

MHSA COUNTY COMPLIANCE CERTIFICATION

County: **GLENN**

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director Name: Joseph Hallett, LCSW Telephone Number: (530) 934-6582 x 230111 E-mail: jhallett@countyofglenn.net	Program Lead Name: Cindy Ross, LCSW Telephone Number: 530-865-1622 E-mail: cross@countyofglenn.net
Local Mental Health Mailing Address: <p style="text-align: center;">242 North Villa Willows, CA 95988</p>	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and non-supplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update, attached hereto, was adopted by the County Board of Supervisors on July 18, 2023.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Plan are true and correct.

Joseph Hallett, LCSW

Mental Health Director (PRINT)

Joseph Hallett, LCSW

Digitally signed by Joseph Hallett, LCSW
Date: 2023.08.21 10:09:29 -07'00'

Signature

Date



**MINUTES
BOARD OF SUPERVISORS
GLENN COUNTY, CALIFORNIA**

Tuesday, July 18, 2023

The Chairman of the Board of Supervisors, County of Glenn, State of California called the meeting to order at 9:00 a.m.

THE PLEDGE OF ALLEGIANCE WAS RECITED

1. ROLL CALL

Proceedings: Roll Call of the Supervisors was taken, attendance as follows:
Supervisors Present: Supervisors Rossman, Yoder, Arnold and Carmon
Supervisors Absent: None
Also Present: Brant Mesker, County Administrative Office Management Analyst II
William J. Vanasek, County Counsel
Tina Brothers, ASA III - Deputy Clerk

2. MINUTES

Matter: Approve the Minutes of June 13, 2023.
Documents: Minutes of June 13, 2023
Proceedings: a. Supervisor Carmon stated that Closed Session was reconvened by the Vice-Chairman rather than the Chairman, therefore the proposed minutes would need to be corrected to reflect that change;
b. On motion of Supervisor Rossman, seconded by Supervisor Yoder, it was unanimously ordered to approve the aforesaid matter as recommended above in (a).

3. PUBLIC COMMENT

Matter: Members of the public are encouraged to address the Board of items of interest to the public that are within the subject-matter jurisdiction of the Board of Supervisors. Comments shall be limited to three (3) minutes. State law provides that no discussion or action may be taken on any item not appearing on the posted Agenda unless the matter qualifies for an exemption under Section 54954.2(b) of the Government Code. (Ralph M. Brown Act)

Proceedings: a. Willows Resident, Doug Ross expressed the importance of having transitional housing available for individuals that were released from jail or prison, and were on probation;
b. Deputy Chief Probation Officer, Rick Beatty announced that July 16, 2023 through July 22, 2023 was Probation Services Week, read a statement provided by the State Assembly and State Senate regarding Probation Services Week into the record, and thanked his staff for their hard work, whereby Supervisor Carmon thanked Probation for their dedication to the community;
c. Willows Resident, David Vodden stated he presented the Thunderhill Park project 32 years ago, gave a brief summary of the impact that the facility had brought to the community, and announced he would be retiring at the end of the year;
d. Health and Human Services Agency Deputy Director, Joe Hallett gave a brief update regarding Mental Health Services Act Modernization funding;
e. Golden State Risk Management Authority Risk Control Advisor, Steve Wood presented a certificate and check for participation in the Risk Management Accreditation Program;
f. Entrepreneur, Jerry Uhland announced that there were 140 employees that had

than adequate fire and emergency services available, and was happy that these issues were being addressed.

3:16 P.M. - THE CHAIRMAN CALLED THE MEETING INTO RECESS

3:28 P.M. - THE CHAIRMAN CALLED THE MEETING TO ORDER

17. PLANNING AND COMMUNITY DEVELOPMENT SERVICES AGENCY - PURCHASE ORDER / CENTRAL SQUARE TECHNOLOGIES

Matter: Authorize the Planning and Community Development Services Agency Director, or designee, to approve quote and execute purchase order with Central Square Technologies, Inc. to complete the implementation of the new financial services merchant agreement with Cardknox/Fidelity Payment Services, for an amount not to exceed \$4,660.

Documents: Board Report
Central Square Quote
Minute Order #19 of November 29, 2022
Fidelity Payment Services Application Worksheet
Merchant Processing Application and Agreement

Proceedings: a. Planning and Community Development Services Agency Director, Mardy Thomas reviewed the aforesaid matter;
b. On motion of Supervisor Yoder, seconded by Supervisor Rossman, it was unanimously ordered to approve the aforesaid matter as recommended.

18. HEALTH AND HUMAN SERVICES AGENCY - AGREEMENT / COUNTY MEDICAL SERVICES PROGRAM HEALTHCARE INFRASTRUCTURE DEVELOPMENT MATCHING GRANT PROGRAM

Matter: 1. Authorize the Health and Human Services Agency, or designee, to execute the Conditional Approval Letter for the County Medical Services Program Governing Board Healthcare Infrastructure Development Matching Grant to accept grant funds in the amount of \$500,000; and
2. Authorize the Health and Human Services Agency Director, or designee, to execute the Agreement with the County Medical Services Program Governing Board for the Health Care Infrastructure Development Matching Grant in a form substantially similar to that attached hereto as Exhibit B of the Conditional Approval Letter, for the period June 1, 2023, through October 31, 2028, for in the amount of \$500,000.

Documents: Board Report
Conditional Award Letter
Program Funding Agreement

Proceedings: a. Health and Human Services Agency Director, Christine Zoppi reviewed the aforesaid matter;
b. On motion of Supervisor Yoder, seconded by Supervisor Rossman, it was unanimously ordered to approve the aforesaid matter as recommended.

19. HEALTH AND HUMAN SERVICES AGENCY - MENTAL HEALTH SERVICES ACT PLAN

Matter: 1. Review and approve the Mental Health Services Act Fiscal Year 2023-2024 Three-Year Plan, the Annual Prevention and Early Intervention Evaluation Report, and the Innovation Evaluation Report; and authorize the Behavioral Health Director, or designee, to execute and submit to the California Mental Health Services Oversight and Accountability Commission, and the California Department of Health Care Services; and
2. Authorize the Behavioral Health Director, or designee, to execute the Mental Health Services Act County Compliance Certification and submit it to the California Mental Health Services Oversight and Accountability Commission, and the California Department of Health Care Services; and
3. Authorize the Behavioral Health Director, or designee, and the Director of Finance, or designee, to execute the Fiscal Accountability Certification and submit it to the California Mental Health Services Oversight and Accountability Commission, and the California Department of Health Care Services.

Documents: Board Report
Mental Health Services Act County Compliance Certification

Proceedings: a. Health and Human Services Agency Deputy Director, Joe Hallett reviewed the aforesaid matter, and introduced Health and Human Services Agency Program Manager, Cindy Ross who gave a brief summary of the Mental Health Services Act

Plan;

b. On motion of Supervisor Arnold, seconded by Supervisor Yoder, it was unanimously ordered to approve the aforesaid matter as recommended.

20. **HEALTH AND HUMAN SERVICES AGENCY - RENOVATION PLANS / 118 NORTH LASSEN STREET WILLOWS, CA 95988**

Matter: Hear a report and approve renovation plans for the building located at 118 North Lassen Street in Willows.

Documents: Board Report
Attachment A - Cost Estimate

Proceedings: a. Health and Human Services Agency Assistant Director, Bill Wathen reviewed the aforesaid matter;
b. Supervisor Arnold recommended utilizing the County's Weatherization division for replacement of windows and smaller tasks related to weatherizing the building;
c. On motion of Supervisor Yoder, seconded by Supervisor Rossman, it was unanimously ordered to approve the aforesaid matter as recommended.

21. **PERSONNEL - RESOLUTION / AMEND THE BOOK OF ADMINISTRATIVE POLICIES AND PROCEDURES, TITLE 10 - PERSONNEL AND TITLE 12 - PERSONNEL MANAGEMENT POLICIES**

Matter: Adopt Resolution 2023-067, "*Amending the Book of Administrative Policies and Procedures, Title 10 - Personnel, Section 10.08.02 Recruitment and Appointment, Section 10.06.02 - Performance Evaluation, and Title 12, Section 12.02.11 - Family and Medical Leave Act, California Family Rights Act, and Pregnancy Disability Leave,*" to update policies regarding recruiting, hiring, evaluations, and protected leaves.

Documents: Board Report
Section 10.06.02 Performance Evaluation (Red Lined)
Section 10.08.02 Recruitment (Red Lined)
Section 12.02.11 Family and Medical Leave Act (Red Lined)
Proposed Resolution
Section 10.06.02 Performance Evaluation (Final)
Section 10.08.02 Recruitment (Final)
Section 12.02.11 Family and Medical Leave Act (Final)
Resolution 2023-067

Proceedings: a. Personnel Director, Linda Durrer reviewed the aforesaid matter;
b. On motion of Supervisor Yoder, seconded by Supervisor Arnold, it was unanimously ordered to approve the aforesaid matter as recommended.

22. **PROBATION - FIXED ASSET DEACTIVATION AND DISPERSAL / K-9 COLT RETIREMENT**

Matter: Approve request of the Chief Probation Officer to remove the Probation Department's K-9 Colt from the fixed asset inventory and transfer ownership to handler, Deputy Probation Officer III, Craig Edwards.

Documents: Board Report

Proceedings: a. Deputy Chief Probation Officer, Rick Beatty reviewed the aforesaid matter, and stated that K-9 Colt's handler was out sick, therefore was unable to attend the meeting;
b. Supervisor Yoder stated K-9 Colt was considered a law enforcement officer, and requested that these retirements be treated as any other retirement in the future;
c. On motion of Supervisor Rossman, seconded by Supervisor Yoder, it was unanimously ordered to table this item for a future meeting.

23. **PUBLIC WORKS - AGREEMENT AMENDMENT / KNIFE RIVER**

Matter: Authorize Public Works Director, or designee, to execute amended Master Purchase Agreement PW22-117 with Knife River Construction for road construction materials, for an amount not to exceed \$550,000.

Documents: Board Report
PW22-117 Master Purchase Agreement
Proposed Amendment PW22-117.1

Proceedings: a. Supervisor Rossman announced that her husband worked for Knife River, therefore would not be participating in this matter;
b. Public Works Director, Donald Rust reviewed the aforesaid;
c. On motion of Supervisor Yoder, seconded by Supervisor Arnold, it was ordered to approve the aforesaid matter by the following vote:

MHSA FYs 2023/24-205/26 Three Year Program and Expenditure Plan FISCAL ACCOUNTABILITY CERTIFICATION¹

County: **GLENN**

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director Name: Joseph Hallett, LCSW Telephone Number: (530) 934-6582 x 230111 E-mail: jhallett@countyofglenn.net	County Auditor-Controller Name: Humberto Medina Telephone Number: 530-934-6476 E-mail: hmedina@countyofglenn.net
Local Mental Health Department Mailing Address: 242 North Villa Willows, CA 95988	

I hereby certify that the Annual Update is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached plan is true and correct to the best of my knowledge.

Joseph Hallett, LCSW
Mental Health Director (PRINT)

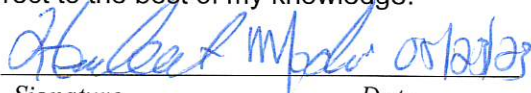


 Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is for fiscal year 2020/2021. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Humberto Medina, Director of Finance
County Auditor-Controller (PRINT)



 Signature Date

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



GLENN COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)

Three-Year Program and Expenditure Plan

Fiscal Years 2023/2024, 2024/2025, and 2025/2026

POSTED FOR PUBLIC COMMENT

May 12, 2023 through June 12, 2023

The MHSA FYs 24-26 Three-Year Plan is available for public review and comment from May 12, 2023 through June 12, 2023. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Tuesday, June 13, 2023.

Public Hearing Information:

Tuesday, June 13, 2023, 3:00 pm to 4:00 pm

Behavioral Health Board Meeting

The Public Hearing will be held both online and in person.

Location: CRWC Annex, 1187 E South Street, Orland, CA 95963

Zoom link:

<https://countyofglenn-net.zoom.us/j/88344598921?pwd=MU5VNEZyUFhvbEdlT0NHRmF2QUkvUT09>

If you prefer to join by phone, please call 1-669-900-6833.

Enter Meeting ID: 883 4459 8921

Comments or Questions? Please contact:

Cindy Ross, LCSW

MHSA Senior Program Coordinator

Glenn County Behavioral Health

242 North Villa Street, Willows, CA 95988

Phone 530-865-6459; Fax 530-934-6592

CRoss@countyofglenn.net

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GLENN COUNTY BEHAVIORAL HEALTH MHSA Three-Year Program and Expenditure Plan Fiscal Years 2023/2024, 2024/2025, and 2025/2026

A. COUNTY DESCRIPTION AND DEMOGRAPHICS

Glenn County is located in Northern California, approximately 100 miles north of the state capitol in Sacramento. The county is 1,313 square miles and is considered a rural county with 21 persons per square mile. Glenn County's population is 28,636. There are four primary towns in the county: Willows, population 6,241; Orland, population 8,168; Hamilton City, population 2,216; and Elk Creek, population 153. The remainder of the population lives in unincorporated areas of the county. Population data shows that approximately 50.1% of residents are Caucasian; 42.9% are Latino; 0.4% are African American; 3.5% are Asian; 1.2% are Native American; 0.1 are Native Hawaiian/Other Pacific Islander; and 1.8% are Other Race/Ethnicity (*United States Census American Community Survey, 2021*).

The residents of Hamilton City are predominately Latino, with 92.2% of the population reporting Latino as their ethnicity. There is one small Rancheria in the county, Grindstone Rancheria, located in the foothills near Elk Creek.

The 2010 US Census estimated that 38.5% of the population of Glenn County speaks a language other than English at home. Spanish is the only threshold language in Glenn County. There are 1,440 veterans, which represent approximately 5% of the population.

Approximately 7.3% of the population is under 5 years of age, 15% are ages 5-14, 13.9% are ages 15-24; 40.5% are ages 25-59; and 23.3% are over 60 years of age. Females represent 49.3% of the population (*United States Census American Community Survey, 2021*).

B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created a system of mental health care funded by a tax on Californians with incomes over 1 million dollars. MHSA addresses a broad continuum of prevention, early intervention, and service needs; and the necessary infrastructure, technology, and training elements that effectively support this system. Implemented in Glenn County beginning in FY 2004-2005, MHSA continues to provide increased funding, staffing, and other resources to support county mental health programs and monitor progress toward performance outcomes for children, transition age youth, adults, older adults, and their families.

MHSA target populations include:

- Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families

- Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems)
- Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness
- Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems

Glenn County Behavioral Health (GCBH) is required to develop and submit three-year program and expenditure plans, and annual updates, that address the activities, services, and projects that will be implemented within the framework of MHSA. The plans and updates include planning budgets that outline the anticipated expenditures. The plans/updates also allow GCBH the opportunity to report on the successes and challenges of the programs and projects that were implemented; applicable data; related performance outcomes; and any anticipated changes in the coming year(s). Stakeholder and community involvement is essential in the planning and development of the MHSA system.

C. MHSA COMMUNITY PROGRAM PLANNING

1. Community Program Planning Activities

The GCBH Community Program Planning (CPP) process for the development of the MHSA FYs 2024-2026 Three Year Program and Expenditure Plan (“MHSA 3-Year Plan”) builds upon the planning process that was utilized for the development of the most recent 3-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that over 1,200 stakeholders have participated in the planning process since 2005.

The MHSA components addressed by the CPP included Community Services and Supports (CSS); Prevention and Early Intervention (PEI) local and statewide; Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN). In addition, GCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

The MHSA annual planning process includes widespread representation from the community, social service agencies, law enforcement, Probation, education, and persons with lived experience and family members. To obtain input on this MHSA 3-Year Plan, focus groups and stakeholder meetings were conducted in person, at a variety of locations, including the adult wellness center (Harmony House) and the Transition Age Youth (TAY) wellness center. A presentation on MHSA provided an overview of MHSA and helped participants understand the planning process (see Appendix A for a copy of the training presentation). Participants at these meetings also learned more about MHSA and the programs that have been funded.

Interpreters provided translation services for monolingual Spanish-speaking clients and persons from the community. Information about the focus groups was publicly disseminated via a flyer,

wellness center calendars, and social media posts. The flyer was emailed throughout the Glenn County Health and Human Services Agency (HHS) and other stakeholder groups to inform both community partners and staff. During staff meetings, the focus group meetings were discussed, and informational flyers were also distributed to staff.

GCBH also collected a survey to obtain input from individuals who could not attend the stakeholder meetings. This survey allowed individuals to participate, provide feedback to the planning process, and help to develop the Annual Update. The survey was available via hard copy, and online through SurveyMonkey. Information about the survey and the link/QR code to the online survey were distributed via email; social media platforms; flyers; at the wellness centers and clinic offices; and during existing structured meetings. As a result, there were approximately 100 diverse individuals in Glenn County who participated in this year's comprehensive planning and capacity/needs assessment activities. Refer to Appendix B for the survey results.

In addition, a number of different agency staff were engaged to provide input into the MHS planning process. This input creates a comprehensive and meaningful stakeholder process. The combination of focus groups, personal interactions, and stakeholder focus groups give voice to a broad range of individuals across the community. This input informed the development, plan, and implementation of the 3-Year Plan.

2. Stakeholder Input

Focus groups and stakeholder meetings were conducted in person, at a variety of locations, including Harmony House and the TAY wellness centers; Behavioral Health Advisory Board meetings; and Glenn County Alliance for Prevention meetings. Input was also obtained from community stakeholders and through outreach activities to persons who are unserved and/or underserved. In addition, to ensure a continuous process for improving services and obtaining input for consumers and family members, the planning process and needs assessment included input from the Harmony House monthly Consumer Voice group and from the TAY Center during quarterly focus groups. The information obtained during these groups is regularly reported to the monthly System Improvement Committee (SIC); MHS Steering Committee; quarterly Quality Improvement Committee (QIC); and the Behavioral Health Board to inform planning and program decisions and support a consumer-driven culture throughout the agency.

Recommendations from these groups included discussions about the development of life skills; social skill group ideas for both of the wellness centers; group field trips for adults; community outreach and education about Stigma; increasing outreach to the community; outreach to the unhoused; options to Sober Living Environments and SUD inpatient Treatment; increasing services for LGBTQ+ and seniors; increasing services and supports for parents; serving clients with co-occurring disorders more effectively; and overall satisfaction with the current MHS services. Focus group participants were in favor of utilizing MHS funds to match the Orland Youth and Family Unit Wellness Center through a BHCIP grant. The ideas presented by consumers were integrated throughout the development and design of the 3-Year Plan and will be used to enhance MHS services in the coming years.

The survey data was analyzed, and the results were used to provide input and guidance in the planning process, and to identify the programs that would be funded with MHSA (refer to Appendix B for the survey results). Data was also analyzed on Full-Service Partnership (FSP) services to ensure that clients are successfully achieving positive outcomes. This outcome data includes analysis of service utilization, reduction in inpatient services, and use of crisis services. Outcome and service utilization data is analyzed and reviewed at least quarterly by the SIC to monitor clients' progress over time. This data has helped GCBH to understand service utilization and evaluate client improvement; and it has been instrumental in the ongoing planning process to continually improve services for clients and families.

In addition to these stakeholder focus groups, key stakeholders routinely discuss and provide ongoing input on the utilization of MHSA funds during the monthly SIC meetings; quarterly QIC meetings; MHSA Steering Committee meetings; MHSA Consumer Voice meetings; Cultural and Linguistic Competence Committee meetings; System-wide Mental Health Assessment Response Treatment (SMART) Steering Committee meetings (the Innovation project); Katie A./CCR meetings; Glenn County Alliance for Prevention meetings; AB109 meetings; and at the monthly Behavioral Health Advisory Board meetings. All stakeholder groups and boards are in full support of this MHSA 3-Year Plan and the strategies to maintain and enhance services.

D. CAPACITY TO IMPLEMENT SELECTED MHSA PROGRAMS

GCBH is required to provide an assessment of its capacity to implement the proposed MHSA programs and services.

- 1. Requirement:** Demonstrate the strengths and limitations of the County and service providers that impact their ability to meet the needs of the MH community, including racially and ethnically diverse populations. Include an assessment of bilingual proficiency in threshold languages.
 - a. Strengths of the GCBH System:** GCBH has a high number of staff who are bilingual and bicultural. Currently, GCBH employs 21 bilingual staff, in the following positions: 7 Clinicians; 7 Case Managers; 1 Peer Support Staff; 5 Coordinators/Managers; 5 Quality Improvement and support staff; and 1 MSW intern. GCBH also has a robust Internship program in partnership with CSU, Chico. Annually, GCBH has 3 BSW interns and 2 MSW interns working in different capacities within the BH system. Since 2009, 54% of interns stayed and became full time staff of GCBH.
 - b. Limitations of the GCBH System:** GCBH continues to struggle with workforce shortages, especially recruitment of BH Managers, Support Staff, and Clinicians. Also, GCBH currently lacks office space to provide services.
 - c. Bilingual Proficiency of GCBH Staff:** There are 2 threshold languages in Glenn County: English and Spanish. Per a recent staff survey, of the 21 bilingual staff at GCBH, 18 staff identify as proficient in reading, writing, and speaking Spanish

(86%), and one (1) is proficient in reading, writing, and speaking Mandarin/Cantonese (5%). One (1) bilingual staff is proficient in speaking Hmong (5%), and one (1) staff is proficient in speaking Spanish but not proficient in reading and writing (5%). Of the 21 Spanish speaking bilingual staff, 19 individuals are direct service staff (90%) and two (2) are administrative/management staff (10%). Of the 19 Spanish speaking bilingual staff, all 19 deliver services in Spanish (100%), as well as provide interpreter services for other staff members. *(Data source: GCBH Cultural and Linguistic Competence Plan-Annual Update 2022).*

2. Requirement: Provide percentage of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

a. Comparison of GC Population; GCBH clients; and GCBH staff on age, race/ethnicity, language, and gender. Figure 1 shows that across ages, there are a higher proportion of GCBH Staff who are ages 25-59, which is expected to have a work force that is primarily this age group. For Race/Ethnicity, the proportion of persons who are Hispanic is consistent across the three populations: In the general populations, there are 37.5% Hispanic; 41.2% in the client population; and 31.1% in the staff population. We are pleased we have been so successful in hiring 28 bicultural staff (with 26 being fluent Spanish speakers – 92.9%). For gender, there are 49.5% females in the population; 61.6% female clients; and 77.8% female staff.

**Figure 1
Glenn County Population, Mental Health Clients, and GCBH Staff, by Demographics
FY 2021/22**

	Glenn County Population 2010 Census		GCBH Mental Health Clients		GCBH Staff	
Age Distribution						
0 - 14 years	6,520	23.2%	317	30.5%	-	0.0%
15 - 24 years	3,926	14.0%	234	22.5%	9	10.0%
25 - 59 years	12,505	44.5%	405	38.9%	78	86.7%
60+ years	5,171	18.4%	85	8.2%	3	3.3%
Total	28,122	100.0%	1,041	100.0%	90	100.0%
Race/Ethnicity Distribution						
Black	192	0.7%	10	1.0%	-	0.0%
American Indian/ Alaskan Native	477	1.7%	25	2.4%	4	4.4%
Asian/ Pacific Islander	696	2.5%	16	1.5%	4	4.4%
White	15,717	55.9%	522	50.1%	54	60.0%
Hispanic	10,539	37.5%	429	41.2%	28	31.1%
Other/ Unknown	501	1.8%	39	3.7%	-	0.0%
Total	28,122	100.0%	1,041	100.0%	90	100.0%
Language Distribution						
English	-	-	958	92.0%	62	68.9%
Spanish	-	-	79	7.6%	26	28.9%
Other/ Unknown	-	-	4	0.4%	2	2.2%
Total	-	-	1,041	100.0%	90	100.0%
Gender Distribution						
Male	14,191	50.5%	400	38.4%	20	22.2%
Female	13,931	49.5%	641	61.6%	70	77.8%
Total	28,122	100.0%	1,041	100.0%	90	100.0%

3. Requirement: Identify possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

a. Barriers to Implementation: GCBH continues to struggle with workforce shortages, especially recruitment of BH Managers, Support Staff, and Clinicians. Also, GCBH currently lacks office space for all of our staff to provide services.

b. Mitigation Efforts: GCBH is addressing staffing issues through ongoing recruitment activities and exploring telehealth and other technological solutions. GCBH joined the regional WET partnership to increase staff retention through the loan repayment program. Additional office space is being located to expand capacity to deliver services. GCBH will also identify and implement priorities and programs that will have the most impact on clients and the community, maximizing resources and outcomes.

E. LOCAL REVIEW PROCESS

1. 30-Day Posting Period and Circulation Methods

This proposed MHSA 3-Year Plan was posted for a 30-day public review and comment period from May 12, 2023, through June 12, 2023. An electronic copy was posted on the County website, and through various GCBH social media platforms. This document was distributed to all members of the Mental Health, Alcohol and Drug Commission; SIC; consumer groups; and GCBH staff. The document was available via mail or email, upon request. Hard copies were distributed at the clinics in Willows and Orland, and upon request.

GCBH MHSA website: <https://www.countyofglenn.net/dept/health-human-services/behavioral-health/mental-health-services-act>

2. Public Hearing Information

The Public Hearing for the posted MHSA 3-Year Plan was held on Tuesday, June 13, 2023, from 3:00 pm to 4:00 pm. A hybrid in-person and Zoom meeting was held. The in-person meeting location was the CRWC Annex, 1187 E South Street, Orland, CA 95963. 15 individuals participated in the Public Hearing. The majority (12) were adults; 2 were TAY; and 1 was an older adult. 12 females and 3 males participated. The majority of individuals were White (11); and 4 participants were Latinx. Participants were comprised of GCBH staff (6); clients (2); family members (4); and agency partners / general stakeholders (3).

