track number of referrals, type of referrals, days of referrals, location of referrals, grades receiving referrals.

Activity 2: Mental Health Screening in the Schools

The **What's Up? Wellness Check-ups** (WUWC) program, is modeled after the Columbia University's TeenScreen program. The program screens Nevada County high school students for suicide risk, depression, anxiety and other emotional health issues. WUWC screened students at the Nevada Joint Union High School (NJUHSD) and Tahoe Truckee Unified (TTUSD) School Districts during the 2012-2013 and 2013-2014 school years, and will continue during the 2014-2015 school year. Students privately take a brief computerized diagnostic questionnaire with a follow up provided as a one-on-one interview with program staff. Staff then connects students with treatment referrals, community resources and case management as needed.

This program came out of a long-standing collaboration between Nevada County Behavioral Health, the Tahoe Truckee Unified School District (TTUSD), the Nevada Joint Union High School District and the county Suicide Prevention Task Force. It identifies and helps youth at risk, promotes teen wellness, increases peer support systems and strengthens family connectedness. As in many rural areas, the suicide rate in Nevada County has been higher than the state average over the past six years. Prior to WUWC, Nevada County high school students were not universally screened for emotional health issues.

WUWC screenings have taken place at the NJUHSD schools including Bear River, Ghidotti, Nevada Union, Park Avenue Campus, and Northpoint Academy high schools. Screening at the TTUSD schools includes North Tahoe, Truckee, and Sierra high schools. For the past two school years, WUWC has targeted sophomore students for outreach, as tenth grade has the highest national suicide completion rate.

Translation and interpretation services were provided by the Truckee and Grass Valley Family Resource Centers (FRCs). Staff has continued to develop systems to ensure that the Spanish-speaking families are receiving follow-up services. The Grass Valley promotora has been integrally involved in the team, including engaging with families in crisis.

Case management services included referrals to local counseling centers, private therapists, medical providers, Placer and Nevada County Behavioral Health, school counselors, school-based student assistance programs, advocacy organizations, school nurses, National Alliance on Mental Illness (NAMI), Domestic Violence and Sexual Assault Coalition (DVSAC), Tahoe Safe Alliance, faith-based organizations, and a local mentoring program. Staff send screening results to the providers, and follow-up to ensure that each student meets with their provider at least three times.

WUWC staff and promotoras provided crisis management for some clients. Because of the need for an immediate connection or referral, the WUWC staff served as one of the primary, if not only, support systems for the client's family, providing both in-person and phone-based crisis intervention and referrals to local crisis agencies.

Demographics: In fiscal year 13-14 WUWC served 207 individuals [REDACTED]

Barriers/Challenges:

- WUWC developed and provided Survey Monkey questionnaires to parents of students who received referrals and case-management through WUWC in 2013-2014. Even with encouragement and offering incentives for the return of the survey, WUWC has yet to receive completed surveys. WUWC staff will continue to encourage the return of these surveys and develop new ways of outreach to parents in the upcoming school year in order to obtain program feedback.
- WUWC has experienced an ongoing challenge due to the discontinuation of Columbia University's TeenScreen program. Since the TeenScreen program ended prior to screening, WUWC has been unable to receive both program and technical support in times of need. The computerized DPS screening program used by TeenScreen has successfully identified teens in need of support, but has also had several software malfunctions throughout the screening year, resulting in already limited staff time spent troubleshooting and recovering data. The lack of technical support offered through TeenScreen has been a challenge to WUWC's resources.
- In addition, the DPS program is outdated as it was written in 2003 and teens struggle to relate to some of its essential language. The program also has vague demographics questions that need updating so that WUWC can gather more precise data for reporting. And finally, the TeenScreen version of the DPS will soon be incompatible with newer computer operating systems. WUWC has been offered an additional extension from Columbia University to use TeenScreen materials through October 1, 2014. At that point, WUWC hopes that another university will take over the TeenScreen program and update the materials and software program.
- With limited funding and a reduced budget, WUWC continues to grow. WUWC has significantly increased its outreach to youth in Nevada County with tripled numbers of students to be screened in the upcoming school year. WUWC staff has addressed the anticipated need for support through pursuing volunteer Field Placement Interns, however, it is unknown whether enough volunteer assistance is available to cover the growing need for program support.
- Another outstanding need is the lack of referral sources that meet the specific needs of Nevada County youth. WUWC has referred many students to traditional mental health service providers, however some youth do not respond well to traditional clinical settings and have expressed a desire for alternative supports. Nevada County has limited access to alternative supports for youth leaving some youth non-responsive to WUWC's referral. WUWC staff gives attention and time to try to match individual needs of students with a treatment provider however with a limited referral base it is an ongoing concern. Some students would greatly benefit from alternative teen mentoring programs specifically designed to help increase mental health and developmental transitioning to adulthood. At both TTUSD and NJUHSD, students would also benefit from ongoing open entry groups with an arts therapy and cognitive behavioral therapy focus. These groups would benefit the high numbers of students WUWC screens who are experiencing symptoms of anxiety and their need for treatment options other than traditional individual therapy.
- In addition, an outstanding issue specific to Eastern Nevada County is the low number of affordable mental health service providers available to see students referred by WUWC staff.

The strengthening of in-school student support services including on campus counseling could help remedy this issue.

