

# El Dorado County Mental Health Services Act Outcomes

## FY 2016-17 Year End Results



**HEALTH AND HUMAN SERVICES AGENCY  
BEHAVIORAL HEALTH DIVISION**



**WELLNESS | RECOVERY | RESILIENCY**

# Table of Contents

|  |           |
|--|-----------|
| <b>INTRODUCTION .....</b>  | <b>1</b>  |
| <b>PREVENTION AND EARLY INTERVENTION (PEI).....</b>  | <b>2</b>  |
| <b>COMMUNITY SERVICES AND SUPPORTS (CSS) .....</b>   | <b>3</b>  |
| Full Service Partnership (FSP) Program .....   | 4         |
| Children’s FSP .....   | 4         |
| Transitional Age Youth (TAY) FSP .....   | 7         |
| Adult FSP .....  | 10        |
| Older Adult FSP .....  | 12        |
| Assisted Outpatient Treatment (AOT).....   | 12        |
| Wellness and Recovery Services Program.....  | 13        |
| Adult Wellness Centers.....  | 13        |
| TAY Engagement, Wellness and Recovery Services.....  | 16        |
| Community System of Care Program.....  | 16        |
| Outreach and Engagement Services .....   | 16        |
| Resource Management Services.....  | 19        |
| Community-Based Mental Health Services .....   | 25        |
| Housing Projects.....  | 28        |
| <b>INNOVATION (INN) .....</b>  | <b>29</b> |
| Restoration of Competency in an Outpatient Setting.....  | 29        |
| Community-Based Engagement and Support Services.....   | 29        |
| Innovation Administration .....  | 29        |
| <b>WORKFORCE EDUCATION AND TRAINING (WET).....</b>   | <b>30</b> |
| Workforce Education and Training (WET) Coordinator.....  | 30        |
| Workforce Development .....  | 30        |
| <b>CAPITAL FACILITIES AND TECHNOLOGY (CFTN).....</b>   | <b>34</b> |
| <b>APPENDIX A, Annual Prevention and Early Intervention Program and Evaluation<br/>    Report, Reporting Year: Fiscal Year 2016-17</b> |           |
| <b>APPENDIX B, Annual Innovation Program and Evaluation Report, Reporting Year:<br/>    Fiscal Year 2016-17</b>                        |           |

# Introduction

The Outcome Measures document accompanying the FY 2018-19 MHSA Plan Update provides outcome information for the projects included in the FY 2017-18 MHSA Plan.

As used within the MHSA Plan Update and this Outcomes Documents, the following regional definitions apply:

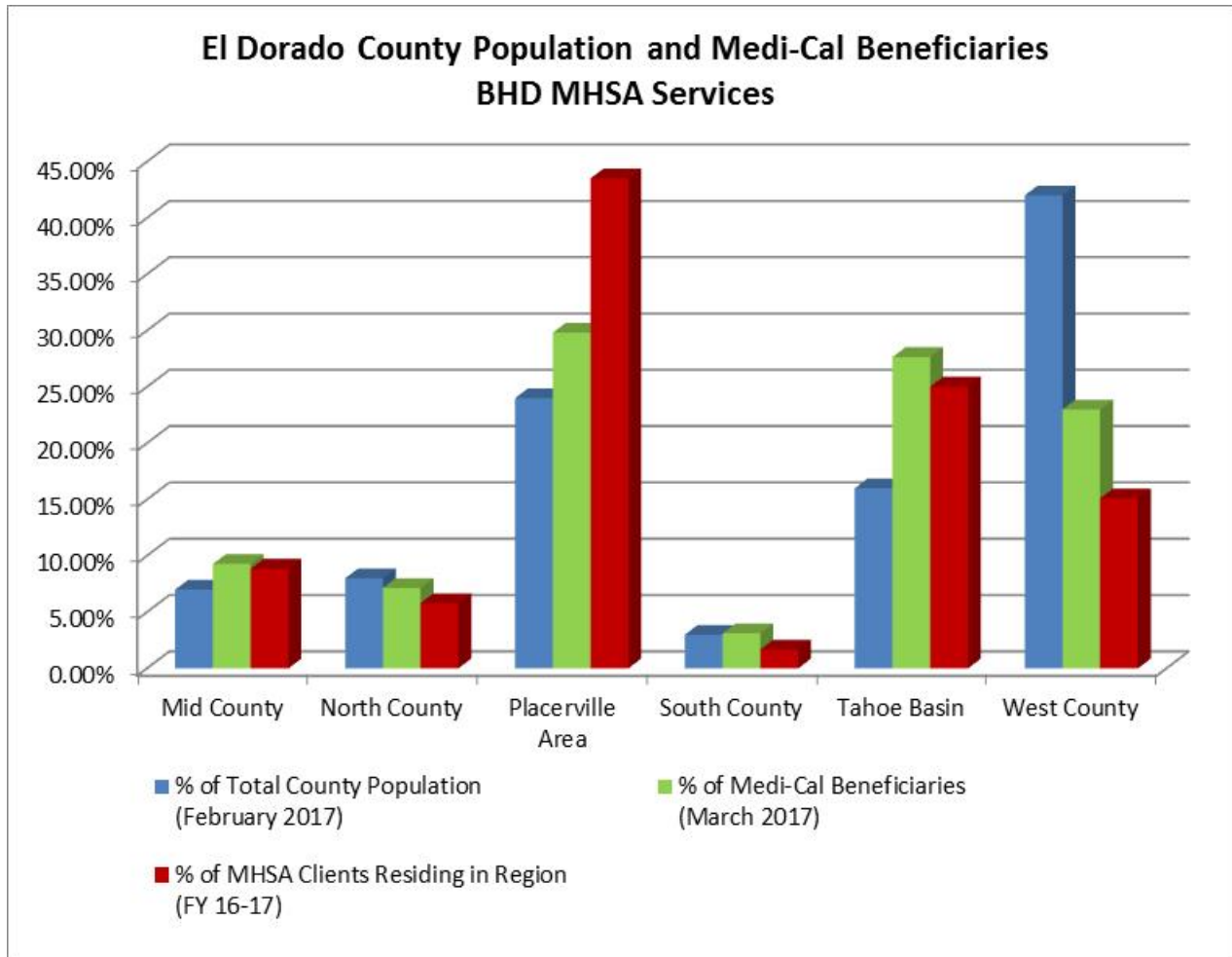
|                  |  |
|------------------|--|
| West County      | Cameron Park, El Dorado Hills, Rescue, Shingle Springs                             |
| Placerville Area | Diamond Springs, El Dorado, Placerville, Pleasant Valley                           |
| North County     | Coloma, Cool, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill      |
| Mid County       | Camino, Cedar Grove, Echo Lake, Kyburz, Pacific House, Pollock Pines, Twin Bridges |
| South County     | Fair Play, Grizzly Flats, Mt. Aukum, Somerset                                      |
| Tahoe Basin      | Meyers, South Lake Tahoe, Tahoma   |

# **Prevention and Early Intervention (PEI)**

Please see Appendix A, *Annual Prevention and Early Intervention Program and Evaluation Report*,  
*Reporting Year: Fiscal Year 2016-17.*

# Community Services and Supports (CSS)

MHSA programs represent only a portion of the Specialty Mental Health Services provided by the BHD. Non-MHSA funded services are not reported in this document.



Starting approximately three years ago and now as part of the BHD’s ongoing Quality Improvement, the BHD has been re-assessing clients who are open for services to determine current medical necessity and identifying appropriate graduation goals. Graduation occurs when a client no longer requires the higher level of services provided through Specialty Mental Health Services and are safe to return to the care of their Primary Care Provider or other community-based provider for mental health services. However, other individuals may be discharged from BHD for lack of engagement in services, with all such cases reviewed by the client’s treatment team and the Utilization Review team. Clients who graduate from the BHD can re-apply for Specialty Mental Health Services, or their Primary Care Provider can consult with a Medication Support Staff or make a new referral to BHD for higher level of services. It

is the continued goal of the BHD to allow clients to achieve the highest level of Wellness, Recovery and Resilience.