3. Public Feedback on Proposed Document

No feedback was received during the 30-day posting period. Feedback during the Public Hearing was favorable and included the following comment from a client participant: “[Being] a client for just about the same amount of time MHSA has been in place, I’ve seen how the county has expanded for clients and all I can say is that Glenn County, I’m tooting our own horn, I think we’ve done a really good job in terms of helping people and prevention, outreach and all that.” The general consensus was approval of the proposed MHSA 3-Year Plan.

4. Substantive Recommendations and Changes

No substantive recommendations to change the MHSA 3-Year Plan were received. The proposed MHSA 3-Year Plan was updated after the posting period and public hearing to include the public hearing information. The MHSA 3-Year Plan was also updated to include costs per client for the CSS, PEI, and INN components in FY 2021/22, as well as anticipated numbers and estimated costs per clients for these components in the coming fiscal years.

5. County Approval and State Submission

The MHSA 3-Year Plan was approved by the County Board of Supervisors on Tuesday, July 18, 2023. The final approved document has been submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

F. COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports (CSS) funding created two strong programs: the CSS Full-Service Partnership (FSP) program; and the CSS Non-FSP program. These two programs encompass a variety of services and activities, including FSPs; outreach and engagement activities; general system development programs; and the two wellness centers.

1. Report on Prior Years' CSS FSP Program (FY 2021/22)

The Full-Service Partnership (FSP) program is designed to provide expanded mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these clients in achieving their recovery goals. Components of the FSP program include, but are not limited to the following services and activities: 24/7 coverage with designated FSP staff; educational and/or employment services; assistance with local transportation to meet basic needs; linkage to home and community services; and participation in the Behavioral Health Treatment Court (BHTC). All individuals enrolled in the BHTC are enrolled in the FSP program. FSP services offer flexible funding to support clients with “whatever it takes” for a limited time, when consistent with the treatment plan and recovery goals.

As a pilot county that is implementing the new CARE Court program early, there have been bi-weekly meetings and activities to begin early implementation. All CARE Court participants will also be enrolled in the FSP program which will help support them in finding housing for individuals who are homeless and have a diagnosis of schizophrenia and/or other psychoses.

In addition to meeting SMI or SED criteria, MHSA regulations specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment. For children and youth, additional criteria also include at risk or a recent history of homelessness, school failure, high-risk behaviors, and/or involvement in the criminal justice system. For adults, additional criteria include being at risk of involuntary hospitalization or inpatient hospitalization, placement in residential treatment, substance use, co-occurring disorders, and/or at risk of out-of-home placement.

Full Service Partnerships for Children/Youth

FSPs for children and youth consists of addressing needs for high-risk children and youth, especially individuals and families who are involved in the Child Welfare Services (CWS) or Probation systems. FSPs may also include youth who have been identified through the GCBH SMART program as a potential risk in schools and community settings. Children who are participating in the Parent-Child Interaction Therapy (PCIT) program are also considered for the FSP program, to help reduce high risk behaviors that could interfere with school and other relationships in their lives.

The FSP team consists of clinicians, case managers, and peer support, when needed. The strengths of the client are identified and used to engage in age-appropriate activities to support healthy development. Client-driven Child and Family Team (CFT) meetings develop goals and strategies to promote wellness and recovery in everyday life. These teams are comprised of members chosen by youth that will best support their goals. Each plan is individualized to meet specific needs.

Development of family goals is also an important component in the FSP program. The entire family system is supported to help address needs such as housing; parenting; job finding; budgeting; healthy communication; and other identified goals. Flex funds are utilized to support families to receive “whatever it takes” to help the child and/or family achieve their goals. Flex funds may be used to provide housing assistance; pay security deposits and first month’s rent; help furnish the space; and teach clients to manage their money.

Progress is monitored through CFT meetings and quarterly evaluation forms. Wellness Recovery Action Plans (WRAP), an evidence-based practice, are created with families/individuals and youth as a part of the FSP program. Over the past two years in response to COVID protocols, the case managers utilized an online training to support the development of a WRAP with families; this training was conducted as an individual service, although it is traditionally provided in a group setting.

Full Service Partnerships for Adults/Older Adults

FSP for adults and older adults consists of addressing needs of high-risk adults and seniors, especially individuals and families who are involved in Behavioral Health Treatment Court. Services also include working with adults who have been identified through screenings and assessments who have been identified as having a co-occurring mental health and substance use disorder. FSP for adults focuses on helping adults and older adults live in the community; volunteer and/or obtain employment; develop positive social support networks; and manage their physical and mental health problems to help achieve wellness and recovery. The strengths of the client are identified and used to engage in wellness and recovery activities.

Client-driven Wellness Team meetings are utilized to help clients express their service needs and identify their own wellness goals and action plan. Wellness Teams are comprised of members chosen by the client, and typically include a case manager, a therapist, and any support person(s) identified by the client. The Wellness Team may also include Harmony House coaches, family members, and a Probation Officer, as appropriate. The client’s Wellness Team meets regularly to review the client’s progress. The client’s input is emphasized in an effort to empower the client and to ensure that consumer driven services are utilized.

The FSP program uses flexible funding to help FSP clients move into independent living situations. Strategies include helping individuals to access housing; using hotel vouchers; providing assistance with security deposits and funds for first month rent; paying for basic necessities; and providing funds to assist with utility payments.

Behavioral Health Treatment Court

The Behavioral Health Treatment Court (BHTC) process is a post-plea court, signifying that the individual has plead guilty to a specific crime and is now “sentenced” to BHTC. The objective is to divert individuals from jail into treatment. The BHTC team is comprised of a GCBH clinician and a case manager; a probation officer, the District Attorney’s office, the Public Defender’s office; and the court. Eligible individuals include Glenn County residents who have Medi-Cal and have been diagnosed with an SMI. Persons with certain crimes, such as violent crimes, are excluded from participation in BHTC. The program is a minimum of 12 months and typically takes participants 18-24 months to complete.

The BHTC program has 3 phases where the participant attends services on an individualized plan to gain points each month. When they acquire the required number of points, they can move to the next phase. If the person completes all phases satisfactorily, they are eligible to graduate, and their charges can be reduced from a felony to a misdemeanor or dismissed completely, at the court’s discretion. The participant meets with GCBH staff weekly; attends groups and other community services; and meets with probation as directed for substance use testing, as appropriate. The client may also be referred to substance use services if needed as part of their plan. Additional supports such as housing, SSI, employment, and other needs are evaluated, and the BHTC team assists the client in obtaining those supports.

In FY 2021/22, GCBH created a new structure to gather local data on its FSP clients. This local data will help provide additional information about homelessness, incarcerations, and Wellness Team or Child and Family Team meetings. This data will support GCBH will be able to continuously evaluate and improve services to respond effectively to meet the client’s needs.

Additional CSS Services and Activities

In addition to services at TAY and Harmony House, CSS services are also available at the two GCBH Behavioral Health clinics: the outpatient clinic located in Willows; and the Community, Recovery, and Wellness Center (CRWC) in Orland (note that the building in Orland is being renamed “Behavioral Health Services.”). The CRWC is also the location of the Transitions Learning Center (TLC). TLC offers services individuals in the AB109 program and the Behavioral Health Treatment Court program, and other community members to help link individuals to needed services. These individuals can receive several of their services at the TLC. These services may include mental health, psychiatry, substance use treatment, employment skills, and linkage to benefits.

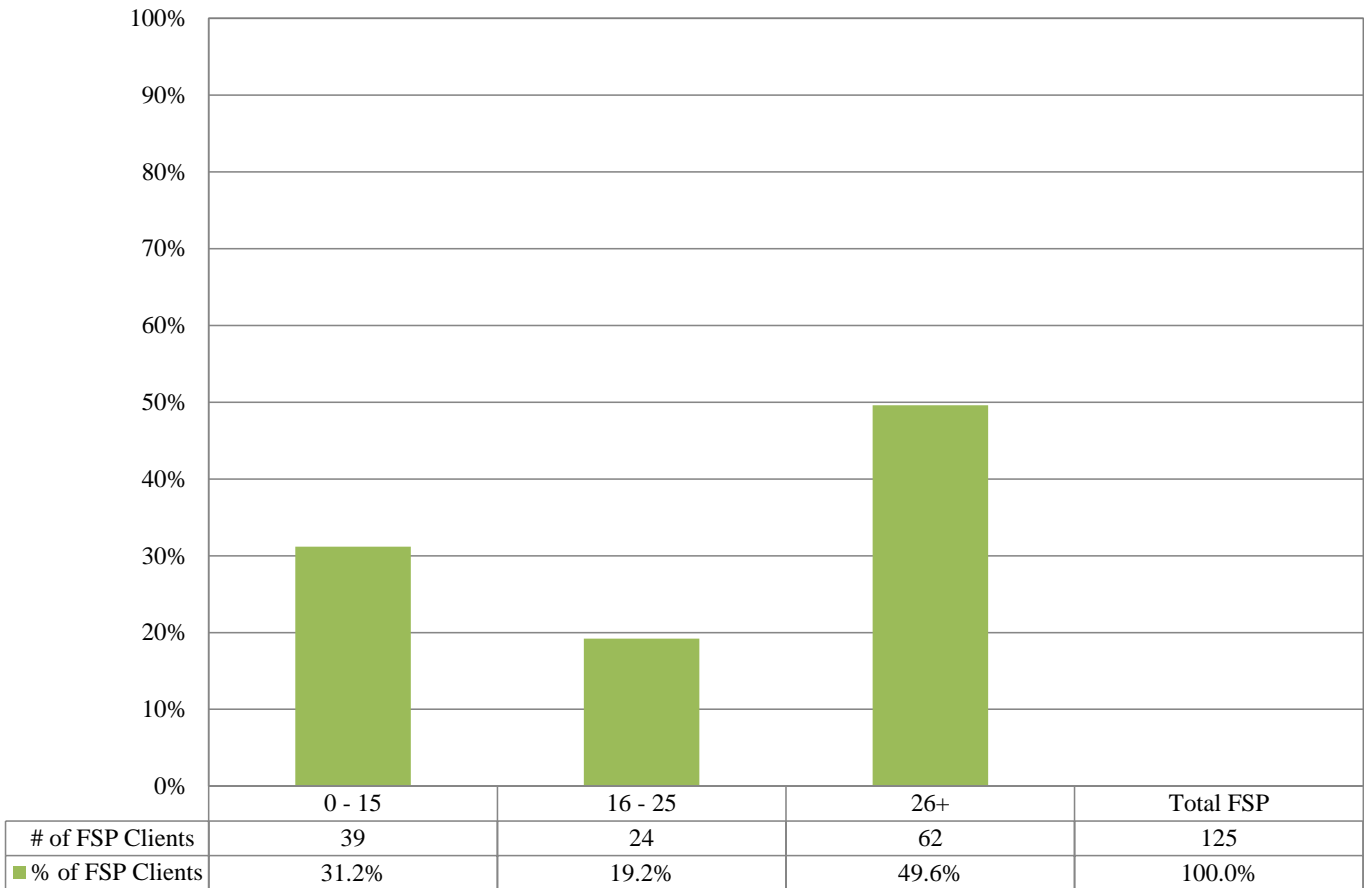
CSS funds are occasionally used to supplement services for individuals who receive services through the SAMHSA Mental Health Block Grant; Mobile Crisis; Behavioral Health Internship Program; AB109; the Mental Health Schools Services Act program; or any other programs that are added through the year.

➤ CSS FSP Program Data (FY 2021/22)

The FSP program served 125 people in FY 2021/22 (see Figure 2). Of the people served, 39 (31.2%) were children ages 0-15; 24 (19.2%) were TAY ages 16-25; and 62 (49.6%) were adults/older adults ages 26 and older.

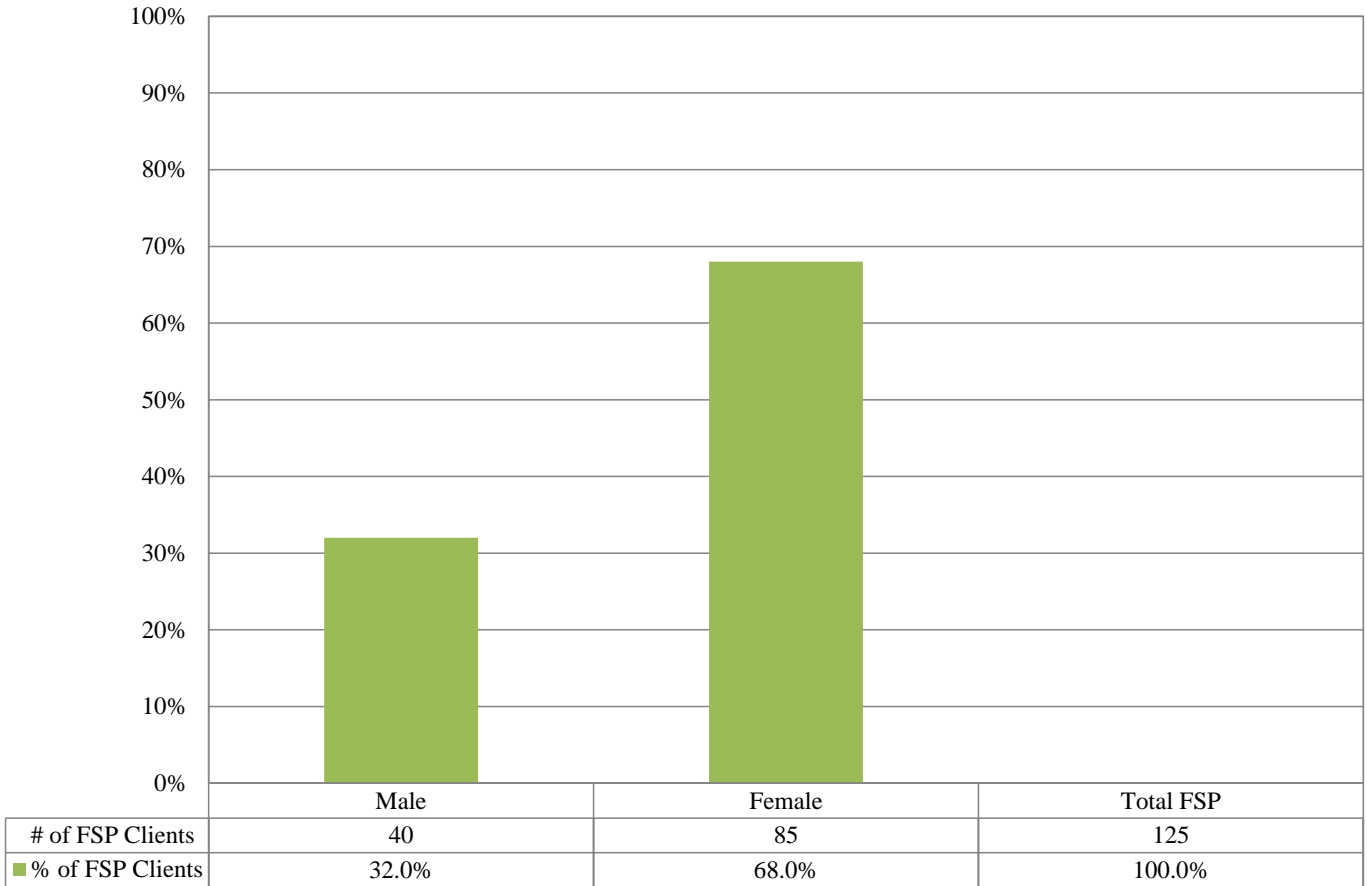
Note: The age categories of 26-59 and 60+ have been combined into 26+ to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2021/22



Of the 125 people enrolled in the FSP program in FY 2021/22 (see Figure 3), 40 were male (32%) and 85 were female (68%).

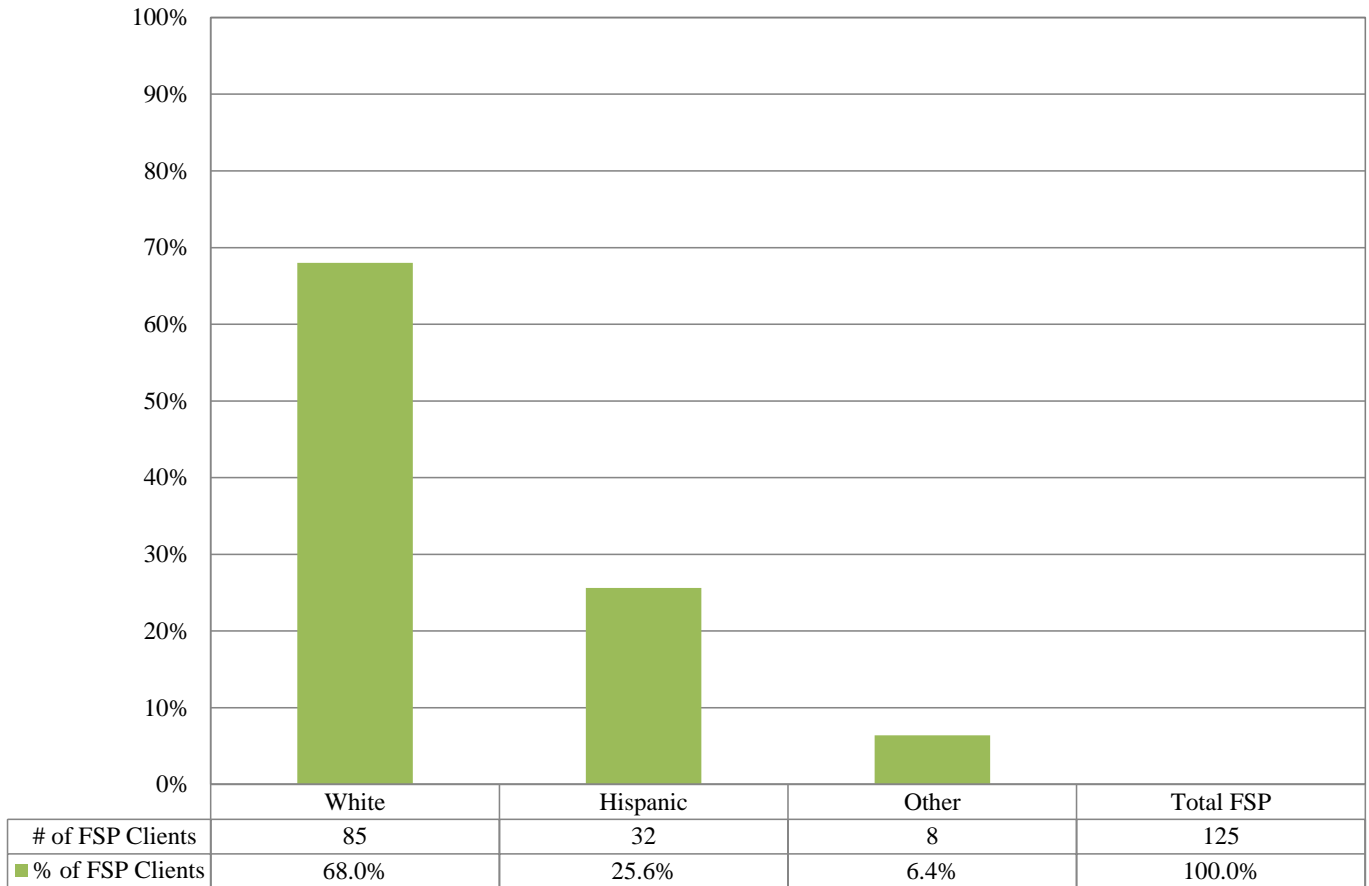
Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2021/22



Of the 125 people enrolled in the FSP program in FY 2021/22 (see Figure 4), 85 were White (68%); 32 were Hispanic (25.6%); and eight (8) were Other Race/Ethnicities (6.4%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

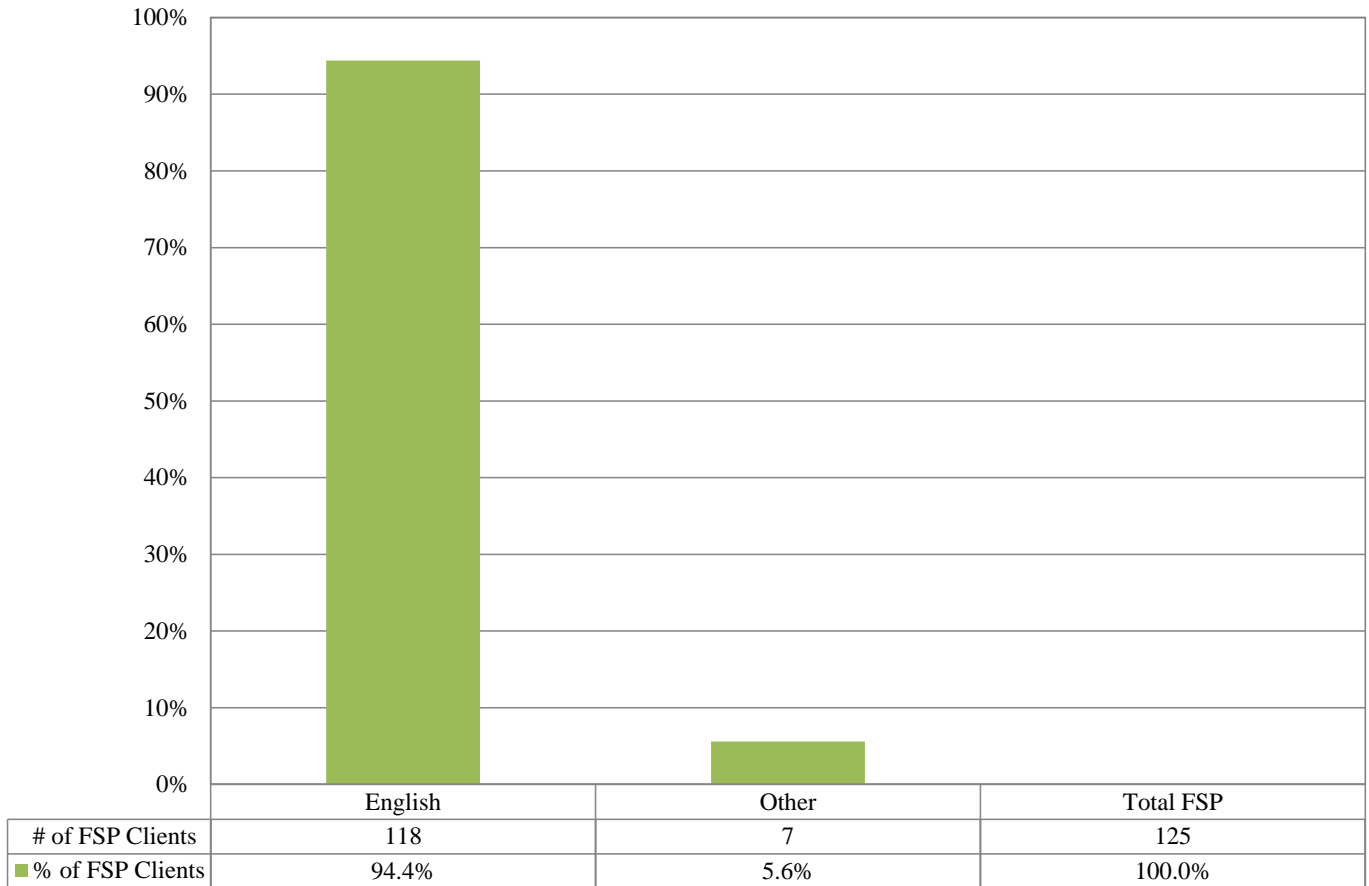
Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2021/22



Of the 125 people enrolled in the FSP program in FY 2021/22 (see Figure 5), 118 (94.4%) were English speakers and seven (7) reported another Primary Language other than English (5.6%).