Outcomes/Successes:

- What's Up? Wellness Checkups staff have increased community awareness about the program and teen mental health issues by engaging in outreach and collaboration with school and community groups, including TTUSD and NJUHSD, the TTUSD Wellness Center staff, Family Resource Centers, Nevada County Children's Behavioral Health staff, Whole Hearts, Minds, and Bodies Program in Truckee, the Sierra Mental Wellness Group in Placer County, NAMI, For Goodness Sake in Truckee, the Domestic Violence and Sexual Assault Coalition, Suicide Prevention Task Force in Truckee, Tahoe-Truckee Community Collaborative sponsored World Cafe, Truckee Health and Human Service Agency, and Tahoe Safe-Alliance.
- WUWC provided ongoing outreach to school communities. Program staff presented and provided materials at Truckee High School tenth grade Parent Night and Northpoint Academy's Back to School night. WUWC provided materials and information at Nevada Union (NU) High School's Career and College Night, Back to School Night, Mental Health Awareness week, as well as met with an NU teacher to brainstorm on how to outreach to School Department Heads. WUWC corresponded with and provided materials to a Nevada Union Psychology teacher to inform students/parents who might benefit from WUWC, as well as corresponded with a Nevada Union Coach to offer support and screenings to students affected by a recent crisis. WUWC collaborated with NJUHSD Assistant Superintendent and TTUSD Executive Director of Student Services for WUWC program outreach and implementation in the schools. Program staff provided WUWC consent packets and informational materials for parents in both English and Spanish at both NJUHSD and TTUSD on an ongoing basis. WUWC staff maintained webpages for parents with information and downloadable parent consent forms in both English and Spanish on both TTUSD and NJUHSD websites. The program provided incentives to students for returned consent forms. WUWC conducted wrap-up meetings with school officials at NU, Bear River, Truckee High, Park Avenue, and North Tahoe High to go over screening statistics, updates, and logistics for the upcoming school year.
- WUWC met with members of the NAMI Board to present program updates and discuss collaboration opportunities. WUWC staff participated in a Community Substance Abuse Centers (CSAC) video interview highlighting WUWC as one of the successful programs under Nevada County Children's Behavioral Health. Program staff met with Marin Teen Screen Program in Marin County, California to collaborate/brainstorm on successful program approaches including community outreach. WUWC staff attended and provided a booth with educational resources/outreach for NAMI Community Conference on Mental Health. Staff attended Substance Abuse and the Teen Brain - a workshop and collaborative for the public as well as local teen service providers. WUWC had an educational booth at the "Turkey Trot," an annual race to support awareness of mental health and suicide prevention efforts. WUWC staff participated in a fundraiser for A New Day at The Center for the Arts by providing a booth with information and outreach materials, as well as presenting the WUWC program onstage for those attending the benefit. WUWC continued to provide outreach to existing collaboratives such as the Suicide Prevention Task Force, the Tahoe-Truckee Community Collaborative and the Mental Health Services Act Steering Committee.
- WUWC media outreach included a live interview on KNCO radio, a newspaper article featuring WUWC in the Union newspaper, as well as another feature article on WUWC in the Sierra Sun newspaper. Program staff contributed to a Union newspaper article covering the Suicide Prevention Task Force, the WUWC program, and related resources. Staff designed

and developed a WUWC website: www.whatsupwellness.com, that provides program information as well as direct downloads for parent consent forms. Staff continued social media outreach on the What's Up? Wellness Facebook page for community awareness and feedback. Staff worked with IT at both districts to update and maintain the WUWC program web page on district websites and made available updated consent packet downloads on school websites for community and parents in both English and Spanish. WUWC staff created all-call program summary scripts for all school principals for their parent calls. Program staff recorded a Spanish language PSA performed by the Truckee FRC Promotoras for future outreach.

- WUWC continued to work closely with both Nevada County FRC's to provide individualized outreach to Spanish-speaking parents to help engage higher rates of Spanish-speaking families' participation in the program. WUWC presented to the Truckee FRC Promotoras specifically to increase outreach in the Tahoe-Truckee area.
- WUWC staff continued to develop and update the following for students and their families for both the Truckee/Tahoe and Grass Valley/Nevada City sides of the county:
 - One-page crisis contact list for students
 - One-page crisis/resource list for parents
 - Comprehensive resource guides on area agencies
 - Local counseling services list
 - Therapist referral list
- WUWC encouraged peer engagement through recruiting, training, and meeting with Bear River senior project interns who worked on outreach for WUWC. Staff supported interns on educating peers through their Senior Project presentations. Program staff continued to work with youth groups including Sources of Strength (SOS) at Bear River to gain youth input on outreach, and awareness building and training for classroom presentations.
- Of the 207 students who were screened in Fall 2013 and Spring 2014, 98 were Positive screens (47%), meaning that their mental health symptoms and levels of impairment required a clinical interview by a licensed clinician and potential follow-up. During the clinical interview a suicide assessment was conducted, as well as an in-depth interview regarding levels of symptoms and current impairment. Of these Positives, 57 required a referral to a resource in the community and follow-up case management. For those that did not go on to receive case management, it was determined that they were already receiving treatment by a mental health provider prior to screening and did not express interest in additional clinical support, confirmed through parent contact. A smaller number of students upon clinical interview exhibited manageable levels of symptoms with low impairment levels, as well as adequate support systems in place.
- As of July 2014, 41 of the 57 students in case management have been completed, meaning that they have either completed three sessions for treatment-based referral, or have gotten their needs met for other types of referrals. Four of the 57 in case management have been connected to treatment and are in the process of either sending their consent for WUWC to follow up with the provider or are still attending their three sessions. The remaining 12 are currently not connected, [REDACTED]
- For each of the 109 students who screened Negative, meaning that their mental health symptoms and levels of impairment did not appear to require clinical attention, WUWC conducted debriefing interviews. In debriefings, WUWC staff spent time with students discussing coping skills, educated them on emotional health issues, and raised their awareness on available student supports with encouragement to access them. WUWC staff made informal referrals to school mentoring programs, student assistance programs, and Sources of Strength. WUWC staff found that a large proportion of students were not aware of in-school

supports, and educated students on how to obtain help within the school system. All students were offered hard copies of teen resource information and coping skill lists.