The expanded mild-to-moderate mental health services provided through the Managed Care Plans have allowed many clients to receive services in the community rather than rely on Specialty Mental Health Services. Additionally, the large Primary Care Providers (Marshall Medical Center, Barton Healthcare, Shingle Springs Health and Wellness Center, and El Dorado County Community Health Center) have been expanding their Behavioral Health services to provide mild-to-moderate services directly to their patients and it is only when the mild-to-moderate services are not helping a patient that the Primary Care Provider would refer the patient to Specialty Mental Health Services.

Outcome information for various BHD programs is posted on the BHD's Quality Improvement web page at: [http://www.edcgov.us/Government/MentalHealth/QI/Quality\\_Improvement.aspx](http://www.edcgov.us/Government/MentalHealth/QI/Quality_Improvement.aspx).

## Full Service Partnership (FSP) Program

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### Children's FSP

**Providers:** New Morning Youth and Family Services, West Slope;  
Sierra Child and Family Services, West Slope and South Lake Tahoe;  
Stanford Youth Solutions, West Slope;  
Summitview Child and Family Services, West Slope;  
Tahoe Youth and Family Services, South Lake Tahoe;  
CASA El Dorado, West Slope

#### Project Goals

- Reduce out-of-home placement for children
- Safe and stable living environment
- Strengthen family unification or reunification
- Improve coping skills
- Reduce at-risk behaviors
- Reduce behaviors that interfere with quality of life

#### Numbers Served and Cost

The expenditures and outcomes within this program include what was previously referred to as the Children's FSP and Enhanced Foster Care Programs. Data that was previously reported separately has been merged into a single reporting set, and as such, there may be some overlap between previous years (for example, a child in both Children's FSP and Enhanced Foster Care in the fiscal year would be counted twice rather than just once).

| Expenditures                    | FY 14/15  | FY 15/16  | FY 16/17    |
|---------------------------------|-----------|-----------|-------------|
| MHSA Budget                     | \$850,000 | \$750,000 | \$1,860,699 |
| Total Expenditures              | \$757,790 | \$796,582 | \$1,009,637 |
| Unduplicated Individuals Served | 100       | 130       | 106         |
| Cost per Participant            | \$7,578   | \$6,128   | \$9,525     |

| Age Group*                     | FY 14/15 | FY 15/16 | FY 16/17* |
|--------------------------------|----------|----------|-----------|
| 0-15 (children/youth)          | 100      | 95       | 84        |
| 16-25 (transitional age youth) | 23       | 27       | 23        |
| 26-59 (adult)                  | 0        | 0        | 0         |
| Ages 60+ (older adults)        | 0        | 0        | 0         |
| Unknown or declined to state   | 0        | 0        | 0         |

\*Individuals who moved between age groups may be counted more than once

| Gender | FY 14/15 | FY 15/16 | FY 16/17 |
|--------|----------|----------|----------|
| Female | 53       | 51       | 55       |
| Male   | 70       | 71       | 51       |

| Region of Residence          | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| West County                  | 20       | 12       | 10       |
| Placerville Area             | 43       | 43       | 35       |
| North County                 | 6        | 3        | 8        |
| Mid County                   | 17       | 11       | 12       |
| South County                 | 3        | 1        | 0        |
| Tahoe Basin                  | 29       | 42       | 27       |
| Unknown or declined to state | 0        | 0        | 0        |
| Out of County                | 5        | 10       | 14       |

| Race                                      | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| American Indian or Alaska Native          | 6        | 3        | 1        |
| Asian                                     | 0        | 0        | 1        |
| Black or African American                 | 2        | 2        | 2        |
| Caucasian or White                        | 96       | 97       | 88       |
| Native Hawaiian or Other Pacific Islander | 1        | 1        | 0        |
| Other Race                                | 16       | 16       | 8        |
| Unknown or declined to state              | 2        | 3        | 6        |

| Ethnicity                    | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| Hispanic or Latino           | 6        | 12       | 12       |
| Other Hispanic / Latino      | 5        | 7        | 8        |
| Not Hispanic                 | 101      | 90       | 70       |
| Unknown or declined to state | 11       | 13       | 16       |

| Primary Language             | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| English                      | 119      | 116      | 98       |
| Spanish                      | 1        | 2        | 0        |
| Other Language               | 0        | 1        | 0        |
| Unknown or declined to state | 3        | 3        | 8        |

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Days of psychiatric hospitalization
- Measurement 2: Days in shelters
- Measurement 3: Days of arrests
- Measurement 4: Type of school placement
- Measurement 5: School attendance
- Measurement 6: Academic performance
- Measurement 7: Days in out of home placement
- Measurement 8: Child care stability

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, contracted service providers continue to report on these “key events” for each child in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

### Measurement 1 (Days of psychiatric hospitalization)

| Children’s FSP and Enhanced Foster Care   | FY 14/15  | FY 15/16  | FY 16/17 |
|---|-----------|-----------|----------|
| Children Enrolled in this Program:  |           |           |          |
| Unduplicated Children Served  | see below | see below | 106      |
| Unduplicated Children Hospitalized  | see below | see below | 8        |
| Number of Hospitalizations  | see below | see below | 15       |
| Average Length of Stay  | see below | see below | 7 days   |
| All El Dorado County Children Medi-Cal Beneficiaries (under age 18):<br>(whether receiving Specialty Mental Health Services or not) |           |           |          |
| Unduplicated Children Hospitalized  | see below | see below | 55       |



| Children's FSP and Enhanced Foster Care | FY 14/15  | FY 15/16  | FY 16/17 |
|---|-----------|-----------|----------|
| Number of Hospitalizations              | see below | see below | 75       |
| Average Length of Stay                  | see below | see below | 6 days   |

| Children's FSP Only                | FY 14/15     | FY 15/16 |
|------------------------------------|--------------|----------|
| Children Enrolled in this Program: |              |          |
| Unduplicated Children Served       | 50           | 65       |
| Unduplicated Children Hospitalized | 4            | 2        |
| Number of Hospitalizations         | 5            | 2        |
| Average Length of Stay             | not reported | 10 days  |

| Enhanced Foster Care Only          | FY 14/15     | FY 15/16 |
|------------------------------------|--------------|----------|
| Children Enrolled in this Program: |              |          |
| Unduplicated Children Served       | 73           | 57       |
| Unduplicated Children Hospitalized | 4            | 1        |
| Number of Hospitalizations         | 6            | 1        |
| Average Length of Stay             | not reported | 4 days   |

## Transitional Age Youth (TAY) FSP

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

### Project Goals

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Safe and adequate housing
- Increased access to and engagement with mental health services
- Increased use of peer support resources
- Increased connection to their community
- Increased independent living skills

This project and the reported numbers include both TAY Wellness and TAY FSP. In the next MHSA Three-Year Plan, data for these two will be collected and reported separately.

## Numbers Served and Cost

| Expenditures  | FY 14/15  | FY 15/16  | FY 16/17  |
|---|-----------|-----------|-----------|
| MHSA Budget – Total   | \$342,387 | \$464,498 | \$714,707 |
| Total Expenditures – Wellness and FSP                                   | \$101,242 | \$81,769  | \$84,742  |
| Unduplicated Individuals Served   | 84        | 49        | 44        |
| Cost per Participant  | \$1,205   | \$1,669   | \$1,926   |
| Total Expenditures – MHBG First Episode Psychosis                       | \$0       | \$11,656  | \$89,842  |
| Unduplicated Individuals Served   | 0         | 2         | 6         |
| Cost per Participant  | \$0       | \$5,828   | \$14,974  |
| Total Expenditures – MHBG Dialectical Behavior Therapy (DBT) in Schools | \$0       | \$199,040 | \$213,851 |
| Total Expenditures – All TAY  | \$101,242 | \$292,465 | \$388,434 |

The following information reflects individuals receiving services in TAY Wellness, TAY FSP, and FEP

| Age Group                      | FY 14/15 | FY 15/16 | FY 16/17* |
|--------------------------------|----------|----------|-----------|
| 0-15 (children/youth)          | 7        | 0        | 0         |
| 16-25 (transitional age youth) | 77       | 51       | 50        |
| 26-59 (adult)                  | 0        | 0        | 0         |
| Ages 60+ (older adults)        | 0        | 0        | 0         |
| Unknown or declined to state   | 0        | 0        | 0         |