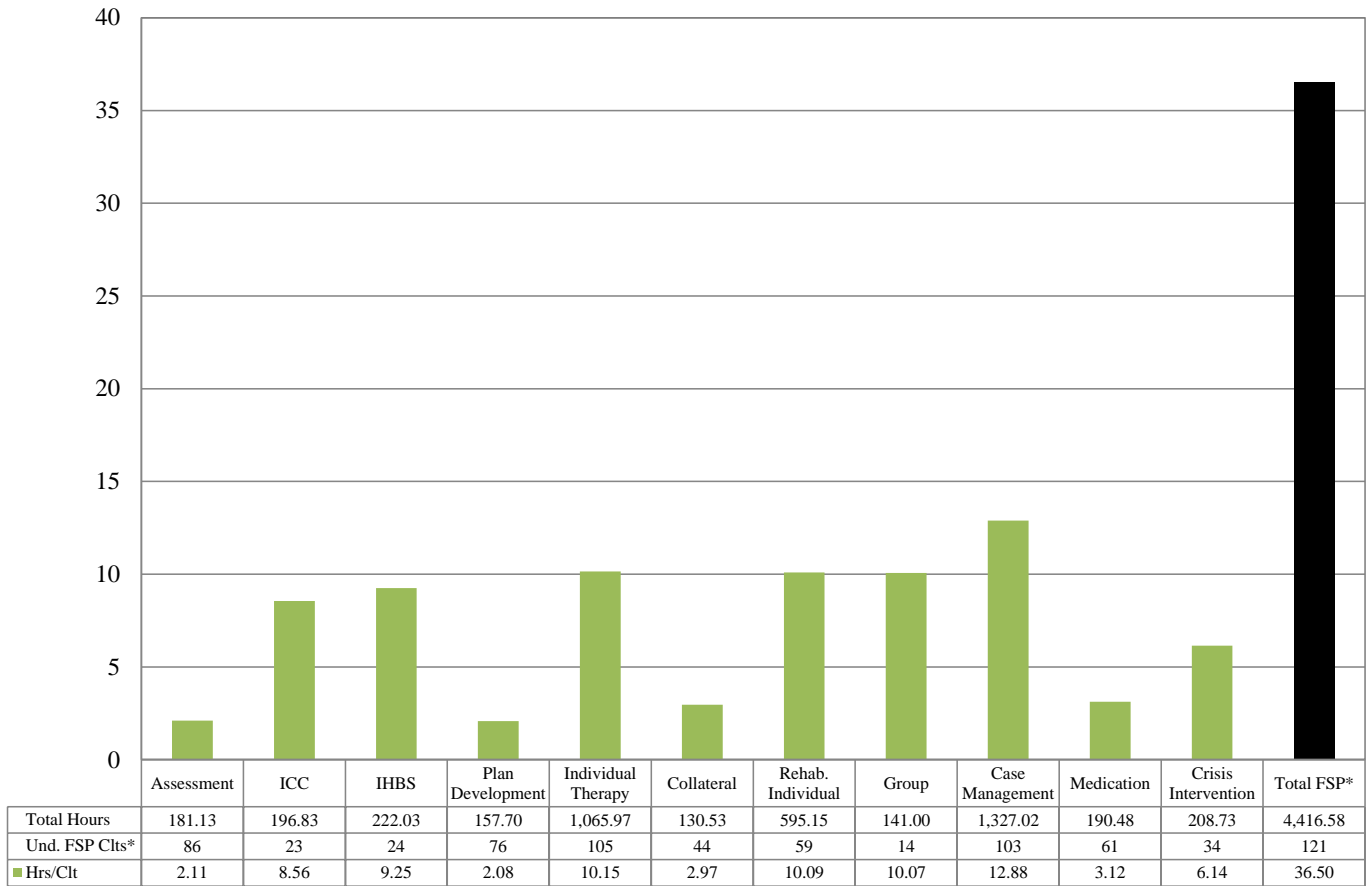
Note: The Preferred Language categories of Spanish, Hmong/Lao, and Other have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 5
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2021/22



FSP clients are some of the highest need clients served by GCBH. Clients receive a full array of services, as shown in Figure 6 below. The 121 clients that received FSP services in FY 2021/22 received 4,416.58 hours of services, which calculates into an average of 36.5 hours per person. Of the 121 clients, 86 received assessment; 76 received plan development, 105 received individual therapy, 103 received case management, and 61 received medication services. Only 34 of the 121 FSP clients received crisis intervention, which shows that only 28% needed this intensive service. This data also reflects that 72% of the FSP clients did not receive crisis services in the fiscal year, which demonstrates the positive outcomes from outpatient services for these high-risk clients to help them manage their wellness and recovery.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2021/22



** Four (4) clients were discharged from FSP early in the FY so they did not receive any outpatient MH services.*

Figure 7 shows the MHSa cost per FSP client in FY 2021/22. MHSa FSP expenditures in FY 2021/22 were approximately \$503,331; there were 125 FSP clients served; and the MHSa cost per client was roughly \$4,027.

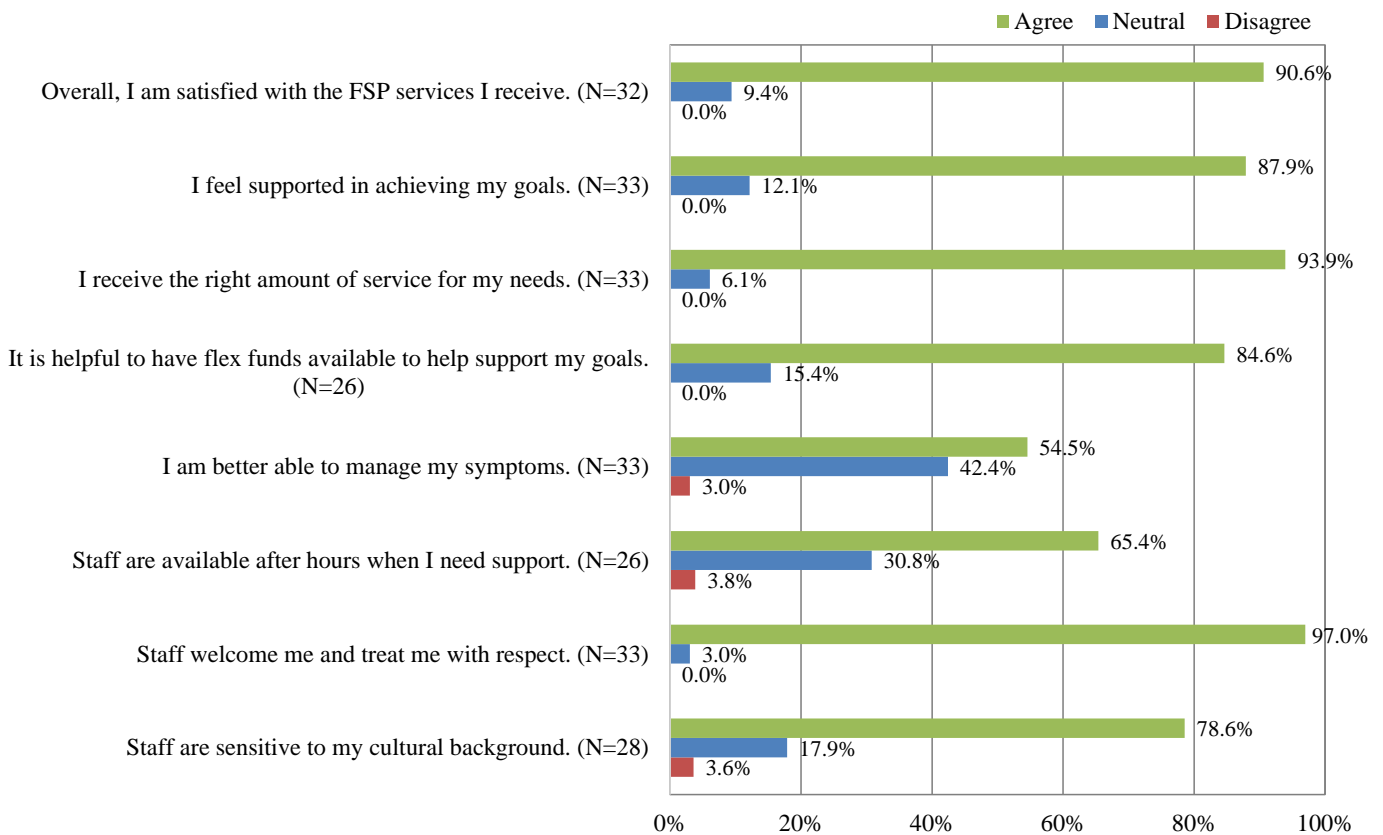
Figure 7
CSS FSP Services
Total MHSa FSP Expenditures, Clients, and Cost per Client
FY 2021/22

Total FY 21/22 MHSa FSP Costs*	\$ 503,331
Total FY 21/22 FSP Clients	125
FY 21/22 MHSa Cost per FSP Client*	\$ 4,027

**Expenditures and costs per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

Figure 8 shows the survey results from the Quality of Services Survey administered to all FSP clients ages 12 and older. These results illustrate positive outcomes for the individuals served by the FSP program. Of the 33 individuals who responded to the question: “I feel support in achieving my goals”, 87.9% agreed. Of the 26 individuals who responded to the question: “It is helpful to have flex funds available to help support my goals”, 84.6% agreed. Of the 33 individuals who responded to the question: “I am better able to manage my symptoms”, 54.5% agreed.

Figure 8
CSS Full-Service Partnership Services
Quality of Services Survey Results
FY 2021/22
FSP Clients 12+ Years



2. Report on Prior Years' CSS Non-FSP Program (FY 2021/2022)

The CSS Non-FSP program provides the following activities: outreach activities; outpatient services; SMART Team services; telepsychiatry services; crisis services; wellness center activities; and housing support services.

CSS dollars also help to support the Mental Health Student Services Act (MHSSA) grant, funded separately through the MHSOAC. The MHSSA project, Promoting Resiliency and Investing in Student Mental Health (PRISM), supports partnerships between educational and county mental health agencies.

All CSS Non-FSP activities strive to continually improve services to enhance family relationships across all age groups; increase family activities to promote wellness and improved outcomes; expand services for persons with co-occurring mental health and substance use disorders; and reduce depression and suicidal behavior. Persons involved in programs are asked to provide feedback and input on the groups and services offered, so new and engaging activities can support individuals as they develop skills to improve wellness, recovery, and achieve improved outcomes.

Outreach Activities

To identify new clients for outpatient services, Case Managers provide CSS outreach activities to persons in the community who are at-risk of needing mental health services. Harmony House also provides clothing to individuals and families through donations from the community. The Harmony House Clothing Closet is visited by approximately 50 community member each year.

Community members are able to take showers by appointment at Harmony House, Monday through Friday. On average, the showers are used twice each day. This service provides the opportunity for individuals to develop trusting relationships with Harmony House staff and clients, which then encourages the individual to access other services.

In addition, GCBH has two (2) evidence-based anger management programs that are offered to Glenn County residents and AB109 clients: 1) Courage to Change; and 2) a SAMSHA-certified anger management program. In FY 2021/22, Courage to Change provided group services to 14 individuals and 8 individuals attended anger management groups. 11 of these individuals were referred to and received mental health services.

In the August 2022, the TAY Center partnered with The Star Center for a Back-to-School event that provided free haircuts, resources, and school supplies. The Star Center serves foster and juvenile justice youth with Independent Living Services, resources, and drug and alcohol prevention. Approximately 18 local barbers and stylists volunteered their time to provide youth haircuts before they returned to school. Also, to serve the monolingual Spanish community, 16 of the barbers/stylists spoke Spanish. Resource tabling included representation from TAY Center; STAR Center; Substance Abuse Prevention; Mental Health; Tobacco Prevention; Suicide Prevention; First 5; and Public Health-Dental Hygiene. The event provided 160 families with backpacks, haircuts, and/or resources.

Outpatient Services

GCBH continues to expand programs and collaborate with partner agencies, including schools, law enforcement, social services, jail, and probation. GCBH also continues to expand its relationship with local school districts to provide intensive services to youth and their families to support stronger outcomes in the school, addressing suicide and reducing the need for higher levels of care in the education setting.

SMART Team Services

The SMART Team, originally an Innovation project, is sustained through CSS funding, and continues to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats, suicidal behavior, and/or bullying.

The SMART Team's collaborative relationship created a coordinated network to identify high-risk children and youth; identify strategies for engaging family members; and develop creative solutions to resolve threats or other complex situations in a timely and competent manner. The SMART Team also coordinated services to implement a cohesive plan across partner agencies. This collaboration helped to develop a strong, trusting relationship across agency partners, and identify coordinated solutions to improve services across the system, and achieve positive outcomes for children, youth, and their families.

The SMART Team model was to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats and incidents that could cause concern for future violence. The SMART Team responded to situations across the county and conducted a comprehensive mental health and crisis evaluation. In addition, a comprehensive threat assessment tool (MOSAIC) was purchased, and used across the five years of the project, to consistently assess and determine the level for risk of each individual. MOSAIC uses an error-avoidance computer-assisted method for completing comprehensive assessments.

The SMART Team has gained additional training in the Salem-Keizer Cascade Threat Assessment Model along with all local school district representatives, local law enforcement (including Glenn County Sheriff's Office, Orland Police Department and California Highway Patrol), a representative from Child Welfare Services, the Glenn County Probation Department, and Glenn County Office of Education. The expansion of training county-wide assists the community in creating a system of support for youth who may be threatening or planning targeted acts of violence. Community agency partners have the same protocols and language to use to collaborate and work together to help keep our community safe and to support the development of healthy youth. The SMART team and community partners are engaging in Level 1 training, and many of the same representatives will receive Level 2 Training as well.

The SMART team members have also been trained in the Structured Assessment for Violence Risk in Youth (SAVRY). The SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth. The violence risk assessment takes into account both reactive and proactive aggression, and items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention in risk reduction.

In an effort to further improve outcomes for the children and youth involved in these incidents, the SMART Team also follows up with each student, school, teacher, and/or family member, to offer and/or deliver mental health services that are individualized to the student and family. There are some youth which receive brief, intensive services from the SMART Team; and in other cases, the Team provides the services over a long period of time to help stabilize the student and minimize risk factors. In addition, the SMART Team links the individual to ongoing mental health, co-occurring treatment, and/or probation services to ensure that the youth and family are supported and the situation leading up to the crisis is being managed.

The SMART Team provided schools with training on the importance of assessing and responding to school threats and situations that could rise to violence in the future. The SMART Team has worked with each school to develop an on-site team with the training and skills to respond, when appropriate. MOSAIC provided the tools to fully understand a situation and resolve it in the most timely and effective manner, while keeping the community safe. As the SMART Team continues to deliver services and supports to the family, they learn the importance of everyone working together, and that everyone has the same goals for supporting healthy outcomes. The SMART team is currently providing training and consultation to additional law enforcement members in the community. GCBH has made additional effort to assist existing site teams in their triage and response process prior to the involvement of SMART. The hope is to bring a countywide threat assessment training to all schools in Glenn County to expand the efforts to keep school sites and students safe on campuses.

Telepsychiatry Services

GCBH telepsychiatry services are available for medication assessments and ongoing monitoring through Traditions Behavioral Health, an out-of-county organizational contract provider. Currently, GCBH contracts with two (2) psychiatrists, for a total of 1.0 FTE. The adult psychiatrist works 32 hours per week for GCBH, and the child/youth psychiatrist works eight (8) hours per week for GCBH. The psychiatrists have access to the Glenn EHR to review client charts and fully document each telepsychiatry visit. GCBH plans to increase the hours for a child/youth telepsychiatrist an additional eight (8) hours per week.

For adult clients, telepsychiatry appointments are available at the GCBH clinic Monday through Thursday each week. Children and youth telepsychiatry appointments are scheduled on Friday. In addition, one of the psychiatrists provides in-person appointments during the second week of the month. For new clients, transferring jail clients, and reopened clients, initial telepsychiatry appointments are scheduled for 90 minutes. All subsequent medication appointments are scheduled for 30 minutes. One (1) 90-minute emergency appointment is set aside weekly for the clients who are recently discharged from the psychiatric hospital as part of efforts to stabilize medications.

GCBH administrative staff are responsible for scheduling appointments. Designated GCBH case managers function as the liaison between the telepsychiatrist and GCBH clients. The case managers assist the telepsychiatrist and the client during appointments, and subsequently verify that documentation is completed by the telepsychiatrist.

Prior to the telepsychiatry session, the GCBH telepsychiatrist reviews the client's EHR chart to evaluate the services delivered to the client, including clinical assessments; clinical case notes from the therapist and case manager; and laboratory examinations and results.

The Telepsychiatrist conducts an assessment during the initial session that includes relevant psychiatric, developmental, social, medical and substance abuse histories, and a mental status exam. Client medications are ordered and filled at the client's pharmacy of choices. Clients with mail order services are also accommodated. Client medications are filled through electronic submission via the EHR.

GCBH hired a Registered Nurse to provide injections for clients who are prescribed with injectable psychotropic medications. The nurse is also responsible for dispensing medications to some clients. With the training and support by the case managers, the clients are checked in weekly for medication compliance. Data indicates that the injection clinic has been effective in stabilizing clients' mental health conditions and preventing hospitalizations. Of the 22 clients receiving injection service, 20 clients (91%) have remained in outpatient services.

It is the goal of GCBH to schedule an appointment date with the Telepsychiatrist within 15 business days of identification of a need for medication services. GCBH staff works diligently to meet this timeliness standard.

Telepsychiatry staff partner with the GCBH Ethic Services Committee to provide culturally-sensitive and culturally-competent interpretation services for monolingual clients. An interpreter attends the telepsychiatry appointment with each monolingual client and serves as their linkage and cultural broker. Clients have expressed their appreciation for receiving services in their preferred language. Telepsychiatrists are able to improve the communication and to make the most informed recommendation for the clients.

This telehealth program has been very effective for this small, rural county, and provides ongoing, stable psychiatry services to build positive relationships with both clients and staff. Overall, approximately 44% of mental health clients receive telepsychiatry services.

Crisis Services

Sierra Mental Wellness Group (SMWG) provides afterhours crisis services for Glenn County. SMWG works closely with GCBH Innovation staff to ensure appropriate care coordination, crisis response, and quality-driven crisis services and prevention. SMWG also provides advanced training in evidence-based models of crisis assessment for both their own staff as well as GCBH staff.

Mobile Crisis is a Mobile crisis service that provides rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries and other Glenn County residents who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to persons experiencing a behavioral health crisis by delivering de-escalation and stabilization techniques, which help reduce the immediate risk of danger and subsequent harm, and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement. Mobile crisis services are designed to utilize an integrated approach

to responding to both mental health and substance use related crises, and will be equipped to respond to drug-related overdoses, if necessary. This service is not intended to replace emergency medical services for medical emergencies.

Mobile crisis services include warm handoffs to appropriate settings and providers when the person requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care.

Mobile crisis services are directed toward the beneficiary in a crisis, but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the person in addressing their behavioral health crisis and restoring the person to the highest possible functional level. For children and youth, in particular, mobile crisis teams shall work extensively with parents, caretakers and guardians, as appropriate and in a manner that is consistent with all federal and state laws related to minor consent, privacy and confidentiality. Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the person is experiencing the behavioral health crisis. Locations may include, but are not limited to, the person's home, school or workplace, on the street, or where a person socializes. Pursuant to federal law, mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services will be available to persons experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.

Wellness Center Activities

The Transition Age Youth (TAY) Center is located in Orland in a comfortable house-like setting that welcomes youth to participate in healthy and rehabilitative exercises and activities. Youth often access services at the TAY Center, which provides individuals ages 13-25 with a safe, comfortable environment to access services and participate in age-appropriate activities. The TAY Center offers a trauma-informed, youth-driven, youth-friendly setting offering peer support, communication skills, expressive arts, mentoring, and counseling. Youth are involved in activities to reduce stigma; address trauma; reduce depression symptoms and suicidal behavior; and develop strength-based skills. Youth are also involved in reducing stigma for youth who are LGBTQ+. Staff and paid Peer Mentors have successfully implemented outreach and engagement programs in high schools and middle schools.

The TAY Center and Peer Mentors are an integral part of the trauma-informed intensive services and FSP program. Peer Mentors participate within the treatment team to support youth-driven services and advocacy for mental health. They build individual relationships with the youth and co-lead groups. Peer Mentors work closely with case managers and clinicians to help youth meet their goals.

TAY Center groups focus on the wellness and discovery period of the TAY population and focus on overall wellbeing and mental health. Groups provide skill-building opportunities focusing on five (5) core competencies: social skills, life skills, creative expression, cultural competency, and community service. This model provides wraparound mental health services that also operate to assist youth to prepare for early adulthood. Groups are created and led by Peer Mentors (paid, part-time positions) who staff the program, supported by the TAY manager and

case management staff. The program continuously includes youth voice in order to maintain a youth-driven and guided program and to promote resilience in the youth and the community.

Harmony House, the wellness center for adults and older adults, is also located in Orland, in a comfortable house that creates a safe environment for clients to come together. Harmony House is a community-focused wellness center that lends itself to a welcoming and socially-friendly environment. Harmony House is staffed by a Case Manager III who supervises peer support staff, known as Coaches, who offer a broad range of groups and classes that support activities of daily living and skills to live independently. A wide range of wellness and healthy living support services are available at Harmony House to support individuals to promote wellness and recovery. Individuals are encouraged to attend health and wellness services by offering a variety of groups and activities such as arts and crafts; Kitchen Creation (cooking); WRAP; stress management; anger management; codependency; Bouncing Back (a PTSD workshop); budgeting; men's and women's support; and grief and loss. All of these groups focus on Wellness and Recovery. Note that groups are subject to change.

The staff at the Harmony House help individuals learn skills to manage their symptoms and help prevent crisis behaviors, including suicidal behavior. Other healthy support services include nutrition and cooking classes; yoga, exercise, and fitness; creative expression; gender-specific groups; healthy relationships; and meditation.

In addition to services at TAY and Harmony House, CSS services are also available at the two GCBH Behavioral Health clinics: the outpatient clinic located in Willows; and the Community, Recovery, and Wellness Center (CRWC) in Orland (note that the building in Orland is being renamed "Behavioral Health Services.").

CSS funds are occasionally used to supplement services for individuals who receive services through the SAMHSA Mental Health Block Grant; Mobile Crisis; Behavioral Health Internship Program; AB109; the Mental Health Schools Services Act program; or any other programs that are added through the year.

Housing Services

In FY 2021/22, GCBH provided 27 individuals with eviction prevention and/or housing assistance. This assistance included 11 consumers who received transitional housing assistance and 16 consumers who received housing assistance. GCBH supported 16 individuals with eviction prevention and/or housing assistance. These activities included hotel stays, utility support, and housing items.

Over the past 3 years, Glenn County has revived the Dos Rios Continuum of Care (CoC) to address the homeless needs in the community. The Dos Rios Continuum of Care is a three-county collaborative established to promote solutions for homeless individuals and families. The CoC developed and adopted a Housing Strategic Plan for 2017-2026. The Housing Strategic Plan is a collaborative model to prevent and end homelessness in these communities. The committee has engaged various housing steering committees to come together to share resources, receive feedback, and generate creative solutions to end homelessness in these communities. Currently, Dos Rios is working to build a cohesive partnership throughout the partnership and

increasing community engagement; and are in the process of applying for and receiving grant funds in order to serve clients with the overall goal of preventing poverty.

In December 2021, Glenn County Board of Supervisors and the HHS Executive Team decided against applying for No Place Like Home (NPLH) funding. The need for supportive low-income housing still exists. In Spring 2022, Habitat for Humanity purchased the Orland Inn with plans to convert the motel into 32 supportive low-income housing units. This new “Purpose Place” has a projected finish date of Spring 2023.

➤ CSS Non-FSP Program Data (FY 2021/22)

Figure 9 shows the Penetration Rate and number of CSS clients served for five fiscal years. This data is shown by age group. The Penetration Rate graph shows that the number of persons served increased slightly from FY 2017/18 to FY 2019/20, then decreased in FY 2020/21. This may reflect the slight decrease services during COVID. The Penetration Rate (number of persons receiving mental health services out of the total Glenn County population) was relatively stable across the five years, with a slight increase from 3.4% in FY 2017/18 to 3.7% in FY 2021/22. There was an increase for children ages 0-14; decrease for TAY ages 15-24; variability for ages 25-59; and an increase for ages 60 and older.

Figure 9
Mental Health Penetration Rate, by Age
FY 2017/18 to FY 2021/22

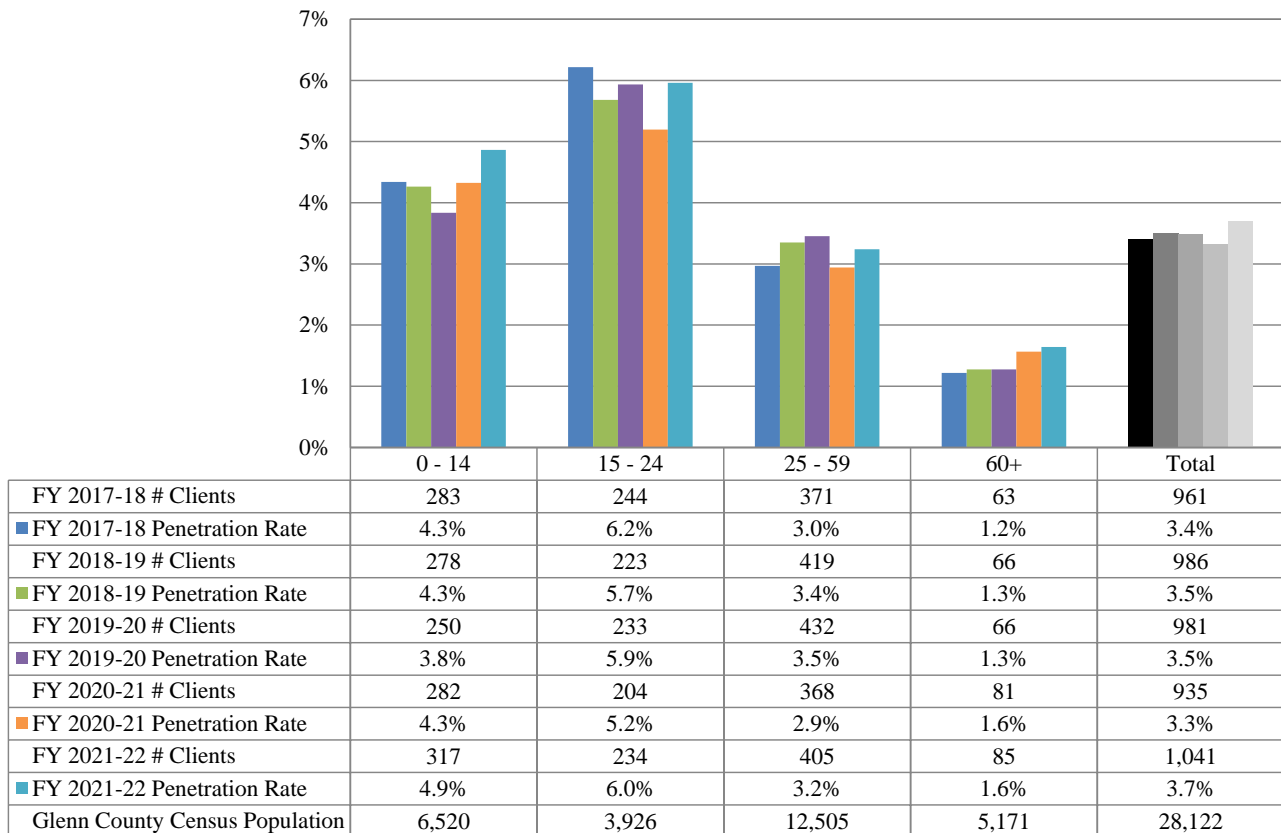


Figure 10 shows the number and percent of Mental Health clients by age for FY 2021/22. For the 1,041 individuals served, 34.4% were children ages 0-15 years; 20.3% were TAY ages 16-25 years; 37.2% were Adults ages 26-59 years; and 8.2% were Older Adults ages 60+ years.