- In the larger context of community change, WUWC has succeeded in its program goal of significantly increasing the numbers of students to be screened in Nevada County. WUWC staff worked with the NJUHSD Assistant Superintendent and other school officials within the district to include parent consent forms in the ninth grade enrollment packets for the 2014-2015 school year. Thus far, this new comprehensive outreach has resulted in over three times the number of students to be screened next year. The number of students to be screened is continually increasing as the beginning of the next school year approaches.
- WUWC has succeeded in addressing this considerable increase in screening numbers by pursuing the addition of volunteers to the program through Field Placement Interns from several universities. WUWC staff has been working with university officials from Sacramento State, Chico State, University of Nevada Reno, and the University of New England in order to assist WUWC staff's ability to provide mental health assessments and follow-up support to the higher number of students that will be screened in the coming year.
- WUWC has succeeded on a macro-level in collaborating and engaging with local mental health service providers which in turn has helped to ignite more community response to the needs of teens. WUWC screening has established clear areas of need and the schools/community have begun initiating a response to that need. For example, the STARS program had an increase in referrals because of WUWC and utilized their volunteer intern for an increase in therapy hours. Another example has been WUWC staff working with DVSAC to ensure that they prioritize group locations with WUWC's student referrals in mind. The extensive community outreach efforts by WUWC staff through the media, through presentations, through presence at meetings has led to being contacted independently by school officials and individuals in other communities including Reno and Placer County with interest in implementing the program in local schools.

Activity 3: Child and Youth Mentoring:

The **Big Pal Program** has a long history of serving at-risk elementary and middle school youth, called Little Pals, by providing them with a Big Pal, or high school mentor, who helps them navigate the sometimes stormy path of growing up while also providing academic support. The program began in the Nevada City School District and was expanded by Big Brothers Big Sisters of Nevada County (BBBSNC) to the Grass Valley School District in the fall of 2009 with funding from the U.S. Office of Juvenile Justice and Delinquency Prevention. With the lack of funding from the Nevada City School District to support the program along with the retirement of their long-time Coordinator, BBBSNC consolidated the program and operated it for both school districts in the 2010-2011 school year. This is the fourth year BBBSNC has operated the program exclusively.

High School juniors and seniors are matched with elementary and middle school students, grades three through seven, for a weekly mentoring meeting on the school campus. Students are referred by administrators/teachers from one of four schools: Scotten, Lymon Gilmore – Grass Valley School District, Deer Creek, and Seven Hills – Nevada City School District. High School Big Pals are recruited from the following schools: Nevada Union High School, Forest Charter School, and Bitney Prep Charter. The Pal Program Coordinator recruits, screens, trains and matches all children and teens, conducts match support meetings on a bi-monthly bases and works closely with the schools and teachers to set goals and review progress towards those goals throughout the school year. For the school year 2013-2014 24 matches were successfully completed.

Demographics: In fiscal year 13-14 27 individuals were served. [REDACTED]

Barriers/Challenges: The Pal Program coordinator worked on two goals with Big/Little Pals in FY 13-14: Increasing literacy skills and reducing absenteeism for the Littles referred to the program. Most of the children referred experience academic or social challenges such as lagging in academics, attention span, bullying, lack of parental support or lack of social skills. The number of matches is limited to the number of High School students that can be recruited to be Big Pals.

Solutions to Barriers: The Pal Program Coordinator is expanding recruitment efforts to include the alternative High School campuses: Forest Charter, Bitney Prep, and Ghidotti. Bigs are given extensive training on how to connect with a Little and how to make sure each match time is fun, and serves to reinforce a reading/literacy skills and social skills. Many of the matches have incorporated diary writing or play writing, or sports activities (basketball, soccer, jump rope) to encourage interaction between the Big Pals and Little Pals. This helps to increase the sense of well-being and inclusiveness at school for the Little.

Outcomes:

- The results from the “Strength of Relationship Survey” for the End of the Year are as follows: Little Pal’s overall feeling toward the strength of the relationship with their Big Pal = 4.5 out of 5.
- Little Pal’s overall feeling of closeness toward their Big Pal = 4.4 out of 5.
- Big Pal’s overall feeling toward the strength of the relationship with their Little Pal = 4.56 out of 5.
- Big Pal’s overall feeling of closeness toward their Little Pal = 4.25 out of 5.
- Overall “Match” Score in relation to Strength of Relationship of all matches = 4.15 out of 5.