\*Individuals who moved between age groups may be counted more than once

| Gender | FY 14/15 | FY 15/16 | FY 16/17 |
|--------|----------|----------|----------|
| Female | 47       | 23       | 23       |
| Male   | 37       | 28       | 27       |

| Region of Residence          | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| West County                  | 13       | 11       | 10       |
| Placerville Area             | 15       | 20       | 20       |
| North County                 | 1        | 2        | 2        |
| Mid County                   | 6        | 6        | 8        |
| South County                 | 1        | 2        | 1        |
| Tahoe Basin                  | 48       | 10       | 9        |
| Unknown or declined to state | 0        | 1        | 0        |

| Race                                      | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| American Indian or Alaska Native          | 2        | 3        | 2        |
| Asian                                     | 1        | 1        | 1        |
| Black or African American                 | 1        | 0        | 0        |
| Caucasian or White                        | 60       | 43       | 43       |
| Native Hawaiian or Other Pacific Islander | 1        | 0        | 0        |
| Other Race                                | 17       | 4        | 3        |
| Unknown or declined to state              | 2        | 0        | 1        |

| Ethnicity                    | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| Hispanic or Latino           | 15       | 6        | 4        |
| Other Hispanic / Latino      | 10       | 5        | 3        |
| Not Hispanic                 | 53       | 36       | 40       |
| Unknown or declined to state | 6        | 4        | 3        |

| Primary Language             | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| English                      | 81       | 50       | 50       |
| Spanish                      | 2        | 1        | 0        |
| Other Language               | 0        | 0        | 0        |
| Unknown or declined to state | 1        | 0        | 0        |

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Number of days of institutional care placements
- Measurement 2: Number of days of homelessness / housing stability
- Measurement 3: Education attendance and performance
- Measurement 4: Employment status
- Measurement 5: Continued engagement in mental health services
- Measurement 6: Linkage with primary health care

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although there an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, BHD staff continue to report on these “key events” for each client in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

### Measurement 5 (Continued engagement in mental health services)

| Participants          | FY 14/15 | FY 15/16 | FY 16/17 |
|-----------------------|----------|----------|----------|
| Unique Clients        | 84       | 51       | 50       |
| Total Episodes        | 84       | 52       | 52       |
| Episodes Opened:      |          |          |          |
| Total Episodes Opened | unknown  | 21       | 25       |

| Participants                            | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| New/Returning Client                    | unknown  | 20       | 23       |
| Changed Program (same level of service) | 7        | 1        | 0        |
| Dropped Down in Level of Services       | 0        | 0        | 0        |
| Increased Level of Services             | 0        | 0        | 2        |
| Episodes Closed:                        |          |          |          |
| Total Episodes Closed                   | 57       | 26       | 22       |
| Graduated / Exited Services             | 55       | 25       | 17       |
| Decreased Level of Services             | 2        | 0        | 3        |
| Increased Level of Services             | 0        | 0        | 2        |
| Changed Program (same level of service) | 0        | 1        | 0        |

## Adult FSP

**Providers:** El Dorado County Health and Human Services Agency, Behavioral Health Division; Summitview Child and Family Services (for operation of an Adult Residential Facility)

### Project Goals

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills
- Team approach to treatment

### Numbers Served and Cost

Costs for this project include the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team, which bring individuals who have been placed in a locked facility out of county back to El Dorado County for continued treatment. These clients require a high level of staff support and the client to clinician ratio is low.

| Expenditures                    | FY 14/15    | FY 15/16    | FY 16/17    |
|---------------------------------|-------------|-------------|-------------|
| MHSA Budget                     | \$3,846,189 | \$4,050,000 | \$4,566,260 |
| Total Expenditures              | \$3,210,260 | \$4,292,835 | \$4,375,139 |
| Unduplicated Individuals Served | 133         | 124         | 117         |
| Cost per Participant            | \$24,137    | \$34,620    | \$37,394    |

| Age Group                      | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------------------|----------|----------|----------|
| 0-15 (children/youth)          | 1        | 0        | 0        |
| 16-25 (transitional age youth) | 20       | 12       | 11       |
| 26-59 (adult)                  | 101      | 100      | 94       |
| Ages 60+ (older adults)        | 11       | 12       | 13       |
| Unknown or declined to state   | 0        | 0        | 0        |

| Gender | FY 14/15 | FY 15/16 | FY 16/17 |
|--------|----------|----------|----------|
| Female | 57       | 54       | 52       |
| Male   | 76       | 70       | 65       |

| Region of Residence          | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| West County                  | 10       | 8        | 9        |
| Placerville Area             | 60       | 57       | 64       |
| North County                 | 1        | 2        | 1        |
| Mid County                   | 9        | 6        | 3        |
| South County                 | 0        | 0        | 0        |
| Tahoe Basin                  | 45       | 43       | 41       |
| Unknown or declined to state | 8        | 8        | 0        |

| Race                                      | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| American Indian or Alaska Native          | 1        | 2        | 1        |
| Asian                                     | 3        | 4        | 4        |
| Black or African American                 | 2        | 4        | 5        |
| Caucasian or White                        | 115      | 106      | 100      |
| Native Hawaiian or Other Pacific Islander | 1        | 0        | 0        |
| Other Race                                | 10       | 8        | 6        |
| Unknown or declined to state              | 1        | 0        | 1        |

| Ethnicity                    | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| Hispanic or Latino           | 3        | 2        | 2        |
| Other Hispanic / Latino      | 7        | 7        | 9        |
| Not Hispanic                 | 119      | 110      | 95       |
| Unknown or declined to state | 4        | 5        | 11       |

| Primary Language             | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| English                      | 130      | 122      | 114      |
| Spanish                      | 0        | 0        | 0        |
| Other Language               | 0        | 1        | 2        |
| Unknown or declined to state | 3        | 1        | 1        |

### **FY 14/15 through FY 16/17 Outcome Measures**

- Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail
- Measurement 2: Achieving goals identified in the client plan
- Measurement 3: Continued engagement in services

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although there an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, BHD staff continue to report on these “key events” for each client in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

**Measurement 3** (Continued engagement in services)

| Participants                            | FY 14/15     | FY 15/16 | FY 16/17 |
|---|--------------|----------|----------|
| Unique Clients                          | 133          | 124      | 117      |
| Total Episodes                          | 139          | 134      | 123      |
| Episodes Opened:                        |              |          |          |
| Total Episodes Opened                   | not reported | 60       | 58       |
| New/Returning Client                    | not reported | 19       | 17       |
| Changed Program (same level of service) | not reported | 1        | 4        |
| Dropped Down in Level of Services       | not reported | 14       | 13       |
| Increased Level of Services             | not reported | 26       | 24       |
| Episodes Closed:                        |              |          |          |
| Total Episodes Closed                   | not reported | 69       | 61       |
| Graduated / Exited Services             | not reported | 31       | 24       |
| Decreased Level of Services             | not reported | 34       | 21       |
| Increased Level of Services             | not reported | 3        | 12       |
| Changed Program (same level of service) | not reported | 1        | 4        |

## Older Adult FSP

There are no FY 16/17 outcomes to report for this program.

## Assisted Outpatient Treatment (AOT)

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

**Project Goals**

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Team approach to treatment

## Numbers Served and Cost

| Expenditures         | FY 14/15  | FY 15/16  | FY 16/17  |
|----------------------|-----------|-----------|-----------|
| MHSA Budget          | \$125,000 | \$100,000 | \$200,000 |
| Total Expenditures   | \$0       | \$0       | \$4,881   |
| Clients Served       | 0         | 0         | 15*       |
| Cost per Participant | \$0       | \$0       | \$325     |

\*For AOT, the number of clients served means the number of individuals who were referred to AOT for whom follow-up work was performed to determine if the individuals met criteria for AOT and/or engage the individual in outpatient Specialty Mental Health Services. When an individual becomes engaged in Specialty Mental Health Services, their services are provided through the appropriate outpatient team, generally the Intensive Case Management team (FSP level of services).

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail.
- Measurement 2: Reduction in institutionalization and incarceration.
- Measurement 3: Continued engagement in services, as needed, after discharge from AOT.

Data is not yet available for this program.

## Wellness and Recovery Services Program

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### Adult Wellness Centers

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

#### Project Goals

- Recovery and resiliency for participants.
- Participants gain greater independence through staff interaction, peer interaction and educational opportunities.
- Participants linked with community-resources.
- Increased engagement in mental health services.