Figure 10
Number and Percent of Mental Health Clients, by Age
FY 2021/22

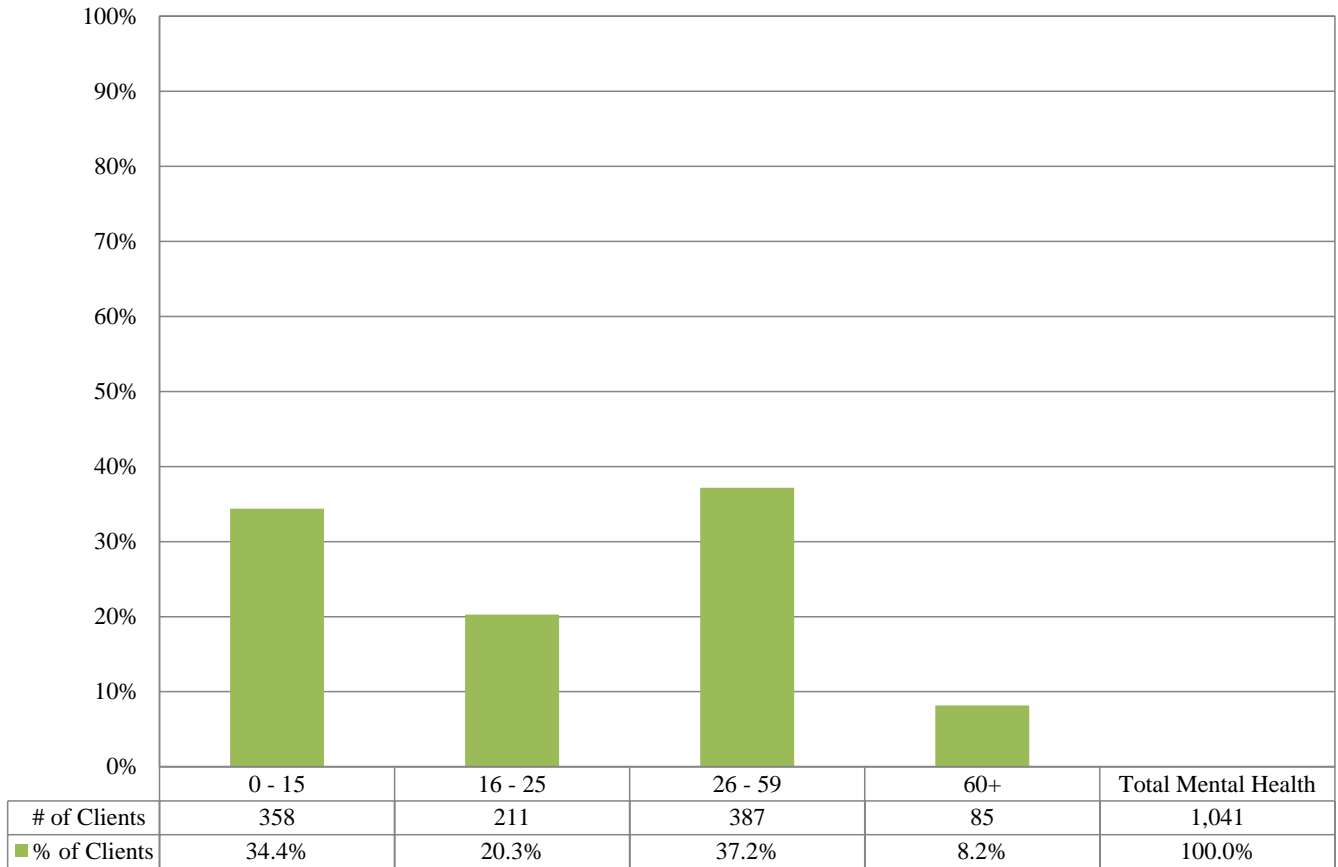
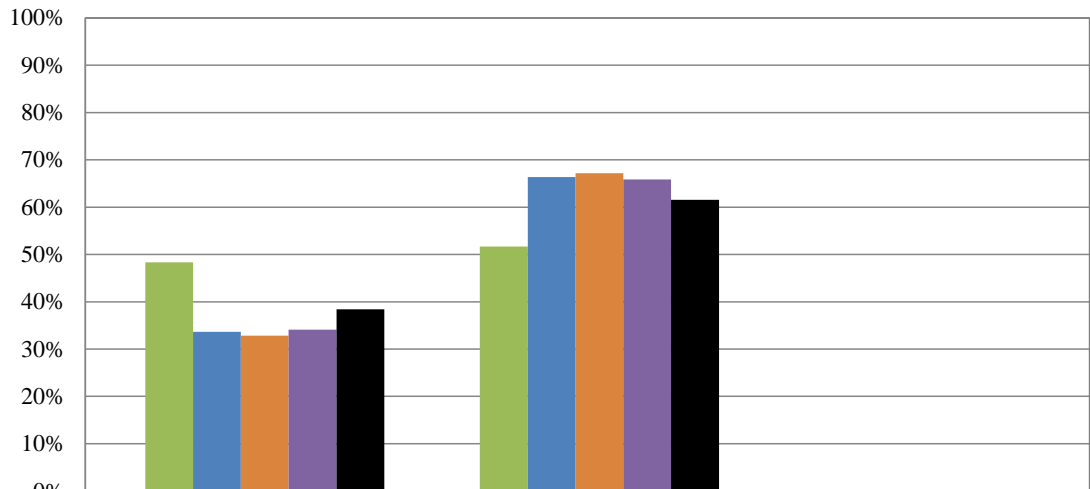


Figure 11 shows the number and percent of Mental Health clients by gender and age for FY 2021/22. There were more females than males in all four age groups during this fiscal year. Across all ages, there were more females served with 641 females (61.6%) served compared to 400 males (38.4%).

Figure 11
Number and Percent of Mental Health Clients, by Gender and Age
FY 2021/22



	Male	Female	Total Mental Health
# Child Clients (0 - 15)	173	185	358
■ % Child Clients (0 - 15)	48.3%	51.7%	100.0%
# TAY Clients (16 - 25)	71	140	211
■ % TAY Clients (16 - 25)	33.6%	66.4%	100.0%
# Adult Clients (26 - 59)	127	260	387
■ % Adult Clients (26 - 59)	32.8%	67.2%	100.0%
# Older Adult Clients (60+)	29	56	85
■ % Older Adult Clients (60+)	34.1%	65.9%	100.0%
# Total Clients	400	641	1,041
■ % Total Clients	38.4%	61.6%	100.0%

Figure 12 shows the number and percent of Mental Health clients by Race/Ethnicity for FY 2021/22. For the 1,041 individuals served, 50.1% were White; 41.2% were Hispanic; 1% were Black; 1.5% were Asian/Pacific Islander; 2.4% American Indian/Alaskan Native; 3.7% were Other.

Figure 12
Number and Percent of Mental Health Clients, by Race/Ethnicity
FY 2021/22

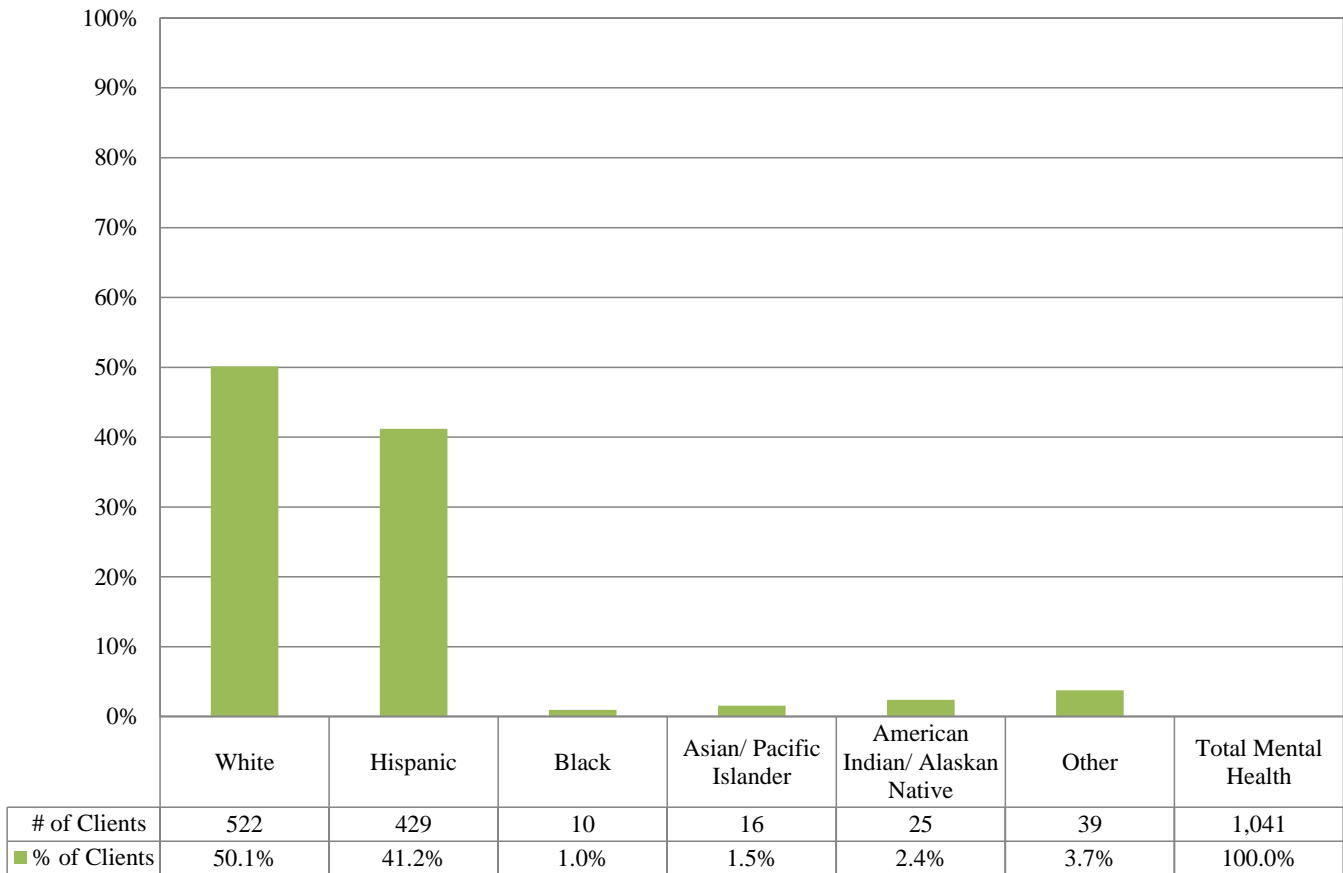
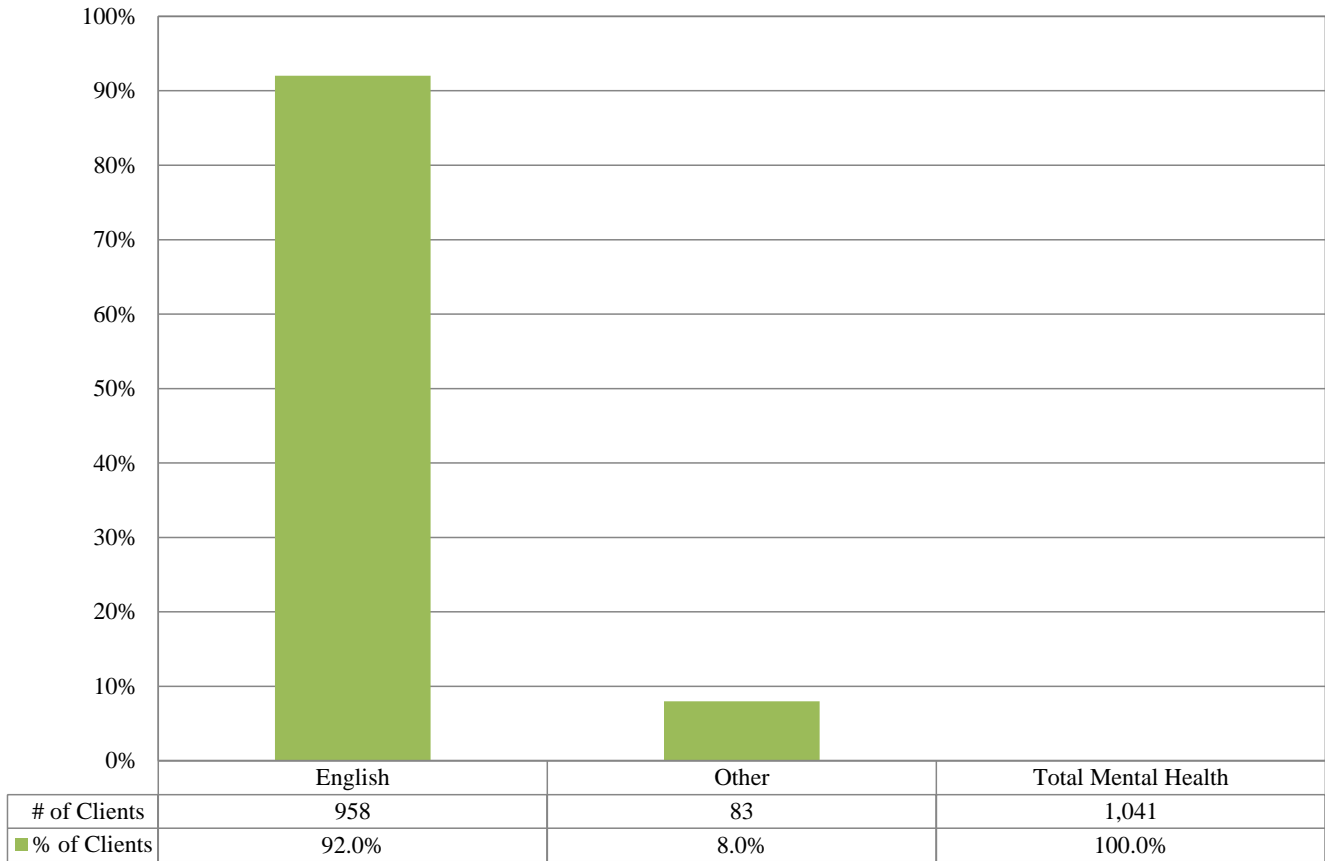


Figure 13 shows the number and percent of Mental Health Clients by Preferred Language for FY 2021/22. For the 1,041 individuals served, 92% had a preferred language of English and 8% Other languages.

Note: The Preferred Language categories of Spanish, Hmong/Lao, and Other have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 13
Number and Percent of Mental Health Clients, by Preferred Language
FY 2021/22



The next graph (Figure 14) shows the total mental health hours of service for FY 2021/22 by type of service, the number of clients receiving each service, and the average hours per client by type of service. Please note that a client may receive more than one type of service in the year.

Across all services, the 1,041 clients served in FY 2021/22 received a total of 14,927.22 hours of service. This data averages 14.34 hours per client. For assessment, 751 of the 1,041 clients received an assessment. The total number of assessment hours was 1,743.12. This data calculates into each client receiving 2.32 hours of assessment services.

There were 56 children who received 337.42 hours of Intensive Care Coordination (ICC) services, for an average of 6.03 hours per child. There were 46 children who received 318.17 hours of Intensive Home-Based Services (IHBS) for an average of 6.92 hours per child. It is important to check the total number of clients receiving each type of service, when reviewing this graph. The number of clients varies for each type of service. For example, there were 751 clients that received an assessment and 429 that received case management. Clients can receive one or more services each year.

Figure 14
Total Mental Health Hours, Clients, and Hours per Client, by Service Type
FY 2021/22

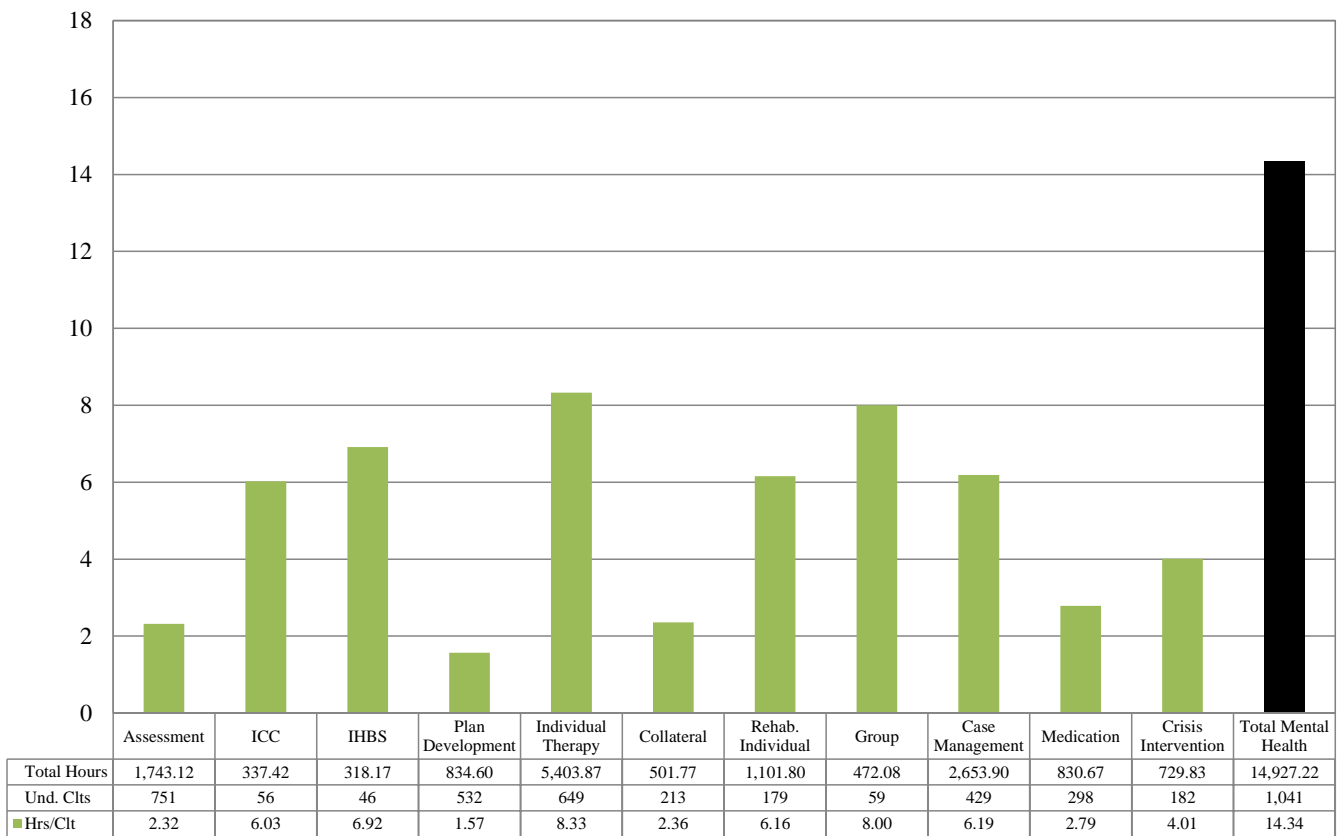


Figure 15 shows the MHA cost per CSS Non-FSP client in FY 2021/22. MHA CSS Non-FSP expenditures in FY 2021/22 were approximately \$1,255,200; there were 1,041 CSS Non-FSP clients served; and the MHA cost per client was around \$1,206.

Figure 15
CSS Non-FSP Services
Total MHA CSS Non-FSP Expenditures, Clients, and Cost per Client
FY 2021/22

Total FY 21/22 MHA CSS Non-FSP Costs*	\$ 1,255,200
Total FY 21/22 CSS Non-FSP Clients	1,041
FY 21/22 MHA Cost per CSS Non-FSP Client*	\$ 1,206

**Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

Figure 16 shows the total number and percent of clients who received psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 95.6% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 16
Number and Percent of Mental Health Clients Who Remained Out of Inpatient
FY 2021/22

	# Clients	% Clients
No Inpatient Admissions	995	95.6%
Inpatient Admission(s)	46	4.4%
Total	1,041	100.0%

Figure 17 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2021/22. This data shows that 82.5% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 17
Number and Percent of Mental Health Clients Who Remained Out of Crisis
FY 2021/22

	# Clients	% Clients
No Crisis Services	859	82.5%
Crisis Service(s)	182	17.5%
Total	1,041	100.0%

3. CSS Program Successes and Challenges

CSS Program Successes

The implementation of the Psychiatric injection clinic has resulted in a decrease of client hospitalizations. GCBH has also hired a third psychiatrist who will specialize in delivering psychiatric services for children.

The Drop-in Centers are fully staffed and services are restored to what they were prior to the COVID restrictions. There has been an increase in client voice groups; and Harmony House and the TAY Center have been implementing their recommendations (e.g., policy on behavior, community outreach events and groups). The Glenn County Behavioral Health Board holds their Executive Meeting at Harmony House to increase client participation and support advocacy. Harmony House has also supported the expansion of FSP Wellness Team meetings. Harmony House is a low-barrier facility and supports outreach to help individuals understand the programming at the drop-in center. TAY Center is partnering with Pet Partners to implement PAWS – Pet Advocate Wellness Support. Pet Partners is a national non-profit that promotes the health and wellness benefits of animal-assisted therapy, activities, and education. GCBH has two volunteer handler and pet duos that visit the TAY Center. GCBH hopes to expand the PAWS program to other components of the BH system. The Back-to-School event collaboration between the TAY and STAR Center served 160 Glenn County families with haircuts, school supplies and resources.

CSS Program Challenges

The expansion in the number of persons who are Medi-Cal eligible has increased the number of clients who are being seen at the GCBH clinic; as a result, there is a shortage of mental health clinicians available for delivering services. The management team continues to develop strategies to hire additional clinical staff, support staff to manage higher caseloads, and meet the needs of all clients. GCBH is also identifying opportunities to train staff to utilize brief therapy, when appropriate.

A continued ongoing challenge is the ability to recruit and hire personnel in Glenn County, including administrative staff, support staff, clinical staff, and leadership positions. GCBH has taken the approach of “grow your own” and have invested in current staff by supporting them to continue their education through distance learning and having flexible schedules to meet the needs of clients. Over the past few years, a total of seven (7) of employees have/will graduate from the California State University, Chico Master of Social Work (MSW) Program. GCBH hopes to fill existing positions with these graduates and continue to recruit additional staff.

The challenge of hiring bilingual, bicultural staff remains difficult. The Hispanic monolingual community continues to grow in Glenn County. While GCBH has been able to hire more bilingual, bicultural staff, the growing needs of the community, and the number of individuals and families served, continues to expand beyond the current bilingual staff capacity. The Cultural Diversity and Equity Committee (CDEC) and the Ethnic Services Committee (ESC) have been addressing outreach barriers and identifying creative options for recruiting additional bilingual staff. The ESC has also created resources to continue staff’s education and support for

providing quality interpretation and identified specific solutions for serving monolingual families and individuals.

Office space for staff continues to be a challenge. GCBH has received grants that allow the department to hire 10 additional full-time staff. GCBH leadership has been working with the BH team to tele-commute when possible and use unused office spaces on alternative days. When GCBH fills all of its vacant positions, 12 individuals will not have office space.

Over the last 2 years, GCBH has had several shifts in management, front office, Quality Improvement, fiscal, and clinical positions within its system. Due to the constant change of personnel and with new state regulations, the capacity to train and educate staff on administrative rules and regulations, job roles, etc. has been a struggle for the system.

DHCS has instituted many new mandates that are unfunded. Glenn County is a frontier county and it struggles to address these mandates with current staffing levels. These new requirements create a heavy administrative burden on existing staff and systems.

4. CSS FSP Program Plan for Fiscal Years 2023/24-2025/26

GCBH will continue to provide the same level of services as last year through the CSS FSP Program. In addition, GCBH will expand the FSP Program to include the following activities:

- Enroll Behavioral Health Treatment Court adults and older adults in FSP.
- Enroll all children, ages 0-21, who have an open Child Protective Services (CPS) case in FSP.
- Enroll CARE Court individuals in FSP. CARE Court is a new framework and program designed to link individuals who are homeless and have a schizophrenia spectrum or other psychotic disorder to receive supportive services in partnership with Behavioral Health and courts. The program is designed as a diversion process to prevent conservatorship or incarceration for individuals who are at risk of being unable to safely remain in the community. The program connects a person to services which follow a court-ordered CARE Agreement / CARE Plan for up to 12 months, with a 12 month extension, when needed. The CARE Agreement / CARE Plan is a clinically prescribed, individualized treatment plan, with supportive services that may include behavioral health, housing services, social services, and other supportive programs. CARE Court is initiated by a court petition process, and GCBH is anticipating approximately up to 20 petitions that meet criteria for the program each year. All individuals involved in CARE Court are FSP.
- Enroll Purpose Place residents in FSP. Scheduled for opening in Spring 2023, Purpose Place is a new 32-unit apartment complex in Orland, CA, that provides supported and permanent housing for community members who have a mental health diagnosis. This facility is a 55-year investment through a collaboration with Glenn County HHSA, the City of Orland, and Habitat for Humanity to expand the number of low-income housing

apartments in the county. GCBH will provide FSP services onsite to GCBH clients who live at Purpose Place; and provide intensive case management services to residents. Staff will also be available to provide support to other residents with behavioral health needs, to help engage and link them to needed services, including mental health and/or substance use disorder treatment. Staff will work closely with the apartment manager and other partners in the community to provide clients with life skills to help them be successful in sustaining long-term housing and remain living in the community. Individuals living at Purpose Place will have an array of services through Glenn County Social Services, Community Action Division, In-Home Supportive Services (IHSS), and Public Assistance. Linkages to these and other services will ensure access to all needed supports so individuals can remain living independently in the community. In FY 2023/24, GCBH anticipates providing FSP services to 3-5 Purpose Place residents.