In FY 13-14 the **Special Friends Program** at Truckee Elementary and Glenshire Elementary served a total of 17% of their combined student bodies. The program far exceeded its goal of 10% to 12%. This was also an increase over the previous year. Special Friends had a staff (at both schools combined) of five Special Friend Aides and two School Counselors overseeing the departments. The program is pleased to have “touched the lives” of so many children and provided them with extra support throughout their elementary school education and experience. Overall the teachers thought the Special Friends program benefited their students and classrooms. The program was an important means of support not only for the children, but for the teachers and their classrooms as well.

Demographics: Special Friends served 184 students, [REDACTED]

Barriers/Challenges: This program will not be funded by Nevada County in the upcoming school year.

Solutions to Barriers: Special Friends will continue to pursue other avenues to enable the program to continue. This is a vital program that helps support the emotional well-being of students and helps to provide them a successful, well-rounded education.

Outcomes/Successes:

- 50% of students displayed an improvement with mild school adjustments.
- 48% of students showed an increase in self-confidence and/or self-esteem.
- 44% of students showed an improvement in negative home/school behaviors.
- 38% of students displayed an improvement in academic performance.
- 100% of students enjoyed the program.

Activity 4: Early Intervention for Referred Children and Youth

In Spring 2011 Behavioral Health Children staff were trained on MET CBT5 (Motivational Enhancement Therapy and Cognitive Behavioral Therapy, Five Sessions). This is an Evidence Based Practice and the training was done by the National Drug Court Institute. This is a short term treatment for youth who have mild to moderate substance abuse. MET CBT5 has a sequenced treatment protocol and comes with handouts for the youth and their families. Three Behavioral Health Children clinicians are using the newly learned practice. Staff assigned mild to moderate substance abusing youth to the MET CBT5 trained therapists. These therapists started a bi-weekly support group where they discuss their clients. The county is using EPSDT Medi-Cal as match with eligible youth. They planned on using PEI funds for un-insured children. During the course of the year no MHSA PEI funds were used and it was determined that the MET CBT5 therapy did not work as well with the youth. It was determined to use whatever therapy techniques that would best serve the youth given their unique needs. In FY 13-14 no children were served through this funding stream.

Innovation (INN):

Work Plan #1- Veterans' Family Wellness:

Welcome Home Vets (WHV): provides individual, group, couples, child and family psychotherapy to family members of veterans who incurred psychological injury as a result of their military service. These services are provided by contracted local psychotherapists both in their office and at the WHV office. Experience in working initially with veterans with Post Traumatic Stress Disorder (PTSD) demonstrated that the members of their families had problems of their own. Not only did they have to cope with their vet's PTSD symptoms, they often developed dysfunctional ways of coping and relating to each other as a family. It is for the purpose of intervening in this issue that the INN program was developed.

Demographics: In FY 13-14 Welcome Home Vets served 49 individuals, [REDACTED]

Lessons Learned: As the project nears its end, there have been many lessons learned. First of all, the need for family services related to living with a veteran who has PTSD is greater than initially anticipated. Not only are family members currently living with a vet being served, several adults who grew up with a father who had military-related PTSD are receiving services too. These individual's ability to live normal lives has been damaged through their early life experiences, and they benefit from therapy as much as those currently living with a PTSD vet. This speaks to the need for early intervention with family members as well as veterans.

Barriers/Challenges: Although the project is technically funded through September, 2014 the demand has been so great that funds will be exhausted in August.

Solutions to Barriers: The program will be able to continue to serve some family members through the modified CSS contract which will allow for treatment of family as well as vets in the upcoming year, but the need still exceeds available funds. As a result, therapists are having to accept any insurance payment as payment in full (vs. WHV reimbursement based on the VA rate), and in some cases clients are being served pro bono. WHV continues to search for funds to maintain and grow the program.

Outcomes/Successes: Once the program ends under INN support, WHV will be getting post-treatment evaluation forms (BASIS-24, Quality of Life Questionnaire and Client Satisfaction Survey) for all clients. Once that data is in, a final report will be submitted. Treating family members has added a whole new and positive dimension to the treatment of veterans with military-related psychological trauma; a dimension that must be continued for the sake of veterans and their families. WHV is committed to making sure that happens.

Work Plan #2- Rehabilitation and Behavioral Health Collaborative:

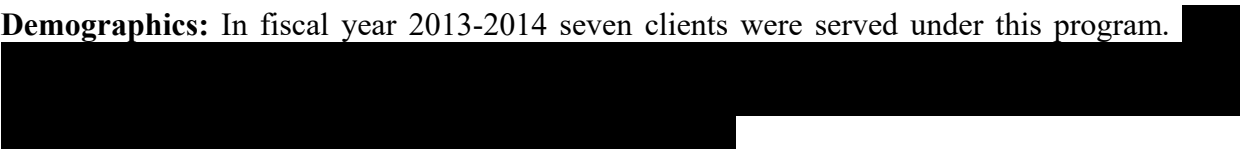
Department of Rehabilitation (DOR) and Nevada County Behavioral Health (NCBH) Collaborative: This program supports counseling services from Nevada County Behavioral Health (NCBH) for Department of Rehabilitation (DOR) clients, all of whom are Nevada County

residents and Transition Aged Youth (TAY) who are attending Sierra College's Truckee campus. Individuals served by this program voluntarily participate in individual counseling services provided by NCBH and are referred by the Department of Rehabilitation's Senior Vocational Rehabilitation Counselor (SVRC) who serves the Truckee/Tahoe area.