## Numbers Served and Cost

| Expenditures                    | FY 14/15    | FY 15/16    | FY 16/17    |
|---------------------------------|-------------|-------------|-------------|
| MHSA Budget                     | \$2,120,769 | \$2,500,000 | \$2,045,874 |
| Total Expenditures              | \$2,331,867 | \$2,089,348 | \$1,912,671 |
| Wellness Center Visits          | 10,500      | 7,200+      | *           |
| Cost per Visit                  | \$222       | \$290       | *           |
| Wellness Program Clients Served | 518         | 407         | 405         |
| Cost per Client                 | \$4,502     | \$5,134     | \$4,723     |

\* Due to staffing changes, the data for the West Slope Wellness Center was not available until May 9, 2016, and there were 826 recorded visits between May 9 and June 30, 2016. Data for the Tahoe Wellness Center is not available for this time frame.

| Age Group                      | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------------------|----------|----------|----------|
| 0-15 (children/youth)          | 0        | 0        | 0        |
| 16-25 (transitional age youth) | 30       | 40       | 42       |
| 26-59 (adult)                  | 228      | 324      | 316      |
| Ages 60+ (older adults)        | 32       | 43       | 47       |
| Unknown or declined to state   | 0        | 0        | 0        |

| Gender | FY 14/15 | FY 15/16 | FY 16/17 |
|--------|----------|----------|----------|
| Female | 166      | 224      | 207      |
| Male   | 124      | 183      | 198      |

| Region of Residence          | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| West County                  | 38       | 51       | 62       |
| Placerville Area             | 94       | 141      | 157      |
| North County                 | 8        | 14       | 22       |
| Mid County                   | 27       | 32       | 34       |
| South County                 | 6        | 12       | 10       |
| Tahoe Basin                  | 107      | 141      | 108      |
| Unknown or declined to state | 9        | 2        | 0        |
| Out of County                | 0        | 14       | 12       |



| Race                                      | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| American Indian or Alaska Native          | 5        | 5        | 4        |
| Asian                                     | 4        | 2        | 3        |
| Black or African American                 | 5        | 4        | 6        |
| Caucasian or White                        | 460      | 360      | 369      |
| Native Hawaiian or Other Pacific Islander | 4        | 4        | 0        |
| Other Race                                | 37       | 29       | 20       |
| Unknown or declined to state              | 3        | 3        | 3        |

| Ethnicity                    | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| Hispanic or Latino           | 15       | 14       | 17       |
| Other Hispanic / Latino      | 39       | 29       | 19       |
| Not Hispanic                 | 431      | 344      | 345      |
| Unknown or declined to state | 33       | 20       | 24       |

| Primary Language             | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| English                      | 278      | 394      | 393      |
| Spanish                      | 7        | 8        | 5        |
| Other Language               | 3        | 3        | 3        |
| Unknown or declined to state | 2        | 2        | 4        |

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Number of participants and frequency of attendance
- Measurement 2: Continued engagement in mental health services
- Measurement 3: Attainment of individualized goals

#### Measurement I (Number of participants and frequency of attendance)

| Participants                            | FY 14/15     | FY 15/16 | FY 16/17 |
|---|--------------|----------|----------|
| Unique Clients                          | 518          | 407      | 405      |
| Total Episodes                          | 524          | 413      | 416      |
| Episodes Opened:                        |              |          |          |
| Total Episodes Opened                   | not reported | 164      | 178      |
| New/Returning Client                    | not reported | 125      | 153      |
| Changed Program (same level of service) | not reported | 2        | 3        |
| Dropped Down in Level of Services       | not reported | 19       | 17       |
| Increased Level of Services             | not reported | 18       | 5        |
| Episodes Closed:                        |              |          |          |
| Total Episodes Closed                   | 241          | 178      | 246      |
| Graduated / Exited Services             | 229          | 154      | 145      |
| Decreased Level of Services             | 3            | 6        | 78       |
| Increased Level of Services             | 8            | 16       | 20       |
| Changed Program (same level of service) | 1            | 2        | 3        |

The large shift in the number of clients who decreased a level of service is a result of the establishment of the Medication Maintenance unit within the West Slope Outpatient Clinic. Clients who are in the process of transferring their mental health services to their primary care provider or who no longer require the more intensive individual therapy sessions are transferred to the Medication Maintenance unit. This unit is responsible for ensuring that clients continue with their medication and, when appropriate, facilitate the linkage with the clients' primary care provider.

**Measurement 2** (Continued engagement in mental health services)

The process for gathering this information is being standardized. Data will be provided once it is available.

**Measurement 3** (Attainment of individualized goals)

The BHD continues to work on a new report from Avatar to obtain this information.

## TAY Engagement, Wellness and Recovery Services

See TAY FSP, above.

## Community System of Care Program

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### Outreach and Engagement Services

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

**Project Goals**

- To engage individuals with a serious mental illness in mental health services.
- Continue to engage clients in services by addressing barriers to service.

**Numbers Served and Cost**

| Expenditures   | FY 14/15    | FY 15/16  | FY 16/17  |
|--|-------------|-----------|-----------|
| MHSA Budget  | \$1,055,798 | \$803,543 | \$802,578 |
| Total Expenditures   | \$769,498   | \$736,552 | \$496,884 |
| Requests for Services  | 1,852       | 1,607     | 1,406     |
| Cost per Request   | \$415       | \$458     | \$353     |
| Call Intakes<br>(inquiries other than a Request for Service) | 390         | 505       | 775       |

The following data reflects only Requests for Service (no Call Intakes):

| Age Group                      | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------------------|----------|----------|----------|
| 0-15 (children/youth)          | 578      | 491      | 441      |
| 16-25 (transitional age youth) | 322      | 278      | 232      |
| 26-59 (adult)                  | 856      | 781      | 654      |
| Ages 60+ (older adults)        | 96       | 56       | 79       |
| Unknown or declined to state   | 0        | 1        | 0        |

| Gender | FY 14/15 | FY 15/16 | FY 16/17 |
|--------|----------|----------|----------|
| Female | 1,010    | 860      | 733      |
| Male   | 842      | 747      | 673      |

| Region of Residence          | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| West County                  | 311      | 300      | 231      |
| Placerville Area             | 568      | 449      | 459      |
| North County                 | 107      | 102      | 72       |
| Mid County                   | 185      | 153      | 146      |
| South County                 | 51       | 36       | 19       |
| Tahoe Basin                  | 545      | 485      | 387      |
| Out of County                | 0        | 68       | 92       |
| Unknown or declined to state | 67       | 14       | 0        |

| Race                                      | FY 14/15 | FY 15/16 | FY 16/17 |
|---|----------|----------|----------|
| American Indian or Alaska Native          | 37       | 32       | 15       |
| Asian                                     | 16       | 4        | 14       |
| Black or African American                 | 38       | 28       | 33       |
| Caucasian or White                        | 1,533    | 1,285    | 976      |
| Native Hawaiian or Other Pacific Islander | 13       | 10       | 3        |
| Other Race                                | 158      | 133      | 105      |
| Unknown or declined to state              | 57       | 115      | 260      |

| Ethnicity                    | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| Hispanic or Latino           | 151      | 133      | 91       |
| Other Hispanic / Latino      | 113      | 73       | 77       |
| Not Hispanic                 | 1,423    | 1,146    | 874      |
| Unknown or declined to state | 165      | 255      | 364      |

| Primary Language             | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| English                      | 1,728    | 1,469    | 1,191    |
| Spanish                      | 63       | 41       | 30       |
| Other Language               | 12       | 10       | 9        |
| Unknown or declined to state | 49       | 87       | 176      |

### FY 14/15 through FY 16/17 Outcome Measures

|                                | FY 14/15 |         | FY 15/16 |         |
|--------------------------------|----------|---------|----------|---------|
|                                | Number   | Percent | Number   | Percent |
| Opened to Outpatient BHD       | 453      | 24%     | 341      | 21%     |
| Referred to Other Provider     | 167      | 9%      | 63       | 4%      |
| Did Not Meet Medical Necessity | 753      | 41%     | 701      | 44%     |
| Other                          | 479      | 26%     | 502      | 31%     |
| Total                          | 1,852    |         | 1,607    |         |

|                                | FY 16/17 |         |
|--------------------------------|----------|---------|
|                                | Number   | Percent |
| Opened to Outpatient BHD       | 289      | 7%      |
| Referred to Other Provider     | 99       | 21%     |
| Did Not Meet Medical Necessity | 488      | 35%     |
| Other                          | 530      | 38%     |
| Total                          | 1,407    |         |

There continues to be misunderstanding of the type of outpatient services provided by the BHD and the criteria for eligibility. The BHD will focus on more education and awareness regarding the available services and the criteria for medical necessity.