- In response to community requests, GCBH will expand services for individuals with co-occurring mental health and substance use disorders. GCBH will identify co-occurring, evidence-based, and best practices; implement the chosen strategies; and train staff to use them to engage and treat this complex population. GCBH will also utilize the multi-disciplinary team (MDT) to ensure that key staff are available to facilitate improved coordination for clients with co-occurring impairments. In addition, GCBH may launch a strategic initiative to solidify the system's commitment to fill this gap in services. GCBH will adhere to state guidelines regarding the use of MHSA funds for co-occurring clients. In FY 2023/24, the FSP program anticipates serving 8 co-occurring FSP clients.
- In FY 2023/24, GCBH estimates that the CSS FSP program will serve approximately 125 FSP clients, with an estimated MHSA cost per client of \$7,547.

5. CSS Non-FSP Program Plan for Fiscal Years 2023/24-2025/26

GCBH will continue to provide the same level of services as last year through the CSS Non-FSP Program. In addition, GCBH will expand the Non-FSP Program to include the following activities:

- GCBH will be partnering with mobile crisis services to include the INN program, SUD counselor, PRISM program, and local nonprofit to expand co-occurring resources for clients and the community. These services would include crisis services, linkage, assessment, case management, and triage.
- After analyzing the input and data gathered through the Community Planning Process, GCBH and stakeholders have made strategic plans to address the concerns of the community around underserved populations. The identified underserved populations are Older Adult (60+), Veterans, and LGBTQ+ individuals. In the coming fiscal year, the Wellness Centers will focus on these underserved populations through focus groups, outreach activities, and offering specific activities and treatment groups that target these underserved communities. The MHSA Coordinator and the Ethnic Services Coordinator (ESC) will create a subcommittee with partners to review data and evaluate the needs of these identified populations. In addition, members of these communities will be

encouraged to become members of the county Behavioral Health Board, and have their voices and needs be heard.

- Increase telepsychiatrist services to include a children’s psychiatrist for 8 hours.
- Incorporate PCIT services into the CSS Non-FSP Program, as it is being changed from a PEI/ Early intervention program in the CSOC services.
- California Advancing and Innovating Medi-Cal (CalAIM) requires DHCS to implement Behavioral Health Payment Reform. As a component of Payment Reform, DHCS is required to design and implement an IGT-based reimbursement methodology to replace the existing certified public expenditure-based reimbursement methodology for Medi-Cal Specialty Mental Health Services (SMHS), Substance Use Disorders services, and for costs incurred by counties to administer those benefits. Over the next few years, CSS Non-FSP funds will be utilized for this implementation in Glenn County.
- In FY 2023/24, GCBH estimates that the CSS Non-FSP program will serve approximately 1,133 individuals, with an estimated MHS cost per client of \$2,141.

G. PREVENTION AND EARLY INTERVENTION (PEI)

The Mental Health Services Oversight and Accountability Commission (OAC) requires six (6) different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. Programs that are funded from each of these categories are discussed below.

Client data that shows fewer than 10 individuals is included in the “Other” category or in the “Other/ Unknown” category to protect privacy and confidentiality in this small county.

1. Report on Prior Years’ PEI Programs (FY 2021/2022 and Current)

a. Prevention Program Report: Strengthening Families

The Strengthening Families Program is an evidence-based program selected for this Prevention component of PEI. Strengthening Families is an 11 to 15-week, evidence-based program that develops parenting skills, children's social skills, and family life skills and are specifically designed for high-risk families. Parents and children participate in Strengthening Families programs both separately and together. It is offered twice each year. Mental Health staff are funded through these PEI funds, while SUD staff are funded through the Substance Use Disorder program prevention funds. The program also utilizes MSW and BSW interns from Chico State who are placed at GCBH. In addition, the program is able to incorporate staff and community members from other parts of HHS and community partners.

Glenn County also utilizes and trains MSW and BSW interns as service providers to support staffing needs.

During the pandemic, GCBH developed a curriculum to deliver Strengthening Families in 2020-2022 that was tailored to use on the Zoom platform. GCBH received referrals from partner agencies and contacted families. A robust facilitation and technology team of SUDS staff, MH staff, and BH interns implemented the material and worked with the families to help them access services through this platform.

After offering the SFP remotely for three (3) different sessions (Fall 2021, Spring 2022, and Summer 2022), GCBH was able to bring the program back in-person in the fall of 2021. GCBH attempted to mitigate COVID risks by limiting the number of families served at one time. GCBH resumed in person at one of the faith-based partner organizations in Willows, with BH staff and interns, and a partner AmeriCorps volunteer from the Office of Education. GCBH presented only the family component, adapted from the Zoom curriculum, as well as providing meals with families sitting together and not mixing with other families. It was challenging to re-build the program in-person. Attrition rates appeared similar to what they were in the SPF implementation phase in 2017. GCBH was able to offer over half of the sessions in-person; however, participation of families then dropped off to levels that made it unfeasible to continue.

In March of 2022, GCBH again launched the SFP in-person, in Orland, for 12 weeks. GCBH is trying to keep engagement up by offering a hybrid model at this time. The family session and

family dinner are offered one night a week, while the parent breakout session and weekly parent curriculum is offered earlier in the week through Zoom. This approach has been successful so far. It continues to be a challenge to get referred families involved, and we are still experiencing some attrition; but GCBH is hopeful to get the current cohort through the full 12 weeks.

Offering the SFP remotely reduces staffing needs to 4 staff (versus an average of 10 staff needed for the in-person program). GCBH also developed an implementation team to offer SFP in Spanish in the late spring/early summer of 2021. The program began accepting referrals for monolingual Spanish-speaking families in January 2021. Another English language session will be held in the summer as well.

Glenn County also receives \$5,000 per year from Child Welfare Child Abuse Prevention funds to help pay for the meals, program supplies, and incentives that are an important component of the program to help engage and retain families.

In the summer of 2021, GCBH offered SFP in Spanish, through a curriculum adapted by the Strengthening Families Program for the Zoom platform. GCBH had at least six (6) bilingual BH staff who supported the program. Several families successfully completed the program. SUDS and BH leadership continue to encourage and support staff to provide the program in Spanish. Staff stress and workloads impacted staff availability to take on this version of the program. GCBH will continue to build the capacity to offer the program in Spanish.

Sustainability activities include requesting a new training from CPI (the State Prevention Institute) to train more partners from across the county from departments such as Probation and Office of Education. To help support and expand the program, funds are blended with other county programs to support both the GCBH MHSA program, as well as supporting agency partners to improve outcomes for shared clients. This approach also expands the availability of parenting programs across agencies to meet the needs of the community. For example, several of the families that attend Strengthening Families are involved in the CWS system. Both families and agencies see the benefits of the program, requesting additional sessions each year.

In 2022/23, GCBH coordinated and hosted an SFP training in the community for 35 people. This training encourages agency and community partners to implement SFP in other settings across the county to meet the need of Glenn County families. This strategy addresses a lack of parenting programs for families with children, particularly adolescents, as well as helping to mitigate adverse childhood experiences (ACES) experienced by parents as children, and to lessen future ACES. GCBH is identifying community partners for this training, including but not limited to Glenn County Office of Education; school districts; Grindstone Rancheria; individual community members; Child Welfare; Probation; local clubs (such as Rotary, Kiwanis, and Soroptimists); faith-based partners and the Orland Ministerial Association; and the Community Action Department.

Figure 18 shows the data for the Strengthening Families groups offered in FY 2021/22. In FY 2021/22, there were 22 groups, with an attendance of 144 persons (duplicated count), for an average of 6.5 persons per group.

Figure 18
PEI Prevention Program-Strengthening Families Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Child Group (7-12)	# Groups	5
	Attendance	27
	Avg. Attendance/Group	5.4
Parent/ Caregiver Group	# Groups	17
	Attendance	117
	Avg. Attendance/Group	6.9
Total Groups	# Groups	22
	Attendance	144
	Avg. Attendance/Group	6.5

**Attendees are counted for each group attended. Each person may attend one or more groups each week.*

Figure 19 shows the number and percent of Strengthening Families attendees, by age for FY 2021/22. There were 45 unique individuals served. There were 17 Children/Youth (37.8%) and 11 Adults (24.4%). There were also 17 persons who were reported as Unknown (37.8%).

Figure 19
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Age*
FY 2021/22

	# Clients	% Clients
Children/Youth (0-15)	17	37.8%
Adults (26-59)	11	24.4%
Unknown	17	37.8%
Total	45	100.0%

**Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.*

Of the 45 people enrolled in the Strengthening Families program in FY 2021/22 (see Figure 20), 10 were White (22.2%); 15 were Hispanic (33.3%); and 20 were Other/Unknown (44.4%).

Figure 20
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Race/Ethnicity*
FY 2021/22

	# Clients	% Clients
White	10	22.2%
Hispanic	15	33.3%
Other/Unknown	20	44.4%
Total	45	100.0%

Figure 21 shows the number and percent of Strengthening Families attendees, by Language for FY 2021/22. In FY 2021/22, there were 45 unique individuals served. There were 22 (48.9%) persons who reported English as their primary language, and 23 who reported an Other/Unknown language (51.1%).

Figure 21
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Language*
FY 2021/22

	# Clients	% Clients
English	22	48.9%
Other/ Unknown	23	51.1%
Total	45	100.0%

**Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.*

Figure 22 shows the number and percent of Strengthening Families attendees, by Sexual Orientation for FY 2021/22. Of the 45 unique individuals served, there were 14 individuals that reported their Sexual Orientation as Heterosexual/Straight (31.1%), 12 who reported N/A (26.7%), and 19 who were Unknown (42.2%).

Figure 22
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Sexual Orientation*
FY 2021/22

	# Clients	% Clients
Heterosexual/ Straight	14	31.1%
N/A	12	26.7%
Unknown	19	42.2%
Total	45	100.0%

**Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.*

Figure 23 shows the number and percent of Strengthening Families attendees, by Military Status for FY 2021/22. There were 18 individuals with No Military involvement (40%), 10 who reported N/A (22.2%), and 17 Unknown (37.8%).

Figure 23
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Military Status*
FY 2021/22

	# Clients	% Clients
No Military	18	40.0%
N/A	10	22.2%
Unknown	17	37.8%
Total	45	100.0%

**Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.*

Figure 24 shows the number and percent of Strengthening Families attendees who were discharged from the program, by Reason for Discharge for FY 2021/22. In FY 2021/22, there were 12 unique individuals discharged. There were four (4) who met their goals (33.3%) and eight (8) who left the program/did not complete the program (66.7%).

Figure 24
PEI Prevention Program-Strengthening Families Discharges
Number and Percent of Clients Discharged, by Discharge Reason
FY 2021/22

	# Clients	% Clients
Goals Met	4	33.3%
Client Left Program/ Did Not Complete Program	8	66.7%
Total	12	100.0%

Figure 24a shows the MHSAs cost per Prevention client in FY 2021/22. MHSAs Prevention program expenditures in FY 2021/22 were approximately \$15,751; there were 45 Prevention clients served; and the MHSAs cost per client was around \$350.

Figure 24a
PEI Prevention Program-Strengthening Families Costs
Total MHSAs Prevention Expenditures, Clients, and Cost per Client
FY 2021/22

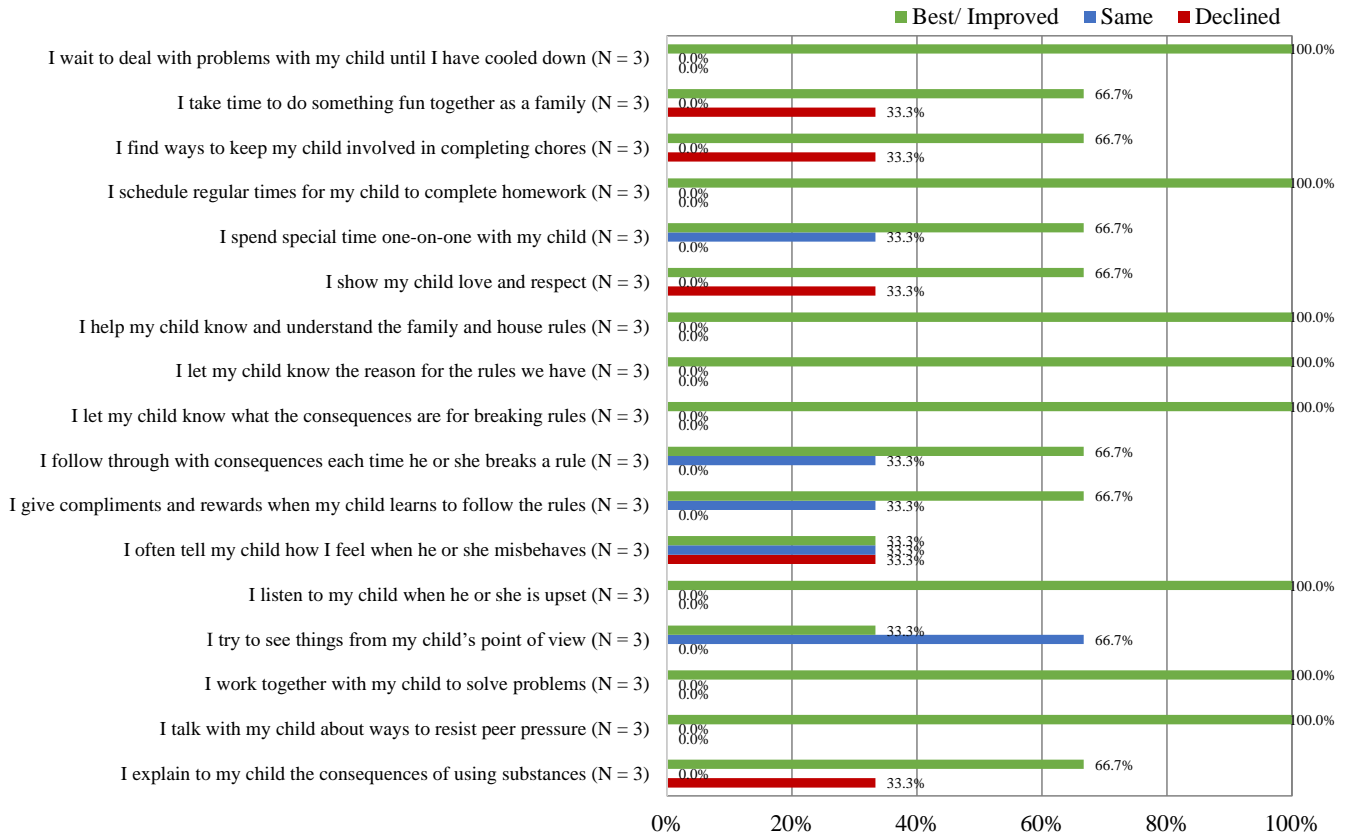
Total FY 21/22 MHSAs PEI Prevention Costs*	\$ 15,751
Total FY 21/22 PEI Prevention Clients	45
FY 21/22 MHSAs Cost per PEI Prevention Client*	\$ 350

**Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

Figure 25 shows the percent of Strengthening Families participants who completed the Parent/ Caregiver Survey at the beginning and end of the Strengthening Families program compared to the end of the program. There were three (3) people who completed both the pre and post Parent/ Caregiver Survey. In reviewing the data that shows the Best/Improved responses at the end of the program (green line), a number of areas show improvement which highlight the positive outcomes of the program. 100% of families reported improvement in waiting to deal with problems with my child until I have cooled down; scheduling regular times for my child to complete homework; helping my child know and understand the family and house rules; letting my child know the reason for the rules; letting my child know what consequences are for breaking rules; listening to my child when he or she is upset; working together with my child to solve problems; and talking with my child about ways to resist peer pressure.

These outcomes demonstrates that families are reporting positive outcomes from participating in the Strengthening Families program.

Figure 25
PEI Strengthening Families Matched Parent/ Caregiver Survey Results
Improvement from Pre to Post
FY 2021/22



b. Early Intervention Program Report: Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is an evidence-based practice which utilizes a specially equipped treatment room to train parents in parenting and behavioral management skills. PCIT provides families with very direct and individualized parenting skills that are developed through a process in which parents receive instruction through an earpiece that is linked to a therapist/intern. The therapist/intern, from behind a one-way mirror, observes interactions between the parent and child. The therapist/intern provides feedback to the parent to help develop and strengthen the parent-child relationship, offer parent techniques, and gives behavioral interventions for how to respond to difficult parent/child situations. Each training session lasts about one (1) hour; occurs for approximately 15-20 weekly visits; and shows strong outcomes for both parents and children. Staff may provide in-home support to help the parent generalize the skills learned in the clinic and applied to the home setting, including replacement skills.

PCIT is utilized for parents of children 2-8 years of age. PCIT combines the social-emotional development of children as related to the parent-child relationship alongside ways to help improve behaviors that have proven important for successful school performance, and to help families reduce domestic violence, child abuse and neglect. PCIT is offered in both English and Spanish.

Staff are trained to implement this program by one of our clinical staff who is certified as a PCIT trainer. This trained clinician provides training to other staff to implement this evidence-based practice. GCBH has developed a formalized case manager training protocol. All the case managers have attended training through UC Davis to support their continued learning in implementing PCIT in the home and community. This strategy includes training bilingual, bicultural staff to implement PCIT for Spanish-speaking families. This training continues to expand capacity to offer these exemplary services to the Hispanic population in the county.

Over the past two years, GCBH has successfully implemented PCIT through telehealth. Telehealth PCIT has allowed more families to gain access to the program from home.

PCIT groups are offered in the local elementary school for existing PCIT clients and during summer months. These groups will help transition children out of the PCIT model (post-graduation from PCIT) and generalize their PCIT skills to interactions with their peers and with others in the community.

Parent/Child-CARE (PC-CARE) is an evidence-based practice that uses a 6-week intervention model designed to improve the quality of the caregiver-child relationship, and to teach caregivers skills to help them manage their children's difficult behaviors. In PC-CARE, therapists teach and coach caregivers to increase their positive caregiving skills and to find the behavior management strategies that are most effective for their family. Children who are between the ages of 1 and 10 years qualify for the program. These children may be disruptive, defiant, and/or aggressive at home and/or school or may have experienced a traumatic event that is impacting behaviors and/or relationships or may be adjusting to a new home (e.g., foster, reunification) or situation (e.g., parental separation, new sibling).

The Glenn County Mental Health Youth and Family Unit has moved into a new CSOC building that houses Child Welfare, Eligibility, and the SUDS day treatment program called Discovery House for women and their children. A continued program goal for PCIT is to offer PCIT treatment to the women and children who attend Discovery House.

Figure 26 shows the number and percent of PCIT clients, by age for FY 2021/22. There were 22 unique individuals served. There were 19 children ages 4-7 years (86.4%), and three (3) of Other ages (13.6%).

Note: The Age categories of 0 – 3 years, and 8+ years have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 26
PEI Early Intervention PCIT
*Number*and Percent of Clients, by Age*
FY 2021/22

	# Clients	% Clients
4 – 7 years	19	86.4%
Other	3	13.6%
Total	22	100.0%

Figure 27 shows the number and percent of PCIT clients, by gender for FY 2021/22. There were 12 males (54.5%) in the program and 10 females (45.5%).

Figure 27
PEI Early Intervention PCIT
*Number*and Percent of Clients, by Gender*
FY 2021/22

	# Clients	% Clients
Male	12	54.5%
Female	10	45.5%
Total	22	100.0%

Of the 22 people enrolled in the PCIT program in FY 2021/22 (see Figure 28), 10 were White (45.5%); 10 were Hispanic (45.5%); and two (2) were Other Race/Ethnicities (9.1%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 28
PEI Early Intervention PCIT
*Number*and Percent of Clients, by Race/Ethnicity*
FY 2021/22

	# Clients	% Clients
White	10	45.5%
Hispanic	10	45.5%
Other	2	9.1%
Total	22	100.0%

Figure 29 shows the number and percent of PCIT clients, by Language for FY 2021/22. In FY 2021/22, there were 22 unique individuals served. There were 15 (68.2%) persons who reported English as their primary language, and seven (7) who reported another language (31.8%).

Note: The Language categories of Spanish and Other have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 29
PEI Early Intervention PCIT
Number and Percent of Clients, by Language
FY 2021/22

	# Clients	% Clients
English	15	68.2%
Other	7	31.8%
Total	22	100.0%

Note: Demographic data regarding Sexual Orientation, Military Status, Disability, and Onset of Symptoms is not shown for PCIT clients in FY 2021/22 to ensure confidentiality of our clients, because the number of persons in one or more categories is fewer than 10.

Figure 29a shows the MHSa cost per Early Intervention client in FY 2021/22. MHSa Early Intervention program expenditures in FY 2021/22 were approximately \$62,908; there were 22 Early Intervention clients served; and the MHSa cost per client was about \$2,859.

Figure 29a
PEI Early Intervention PCIT
Total MHSa Early Intervention Expenditures, Clients, and Cost per Client
FY 2021/22

Total FY 21/22 MHSa PEI Early Intervention Costs*	\$ 62,908
Total FY 21/22 PEI Early Intervention Clients	22
FY 21/22 Cost per MHSa PEI Early Intervention Client*	\$ 2,859

**Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

Figure 30 shows the number and percent of families served by the PCIT program who had both a pre and post score on the Parent Stress Index in FY 2021/22. In FY 2021/22, there were seven (7) parents that had both pre and post test scores. Three (3) parents had an improved/best score (42.9%) when comparing their score at the beginning of the program and at the end. Three (3) families had a lower score (declined) at the end of program compared to the beginning (42.9%) and one (1) stayed the same (14.3%).

Figure 30
PEI Early Intervention PCIT
Parent Stress Index: Total Score Pre/Post Outcome
FY 2021/22

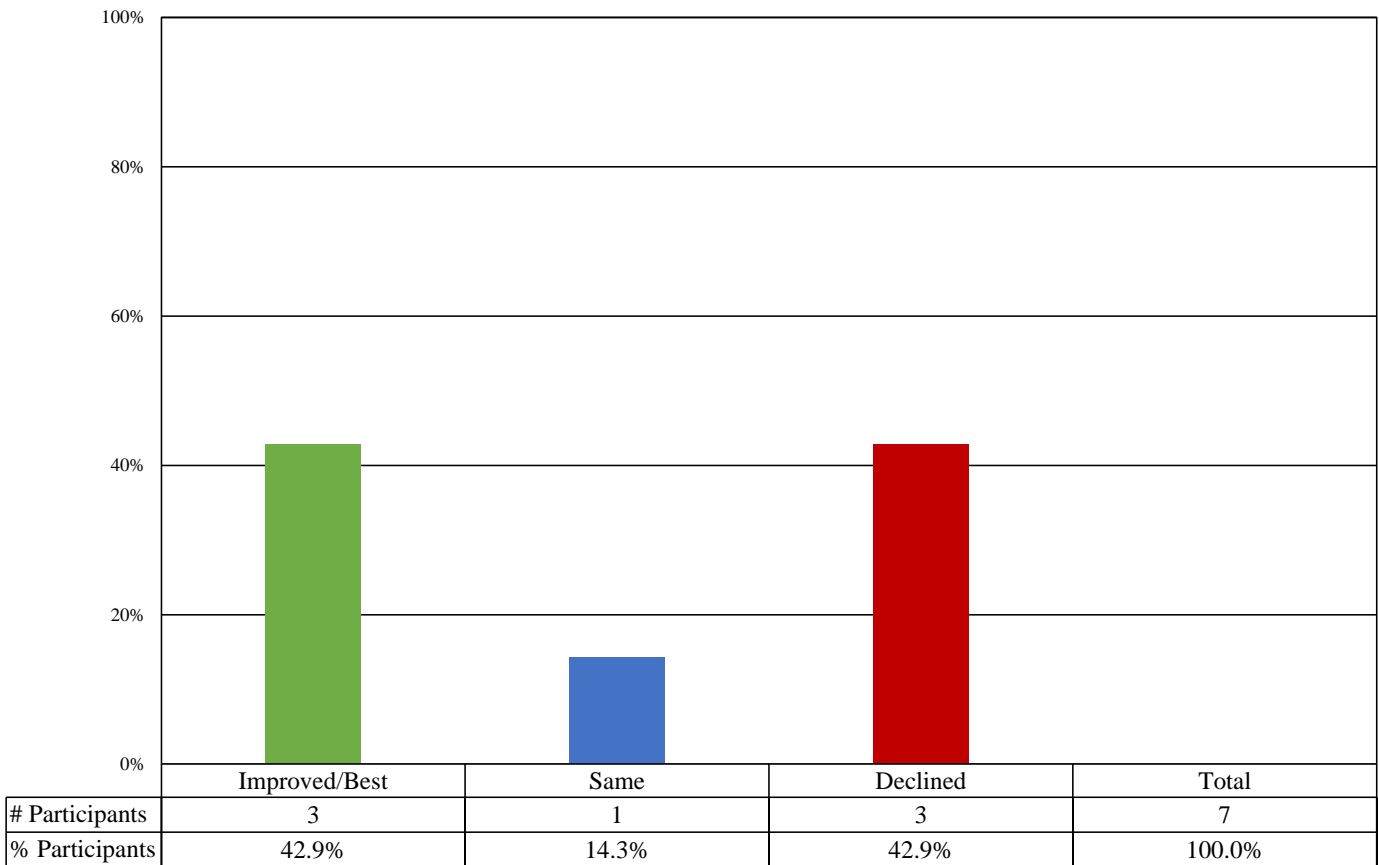
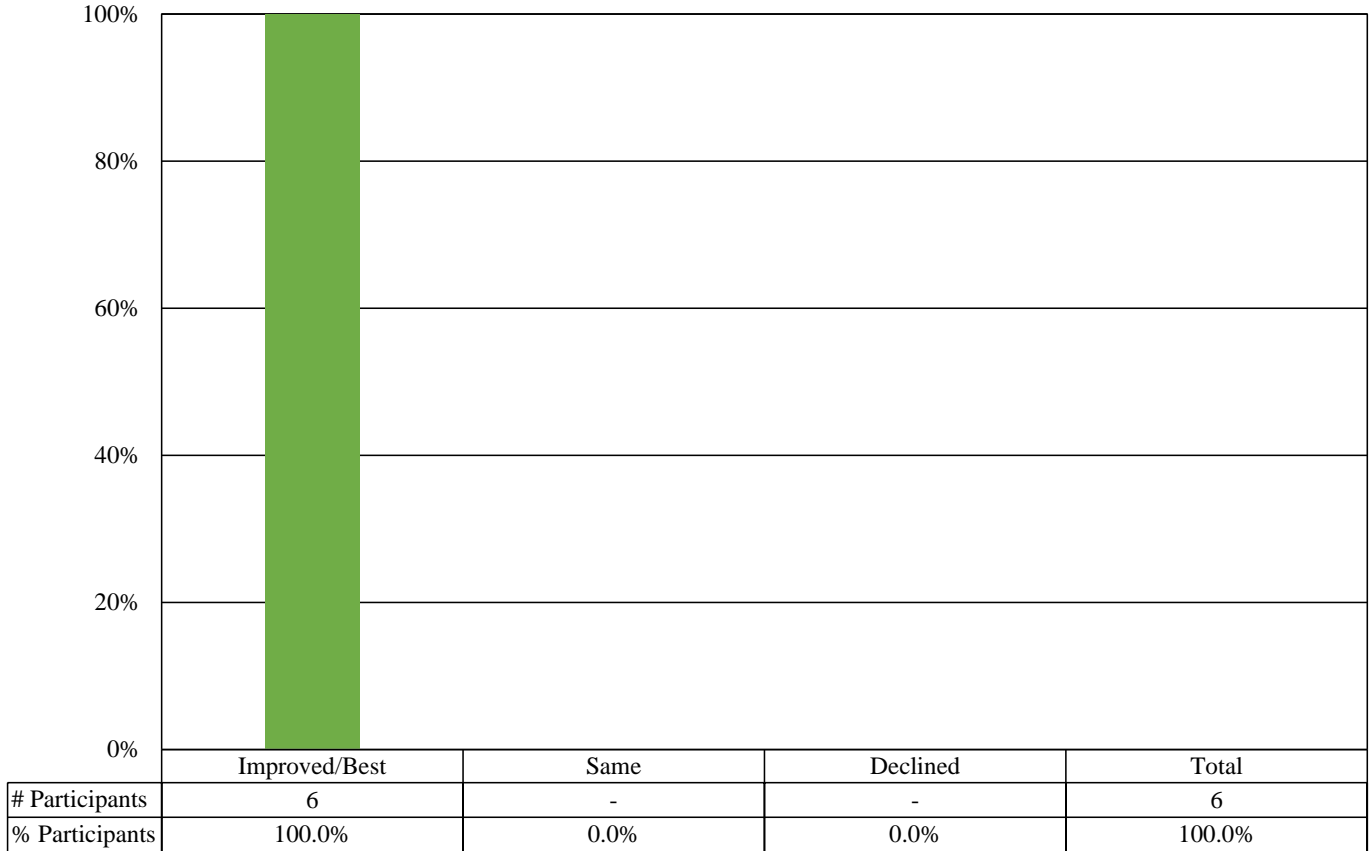


Figure 31 shows the number and percent of families served by the PCIT program who had both a pre and post score on the Eyberg Child Behavior Inventory in FY 2021/22. There were six (6) children that had both pre and post test scores. All six (6) of the children (100%) showed improved/best scores pre and post.