The SVRC identifies and informs all eligible TAY of this program at intake. Eligible individuals who express an interest in counseling are then referred to the Adult Therapists at NCBH. Individuals being referred sign an appropriate release of information form and the therapist is provided with a referral form, a copy of the individual's Rehabilitation Plan and the release. Participants set up their own appointments with the Adult Therapist. The Adult Therapists and the SVRC coordinate services, monitoring individual participation in the counseling program. Nevada County residents who fit the TAY criteria can be referred at any time they are attending Sierra College's Truckee campus with DR's support. Referrals can be made throughout the year, not just when school is in session. Counseling services are provided at the NCBH offices in Truckee.

The counseling funded by this program is provided by NCBH and is a part of a larger collaboration between DOR and Sierra College's Truckee campus staff. DOR provides additional support to TAY in their transition to college by funding an Individual Service Provider (ISP) who provides problem-solving assistance and support. DOR clients meet individually with the ISP weekly. The ISP and SVRC also assist the Sierra College staff with any disability-related issues and serve individuals referred by the school. Through this collaboration, DOR has been able to identify clients/students who could benefit from counseling. This program is intended to augment the support services being provided at the college, filling the need to address significant psychiatric issues for this population through therapy. This has created a "safety net" for TAY coming out of high school that provides the support, array of adult services, and problem-solving assistance that is beneficial during their transition to the adult world. Many TAY have significant psychiatric issues that appear to require therapy and these programs are working together to provide effective services as a part of a more comprehensive network of support.

Demographics: In fiscal year 2013-2014 seven clients were served under this program.



Lessons Learned: Counseling has been recommended for a number of students who would appear to be able to benefit from these services, but many young people are resistant to therapy. It was thought that the program would be utilized by a greater number of DOR clients. In some cases, TAY have disregarded the agreement contained in their Rehabilitation Plan to continue with counseling. There is a dramatic drop-off of services available to TAY once they leave high school. Effectively connecting TAY to adult services is one of the challenges of this collaborative. The challenges presented by the full schedules of both the SVRC and the Adult Therapists have presented problems in terms of communication and scheduling appointments. Because the focus has been on the TAY population in Truckee, there has been more awareness of the multiple stressors and challenges they face. The benefits of individual therapy are continually seen for those that participate in this program. Sometimes the history of emotional trauma is not given a diagnosis by the school system because of that system's focus on learning problems. However, the emotional problems that come out of childhood emotional trauma constitute a major barrier to success for these individuals and this program has been successful in addressing these issues.

Barriers/Challenges:

- It is unfortunate that the counseling services provided by this grant cannot take place at Sierra College. Services were meant to be provided on the college campus, but were not allowed by the school. To keep the program going, staff had to scramble to move the services to the NCBH offices. While the NCBH office is not far from the college, a number of potential referrals do not drive and would have difficulty getting to their counseling appointments from the college. This change in location was not ideal.
- Providing appropriate personal support for a TAY client who may be transitioning out of their parent's home, affected by economic pressures, forming new relationships, dealing with emotional issues, and facing significantly greater demands at school in this phase of their life is a challenge in itself. The support services provided through this collaborative appear to aid the client in maintaining their emotional stability.
- The TAY who has to work and who is required to devote significant time at home to assist their family with childcare or other duties has a unique set of challenges. They can be caught between the needs of their family, their desire to pursue their education, and their need for mental health services. These issues may be related to the individual's culture at home and can be barriers to the TAY's need to fully participate in all of the support services that are available to them.
- Coordinating this program has been difficult for the SVRC because of the multiple demands of their position, a large caseload, and the resulting minimal time that is mutually available for meetings with the Adult Therapist. Setting up case-staffing and meetings for referral purposes has been difficult.
- Many young people have unrealistic goals coming out of high school, making reaching the necessary agreement for an appropriate rehabilitation plan difficult for the SVRC. The therapist is a welcome extra layer of support for the client during the difficult adjustment process when personal goals are in the process of changing.
- There is a dramatic need for low cost counseling in Placer County. While the counseling services contained in this program are very beneficial to Nevada County clients, having no such option to offer the youth of Placer County constitutes a gap in the support system. Additional collaborations are being sought to add this important piece to the safety net.
- It appears, because of the limited time available for NCBH staff to attend to the coordination of services, that contracting with a local counseling agency may have led to more effective collaboration.
- There is a lack of vocational training options in the Truckee area. It is hoped that the collaborations will provide a stronger voice to advocate for the development of additional programs that can benefit the programs' mutual clients.

Outcomes/Successes:

- Seven individuals have received services through this collaboration this past school year.
- The DOR/Sierra College collaboration, augmented by this program, continues to provide quality support for increasing numbers of DOR clients attending Sierra College's Truckee campus. Clients in the program received an increased level of support than would have been available without this partnership. Of significance is that throughout this collaboration, none of the clients/students has failed to stay connected to DOR following their separation from the college, a significant finding compared to the high level of DOR-sponsored TAY who stop communicating after not doing well in other schools. The extra layer of support provided by these collaborations fills a service gap by providing more personal support than could be, in

part, available through disability resources departments. This finding illustrates the need for more support services that can address the psychological needs of the TAY population.

Work Plan #3-Primary Care Mental Health Integration:

Healthy Outcomes Integration Team (HOIT) is in its third year of the Primary Care Mental Health MHSIA Innovation project. The “Healthy Outcomes Integration Team (HOIT)” project is funded through both MHSIA Innovation funds and a federal Health Resources and Services Administration (HRSA) grant. The HOIT team works to develop a coordinated, collaborative system of care by integrating services between primary care, mental health, and substance use treatment. The HOIT project works collaboratively across several agencies to help participants improve their health and wellness. The collaborative services include primary care, mental health, and/or substance use services.