Additionally, in FY 16-17, there was staffing shortages on the Outreach and Engagement Team, which continued in to FY 17-18, that resulted in lower expenditures than anticipated.

#### Measurement I (Service Engagement)

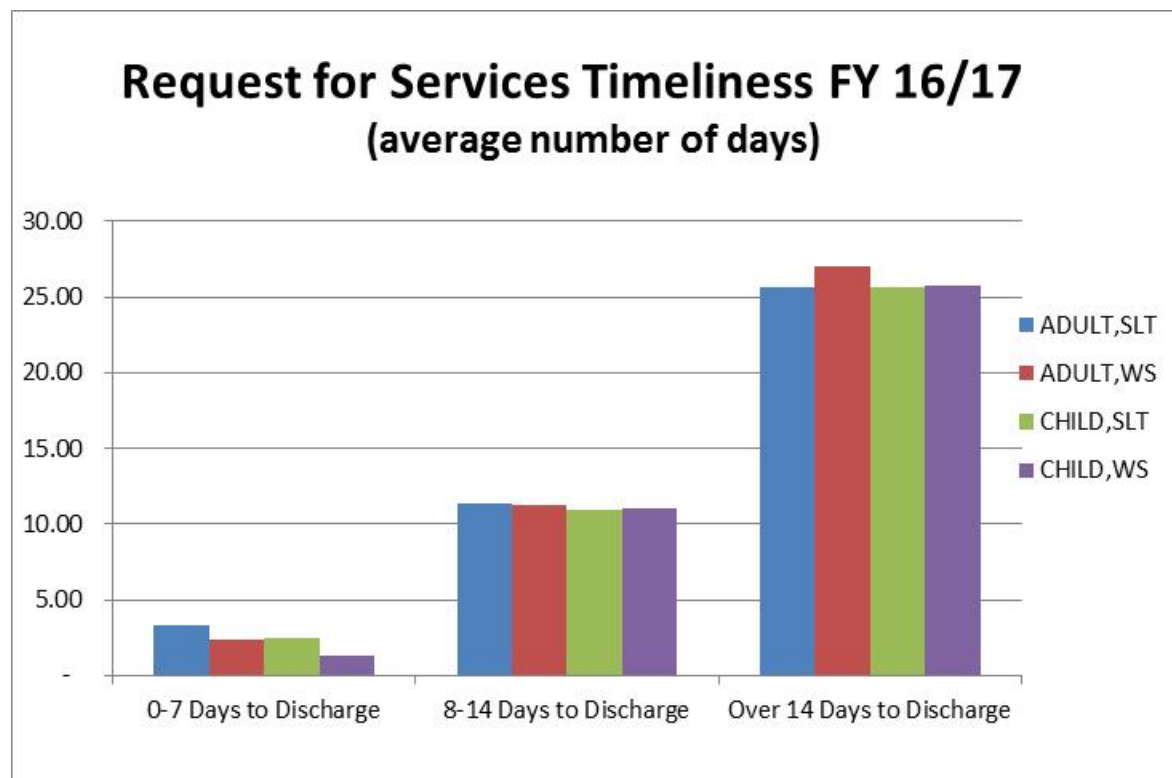
The number of requests for services in FY 16/17 dropped by approximately 12.5% compared to FY 15/16. There are several factors which may contribute to this increase, including a higher rate of direct referrals (either self-referred or from Primary Care Providers) for mild-to-moderate services and an increased effort of the Access Team, who is responsible for responding to all requests for services, working with local Primary Care Providers to educate them on appropriate referrals to Specialty Mental Health Services. Additionally, the large Primary Care Providers (Marshall Medical Center, Barton Healthcare, Shingle Springs Health and Wellness Center, and El Dorado County Community Health Center) have been expanding their Behavioral Health services to provide mild-to-moderate services directly to their patients and it is only when the mild-to-moderate services are not helping a patient that the Primary Care Provider would refer the patient to Specialty Mental Health Services.

## Measurement 2 (Days to Assessment)

The timeliness to assessment identifies how quickly individuals requesting services are assessed for eligibility for Specialty Mental Health Services. The BHD strives for a 14 day turnaround of requests for services.

During FY 16/17, and into FY 17/18, the BHD experienced a low level of staffing within on the Access Team despite several recruitments for qualified Mental Health Clinicians. As of April 2018, the Access Team is fully staffed and it is anticipated that the duration from initial request to service to “discharge” (making a determination as to whether the individual meets medical necessity for Specialty Mental Health Services) will decrease.

Once it has been determined whether or not an individual meets medical necessity, the BHD’s Access Team will either open an individual to Outpatient Mental Health services or provide “resourcing”, which includes referrals to Primary Care, Managed Care Plans and/or community-based organizations as needed to address an individual’s needs.



## Resource Management Services

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

### Project Goals

- Improve the number and quality of resources available to clients and their families.
- Improve access and service delivery.

- Improve project evaluation process.
- Improve client transitions between primary care providers and Mental Health.

### Numbers Served and Cost

| Expenditures       | FY 14/15  | FY 15/16 | FY 16/17  |
|--------------------|-----------|----------|-----------|
| MHSA Budget        | \$175,000 | \$75,000 | \$107,000 |
| Total Expenditures | \$20,336  | \$20,017 | \$46      |

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Update and expansion of resource list; dissemination of information to clients
- Measurement 2: Client wait time.
- Measurement 3: Client satisfaction surveys
- Measurement 4: Establishment of standard evaluation process for MHSA projects and dissemination of information
- Measurement 5: Results of EQRO annual review

#### Measurement 1 (Update and expansion of resource list; dissemination of information to clients)

The BHD continues its efforts in this area, as noted last year:

*BHD managers meet with health care providers and Managed Care Plans on a regular basis to disseminate information, including the Community Health Center, Marshall Medical Center, Barton Health, California Health and Wellness, Shingle Springs Health and Wellness Center, California Health and Wellness, and other task forces and cooperatives. Additionally, the BHD hired a “Resource Specialist” in FY 2014-15 whose primary focus is identifying community resources for the benefit of clients, and includes assisting clients directly with identifying housing opportunities and other resource needs. The BHD has also developed a Resource List that clients and community members can keep in their wallet. The Resource List contains phone numbers to various community services, such as mental health, police, health centers, crisis/emergency lines, food closets, clothing closets, alcohol and drug programs, and advocacy services.*

Due to low staffing levels, limited Resource Management Services occurred in FY 16/17.

#### Measurement 2 (Client wait time)

See above under Outreach and Engagement.

#### Measurement 3 (Client satisfaction surveys)

The Consumer Perception Survey was administered in the Fall of 2016 and the Spring of 2017. Due to low staffing levels, the BHD has been unable to evaluate the outcomes.

**Measurement 4** (Establishment of standard evaluation process for MHSA projects and dissemination of information)

The BHD continues to develop standard reporting formats that can be trended from year to year, which is the first time this has been largely available for MHSA programs. This ability is primarily due to the implementation of the electronic medical record Avatar, and the MHSA staff continuing to develop standardized reporting formats in response to public input and advancing technology.