Figure 31
PEI Early Intervention PCIT
Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome
FY 2021/22



c. Outreach Program Report

Outreach activities are offered throughout the county. Outreach to adults and older adults occurs at the adult drop-in wellness center (Harmony House); through community events, such as health fairs; and at senior nutrition facilities, churches, and other venues. Outreach to children and youth occurs at the TAY drop-in wellness center; schools; and community events. Outreach includes educational materials and informational meetings.

Both of the GCBH wellness centers also utilize volunteers to offer additional services to individuals attending the centers and to develop each volunteer's core employment skills, such as arriving on time, performing tasks consistently, and greeting the public in a warm and welcoming manner. The development of these skills help prepares them to gain future employment. The outreach program includes many of the activities of Case Managers, TAY Peer Mentors, and Harmony House Adult Coaches. Staff provide outreach to the community; have events to inform individuals of signs and symptoms of mental health and suicide; and provide linkages to mental health services. This strategy provides ongoing opportunities to reach out into the community and provide information regarding access and linkage to services.

There are also a number of different community events throughout the year where TAY Peer Mentors and/or Harmony House Adult Coaches set up tables to hand out information on mental health, suicide, stigma, substance use treatment, and community resources.

The TAY Center runs an outreach program which consists of physically presenting at fixed locations and scheduled times on middle and high school campuses, using on-campus activities to build connections with youth. This strategy builds healthy relationships between Peer Mentors; and it educates students about mental health, related symptoms, associated stigma, signs of suicide, and local and national resources. This strategy also links youth to the TAY Center and/or the MH clinic should a referral or crisis service be needed (along with associated parent/guardian consent procedures). The TAY Center provides presentations and guided discussions in the classroom setting. GCBH hopes to expand this program to the highest needs schools throughout the county.

One of the widest-reaching outreach practices is through the GCBH social media platforms, providing outreach, stigma reduction, and educating the community about accessing mental health services.

Information gathered through the annual needs assessment indicated that the Glenn County community prefers to receive information about local services and resources through email. In response, GCBH created a monthly newsletter that discusses GCBH resources and services; highlights a partner agency; and provides information about the implementation of MHSA projects. Several staff have added the link to subscribe within their email signature line. GCBH also gathers email addresses through outreach, focus groups, and presentations. The GCBH newsletter list tripled to 357 subscribers.

Figure 32 shows the variety of TAY Peer Mentor school outreach and Harmony House outreach activities offered in FY 2021/22. There were 242 different events with an estimated 43,830 persons contacted through these outreach activities. Many of the outreach contacts were through social media posts due to COVID.

Figure 32
PEI Outreach Activities
FY 2021/22

	Number of Outreach Activities/ Events	Number of Outreach Contacts
Library Outreach	1	2
School Outreach	29	1012
Social Media Post	211	42,756
STAR Center materials	1	60
Total Outreach (All Activities)	242	43,830

Figure 32a shows the MHSAs cost per Outreach contact in FY 2021/22, excluding social media posts and interactions. MHSAs Outreach program expenditures in FY 2021/22 were approximately \$75,651; there were 1,074 Outreach contacts made (excluding social media); and the MHSAs cost per contact was around \$70.

Figure 32a
PEI Outreach Activities
Total MHSAs Outreach Expenditures, Clients, and Cost per Contact*
FY 2021/22

Total FY 21/22 MHSAs PEI Outreach Costs**	\$ 75,651
Total FY 21/22 PEI Outreach Contacts*	1,074
FY 21/22 MHSAs Cost per PEI Outreach Contact**	\$ 70

**Excluding social media posts and interactions*

***Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

d. Suicide Prevention Program Report: Suicide Prevention Services

Glenn County's Suicide Prevention Coalition was formed in October of 2019 following a series of youth suicides. The Coalition focuses on various systems, including, but not limited to, K-12 school settings; first responder settings; primary care; behavioral health; monolingual Spanish speakers; adult community; data sharing; postvention services; etc. This group meets on a monthly basis in order to continue collaboration and support its mission of "Zero Stigma, Zero Suicide." The coalition joined the Glenn County Alliance for Prevention (GCAP) to broaden its outreach and collaborative partners. GCAP is a standing committee of community members who work together to support a safe, healthy, and substance-free community for all. GCAP subcommittees focus on marijuana/tobacco prevention, opioid-use prevention, and suicide prevention.

During FY 2021/22, the Coalition began working with the "Striving for Zero" rural cohort and receiving technical assistance from Sandra Black (Know the Signs) to write a 3-Year Suicide Strategic Prevention Plan for Glenn County. This plan was completed and showcased during September 2022 throughout Suicide Prevention week. This plan focused on five main goals, including: establishing a suicide prevention infrastructure; minimizing risk for suicidal behavior by promoting safe environments; coordinating collaborative activities with efforts to address stigma around help-seeking within the community; establishing support services following a suicide loss; and supporting districts and schools in implementing comprehensive suicide prevention approaches in the school setting. Implementation of this plan and corresponding goals will be a main focus of the Suicide Prevention Coalition throughout 2026.

One campaign the Suicide Prevention Coalition is focusing on to promote help-seeking behaviors in Glenn County is the QR Code/Bathroom Stall Campaign. The QR Code Campaign is a collaborative campaign dedicated to raising awareness regarding available resources within Glenn County. The goal is to provide quick access to local crisis lines and other resources. The idea came from concerned citizens who wanted to make a difference. The project was gifted from the Children's Interagency Coordinating Council (CICC) to the Suicide Prevention Coalition to follow the vision. This project was developed through a partnership between the Suicide Prevention Coalition and the Glenn County Office of Education. QR code clicks are categorized in three areas: English community, Spanish community, and school-based. Since the launch of this campaign in May of 2021, there have been a total of 184 English community clicks, 18 Spanish clicks, and 62 school clicks. The resource website and stickers were made available in Spanish as of January 2023.

A second preventative project involving the county Public Health Officer and a PEI Case Manager addresses suicide prevention at the primary care level. GCBH and the Public Health Officer collaborated with GCBH psychiatrists to implement screening techniques in primary care settings to identify patients who may be struggling with suicidal ideation. GCBH psychiatrists and the Public Health Officer designed a step-by-step protocol for primary care providers to follow when individuals screen positive for being at risk of suicide, based upon the individual's level of need. This project had an initial implementation date of May 2020. Due to COVID, the project was delayed until November 2020. GCBH partnered with the Public Health Officer to provide outreach, training, and resources to all the local medical facilities in Glenn County. The

implementation of this project is maintained through monthly outreach efforts to primary care facilities to track implementation of resources and to determine if support is needed. Providers are given the opportunity to share feedback and ask questions with GCBH staff and the Public Health Officer. Provider feedback led to the development and implementation of an online referral process, including a more standardized use of the GCBH Universal Release of Information form. Provider feedback also led to the creation of magnets that include the GCBH Crisis Line phone numbers.

Members of the Suicide Prevention Coalition outreached to local organizations, businesses, and events to decrease the stigma surrounding mental health and suicide and connect community members to crisis and mental health services.

The PEI Case Manager worked with a LivingWorks Suicidologist to create a Facebook moderator campaign that addresses local media posts about suicide and assists in prevention measures against suicide contagion. Glenn County Facebook moderators were sent information about how they could support suicide discussion in their groups. This campaign has since expanded to include in person educational opportunities to address stigma and contagion-based language in Glenn County. This presentation specifically addresses best practices for discussing suicide as suggested through reportingonsuicide.org. Presentations are being planned for local community health workers, healthcare workers, behavioral health staff, and general community members.

A subcommittee was formed from the Suicide Prevention Coalition to mitigate access to lethal means. The campaign, “Save Storage, Saves Lives” addresses medication storage safety, gun safety, and harm reduction safety. The committee is working with SUDS, Public Health, Mental Health, Sheriff’s Office, Probation, and the jail to educate staff, and reduce access to lethal means in the community. Over the next three years, GCBH plans to brand the campaign, expand efforts, and begin addressing firearm safety.

School-based suicide prevention efforts include partnering with Glenn County Office of Education to support the alignment between districts and schools and policy mandates surrounding suicide prevention, intervention, and postvention efforts. GCBH will partner with GCOE to offer trainings and support to school-based staff trainings.

In this fiscal year, GCBH launched a Fatality Review Team (FRT) through an MHSOAC learning collaboration with Dr. Kimberly Repp. Dr. Repp provided on-hands support and training to GCBH staff to assist with the creation of this team. The FRT is a multidisciplinary group of professionals who meet quarterly to learn more about the circumstances leading to suicide deaths in Glenn County. This team launched their first meeting with a mock review led by Dr. Repp. The FRT includes the Glenn County Health & Human Services Agency (HHS); Glenn County Coroner's Office; health care professionals; and representatives from community agencies. This team works to identify and address gaps in prevention services. The FRT also works with the Coroner to establish procedures around suicide death notification. One goal for the FRT is to establish local data collection efforts in partnership with Glenn County Sheriff’s Office to gather data related to suicidal behavior and death, by specific demographic (such as

race/ethnicity, age, sexual orientation, and gender identity), and cultural groups. This information will guide the ongoing development of focused prevention efforts.

A wide range of wellness and healthy living support services are available at the Wellness Centers to support individuals and promote wellbeing and recovery. Staff at the Wellness Centers help individuals learn skills to manage their symptoms and prevent crisis behaviors, including suicidal behavior. Other healthy support services include nutrition and cooking classes; yoga, exercise, and fitness; creative expression; gender-specific groups; healthy relationships; and meditation.

Figure 33 shows the variety of TAY PEI Suicide Prevention Group services offered in FY 2021/22. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 98 different groups held, with 39 different group topics groups. These groups provided an excellent forum for engaging youth in positive suicide prevention activities. There were 448 people who attended the activities, for an average of 4.6 people per group.

Figure 33
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

After Hours	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Alliance Group	# Groups	2
	Attendance	11
	Avg. Attendance/Group	5.5
Anime Group	# Groups	12
	Attendance	59
	Avg. Attendance/Group	4.9
Art Group	# Groups	2
	Attendance	2
	Avg. Attendance/Group	1.0
Baking Group	# Groups	4
	Attendance	13
	Avg. Attendance/Group	3.3
Carne Asada Friday	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
Chico State	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Community Easter Event	# Groups	1
	Attendance	17
	Avg. Attendance/Group	17.0
Cooking Group	# Groups	3
	Attendance	10
	Avg. Attendance/Group	3.3
Creativity For Change	# Groups	22
	Attendance	105
	Avg. Attendance/Group	4.8
Drop In Day	# Groups	5
	Attendance	10
	Avg. Attendance/Group	2.0
Exploratory Group	# Groups	3
	Attendance	11
	Avg. Attendance/Group	3.7

Figure 33 (Continued)
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Focus Group	# Groups	2
	Attendance	3
	Avg. Attendance/Group	1.5
Game Night	# Groups	5
	Attendance	24
	Avg. Attendance/Group	4.8
Gardening Group	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0
Health and Fitness	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
LGBTQ+	# Groups	2
	Attendance	10
	Avg. Attendance/Group	5.0
Movie Night	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Movie Night and After Hours	# Groups	1
	Attendance	5
	Avg. Attendance/Group	5.0
Nature Collage	# Groups	1
	Attendance	8
	Avg. Attendance/Group	8.0
Open Mic Night	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
Orland Library	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0
Painting Group	# Groups	5
	Attendance	18
	Avg. Attendance/Group	3.6
Picnic Group	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
PJ Day Movie Night	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0

Figure 33 (Continued)
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Poetry Group	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Pool Group	# Groups	3
	Attendance	12
	Avg. Attendance/Group	4.0
Process Group	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5
Pumpkin Painting Group	# Groups	1
	Attendance	5
	Avg. Attendance/Group	5.0
Recreation Day	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Rock Painting	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Self-Care Day	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
St. Patrick's Party	# Groups	1
	Attendance	12
	Avg. Attendance/Group	12.0
Star Center Event	# Groups	1
	Attendance	13
	Avg. Attendance/Group	13.0
Support Local	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
Table Mt.	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Walk for Change	# Groups	1
	Attendance	25
	Avg. Attendance/Group	25.0
Wildlife Group	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5

Figure 33 (Continued)
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Young Women's Group	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Total Groups	# Groups	98
	Attendance	448
	Avg. Attendance/Group	4.6

**Attendees are counted for each group attended. Each person may attend one or more groups each week.*

Figure 34 shows the variety of PEI Suicide Prevention Group activities offered in FY 2021/22 through Harmony House groups. The data shows the number of groups by topic, attendance, and average attendance per group. There were 348 groups held, with 33 different topics. There were 1,509 attendees, with an average of 4.3 persons per group. These groups provided an excellent forum for engaging individuals in positive activities.

Figure 34
Harmony House PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Anti-Stigma	# Groups	4
	Attendance	16
	Avg. Attendance/Group	4.0
Art Group	# Groups	38
	Attendance	161
	Avg. Attendance/Group	4.2
Busy Hands	# Groups	7
	Attendance	18
	Avg. Attendance/Group	2.6
Check in	# Groups	38
	Attendance	214
	Avg. Attendance/Group	5.6
Co-dependency Support	# Groups	4
	Attendance	21
	Avg. Attendance/Group	5.3
Co-Ed Group	# Groups	7
	Attendance	35
	Avg. Attendance/Group	5.0
Consumer Voice Group	# Groups	5
	Attendance	30
	Avg. Attendance/Group	6.0
Co-Occurring Disorders	# Groups	23
	Attendance	83
	Avg. Attendance/Group	3.6
Cooking Group	# Groups	20
	Attendance	170
	Avg. Attendance/Group	8.5
Crochet Group	# Groups	13
	Attendance	44
	Avg. Attendance/Group	3.4
Fitness Friday	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0

Figure 34 (Continued)
Harmony House PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Game Group	# Groups	7
	Attendance	14
	Avg. Attendance/Group	2.0
Grief and Loss	# Groups	12
	Attendance	56
	Avg. Attendance/Group	4.7
Halloween Potluck	# Groups	1
	Attendance	11
	Avg. Attendance/Group	11.0
Healthy Relationships	# Groups	3
	Attendance	9
	Avg. Attendance/Group	3.0
Meditation and Wellness	# Groups	24
	Attendance	85
	Avg. Attendance/Group	3.5
Men's Group	# Groups	7
	Attendance	25
	Avg. Attendance/Group	3.6
MHSA Focus Group	# Groups	1
	Attendance	11
	Avg. Attendance/Group	11.0
Open Discussion	# Groups	9
	Attendance	30
	Avg. Attendance/Group	3.3
Open Mic Night	# Groups	1
	Attendance	21
	Avg. Attendance/Group	21.0
Poetry Group	# Groups	19
	Attendance	67
	Avg. Attendance/Group	3.5
Positive Psychology	# Groups	4
	Attendance	11
	Avg. Attendance/Group	2.8
Process Group	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0
Sanamente	# Groups	13
	Attendance	27
	Avg. Attendance/Group	2.1

Figure 34 (Continued)
Harmony House PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2021/22

Self-Confidence	# Groups	3
	Attendance	7
	Avg. Attendance/Group	2.3
Self-Love	# Groups	11
	Attendance	39
	Avg. Attendance/Group	3.5
Social Group	# Groups	5
	Attendance	30
	Avg. Attendance/Group	6.0
Stigma Reduction	# Groups	5
	Attendance	21
	Avg. Attendance/Group	4.2
Thanksgiving Potluck	# Groups	1
	Attendance	24
	Avg. Attendance/Group	24.0
Walking Group	# Groups	11
	Attendance	24
	Avg. Attendance/Group	2.2
Wellness Group	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Women's Group	# Groups	13
	Attendance	37
	Avg. Attendance/Group	2.8
Other	# Groups	36
	Attendance	156
	Avg. Attendance/Group	4.3
Total Groups	# Groups	348
	Attendance	1,509
	Avg. Attendance/Group	4.3

**Attendees are counted for each group attended. Each person may attend one or more groups each week.*

Harmony House offered 25 different WRAP groups, with 149 individuals attending (see Figure 35). This data is calculated into an average of 6 individuals attending each group. This supports youth to create a wellness plan and develop the skills needed to utilize this individualized document to help support their wellness and recovery.

Figure 35
Harmony House PEI Suicide Prevention WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2021/22

Harmony House WRAP	# Groups	25
	Attendance	149
	Avg. Attendance/Group	6.0

The PEI Suicide Prevention program offered 539 outreach events (see Figure 36). There were approximately 17,384 contacts. Utilizing social media provides an important method for reaching out to people.

Figure 36
PEI Suicide Prevention
Suicide Prevention Outreach Activities
FY 2021/22

	Number of Activities/ Events	Number of Contacts
Church Outreach	2	2
Community Outreach	34	1,319
Fair Outreach	1	100
Grindstone Rancheria Collaboration	1	200
Ice Cream Social Fire Safety Event	1	14
Lethal Means Safety	1	1
National Night Out	1	56
NVIH Event	1	60
OHS NAMI Club	1	10
Orland Bulletin Board	5	6
Primary Care Outreach	11	48
QR Code Outreach	33	676
Social Media Post	443	14,870
Suicide Prevention Focus Groups	1	13
Suicide Prevention School Outreach	3	9
Total Suicide Prevention Outreach (All Activities)	539	17,384

Figure 36a shows the MHSA cost per Suicide Prevention contact in FY 2021/22, including attendance at groups and excluding social media posts and interactions. MHSA Suicide Prevention program expenditures in FY 2021/22 were approximately \$80,502; there were 4,620 Suicide Prevention contacts made (excluding social media); and the MHSA cost per contact was around \$17.

Figure 36a
PEI Suicide Prevention Activities
Total MHSA SP Expenditures, Clients, and Cost per Contact*
FY 2021/22

Total FY 21/22 MHSA PEI Suicide Prevention Costs**	\$ 80,502
Total FY 21/22 PEI Suicide Prevention Contacts*	4,620
FY 21/22 MHSA Cost per PEI Suicide Prevention Contact**	\$ 17

**Excluding social media posts and interactions*

***Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

e. Stigma Reduction Program Report: Stigma Reduction Activities

GCBH utilizes PEI funds to offer stigma reduction activities. All of the PEI activities have a component that helps to reduce stigma. It is difficult to separate Stigma Reduction from the broad range of activities for Suicide Prevention, Outreach, and other prevention activities. It is also difficult to measure a reduction in stigma separate from the outcomes of other PEI programs. GCBH will continue to develop activities to reduce stigma and will utilize tools recommended by DHCS for measuring the reduction of stigma, as they are developed. Staff also work closely with CalMHSA with “Take Action for Mental Health” campaign to implement their materials through the Wellness Centers, and tabling and social media outreach.

The TAY Center and Harmony House worked in collaboration with the Glenn County Cultural, Diversity, and Equity Committee to organize CHANGE (Creating Hope, wellness, And New Growth Everywhere) festival for youth, families, and adults to reduce stigma. In May 2021, due to COVID restrictions, TAY and Harmony House supported this annual event through social media activities and posts by using Each Mind Matters tool kit. The activities followed physical distancing guidelines.

The TAY Center and Harmony House also supported the Glenn County SPEAKS (Safety Prevention Education/Environment Awareness Knowledge Stigma) event on World Suicide Prevention Day, September 9, 2021. Over 100 community members attended. This event included 25 resource tables with information and handouts; bounce house; Orland Volunteer Fire Department vehicles, speakers (family member and personal story of recovery); free raffle; Community Recognition Award; Candlelight Vigil; Native American Drumming Ceremony; and a cake walk. The event challenged mental health stigma and helped educate the community to identify signs of depression and/or suicide.

To address the concerns identified by the MHSA needs assessment regarding stigma, GCBH developed a “stigma packet” to be used during outreach and as a resource in the wellness centers. The packet is comprised of items created or curated by community members and clients that reflect anti-stigma campaigns. Also, in collaboration with the Cultural Diversity and Equity Committee, the BH clinic lobbies and the Wellness Centers display monthly, themed anti-stigma information, which includes such topics as: Black, Indigenous, and People of Color (BIPOC); LGBTQ; persons with disabilities; National Month of Hope; teen dating and violence prevention; Men’s Health - November; the effects of gratitude; recovery; and Suicide Prevention Month.

Figure 37 shows the PEI Stigma Reduction outreach activities for FY 2021/22. There was one (1) SPEAKS event with 81 contacts, and a SPEAKS flyer sent out to 310 people.

Figure 37
PEI Stigma Reduction
Stigma Reduction Activities
FY 2021/22

	Number of Activities/ Events	Number of Contacts
SPEAKS Event	1	81
SPEAKS Flyer	1	310
Total Contacts		391

Figure 38 shows the SPEAKS Survey, which was completed by participants who attended the SPEAKS event. There were 40 participants that completed the SPEAKS Survey. This survey demonstrates knowledge of how to access mental health resources (92.5%); comfort level of discussing mental health issues with others (95%); and comfort level with knowing that people know the participant had a family member with a mental illness (90%).