The mission of the HOIT project is to 1) coordinate individual’s mental health and primary health care services; 2) provide person-centered health care; 3) promote wellness and recovery; and 4) prevent and/or manage chronic illness. HOIT served 69 individuals from inception to the end of FY 13-14.

Demographics:

Outcomes/Successes:

- A Memorandum of Understanding (MOU) is in place between all of the HOIT partners [Nevada County Health and Human Services Agency; Sierra Family Medical Clinic (SFMC); Western Sierra Medical Clinic (WSMC); Turning Point Community Programs; Community Recovery Resources; and Common Goals, Inc.]; Western Sierra Medical Clinic is a Federally Qualified Health Center (FQHC) and Sierra Family Medical Clinic is a Federally Qualified Health Center - Look Alike (FQHC-LA). In addition, a Release of Information was developed to allow information sharing between the key agencies involved with the HOIT project. The MOU and Release of Information allows for collaboration between agencies to coordinate services, achieve integrated services, and promote healthy outcomes.
- Several staff work together with clients to promote health and wellness. Data is being collected on a number of different health indicators and outcomes, which will allow measurement of the impact on clients of these integrated services over time.
- This project has been extremely successful at integrating services between the FQHC, Behavioral Health (Twelve clients were served by BH psychiatrists at SFMC and WSMC in FY 13-14), and substance use treatment agencies. There are weekly Medication Reconciliation calls with the FQHC Nurse, HOIT Nurse, and other HOIT staff. These calls create a consistent time to discuss shared clients, compare current medications and changes in medications, and develop a coordinated plan of care for high-need clients. These calls have also created a positive relationship between staff at the two agencies, which promotes an environment for frequent sharing of information throughout the week.
- The Western Sierra Medical Clinic FQHC also brings a mobile van to Behavioral Health one morning each week. One of the primary care physicians from the FQHC who has been actively involved in the integration and HOIT activities delivers Primary Care services to the HOIT

clients, by appointment. HOIT clients are very pleased to be able to receive all of their health services at the same location. They are also more likely to follow through with their health care appointments and manage their medications through this integrated care.

- The HOIT team offers a variety of health and wellness activities to clients. These activities include classes on nutrition, cooking healthy meals, meditation and relaxation, and walking groups. The HOIT nurse also holds an “Ask a Nurse” drop-in session at the Spirit House (a consumer-run drop-in center). This session creates an opportunity for individuals to ask different health questions, learn more about their medications, and have their blood pressure checked. This strong, collaborative partnership between the HOIT partner agencies has been successful at improving outcomes, coordinating services, and improving communication between agencies.
-

Workforce Education and Training (WET)

Nevada County's WET plan was approved on June 17, 2009. Implementation is proceeding as outlined in the plan in several areas. These include Workforce Staff Support, Training & Technical Assistance, Mental Health Career Pathways, Expansion of the Internship Program and Financial Incentives.

1. **Workforce Staffing Support:** The MHSA Coordinator worked on the implementation of the plan including providing updates as required to the Mental Health Board and the MHSA Steering Committee, participating in the state-wide WET conference calls and meetings, and providing leadership for ongoing trainings, WET activities and development. Clerical staff supported the ongoing administrative support for the MHSA Coordinator, Behavioral Health staff, contractors, consumers and families as related to WET implementation and creating the multi-media library.
2. **Training and Technical Assistance:** Numerous training events have been offered by the county for staff, service providers, and stakeholders, including consumers and family members. When appropriate, MHSA PEI and WET funds were utilized for training opportunities. For FY 13-14 events/conferences/trainings included: NAMI California Conference, Psychotic Disorders Conference, Care Integration Collaborative, Dialectical Behavior Therapy – Intensive Clinical Training, Naturopathic Treatment Options in Psychiatry, Healing the Angry Brain, Cognitive Behavioral Therapy – Mindfulness, Brainstorm: Discovering the Hidden Power & Purpose of the Adolescent Mind, SafeTALK Training, 2014 California Mental Health Directors Association (CMHDA) Small Counties Strategic Planning Meeting, Law & Ethics Training, Data Collection Reporting (DCR) Training, Mental Health First Aid Training, and Assisted Outpatient Treatment Training. A total of 325 individuals attended a training/conference/event in FY 13-14. Purchases continue to be made to expand the training library. Staff and providers are welcome to check materials out and use them as it fits their schedule. Continuing Education Units (CEU) are available for some of the materials.
3. **Mental Health Career Pathway Programs:** In FY 11-12 it was decided to utilize \$15,000 in Mental Health Career Pathway funds to further support the Wellness Recovery Action Plan (WRAP) Facilitators in Nevada County. Eighteen individuals were either trained to be a WRAP Facilitator or had a booster training. These individual were representatives of a wide range of organizations/groups. Individuals from SPIRIT Peer Empowerment Center, The Alliance for Wellbeing, Grass Valley PARTNER Family Resource Center, Family Resource Center of Truckee, Community Recovery Resources, community consultant, Women of Worth, Domestic Violence and Sexual Assault Coalition, and New Directions participated in the training. These individuals included: consumers, peer counselors, young adult peer counselors, Latino Promotoras, drug and alcohol councilors, domestic violence counselors/employees, and therapists. The County continues to support the WRAP Facilitators by providing training, meeting space and materials to conduct WRAP Facilitator Support Meetings. WET funds are also used to provide WRAP Facilitation Group implementation materials. In FY 13-14 three WRAP Facilitators received Refresher Training, 50 My WRAP books, 50 Wellness Recovery Action Plan (WRAP) books and 50 Wellness Recovery Action Plan (WRAP) For Addictions books were purchased using WET Funds.
4. **Expansion of Nevada County's Internship Program:** Clinical supervision of interns has been funded by this program. In FY 2013-2014 six interns provided 2,823 hours of services for Nevada County citizens. The interns provided services in both adults' and children's systems of care.