**Measurement 5**  
(Results of EQRO annual review)

The 2017 EQRO identified the following recommendations:

- I. It is imperative that the MHP to take actions to stabilize staffing levels and reduce vacancies through examining and mitigating factors contributing to separations. The compensation study is one important opportunity for addressing this. Other options to consider as part of this staffing stabilization plan might include: (1) Consider adding funding to participate in State and National Health Services Corp loan forgiveness programs for hard to recruit licensed positions. (2) Consider entering into formal placement and internship agreements with colleges in northern California. (3) Consider putting critical hard to recruit positions on “continuous recruitment” and close lists when vacancies occur to immediately begin interviewing. (4) Consider use of provisional and temporary help appointments for qualified candidates while recruiting is going on to establish new lists and similar personnel strategies. Since resources are critical to solve and address many of the challenges discussed, it may be possible to enhance revenues through the following strategies:
  - Develop a business plan with Telecare to get the 16 bed acute care PHF Medicare certified via “deemed status” with the Joint Commission which they have done in a number of counties. This revenue restructuring can increase Medicare reimbursement significantly from disabled Medicare/Medi-Cal clients and reduce county general fund and realignment matching requirements.
  - Consider use of MAA revenues for transportation, enrollment in benefits, and linkage to other services. This is often used also to support these activities in the Wellness Centers. Many counties have used this successfully as supplemental revenue. It takes several years to get cash flow established but can still contribute to ongoing program stability.
  - Develop business plan to certify county-operated sites for Medicare Part B claim submission at least for medication and licensed clinician assessments. Consider reaching out to similar-size MHPs who use Avatar EHR to gauge their experience in navigating the Medicare site certification and claiming process.
  - Consider contracting with an FQHC clinic for some psychiatric, nurse practitioner, and LCSW behavioral health services capacity to serve clients with serious mental health needs who are have potential to become mild to moderate in stability. This also fosters service integration into the broader health system and supports other revenue options.

## MHP Activities to Address this Recommendation

The MHP's South Lake Tahoe Clinic is fully staffed, and has been since approximately September 2017. However, the MHP's West Slope Clinic continues to face staffing challenges, although not from recent staff departures (the last Clinician separated September 15, 2017), but rather from the long recruitment process and lack of appropriate candidates. The MHP has recently hired two new Clinicians for the West Slope, and continues to recruit for two more. Additionally, the new Manager of Mental Health Programs for the West Slope outpatient programs is in the hiring process (that position has been vacant for approximately 10 months).

The MHP appreciates the suggestions from Behavioral Health Concepts regarding solutions to its staffing challenges. Here are the outcomes of the MHP's investigation into these suggestions:

**Recommendation:** **The compensation study is one important opportunity for addressing this.**

**MHP Response:** The County's Classification and Compensation Study continues to progress. Final action has not been taken. As a separate matter, the County and local bargaining units agreed to a one-time payout of funds for all staff that were employed with the County as of a specified date, and those funds were disbursed to employees as part of the standard payroll process on February 9, 2018.

**Recommendation:** **Consider adding funding to participate in State and National Health Services Corp loan forgiveness programs for hard to recruit licensed positions.**

**MHP Response:** Those programs are available for certain entities located in a Health Professional Shortage Area (HPSA). According to the Health Resources & Services Administration website (<https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>), the MHP's West Slope Clinic is not located in a HPSA. However, the South Lake Tahoe office is. As stated above, the South Lake Tahoe office is experiencing staffing stability.

**Recommendation:** **Consider entering into formal placement and internship agreements with colleges in northern California.**

**MHP Response:** The MHP works with California State University, Sacramento for these purposes. However, in doing so, the MHP receives candidates who are "associates" or working on their practicum. These entry-level staff require a high level of supervision and extensive training to gain the required knowledge to serve our high acuity clients. While the MHP does hire staff with this level of limited experience, it takes months to bring them up to a level able to handle a standard case load size. The MHP always appreciates interviewing candidates who are already licensed.



**Recommendation:** Consider putting critical hard to recruit positions on “continuous recruitment” and close lists when vacancies occur to immediately begin interviewing.

MHP Response: Pending the outcome of the current recruitment, the MHP will consider approaching recruitments in this manner provided doing so complies with County recruitment procedures.

**Recommendation:** Consider use of provisional and temporary help appointments for qualified candidates while recruiting is going on to establish new lists and similar personnel strategies.

MHP Response: The MHP has utilized “Extra Help” Clinician positions. At this time, we do not have any Extra Help Clinicians, however we are in the interview process for several.

**Recommendation:** Revenue enhancements

MHP Response: The MHP appreciates the revenue enhancements recommendations. However, revenues are not the issue. In FY 2017/18, MHSA Community Services and Supports (CSS) programs, the MHP started with a fund balance of approximately \$5.6M (excludes the prudent reserve), an increase of approximately \$1.2M from the previous fiscal year. Non-MHSA programs started with a fund balance of approximately \$3.5M, an increase of approximately \$1.3M from the previous fiscal year. The MHP continues to underspend each year and has been fairly unsuccessful in obtaining additional personnel allocations. CSS, Prevention and Early Intervention (PEI), and Innovation funds are potentially at risk of reversion due to underspending.

**2. Update the Cultural Competence Plan with a special focus on outreach and engagement to the Latino community and building on the MHSA programs to create clinics with a high degree of cultural competence.**

MHP Activities to Address this Recommendation

The MHP’s Cultural Competence Plan was updated in December 2017, and the MHP initiated a workgroup comprised of community partners who work with and engage the Latino community in November 2017. Participants include a number of individuals who have long been considered key contacts within the Latino community in El Dorado County. A focus of the workgroup includes developing strategies for outreach and engagement of Latinos in accessing mental health services, whether through the MHP or community providers, as well as ensuring that individuals who are providing interpreter services are appropriately trained.

**3. Advance the current Concept Only PIPs to Active PIPs so that the next review has two Active PIPs in process.**

MHP Activities to Address this Recommendation

**Clinical PIP: Short-Term Model of Care**

The MHP continues work on this PIP. However, as has been the case in previous years, the MHP has been short-staffed making it difficult to finally implement this PIP. Please see the submitted PIP documents for more information.

**Non-Clinical PIP: Collaboration with El Dorado County Community Health Center**

Feedback received from BHC after last year's review indicated the belief that there may not be an issue with Access timeliness and the MHP might want to consider a different PIP or modifying the current PIP. The MHP elected to change its non-clinical PIP. The MHP receives many referrals from the local FQHC, El Dorado County Community Health Center (CHC), that are not appropriate referrals for Specialty Mental Health Services. Additionally, the MHP has been advised by leadership at the CHC that many of their staff feel the MHP does not accept any individuals for services and therefore have stopped referring to the MHP. To address these issues, the MHP is proposing to a part-time co-location of a MHP Clinician at CHC for up to 8 hours per week to provide on-site assessments of medical necessity for Specialty Mental Health Services and to provide ongoing education for the CHC staff regarding medical necessity. Please see the submitted PIP documents for more information.

**4. Develop peer leadership to expand hours of the Wellness Center with peer stipends or salaries depending on scope of responsibilities.**

MHP Activities to Address this Recommendation

Effective February 5, 2018, the West Slope Wellness Center expanded its hours to 12:00 – 4:00 pm, Monday through Friday. It is anticipated that the extra hour of operations will benefit the clients by allowing clients time to sign in, socialize and have lunch prior to the daily curriculum starting. It was discovered that clients were not attending the early classes because they preferred to do the above-mentioned activities prior to classes.

Further, the MHP is exploring opportunities to open the West Slope Wellness Center for Transitional Age Youth (TAY) one afternoon per week. It is anticipated that the extra hour of operations will benefit the TAY clients by providing enhanced opportunities for group work, psychoeducation and development of life skills. However, the program will begin by involving the TAY in the decision about the groups and other services available that day. A TAY peer leader will also participate in the planning and during the weekly TAY day. Potential groups for consideration include Employment and Job Connections, Budgeting, Looking for and Obtaining Housing, Cooking and Menu Planning, Substance Use, Cigarette Cessation, Activities of Daily Living, Goal Setting (WRAP or WHAM), Dialectical Behavior Therapy (DBT) Skill Building, Healthy Pleasures, Music Group and/or Dual Recovery.

Potential expansion of hours for the Lake Tahoe Wellness Center will continue to be considered pending the outcome of the West Slope expanded hours and the determined need. For example, there is not currently a high level of TAY clients in Tahoe and therefore a TAY-specific day may not need to be established in Tahoe. Additionally, daily attendance at the Lake Tahoe Wellness Center is generally lower than the West Slope Wellness Center due to the lower population in the Tahoe Basin than on the West Slope and the greater Placerville area.

The MHP continues to research stipends. While the MHP fully supports stipends and paying peer leaders for their time, we must first establish how the process would occur, the amounts, the responsibilities associated with the stipends, etc. In the meantime, we have been able to provide a token of appreciation for clients who participate in our Cultural Competency training through the provision of gift cards in the amount of \$20 each to thank them for their time and for helping educate our staff.