Figure 38
PEI Stigma Reduction
SPEAKS Survey
FY 2021/22

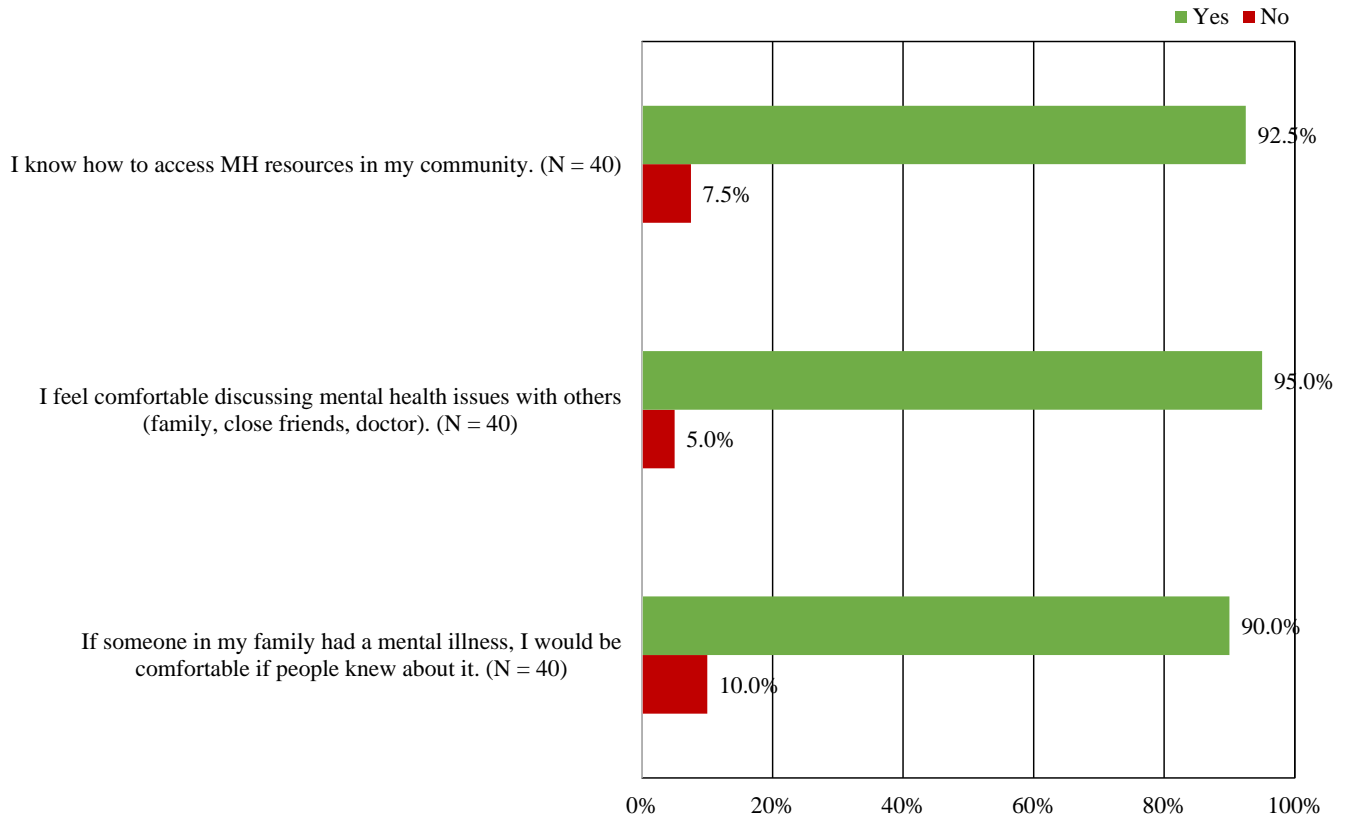


Figure 38a shows the MHSa cost per Stigma Reduction contact in FY 2021/22. MHSa Stigma Reduction program expenditures in FY 2021/22 were approximately \$8,467; there were 391 Stigma Reduction contacts made; and the MHSa cost per contact was around \$22.

Figure 38a
PEI Stigma Reduction Activities
Total MHSa SR Expenditures, Clients, and Cost per Contact
FY 2021/22

Total FY 21/22 MHSa PEI Stigma Reduction Costs*	\$ 8,467
Total FY 21/22 PEI Stigma Reduction Contacts	391
FY 21/22 MHSa Cost per PEI Stigma Reduction Contact*	\$ 22

***Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

f. Access and Linkage Program Report: Access and Linkage

Access and Linkage activities include staffing the Welcoming Line to provide a “warm line” which is available to anyone in the community who has questions about mental health, needs linkage to other services, or needs a friendly voice. Currently, the line is open from 1:00 pm-5:00 pm, Monday through Friday. The Welcoming Line is located at the MHSa adult wellness center, Harmony House, and is staffed by trained adults who are coaches and case managers. It provides preventative services, responding to callers’ questions about services, and quickly linking individuals to services, when needed. In addition, staff have a scheduled list of current clients who could benefit from a supportive phone call. Welcoming Line staff call these individuals each week and provide outreach and a connection to individuals who may feel isolated and appreciate a weekly supportive call from a peer.

The Welcoming Line project is designed to improve access to unserved and underserved populations by immediately connecting the caller to an individual who is knowledgeable about resources and is willing to listen to the caller and determine the need for services. The Welcoming Line is utilized by many different populations, including individuals and family members experiencing stress; LGBTQ+ individuals; and older adults. In addition, TAY Peer Mentors provide outreach to transition age youth and provide extra support to youth over phone. Existing youth clients are referred from crisis and youth mental health programs to ensure connection to services before, during, and after treatment.

By offering immediate interactions and supportive responses to callers, GCBH is able to provide the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms. Through this project, staff have also identified a number of people who need some extra support. Staff call these high-risk individuals on a regular schedule to provide consistent support. The TAY Peer mentors also partner with families to help youth access TAY Services. In the coming year, GCBH will offer more training opportunities to client volunteers, which will allow them to participate in answering the Welcoming Line.

During the Primary Care Campaign, provider feedback led to the development and implementation of an online referral process, including a more standardized use of the GCBH Universal Release of Information form. Provider feedback also led to the creation of magnets that include the GCBH Crisis Line phone numbers. This strategy has supported mainstreaming referrals and communication between providers, as well as with other partner agencies and the community.

Figure 39 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2021/22. There were 269 calls into the Welcoming Line and 1,028 calls to reach out to persons in the community to check in with them and identify any needs. The outreach calls provide an important linkage for persons who are isolated and have been frequent callers to the Welcoming Line. The majority of outreach calls are supportive calls for existing clients, providing important linkage and a warm, welcoming voice to support them when they are feeling alone and isolated.

Figure 39
PEI Access and Linkage
Calls into the Welcoming Line and Check-in Calls to Existing Clients
FY 2021/22

	# Calls into Welcoming Line	# Calls out for Outreach	Total Calls
Harmony House	231	22	253
TAY Center	38	1,006	1,044
Total	269	1,028	1,297

Figure 39a shows the cost per Access and Linkage contact in FY 2021/22. Access and Linkage program expenditures in FY 2021/22 were approximately \$74,700; there were 1,297 Access and Linkage contacts made; and the cost per contact was around \$58.

Figure 39a
PEI Access and Linkage
Total MHSA Access & Linkage Expenditures, Clients, and Cost per Contact
FY 2021/22

Total FY 21/22 MHSA PEI Access and Linkage Costs*	\$ 74,700
Total FY 21/22 PEI Access and Linkage Contacts	1,297
FY 21/22 MHSA Cost per PEI Access and Linkage Contact*	\$ 58

***Expenditures and cost per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

g. PEI Program Successes and Challenges

PEI Successes

The current Strengthening Families cohort is held in-person, and is running at pre-pandemic numbers. Data from pre and post testing and demographic information has been regularly collected and reviewed to inform programming. Most families report improvement toward desired outcomes in family functioning.

PCIT has increased services to more Spanish-speaking families and to fathers who are the primary caregiver.

The first GCBH 3-Year Suicide Prevention Plan was completed and began implementation in January 2023. Suicide Prevention Coalition is growing to include diverse community partners. The coalition has partnered with Glenn County Office of Education (GCOE) to disperse campaign material for the Suicide Prevention QR Code Campaign. GCBH and GCOE are also collaborating to provide safeTALK and ASIST trainings to the schools and community. Many of the county's primary care providers have implemented suicide prevention screening tools, including the AMPLA Federally Qualified Health Centers. In Spring 2023, GCBH had its first Fatality Review Team meeting, which included individuals from 13 different community partnerships.

A SPEAKS event for suicide prevention week was attended by several people. The event continues to grow, and now includes over 25 resource tables; raffle prizes to encourage engagement; and many community speakers.

PEI Challenges

GCBH has experienced changes in leadership of the PEI programs, which resulted in months of transition and role development. The TAY Center continues to struggle to engage youth clients in drop-in center activities after the COVID restrictions ended.

2. PEI Program Plan for Fiscal Years 2023/24-2025/26

a. Prevention Program Plan for FYs 2023/24-2025/26

For Prevention, GCBH will continue to provide the same level of services as last year through the Strengthening Families program. In addition, GCBH will expand this Prevention Program to include the following activities:

- GCBH received requests from the community to offer a Spanish-language Strengthening Families cohort in early FY 2023/24. Behavioral Health staff are building capacity to meet this need and hope to offer the program in Spanish in the coming fiscal years.
- The Orland Ministerial Association requested an adaption of Strengthening Families for the faith-based population. This adaptation will be implemented in local churches in the coming fiscal years. The leader of the Association has attended the Strengthening Families training.
- The Domestic Violence Shelter requested an adapted parent version of Strengthening Families for residents at the shelter. This adaptation will be implemented in the shelter in the coming fiscal years. The Director of the shelter has attended the Strengthening Families training.
- In FY 2023/24, GCBH estimates that the Prevention program will serve approximately 50 clients, with an estimated cost per client of \$186.

b. Early Intervention Program Plan for FYs 2023/24-2025/26

In FY 2023/24, GCBH anticipates the following changes to the Early Intervention Program:

- PCIT is being terminated as an Early Intervention program; and will be sustained under CSS Non-FSP. This is being changed because it has been difficult to engage the parents throughout the entire length of this program. By funding this important program through CSS Non-FSP, we will be able to modify the program to shorten the number of weeks and be more responsive to the needs of the families.
- In FY 2023/24, GCBH is implementing a new Early Intervention program, called Triple P Parenting. Positive Parenting Program (“Triple P”) is a comprehensive, evidence-based parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. The program aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.

Triple P parenting and family support system designed to:

- Increase parents' confidence and competence in raising children
- Improve the quality of parent-child relationships
- De-stigmatize parenting information and family support
- Make evidence-based parenting information and interventions widely accessible to parents.

The Triple P system is based on five core principles of positive parenting:

1. Ensuring a safe, supervised and engaging environment
2. Creating a positive learning environment that helps children learn to solve problems
3. Using consistent, predictable and assertive discipline to help children learn to accept responsibility for their behavior and become aware of the needs of others
4. Having realistic expectations, assumptions, and beliefs about children's behavior
5. Taking care of oneself as a parent so that it is easier to be patient, consistent and available to children.

The Triple P system consists of five levels of interventions of increasing strength. Many of the levels of interventions can be provided to individual families or to groups of families. The availability of the multiple levels and the flexibility in service delivery method enables parents to receive the intensity and format of services that will best meet their needs. Classes, services and materials will be available in English and Spanish.

This program will fund a 1.0 FTE Case Manager to facilitate services; partner with existing programs and staff; and provide much needed Parent Partner services to families.

The Triple P parenting program is evidence-based and achieves positive outcomes by reducing disruptive child emotional and behavioral problems, reducing parental stress, and reducing rates of child abuse. Instruments designed by the Triple P program will be used to document outcomes over time.

- In FY 2023/24, GCBH estimates that this new Early Intervention program will serve approximately 25 families, with an estimated cost per family of \$6,951.

c. Outreach Program Plan for FYs 2023/24-2025/26

For Outreach, GCBH will continue to provide the same level of services as last year through the Outreach program. In addition, GCBH will expand this Outreach Program to include the following activities:

- Harmony House Coaches will begin an active campaign to reach out to senior center and community church organizations to build relationship, provide information about MH services and Know the Signs Campaigns.

- In FY 2023/24, GCBH estimates that the Outreach program will make approximately 1,181 contacts (excluding social media posts and interactions), with an estimated cost per contact of \$107.

d. Suicide Prevention Plan for FYs 2023/24-2025/26

For Suicide Prevention, GCBH will continue to provide the same level of services as last year through the Suicide Prevention Services program. In addition, GCBH will expand these services to include the following activities:

- Over this past year, GCBH has been partnering with the Striving for Zero Suicide Prevention learning collaborative and the Suicide Prevention Coalition to develop a three-year Suicide Strategic Plan. GCBH has participated in the learning collaborative and monthly meetings. The Strategic Plan outlines goals and objectives for decreasing suicides in Glenn County; plans campaigns and interventions; and outlines data collection activities.
- The PEI Case Manager will be attending an in-person ASIST Training for Trainers. This individual will partner with other trainers in the Superior Region to provide ASIST in Glenn County over the next three years, especially in the schools and the community. The Suicide Prevention Coalition will also work to offer trainings and supports to schools for the formation of postvention plans and procedures.
- In FY 2023/24, GCBH estimates that the Suicide Prevention program will make approximately 5,082 contacts (excluding social media posts and interactions), with an estimated cost per contact of \$65.

e. Stigma Reduction Plan for FYs 2023/24-2025/26

For Stigma Reduction, GCBH will continue to provide the same level of services as last year through the Stigma Reduction Activities program. In addition, GCBH will expand these services to include the following activities:

- In FY 2023/24, GCBH plans to apply to the Board of Supervisors to make a proclamation to support National Suicide Prevention Awareness Week. These county proclamations will help address the impact of stigma across the county on a broader scale.
- In FY 2023/24, GCBH estimates that the Stigma Reduction program will make approximately 430 contacts, with an estimated cost per contact of \$293.

f. Access and Linkage Plan for FYs 2023/24-2025/26

For Access and Linkage, GCBH plans to change activities as follows:

- Access and linkage activities will support increased client outcomes from referral to first clinical appointment, and triage clients to appropriate service linkages. With the

implementation of CalAIM screenings, these activities also provide case management follow up on referrals to ensure follow through for client outcomes. This approach supports the system with behavioral health triage to provide the best linkage to assist clients with response to their individual urgency. The program will consist of Case Manager(s) who will provide access, screenings, and linkages; and assist clients as needed with behavioral health issues. The Case Managers will also monitor clients from referral to assessment, and then from assessment to first clinical appointment with their service delivery team.

The Access and Linkage program is designed to improve access to unserved and underserved populations by immediately connecting the client to an individual who is knowledgeable about resources and is willing to listen to the caller and determine the need for services. By offering immediate interactions and supportive responses to callers, GCBH provides the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms.

- In FY 2023/24, GCBH estimates that the Access and Linkage program will make approximately 1,427 contacts, with an estimated cost per contact of \$111.

H. INNOVATION (INN)

1. Report on Prior Year's INN Program (FY 2021/2022)

➤ *INN Project: Crisis Response and Community Connections*

Glenn County's current five-year Innovation Plan, the Crisis Response and Community Connections (CRCC) program, utilizes a multi-disciplinary team approach to collaboratively identify individuals who have a mental illness and are in crisis, providing a coordinated system of immediate response, as quickly as possible, and providing linkage to ongoing services through GCBH. The CRCC Team is comprised of a behavioral health clinician, with a specialization of working with persons with a dual-diagnosis (mental health and substance use disorder); case managers, with a preference for hiring persons with lived experience, or family members with relatives who experience mental health issues; and a part-time Sheriff's Deputy who will be available to accompany the CRCC Team in the community to respond to crisis situations. The CRCC Team is stationed in both Willows and Orland and responds to crisis situations county-wide.

Individuals are supported by the CRCC Team until the immediate issue is resolved, the individual is linked to ongoing services, and, when appropriate, a family support network is in place. The CRCC Team provides discharge planning and ongoing support services to persons discharged from psychiatric inpatient facilities to help them transition back into the community. Similarly, persons who are being released from jail are linked to services to help prevent future crises. This ongoing CRCC support may last several weeks to ensure the person is linked to psychiatric medications, and other ongoing services, as needed. Providing individualized, culturally competent services to individuals experiencing a crisis helps them to reduce their mental health and substance use disorder symptoms and increases their utilization of community services and resources. System-wide outcomes of the provision of CRCC service include a reduced number of crisis calls, reduced number of hospitalizations, shortened hospital stays, and fewer instances of re-entry/recidivism to psychiatric facilities and jail.

The CRCC program promotes interagency and community collaboration related to mental health and substance use treatment services, supports, and outcomes. The CRCC program enhances collaborative processes across several agencies, including Behavioral Health/SUDS, the Sheriff's Office, CWS, Probation, local emergency department and hospital staff in order to improve the continuity of care for persons in crisis and/or utilizing intensive services.

CRCC program services are evaluated to assess the timeliness of services, duration of services, outcomes over time, and community connections. Individuals who have received CRCC services are surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, and quality of services are also measured. Data on timely response to crisis events, linkages to services, service utilization, and client outcomes are reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

The two (2) dedicated Case Managers manage the majority of crisis cases that occur during the day, as well as provide intensive targeted case management for individuals seen during after-hours crisis services and inpatient hospitalization discharges. The Case Managers provide linkage to Behavioral Health and community resources and help guide residents who have presented in crisis to stabilizing, longer-term assistance. The ASW Clinician provides expedited assessments for new clients who were initially seen in crisis, as well as brief and longer therapy.

Over the past several years, the CRCC Team has solidified and expanded relationships with other local agencies, such as law enforcement; Child Welfare Services; Adult Protective Services; Community Action; and the local hospital emergency department, forming a dynamic team that takes all aspects of a person's well-being into consideration. In addition, discharge planning has improved considerably by having a small, dedicated team that has broadened relationships with contracted inpatient facilities, easing the transition of clients returning from inpatient hospitalization back into the community.

To improve services to Glenn County's Spanish speaking population, the CRCC Team has partnered with the GCBH ESC to ensure that monolingual Spanish-speaking individuals and their families are provided the same level of immediate care. This partnership has proven very beneficial in providing equitable and timely services.

Even during the COVID pandemic, GCBH has provided more mobile welfare checks, which pair part-time Sheriff Sergeant and the CRCC Team. This strategy has helped to provide earlier interventions, has reduced the need for inpatient placement, as well as also reducing the need for more extensive law enforcement involvement.

Another area of improvement is the reduction in recidivism of youth clients returning to inpatient treatment after initial contact and placement. The CRCC Team has helped to expedite connections to outpatient services and supported families to help manage symptoms post-hospitalization.

Trainings completed by CRCC staff in FY 2021/22 included Assist training and the Strengths Model Core Management Workshop.

➤ INN Program Data (FY 2021/22)

The following graphs show the services delivered by the CRCC team in FY 2021/22. Figure 40 shows that there were 101 clients that received 293.3 hours of crisis intervention services during business hours. This shows that each person averaged 2.9 hours of crisis and support services. These support services included assessment; case management; collateral; individual therapy; rehabilitation; plan development and crisis intervention. Approximately half of the hours were crisis intervention services (2.9 hours per person). Supportive services help the individual stabilize and remain in the community and/or supports family members during a crisis.

Figure 40
INN CRCC Services
Total Hours, Clients, by Hours per Client, by Service Type
FY 2021/22

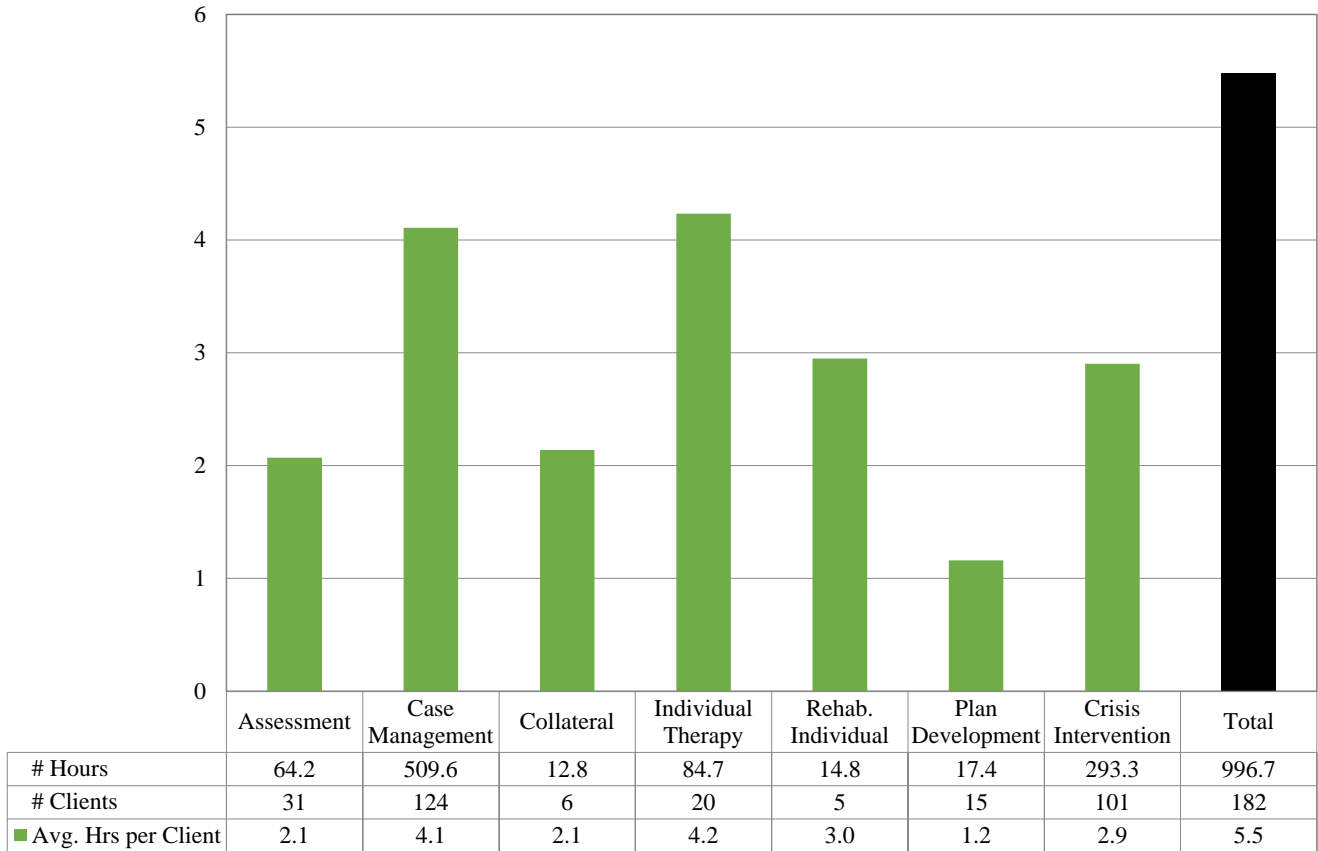


Figure 41 shows the number and percent of CRCC clients, by age for FY 2021/22. There were 182 unique individuals served. Of these, there were 33 Children (18.1%); 40 were TAY (22%); 86 Adults (47.3%); and 23 Older Adults (12.6%).

Figure 41
INN CRCC Services
Number and Percent of Clients, by Age
FY 2021/22

	# Clients	% Clients
Children/Youth (0-15)	33	18.1%
TAY (16-25)	40	22.0%
Adults (26-59)	86	47.3%
Older Adults (60+)	23	12.6%
Total	182	100.0%

Figure 42 shows the number and percent of CRCC clients, by Gender for FY 2021/22. In FY 2021/22, there were 182 unique individuals served. There were 85 males (46.7%) and 97 females (53.3%).

Figure 42
INN CRCC Services
Number and Percent of Clients, by Gender
FY 2021/22

	# Clients	% Clients
Male	85	46.7%
Female	97	53.3%
Total	182	100.0%

Figure 43 shows the number and percent of CRCC clients, by Race/Ethnicity for FY 2021/22. There were 111 persons who were White (61%); 44 Hispanic (24.2%); and 27 who reported Other Race/Ethnicities (14.8%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 43
INN CRCC Services
Number and Percent of Clients, by Race/Ethnicity
FY 2021/22

	# Clients	% Clients
White	111	61.0%
Hispanic	44	24.2%
Other/Unknown	27	14.8%
Total	182	100.0%

Figure 44 shows the number and percent of CRCC clients, by Language for FY 2021/22. Of the 182 unique individuals served, there were 175 (96.2%) persons who reported English as their primary language and seven (7) who reported Other (3.8%).

Note: The Language categories of Spanish, Hmong/Lao, and Other has been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 44
INN CRCC Services
Number and Percent of Clients, by Language
FY 2021/22

	# Clients	% Clients
English	175	96.2%
Other	7	3.8%
Total	182	100.0%

Figure 45 shows the cost per INN client in FY 2021/22. INN expenditures in FY 2021/22 were approximately \$160,384; there were 182 clients served; and the cost per client was roughly \$881.

Figure 45
INN CRCC Services
Total MHSA INN Expenditures, Clients, and Cost per Client
FY 2021/22

Total FY 21/22 MHSA INN Costs*	\$ 160,384
Total FY 21/22 INN Clients	182
FY 21/22 MHSA Cost per INN Client*	\$ 881

**Expenditures and costs per client are estimates, pending the final FY 2021/22 Revenue and Expenditure Report from GCBH.*

2. INN Program Successes and Challenges

INN Program Successes

As a result of the CRCC Team activities, GCBH has noted a reduction in multiple psychiatric hospitalizations; a reduction in the length of psychiatric hospital stays; and a reduction in number of clients placed in psychiatric hospitals involuntarily.

The CRCC Team continues to work with the Forensic Committee to improve the 5150 process. The Forensics Committee consists of Glenn Medical Center, the Sheriff’s Office, and Orland Police Department. The committee functions to build relationships and problem solve 5150 issues. In addition, Committee meetings are a place to define roles; increase knowledge; combat stigma; and improve relationship among partners. GCBH is in the process of completing a new Crisis MOU with relevant agencies and are looking forward to having quarterly Forensics Team meetings.

INN Program Challenges

In FY 2021/22 and FY 2022/23, Glenn County experienced staffing changes that impacted the INN project. The part-time Sheriff's Deputy retired, the GCBH Director retired, and GCBH had numerous staffing vacancies. However, the CRCC Team continued to serve the community and provide outstanding crisis services.

One area in which the CRCC Team continues to struggle is implementing ongoing groups to support clients and their families. Telehealth necessitated by the COVID restrictions seemed to impede developing ongoing and supportive groups (WRAP or otherwise). GCBH hopes to return to onsite service delivery, allowing people to feel comfortable attending group services and provide additional education, skill building, and connection with clients who have been in crisis. These efforts will further reduce multiple psychiatric hospitalizations; length of stay in the hospital; and the total number of bed days for GCBH clients in psychiatric stabilization facilities.

3. INN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

- GCBH anticipates that the INN project will continue at the current level until it expires in September 2024.
- In FY 2023/24, GCBH estimates that the INN project will serve approximately 200 clients, with an estimated cost per client of \$1,161.