Additionally, three different individuals provided supervision to the interns. Of the total hours of supervision provided 581 hours were funded with MHSA WET funds.

- 5. Financial Incentives:** Our Voices Matter (OVM) continues to be an essential consumer/family-run speaker's bureau that provides the opportunity for consumers/family members to give voice to their experiences living with mental health conditions. First-hand information, descriptions and statistics are provided that is informative and at times more compelling than academic. Telling stories can be very effective in addressing the stigma and discrimination that individuals with mental health conditions face. Speakers often receive feedback from audience members as to how valuable the stories have been. In fact, people follow speakers out to their cars to speak privately about their own situation and personally thank the speaker for what they are doing.

While OVM participants directly know the struggle, suffering, impact, confusion, emotional pain, and trauma that can occur, OVM helps participants take their experiences and convey them in meaningful ways. The OVM program acknowledges this can be too challenging for some, but for those who can, it gives hope to others who may be facing mental health struggles.

The OVM program strives to make messages clear, understandable, and most of all genuine to the lay person as well as specific audiences. It conveys an overarching message that there can be hope; and with hope, hard work and luck, one can get on the road to wellness and recovery. As one speaker put it, "There was a time that knowing I have a mental health condition was important to knowing who I am. Fortunately, that is no longer the case."

Hearing a story can awaken some audience participants to an understanding that they previously did not have. For those who tell their stories, the process of preparing a speech may help them put words to something they have never expressed before. This can be a powerful, therapeutic experience, and presenting it to an audience gives them another layer of personal empowerment. "Almost freeing in a way, it takes the cover off and says, here it is! The suffering, the disability, the experience," as one speaker describes.

Workshops assist individuals in telling their own story. Workshop exercises elicit aspects of a person's life that then can be incorporated into their stories. Individual coaching is also provided. Some participants join without the intent of speaking; they like to come and learn. Some speak only at the workshop, and some prefer to listen only. Some speak in the community. Some do not accept the offered stipend.

Speakers continue to present at Mental Health Board meetings, NAMI meetings, and the MHSA Steering Committee meeting. Additional venues have included Domestic Violence and Sexual Assault Coalition, the Community Support Network of Nevada County, Community Recovery Resources, and Wayne Brown Correctional Facility.

Community speakers have presented topics including experiences with suicide attempts, suicide ideation, homelessness with schizophrenia, parenting a child with bipolar illness, taking medications, obtaining accurate diagnoses and life after a diagnosis. Anyone is welcome to participate. The program is actively supported by NAMI Nevada County and SPIRIT Peer Empowerment Center. The total number of community speakers for FY 13-14 was 6; total number of unduplicated participants was 77.

Technological Needs (TN):

The Nevada County Behavioral Health Department is in Phase II of IV in implementing a fully integrated electronic health system (EHR), Anasazi, to support both Mental Health and Alcohol and Drug Programs. The system provides an electronic clinical health record for both Mental Health and Drug and Alcohol programs to optimize efficiency, eliminate redundancy, and improve services to consumers for registration, eligibility, billing, clinical assessment and treatment, program monitoring, and reporting for management and State requirements, sharing clients, insurance and associated data. Funds were used to purchase the Anasazi EHR system, Anasazi staff time to train and support staff in implementation of Phase I and II and a contract for Kings View to support us and the Anasazi system.

FY 2011-2012 began with Phase I of this project going live. The new EHR system went live on July 1, 2011. Clients were scheduled into the system in July 2011. In FY 2011-2012 the EHR system was used for Medi-Cal claiming purposes, billing to private insurance companies, Medi-Care and CMSP, and to create Client statements. Training was ongoing throughout the year, so a lot of staff time was used for this task. Funds were also used to pay for mileage for individuals to conduct or attend trainings. CSI and CalOMS records to comply with state reporting requirements are also submitted through the EHR system.

Additionally, funds were used for staff time to plan, train and implement Phase II of the project, utilizing the clinicians' portion of the system: ATP (Assessment, Treatment Plans and Progress Notes). Phase II went live on February 10, 2012. This means that clinicians and doctors started to enter services and their progress notes into Anasazi.

Lastly, funds were used to purchase computers and computer screens for staff in both children's and adult programs, installation of a T1 line for the training room, purchased Dragon for Psychiatrists so they can dictate their notes, and printed materials for Anasazi trainings.

FY 12-13 began with Behavioral Health clinicians beginning to put Treatment Plans into Anasazi and doctors being trained on the Doctor's Homepage, which included e-prescribing. Signature pads had to be purchased and are used for financial forms and Treatment Plans that require consumer's signatures. Behavioral Health service providers received training on how to use the signature pads. Additionally in FY 12-13 the HOIT team members were trained on Anasazi.