## Community-Based Mental Health Services

**Provider:** El Dorado County Health and Human Services Agency, Behavioral Health Division

### Project Goals

- Improve community health through local services
- Increased access to and engagement with mental health services
- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Increased connection to their community
- Increased independent living skills

### Numbers Served and Cost

Due to limited funding and BHD staffing, this project is currently providing services only at the Community Corrections Center that serves individuals who qualify for services under AB 109.

| Expenditures                    | FY 14/15  | FY 15/16  | FY 16/17  |
|---------------------------------|-----------|-----------|-----------|
| MHSA Budget                     | \$157,613 | \$206,840 | \$230,761 |
| Total Expenditures              | \$165,528 | \$186,107 | \$174,552 |
| Unduplicated Individuals Served | 67        | 46        | 61        |
| Cost per Participant            | \$2,471   | \$4,046   | \$2,862   |

| Age Group                      | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------------------|----------|----------|----------|
| 0-15 (children/youth)          | 0        | 0        | 0        |
| 16-25 (transitional age youth) | 11       | 8        | 10       |
| 26-59 (adult)                  | 54       | 37       | 51       |
| Ages 60+ (older adults)        | 2        | 1        | 0        |
| Unknown or declined to state   | 0        | 0        | 0        |

| <b>Gender</b> | <b>FY 14/15</b> | <b>FY 15/16</b> | <b>FY 16/17</b> |
|---------------|-----------------|-----------------|-----------------|
| Female        | 14              | 16              | 19              |
| Male          | 53              | 30              | 42              |

| <b>Region of Residence</b>   | <b>FY 14/15</b> | <b>FY 15/16</b> | <b>FY 16/17</b> |
|------------------------------|-----------------|-----------------|-----------------|
| West County                  | 17              | 14              | 13              |
| Placerville Area             | 30              | 21              | 35              |
| North County                 | 4               | 9               | 6               |
| Mid County                   | 11              | 0               | 4               |
| South County                 | 2               | 0               | 0               |
| Tahoe Basin                  | 1               | 1               | 0               |
| Unknown or declined to state | 2               | 1               | 3               |

| <b>Race</b>                               | <b>FY 14/15</b> | <b>FY 15/16</b> | <b>FY 16/17</b> |
|---|-----------------|-----------------|-----------------|
| American Indian or Alaska Native          | 1               | 0               | 3               |
| Asian                                     | 0               | 1               | 1               |
| Black or African American                 | 3               | 0               | 2               |
| Caucasian or White                        | 57              | 36              | 49              |
| Native Hawaiian or Other Pacific Islander | 0               | 0               | 0               |
| Other Race                                | 3               | 7               | 6               |
| Unknown or declined to state              | 3               | 2               | 0               |

| <b>Ethnicity</b>             | <b>FY 14/15</b> | <b>FY 15/16</b> | <b>FY 16/17</b> |
|------------------------------|-----------------|-----------------|-----------------|
| Hispanic or Latino           | 2               | 6               | 6               |
| Other Hispanic / Latino      | 1               | 2               | 3               |
| Not Hispanic                 | 57              | 34              | 48              |
| Unknown or declined to state | 7               | 4               | 4               |

| <b>Primary Language</b>      | <b>FY 14/15</b> | <b>FY 15/16</b> | <b>FY 16/17</b> |
|------------------------------|-----------------|-----------------|-----------------|
| English                      | 61              | 42              | 59              |
| Spanish                      | 0               | 1               | 0               |
| Other Language               | 1               | 1               | 0               |
| Unknown or declined to state | 5               | 2               | 2               |

### **FY 14/15 through FY 16/17 Outcome Measures**

- Measurement 1: Continued engagement in mental health services
- Measurement 2: Days of homelessness, institutionalization, hospitalization, and incarceration
- Measurement 3: Linkage with primary health care
- Measurement 4: Levels of Care Utilization System (LOCUS)
- Measurement 5: Outcome measurement tools (e.g., ANSA)

Services through the AB 109 program are the primary focus of this project. At this time, the majority of the funding for this project comes from the Community Corrections Partnership with a small amount of MHSA funding for additional support.

The Community Corrections Partnership continues to develop program outcomes and those will be reported once they are available.

# Housing Projects

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## Program Goals

- Acquire, rehabilitate, construct and support permanent supportive housing for individuals with serious mental illness and who are homeless or soon-to-be homeless.
- Support clients in maintaining tenancy.

## West Slope – Trailside Terrace, Shingle Springs

MHSA Housing funds were utilized to provide for five units in Shingle Springs targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the BHD maintains a waiting list.

The funds for this program were transferred to California Housing Finance Agency (CalHFA) for administration of this program.

## East Slope – The Aspens at South Lake, South Lake Tahoe

MHSA Housing funds were utilized to provide for six units in South Lake Tahoe targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the BHD maintains a waiting list.

The funds for this program were transferred to California Housing Finance Agency (CalHFA) for administration of this program.

## Local Housing Assistance

These CSS-Housing funds include costs such as rental assistance, security deposits, utility deposits, other move-in costs, and/or moving costs.

## Numbers Served and Cost

| Expenditures                 | FY 14/15 | FY 15/16 | FY 16/17 |
|------------------------------|----------|----------|----------|
| MHSA Budget                  | \$0      | \$11,858 | \$11,858 |
| Total Expenditures           | \$0      | \$0      | \$11,705 |
| Number of Clients Served     | 0        | 0        | 13       |
| Average Cost per Participant | \$0      | \$0      | \$900    |

## Innovation (INN)

### Restoration of Competency in an Outpatient Setting

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Please see Appendix B, *Annual Innovation Program and Evaluation Report, Reporting Year: Fiscal Year 2016-17*.

| Expenditures       | FY 16/17  |
|--------------------|-----------|
| MHSA Budget        | \$355,000 |
| Total Expenditures | \$7,766   |

### Community-Based Engagement and Support Services

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Please see Appendix B, *Annual Innovation Program and Evaluation Report, Reporting Year: Fiscal Year 2016-17*.

| Expenditures       | FY 16/17  |
|--------------------|-----------|
| MHSA Budget        | \$641,000 |
| Total Expenditures | \$131,907 |

### Innovation Administration

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Activities performed under Innovation Administration include program development, implementation and monitoring, fiscal review, and provider meetings related specifically to Innovation.

| Expenditures       | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------|----------|----------|----------|
| MHSA Budget        | n/a      | n/a      | \$25,000 |
| Total Expenditures | n/a      | n/a      | \$2,812  |

# Workforce Education and Training (WET)

## Workforce Education and Training (WET) Coordinator

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### Program Goals

- Increase participation in regional partnerships.
- Identify career enhancement opportunities and variety of promotional opportunities for existing public mental health system workforce.
- Increased utilization of WET funding for local trainings.
- Increase number of bilingual / bicultural public mental health workforce staff.
- Increase number and variety of employment and/or volunteer opportunities available to consumers and their families who want to work in the mental health field.

### Numbers Served and Cost

| Expenditures       | FY 14/15 | FY 15/16 | FY 16/17 |
|--------------------|----------|----------|----------|
| MHSA Budget        | \$11,037 | \$11,000 | \$21,300 |
| Total Expenditures | \$8,767  | \$3,395  | \$27,941 |

### FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Increase the number of training opportunities for the mental health workforce.

### Measurement 1:

Information about upcoming trainings applicable to Behavioral Health is distributed to BHD Managers and Supervisors, and to community-based organizations or the public depending upon the topic of the training. Additionally, contracts with training vendors continue to be established to ensure training can be scheduled when needed.

## Workforce Development

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### Program Goals

- 1) Increase the number of training opportunities for the public mental health system workforce.
- 2) Identify career enhancement opportunities for existing mental health workforce.
- 3) Increase the retention rates for current mental health workforce staff.
- 4) Increase the number of new staff recruited into the mental health workforce.
- 5) Increase the number of bilingual / bicultural mental health workforce staff available to serve clients.
- 6) Increase the number and variety of positions available to consumers and their family members who want to work in the mental health field.



## Numbers Served and Cost

| Expenditures        | FY 14/15 | FY 15/16 | FY 16/17 |
|---------------------|----------|----------|----------|
| MHSA Budget         | \$49,825 | \$40,000 | \$12,000 |
| Total Expenditures  | \$39,068 | \$5,396  | \$36,597 |
| Number of Trainings | 14       | 36       | 61       |

## FY 14/15 through FY 16/17 Outcome Measures

- **Measurement 1: Increase the number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers and consumers.**
- **Measurement 2: Increase the number of bilingual / bicultural public mental health workforce system staff in the County.**

### Measurement 1

The information below identifies the 61 trainings that occurred in FY 16/17, many of which were provided at no charge to the WET program:

|    | Training Topic  | Number of Attendees | Training Duration | Total Training Hours |
|----|---|---------------------|-------------------|----------------------|
| 1  | Screening, Brief Intervention, and Referral to Treatment (SBIRT), Part 1                | 16                  | 1.5               | 24                   |
| 2  | Treatment Planning Measurable, Attainable, Time-limited, Realistic and Specific (MATRS) | 38                  | 1.5               | 57                   |
| 3  | Dialectical Behavior Therapy Workshop   | 6                   | 1                 | 6                    |
| 4  | Dual Relationships  | 4                   | 1.5               | 6                    |
| 5  | Dialectical Behavior Therapy Learning   | 8                   | 1                 | 8                    |
| 6  | SBIRT, Part 2   | 12                  | 1.5               | 18                   |
| 7  | Dialectical Behavior Therapy Workshop   | 6                   | 1                 | 6                    |
| 8  | Neurocognitive Disorders  | 20                  | 1                 | 20                   |
| 9  | Ethics and Confidentiality, Part 1  | 19                  | 1.5               | 28.5                 |
| 10 | Dialectical Behavior Therapy Learning   | 8                   | 1                 | 8                    |
| 11 | Dialectical Behavior Therapy Learning   | 5                   | 1                 | 5                    |
| 12 | Level of Care Utilization System (LOCUS) Training                                       | 4                   | 3                 | 12                   |
| 13 | Best Practices in Addiction Treatment   | 14                  | 1.5               | 21                   |
| 14 | Treatment Plans   | 12                  | 1                 | 12                   |
| 15 | Clinical Documentation  | 27                  | 1                 | 27                   |
| 16 | LOCUS Training  | 6                   | 3                 | 18                   |
| 17 | Treatment Plan Development  | 12                  | 1                 | 12                   |
| 18 | Synthetic Drugs   | 25                  | 1.5               | 37.5                 |
| 19 | Dialectical Behavior Therapy with Sabrina   | 1                   | 6                 | 6                    |
| 20 | LOCUS Training  | 11                  | 3                 | 33                   |

|    | Training Topic  | Number of Attendees | Training Duration | Total Training Hours |
|----|---|---------------------|-------------------|----------------------|
| 21 | Dialectical Behavior Therapy Consultation   | 8                   | 1                 | 8                    |
| 22 | Somatic Symptom and Related Disorders   | 45                  | 1                 | 45                   |
| 23 | Difficult Clients/Red Flags   | 22                  | 1.5               | 33                   |
| 24 | Veterans and Their Families   | 52                  | 2                 | 104                  |
| 25 | Dialectical Behavior Therapy Consultation   | 10                  | 1                 | 10                   |
| 26 | National Standards for Culturally and Linguistically Appropriate Services Standards       | 2                   | 6                 | 12                   |
| 27 | Ethics and Confidentiality, Part II   | 10                  | 1.5               | 15                   |
| 28 | Mindfulness Techniques for Children & Teens   | 4                   | 6.5               | 26                   |
| 29 | Addiction: The Layers of Complexities and Treatment                                       | 18                  | 6                 | 108                  |
| 30 | Dialectical Behavior Therapy Consultation   | 9                   | 1                 | 9                    |
| 31 | Manipulations & Character Disorders   | 6                   | 6                 | 36                   |
| 32 | American Lung Association Smoking Cessation Facilitator Training                          | 1                   | 8                 | 8                    |
| 33 | Mental Health Restoration/Rehabilitation Treatment for Probationers/Parolees              | 33                  | 2                 | 66                   |
| 34 | Treatment Planning MATRS  | 10                  | 1.5               | 15                   |
| 35 | Dialectical Behavior Therapy Consultation   | 12                  | 1                 | 12                   |
| 36 | Workforce Education & Training Summit   | 1                   | 16                | 16                   |
| 37 | Cultural Competence Summit XX   | 1                   | 16                | 16                   |
| 38 | Culture of Integrated Treatment   | 12                  | 1.5               | 18                   |
| 39 | Early Interventions for Psychosis   | 3                   | 6                 | 18                   |
| 40 | Dialectical Behavior Therapy Consultation   | 4                   | 1                 | 4                    |
| 41 | Communication for the Behavioral Professional   | 1                   | 1                 | 1                    |
| 42 | Boundaries in Clinical Practice   | 1                   | 1                 | 1                    |
| 43 | Advanced Issues of Adult/Child Mental Health  | 1                   | 12                | 12                   |
| 44 | Ethics & Confidentiality, Part III  | 9                   | 1.5               | 13.5                 |
| 45 | Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 Anxiety Disorder Challenges | 29                  | 2                 | 58                   |
| 46 | Dialectical Behavior Therapy Consultation   | 9                   | 1                 | 9                    |
| 47 | California Association of Social Rehabilitation Agencies (CASRA) Conference               | 5                   | 8                 | 0                    |
| 48 | Adult Needs and Strengths Assessment (ANSA) Training                                      | 24                  | 4                 | 96                   |

|    | Training Topic   | Number of Attendees | Training Duration | Total Training Hours |
|----|--|---------------------|-------------------|----------------------|
| 49 | Cultural Competency and National Standards for Culturally and Linguistically Appropriate Services                    | 10                  | 1.5               | 15                   |
| 50 | NIATx (formerly the Network for the Improvement of Addiction Treatment, now just NIATx) Model of Process Improvement | 11                  | 1.5               | 16.5                 |
| 51 | Governance Leadership & Workforce  | 10                  | 1                 | 10                   |
| 52 | Clinical Training  | 36                  | 2                 | 72                   |
| 53 | Communication & Language Assistance  | 10                  | 1                 | 10                   |
| 54 | Recovery Support Technologies  | 10                  | 1.5               | 15                   |
| 55 | Motivational Interviewing  | 10                  | 16                | 160                  |
| 56 | Gay Boys: Coming Out in Middle School  | 1                   | 1                 | 1                    |
| 57 | Attention-Deficit/Hyperactivity Disorder (ADHD): A Controversial Subject   | 1                   | 1.5               | 1.5                  |
| 58 | Patient's Rights   | 21                  | 1.5               | 31.5                 |
| 59 | Addiction Counselor Ethics   | 1                   | 1                 | 1                    |
| 60 | Engagement, Continual Improvement & Accountability   | 10                  | 1                 | 10                   |
| 61 | Ethics-Confidentiality & Legal Issues  | 1                   | 1                 | 1                    |
|    | <b>TOTAL</b>   | <b>728</b>          | <b>183</b>        | <b>1519</b>          |

Post training surveys have been collected and the BHD is developing a more formal evaluation process to include surveys administered both immediately after the training and three months post-training.

### Measurement 2

Recruitments resulted in additional bilingual / bicultural staff joining the BHD in FY 16/17, including a bilingual/bicultural Mental Health Clinician for the Psychiatric Emergency Services team.

# Capital Facilities and Technology (CFTN)

## Electronic Health Record System Implementation

| Expenditures       | FY 14/15  | FY 15/16  | FY 16/17  |
|--------------------|-----------|-----------|-----------|
| MHSA Budget        | \$185,686 | \$153,186 | \$213,186 |
| Total Expenditures | \$55,684  | \$49,671  | \$57,590  |

Funds were allocated to this program, but other costs for the Electronic Health Record were charged across the Behavioral Health Division rather than to this project specifically, resulting in lower than anticipated expenditures.

## Telehealth

| Expenditures       | FY 14/15  | FY 15/16 | FY 16/17 |
|--------------------|-----------|----------|----------|
| MHSA Budget        | \$129,000 | \$10,000 | \$20,000 |
| Total Expenditures | 25,702    | \$0      | \$667    |

Expenditures were for small maintenance needs.

# **APPENDIX A**

**Annual Prevention and Early Intervention  
Program and Evaluation Report,  
Reporting Year: Fiscal Year 2016-17**

# **APPENDIX B**

**Annual Innovation Program  
and Evaluation Report,  
Reporting Year: Fiscal Year 2016-17**