All MHSA TN funds were expended prior to FY 13-14.

Capital Facilities

No MHSA Capital Facility funds were spent in FY 2013-2014.

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: MHSA Totals

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	14,636

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	14,636

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	5,865

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	14,636

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Community Services and Supports - Adult System of Care

Age Group	# FSP:	# GSD:	# O&E:
Children & Youth (0-15)			
TAY (16-24)			
Adults (25-59)			
Older Adults (60+)			
Total	168	1,790	867

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	2,825

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	1,396

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	2,825

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Community Services and Supports - Children's System of Care

Age Group	# FSP:	# GSD:	# O&E:
Children & Youth (0-15)			
TAY (16-24)			
Adults (25-59)			
Older Adults (60+)			
Total	193	321	212

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	726

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	134

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	726

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Prevention & Early Intervention - Outreach Projects

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	2,144

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	2,144

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	2,099

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	2,144

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Prevention & Early Intervention - Access to Services

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	6,085

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	6,085

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	1,437

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	6,085

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Prevention & Early Intervention - Child, Youth & Families at Risk

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	2,182

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	2,182

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	733

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	2,182

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Innovation - Veterans

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	49

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	49

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	49

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	49

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Innovation - Department of Rehabilitation

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	7

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	7

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	2

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	7

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Innovation - Healthy Outcomes Integration Team (HOIT)

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	69

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	69

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	-

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	69

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Workforce Education and Training - Training & Tech Assistance

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	325

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	325

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	-

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	325

Individuals Served by MHSA in Fiscal Year 13-14

PROGRAM: Workforce Education and Training - Internship Programs

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	149

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	149

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	15

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	149

Individuals Served by MHSA in Fiscal Year 13-14

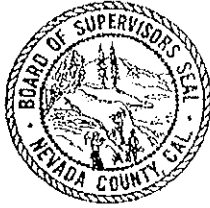
PROGRAM: Workforce Education and Training - Financial Incentives

Age Group	# individuals
Children & Youth (0-15)	
TAY (16-24)	
Adults (25-59)	
Older Adults (60+)	
Total	75

Race & Ethnicity	# of individuals
Caucasian	
Latino/Hispanic	
African American	
Asian	
Pacific Islander	
Native American	
Multi	
Unknown	
Other	
Total	75

Culture	# of individuals
LGBTQ	
Veterans	
HIV/AIDS	
Homeless	
Disabilities	
Criminal/Legal System	
Latino/Hispanic	
Other:	
Other:	
Total	-

Primary Language	# of individuals
English	
Spanish	
Arabic	
Cambodian	
Cantonese	
Farsi	
Hmong	
Mandarin	
Russian	
Tagalog	
Vietnamese	
Other	
Unknown	
Total	75



RESOLUTION No. 16-055

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE NEVADA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEAR 2015/16 AND ANNUAL PROGRESS REPORT FOR FISCAL YEAR 2013/14

WHEREAS, the Mental Health Services Act (Proposition 63), adopted by the California electorate on November 2, 2004, created a new revenue source for the transformation and enhancement of public mental health services; and

WHEREAS, the goal of MHSA is to reduce the long-term impact on individuals/ families and the community from untreated serious mental illness; and

WHEREAS, the Behavioral Health Department developed the Fiscal Year 2015-16 Annual Update and the Fiscal Year 2013/14 Annual Progress Report based on the MHSA Annual Update Instructions developed and issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC); and

WHEREAS, the Annual Update contains descriptions of MHSA-funded programs and activities, as well as numbers served and program updates; and

WHEREAS, consistent with statutory requirements, the Draft Fiscal Year 2015/16 MHSA Annual Update and Annual Progress Report for Fiscal Year 2013/14 was posted for 30-day public review and comments, and the County has engaged in a comprehensive stakeholder and community input process to involve all interested individuals, consumers and collaborative partners in the identification of community needs and priorities; and

WHEREAS, the primary components of the MHSA Plan are: Community Services and Support (CSS), Workforce and Training (WET), Prevention and Early Intervention (PEI), and Innovation (INN), and the estimated program expenditures under the County's MHSA Plan are: \$5,481,500 for Fiscal Year 2014/15; \$5,106,500 for Fiscal Year 2015/16; and \$5,165,000 for Fiscal Year 2016/17; and

WHEREAS, Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a three-year program and expenditure plan, and annual updates, adopted by the County Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission within 30 days after Board of Supervisor adoption.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Nevada County Board of Supervisors of the County of Nevada, approves the Nevada County Mental Health Services Act (MHSA) Annual Update to the Three Year Program and Expenditure Plan for Fiscal Year 2015/16 and Annual Progress Report for Fiscal Year 2013/14; and

FURTHERMORE, the Board of Supervisors authorizes the County Behavioral Health Director to sign and certify the MHSA County Compliance Certification which is included in the Fiscal Year 2015/16 Mental Health Services Annual Update.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 26th day of January, 2016, by the following vote of said Board:

Ayes: Supervisors Nathan H. Beason, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: Julie Patterson Hunter

Dan Miller

Dan Miller, Chair

1/26/2016 cc: BH(2)
AC*(hold)

The foregoing instrument is a correct copy of the original on file in this office.

Res 16-055
ATTEST: January 27, 2016
Julie Patterson Hunter, Clerk of the Board
County of Nevada

BY: B. Miller