I. WORKFORCE EDUCATION AND TRAINING (WET)

1. Report on Prior Year's WET Program (FY 2021/2022)

The GCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

- a) **WET Coordination:** WET funds covered GCBH coordination of WET activities and programs.
- b) **Training and Technical Assistance:** GCBH utilized WET funds to cover staff training programs, including a contract with Relias Learning for access to its online training curriculum. Staff utilized this program to complete various trainings, including the completion of courses for CEUs. WET funding provided secondary trauma training for staff; and individual clinical supervision for MFTI and ASW towards licensure. Funds also allowed staff to attend other training events as needed.
 - o *In FY 2022/23, two staff began the Peer Certification process, and plan to be certified by the end of the fiscal year.*
- c) **Internships:** GCBH offered internship stipends to MSW and/or MFT interns who worked at the mental health clinic, to help pay for gasoline and other expenses, including required supervision. This program allowed GCBH to recruit individuals from California State University, Chico, and other institutional organizations, who otherwise might have been unable to intern in Glenn County due to commuting costs.
- d) **WET Superior Regional Partnership:** This regional WET partnership aims to address the shortage of mental health practitioners in the public mental health setting. The program offers free trainings, loan repayment, education stipends and scholarships. The term of the Partnership Agreement with CalMHSA is valid until June 30, 2025.

2. WET Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

GCBH anticipates transferring CSS funds to WET in FYs 2024/25 and 2025/26. Ongoing WET activities will include WET coordination; training and technical assistance, and internships.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

1. Report on Prior Year's CFTN Program (FY 2021/2022)

The Capital Facilities and Technological Needs (CFTN) component allows GCBH to make necessary upgrades to facilities and technology systems used for MSHA staffing, service delivery, and meeting client needs.

a. Projects in FY 21/22:

- 1) Building Improvements: In FY 21/22, GCBH transferred funds from CSS to the Capital Facilities (CF) component. These CF funds were used to make improvements and upgrades to an existing MSHA building to better meet the needs of MSHA staff and clients. This project was completed as planned, within anticipated timelines.

b. Ongoing Projects in FY 22/23:

- 1) Building Improvements: In FY 22/23, GCBH transferred funds from CSS to the Capital Facilities (CF) component. These CF funds are being used to make ADA improvements and upgrades to existing MSHA buildings to better meet the needs of MSHA staff and clients.
 - a) **Progress report:** This project was completed as planned, within anticipated timelines.
- 2) Fire Sprinkler System Upgrade: In FY 2022/23, GCBH transferred CSS funding to CF to upgrade the fire sprinkler system in the CWRC building, where MSHA services are delivered. It is vital that this project is completed, as Medi-Cal and MSHA services are provided in this facility, and it must regularly pass a fire inspection for certification.
 - a) **Progress report:** This project was completed as planned, within anticipated timelines.
- 3) Building Siding Upgrades: Glenn County is upgrading the cedar siding on one of the MSHA buildings. The siding is deteriorating and showing signs of rot. MSHA funding is being used to cover the costs associated with the portion of the building that is used for MSHA services and supports.
 - a) **Progress report:** GCBHS is gathering bids from contractors for this project. Once a contract is secured, work will begin. It is anticipated that this project will be completed in early FY 2023/24.

- 4) **BHCIP Shovel Ready Project**: GCBH is using CF funding to support the MHSAs-related costs associated with the implementation of the Behavioral Health Continuum Infrastructure Program (BHCIP) planning grant. GCBH was awarded this grant to begin assessing the need to construct, acquire, and/or rehabilitate real estate assets, or to invest in a mobile crisis infrastructure, to expand the community continuum of behavioral health treatment resources. BHCIP funds have been used to conduct a needs assessment and develop an action plan. Once a project is identified, additional BHCIP funding may be accessed to fund the project. It is anticipated that CF funding will be used to engage real estate, legal, and other professionals needed to support project development.
- 5) **Progress report**: GCBH is working with professionals to locate the resources for this project. It is anticipated that this project will be completed by March 2026.

2. CFTN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

- a. **Building Siding Upgrades project**: GCBH will continue the Building Siding Upgrades project. It is anticipated that this project will be completed in early FY 2023/24.
- b. **BHCIP Shovel Ready project**: GCBH will continue the BHCIP Shovel Ready project. It is anticipated that this project will be completed by March 2026.
- c. **BHCIP Building Match project**: In FYs 2023/24 and 2024/25, GCBH will transfer CSS funds to the CFTN component for a new project. These funds will be used to make improvements to the existing MHSAs building in Willows, to better meet the needs of MHSAs staff and clients. Anticipated completion of the BHCIP Building Match project is by the close of FY 2024/25.

K. PRUDENT RESERVE

GCBH is obligated to maintain its MHSAs Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding 5 years. SBCBH is required to reassess this Prudent Reserve maximum level every 5 years. During each assessment, if Prudent Reserve funding levels are found to exceed the current maximum level, SBCBH is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS.

GCBH conducted a Prudent Reserve Assessment as part of the MHSAs FY 2019/20 Annual Update. At the close of FY 2018/19, the GCBH Prudent Reserve funding did not exceed the maximum level allowed at that time. As a result, in FY 2019/20, GCBH was not required to transfer any funding from the Prudent Reserve to CSS.

The FY 2019/20 Prudent Reserve assessment calculations are included below. GCBH will conduct a new Prudent Reserve assessment in FY 2024/25.

Glenn County				
Prudent Reserve				
May 28, 2019				
FY	Total MHSAs	CSS	Average CSS	33%
13/14	1,906,678.32	1,449,075.52		
14/15	2,656,451.68	2,018,903.28		
15/16	2,348,471.60	1,784,838.42		
16/17	2,673,882.00	2,032,150.32		
17/18	2,777,161.30	2,110,642.59		
	12,362,644.90	9,395,610.12	1,879,122.02	620,110.27
Actual PR	88,510.00			
% Funded	4.71%			

L. MHSA 3-YEAR PLANNING BUDGETS

See the next pages for the MHSA 3-Year Planning budgets.

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Fiscal Planning Summary**

County: Glenn County

Date: 6/26/23

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
All MHSA funds are managed via "first in, first out."						
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,760,795	\$ 1,012,166	\$ 60,421	\$ 12,221	\$ 10,356	\$ 501,916
2. Estimated New FY 2023/24 Funding	\$ 4,474,016	\$ 1,193,071	\$ 298,268			
3. Transfer in FY 2023/24 ^{a/}	\$ (606,247)			\$ -	\$ 606,247	\$ -
4. Access Local Prudent Reserve in FY 2023/24	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2023/24	\$ 7,628,564	\$ 2,205,237	\$ 358,689	\$ 12,221	\$ 616,603	\$ 501,916
B. Estimated FY 2023/24 MHSA Expenditures	\$ 3,867,770	\$ 1,025,454	\$ 257,934	\$ -	\$ 606,247	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,760,794	\$ 1,179,783	\$ 100,755	\$ 12,221	\$ 10,356	\$ 501,916
2. Estimated New FY 2024/25 Funding	\$ 3,014,012	\$ 803,737	\$ 200,934			
3. Transfer in FY 2024/25 ^{a/}	\$ (206,876)			\$ 50,000	\$ 156,876	\$ -
4. Access Local Prudent Reserve in FY 2024/25	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2024/25	\$ 6,567,930	\$ 1,983,520	\$ 301,689	\$ 62,221	\$ 167,232	\$ 501,916
D. Estimated FY 2024/25 Expenditures	\$ 3,014,013	\$ 803,737	\$ 30,000	\$ 50,000	156,876	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,553,917	\$ 1,179,783	\$ 271,689	\$ 12,221	\$ 10,356	\$ 501,916
2. Estimated New FY 2025/26 Funding	\$ 2,975,346	\$ 793,425	\$ 198,356			
3. Transfer in FY 2025/26 ^{a/}	\$ (50,000)			\$ 50,000	\$ -	\$ -
4. Access Local Prudent Reserve in FY 2025/26	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2025/26	\$ 6,479,263	\$ 1,973,208	\$ 470,045	\$ 62,221	\$ 10,356	\$ 501,916
F. Estimated FY 2025/26 Expenditures	\$ 2,975,345	\$ 793,425	\$ -	\$ 50,000	\$ -	
G. Estimated FY 2025/26 Unspent Fund Balance	\$ 3,503,918	\$ 1,179,783	\$ 470,045	\$ 12,221	\$ 10,356	\$ 501,916

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	\$ 501,916
2.	Contributions to the Local Prudent Reserve in FY 23/24	\$ -
3.	Distributions from the Local Prudent Reserve in FY 23/24	\$ -
4.	Estimated Local Prudent Reserve Balance on June 30, 2024	\$ 501,916
5.	Contributions to the Local Prudent Reserve in FY 24/25*	\$ -
6.	Distributions from the Local Prudent Reserve in FY 24/25	\$ -
7.	Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 501,916
8.	Contributions to the Local Prudent Reserve in FY 25/26	\$ -
9.	Distributions from the Local Prudent Reserve in FY 25/26	\$ -
10.	Estimated Local Prudent Reserve Balance on June 30, 2026	\$ 501,916

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

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSAs are managed via "first in, first out."						
FSP Programs	\$ 2,663,429	\$ 943,414	1,280,815	0	295,833	143,367
Non-FSP Programs	\$ 6,848,816	\$ 2,425,922	3,293,524		760,713	368,657
CSS Administration	\$ 778,803	\$ 498,434	280,369		0	0
CSS MHSAs Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 10,291,048	\$ 3,867,770				
FSP Programs as Percent of Total	68.9%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHA funds are managed via "first in, first out."						
FSP Programs	\$ 2,028,781	\$ 704,362	984,840		227,859	111,720
Non-FSP Programs	\$ 5,216,868	\$ 1,811,217	2,532,446		585,924	287,281
CSS Administration	\$ 778,803	\$ 498,434	280,369			
CSS MHA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 8,024,452	\$ 3,014,013				
FSP Programs as Percent of Total	67.3%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
All MHPSA funds are managed via "first in, first out."						
FSP Programs	\$ 1,997,973	\$ 693,535	971,199		224,936	108,303
Non-FSP Programs	\$ 5,137,643	\$ 1,783,376	2,497,368		578,407	278,492
CSS Administration	\$ 778,803	\$ 498,434	280,369			
CSS MHPSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 7,914,419	\$ 2,975,345				
FSP Programs as Percent of Total	67.2%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

		Fiscal Year 2023/24					
		A	B	C	D	E	F
All MHSA funds are managed via "first in, first out."		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs							
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>							
1	Strengthening Families (P)	\$ 9,286	\$ 9,286				
2	TripleP (EI)	\$ 173,777	\$ 173,777				
3	Outreach Activities (O)	\$ 126,086	\$ 126,086				
4	Suicide Prevention Services (SP)	\$ 329,861	\$ 329,861				
5	Stigma Reduction Activities (SR)	\$ 126,166	\$ 126,166				
6	Access & Linkage (A)	\$ 157,733	\$ 157,733				
PEI Administration		\$ 102,545	\$ 102,545				
PEI Assigned Funds (CalMHSA)							
Total PEI Program Estimated Expenditures		\$ 1,025,454	\$ 1,025,454				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

		Fiscal Year 2024/25					
		A	B	C	D	E	F
All MHSA funds are managed via "first in, first out."		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs							
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>							
1	Strengthening Families (P)	\$ 7,278	\$ 7,278				
2	TripleP (EI)	\$ 136,204	\$ 136,204				
3	Outreach Activities (O)	\$ 98,825	\$ 98,825				
4	Suicide Prevention Services (SP)	\$ 258,540	\$ 258,540				
5	Stigma Reduction Activities (SR)	\$ 98,887	\$ 98,887				
6	Access & Linkage (A)	\$ 123,629	\$ 123,629				
PEI Administration		\$ 80,374	\$ 80,374				
PEI Assigned Funds (CalMHSA)		\$ -	\$ -				
Total PEI Program Estimated Expenditures		\$ 803,737	\$ 803,737				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

		Fiscal Year 2025/26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."							
PEI Programs							
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>							
1	Strengthening Families (P)	\$ 7,185	\$ 7,185				
2	TripleP (EI)	\$ 134,456	\$ 134,456				
3	Outreach Activities (O)	\$ 97,556	\$ 97,556				
4	Suicide Prevention Services (SP)	\$ 255,224	\$ 255,224				
5	Stigma Reduction Activities (SR)	\$ 97,619	\$ 97,619				
6	Access & Linkage (A)	\$ 122,043	\$ 122,043				
PEI Administration		\$ 79,343	\$ 79,343				
PEI Assigned Funds (CalMHSA)		\$ -	\$ -				
Total PEI Program Estimated Expenditures		793,425	793,425				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
INN Programs						
CRCC	\$ 362,869	\$ 232,141	77,098		26,085	27,545
	\$ -	\$ -				
INN Administration	\$ 34,359	\$ 25,793	8,566			
Total INN Program Estimated Expenditures	\$ 397,228	\$ 257,934				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
INN Programs						
Planning Funds	\$ 30,000	\$ 30,000				
INN Administration	\$ -					
Total INN Program Estimated Expenditures	\$ 30,000	\$ 30,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
<small>All MHSA funds are managed via "first in, first out."</small>	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
INN Administration						
Total INN Program Estimated Expenditures	\$ -	\$ -				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
WET Programs	\$ -	\$ -				
WET Administration						
Total WET Program Estimated Expenditures	\$ -	\$ -				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
WET Programs						
1. WET Coordination	\$ 17,000	\$ 17,000				
2. Training and Technical Assistance	\$ 28,500	28,500				
3. Internships	\$ 4,500	4,500				
	\$ -					
WET Administration						
Total WET Program Estimated Expenditures	\$ 50,000	\$ 50,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
WET Programs						
1. WET Coordination	\$ 17,000	\$ 17,000				
2. Training and Technical Assistance	\$ 28,500	28,500				
3. Internships	\$ 4,500	4,500				
WET Administration						
Total WET Program Estimated Expenditures	\$ 50,000	\$ 50,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> 1. BHCIP Building Match	\$ 606,247.00	\$ 606,247.00				
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ 606,247.00	\$ 606,247.00				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2024/25					
		B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> 1. BHCIP Building Match	156,876	156,876				
CFTN Administration						
Total CFTN Program Estimated Expenditures	156,876	156,876				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Glenn County

Date: 6/26/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>	\$ -	\$ -				
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ -	\$ -				

APPENDIX A
MHSA STAKEHOLDER TRAINING PRESENTATION

See the next pages for the MHSA stakeholder training presentation.

Mental Health Services Act 2023/2026 Three Year Update Focus Group

What is MHSA?

- In November 2004, California voters passed Proposition 63, which created the Mental Health Services Act.
- MHSA Vision Statement :
 - “to create a state-of-the-art, culturally competent system that promotes **recovery and wellness** for adults and older adults with severe mental illnesses and **resiliency** for children with serious emotional disorders, and their families”

Guiding Principles

- Focus on Improving Access to Services
- Access to Unserved and Underserved Persons
- Expand Mental Health Services for Children, Transition Age Youth, Adults, and Older Adults
- Create an Integrated Array of Services
- Promote Community Collaboration
- Ensure Cultural Competency
- Promote Services that Utilize Best Practices and Professional Standards

Community and Stakeholder Engagement

- **Community Collaboration** is defined by MHSA as a process of working together with clients and/or families, other community members, organizations, and businesses to share information and resources to achieve a shared vision and goals.
- **Stakeholder Engagement** includes community meetings, focus groups, and surveys to facilitate community participation and input from diverse groups of individuals.

MHSA Funding Components

- Community Services & Supports (CSS)
- Prevention & Early Intervention (PEI)
- Capital Facilities & Technological Needs (Cap Facilities and Tech)
- Workforce Education & Training (WET)
- Housing
- Innovation (INN)

Note: MHSA Programs can be funded by more than one funding stream.

Community Services & Supports (CSS)

- Over 50% of all MHSA funding goes to CSS. The CSS component is focused on community collaboration, client and family driven services and systems, wellness and recovery focused integrated services for the unserved and underserved. Housing is also a large part of the CSS component.
- **CSS Programs:**
 - Full Service Partnerships (FSP)
 - Expanded community-based services for All Ages
 - Trauma-Informed Services
 - Crisis On-Call Response
 - Wellness Centers:
 - Transition Age Youth (TAY) Center
 - Harmony House

CSS (Continued)

- Housing
 - Supplemental funding for housing costs (1st month's rent, supplies, security deposit)
 - Services to help prevent homelessness

Prevention and Early Intervention (PEI)

- PEI helps implement services that promote prevention activities, early intervention, wellness, reduce stigma, and conduct outreach to persons who are unserved.
- There are six components of PEI:
 - Prevention
 - Early Intervention
 - Access and Linkage
 - Stigma Reduction
 - Suicide Prevention
 - Outreach

Capital Facilities and Technology

- Capital facilities provides funding to: 1) build facilities to provide mental health services to mental health clients and their families or for administrative offices and 2) purchase Information Technology and computers to expand and improve technology.
 - Community Resources and Wellness Center (CRWC) Annex was built with CAP Facilities funds.
 - Purchased new Electronic Health Record (EHR) to collect data, document services and outcomes.

Workforce Education and Training

- Program/Service/Initiatives:

- Staff Electronic Learning System
- Consumer/Family member Employment Support and Training
 - Training on Evidence-Based Practices
 - Pay interns to travel to Glenn for internships
 - Job-specific training
 - Loan Repayment programs
 - Curriculum development
 - Promotion of the employment of mental health consumers and family members into the mental health system
 - Promotion of culturally-diverse staff: bilingual and bicultural

Innovative Plans

- The Mental Health Services Oversight Accountability Commission controls funding approval for the Innovation (INN) component of the MHSA.
- The goal of Innovation can be to:
 - Increase access to underserved groups
 - Increase the quality of services
 - Promote interagency collaboration
 - Increase access to services

Innovative Plans (Continued)

- Current Innovation Program:
 - **Crisis Response Community Connections (CRCC)**
- Previous Innovative Programs:
 - **Weekend Wellness**
 - **SMART** – Assessing School Threats (funded through CSS)

Oversight and Accountability

- The MHSa created the *Mental Health Services Oversight and Accountability Commission* to oversee the provisions included in this measure.
- The Commission consists of sixteen (16) voting members, comprised of public and private community leaders, mental health consumers, and family members. Members are not paid for their participation on this Commission.
- Members are appointed by the Governor and preferably have personal or family experience with mental illness.
- The Commission meets monthly to approve Innovative Plans and provided oversight to all MHSa services.

MHSA Stakeholder Process

Overview of the Stakeholder Process

- The MHSA Stakeholder Process provides an opportunity for stakeholder input and feedback into all phases of the MHSA:
 - Annual county plan review process
 - Three Year Plan
 - Innovation Ideas and Plans

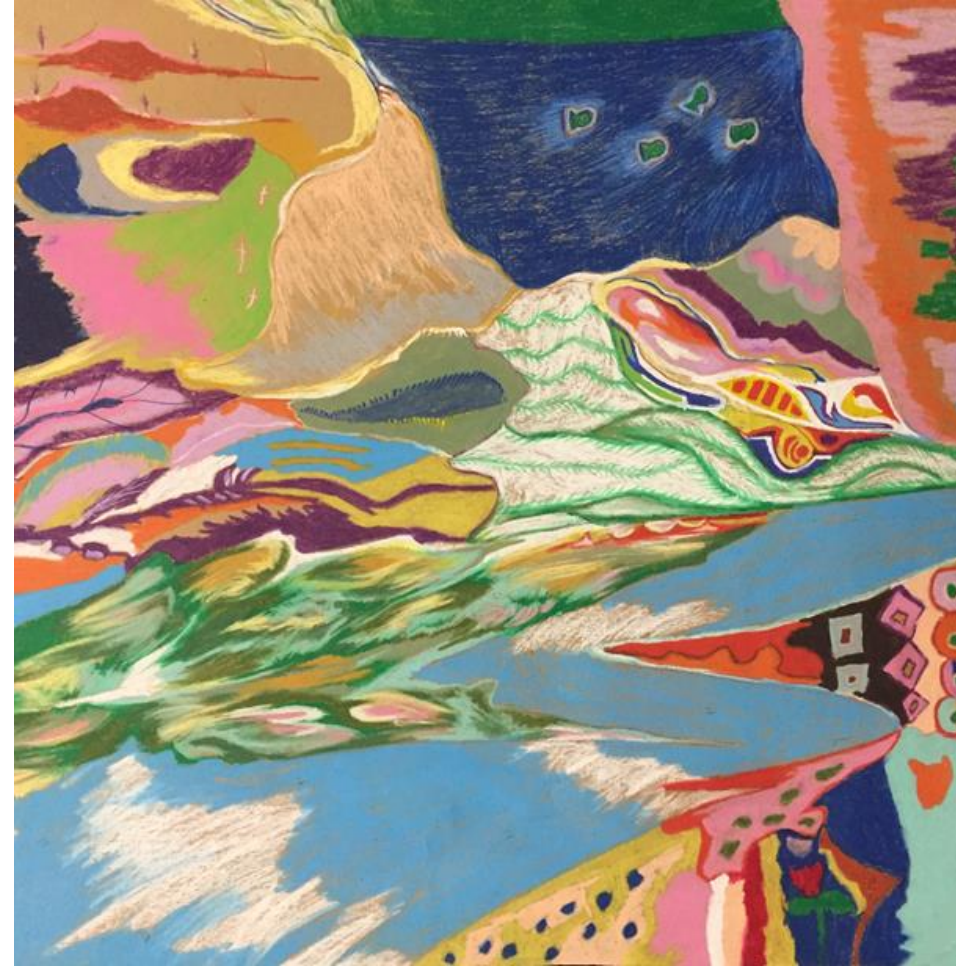
Stakeholder Groups

- Stakeholders provide input into planning, development, and implementation of each MHSA Plan. Stakeholders include:
 - Clients including youth, adults and older adults
 - Families
 - Community Organizations
 - Partner Agencies
- How to participate in the Community Planning Process?
 - Attend a focus Group
 - Take Survey
 - Email or contact Cindy Ross@ cross@countyofglenn.net or 530.865.6106

Thank you!

Glenn County Behavioral Health thanks you for your comments and input for our MHSA 3 year plan.

Any Questions or Comments?

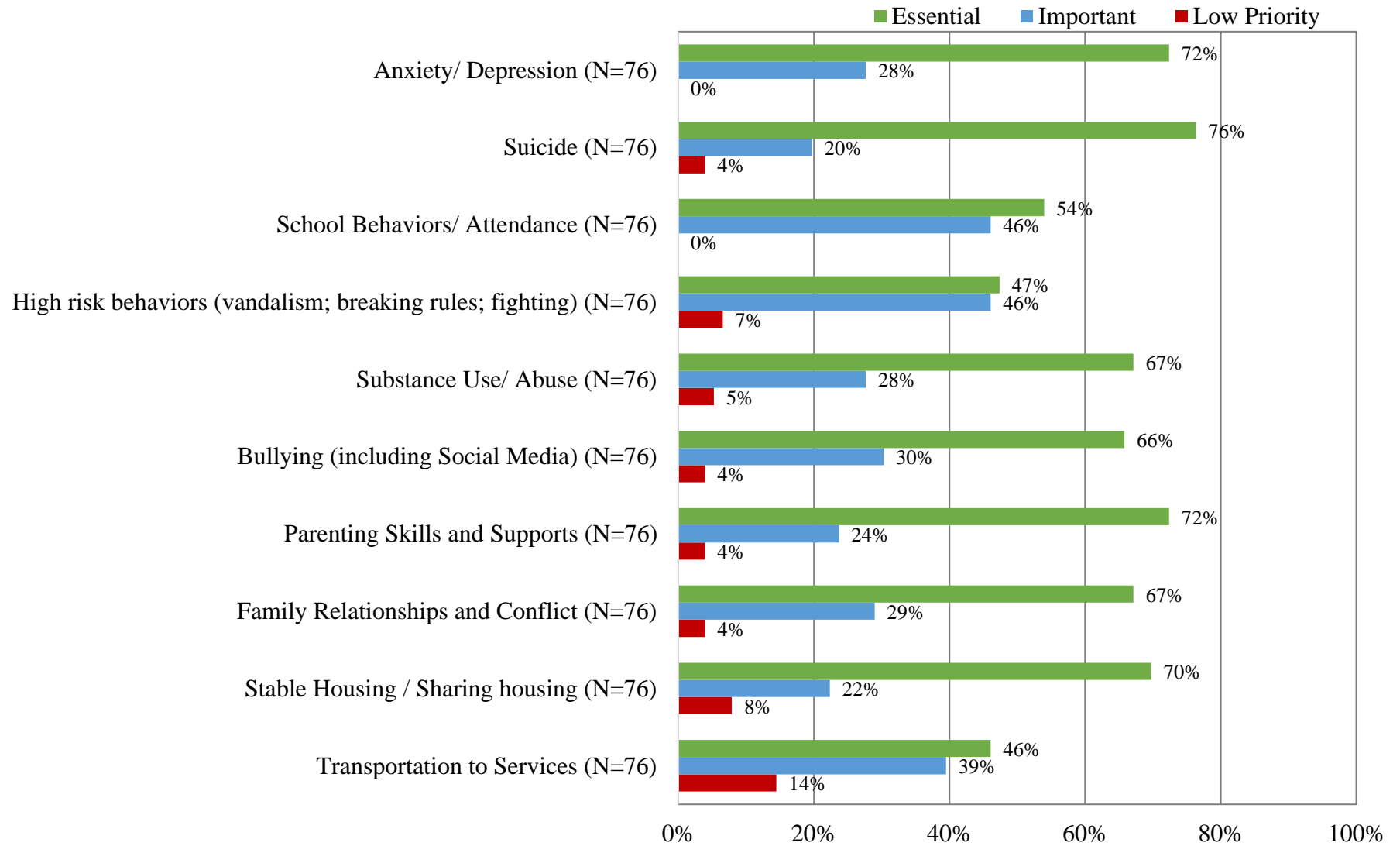


COLLABORATION: MULTIPLE ARTISTS,
ORCHESTRATED BY JOHN V. MCMACKIN

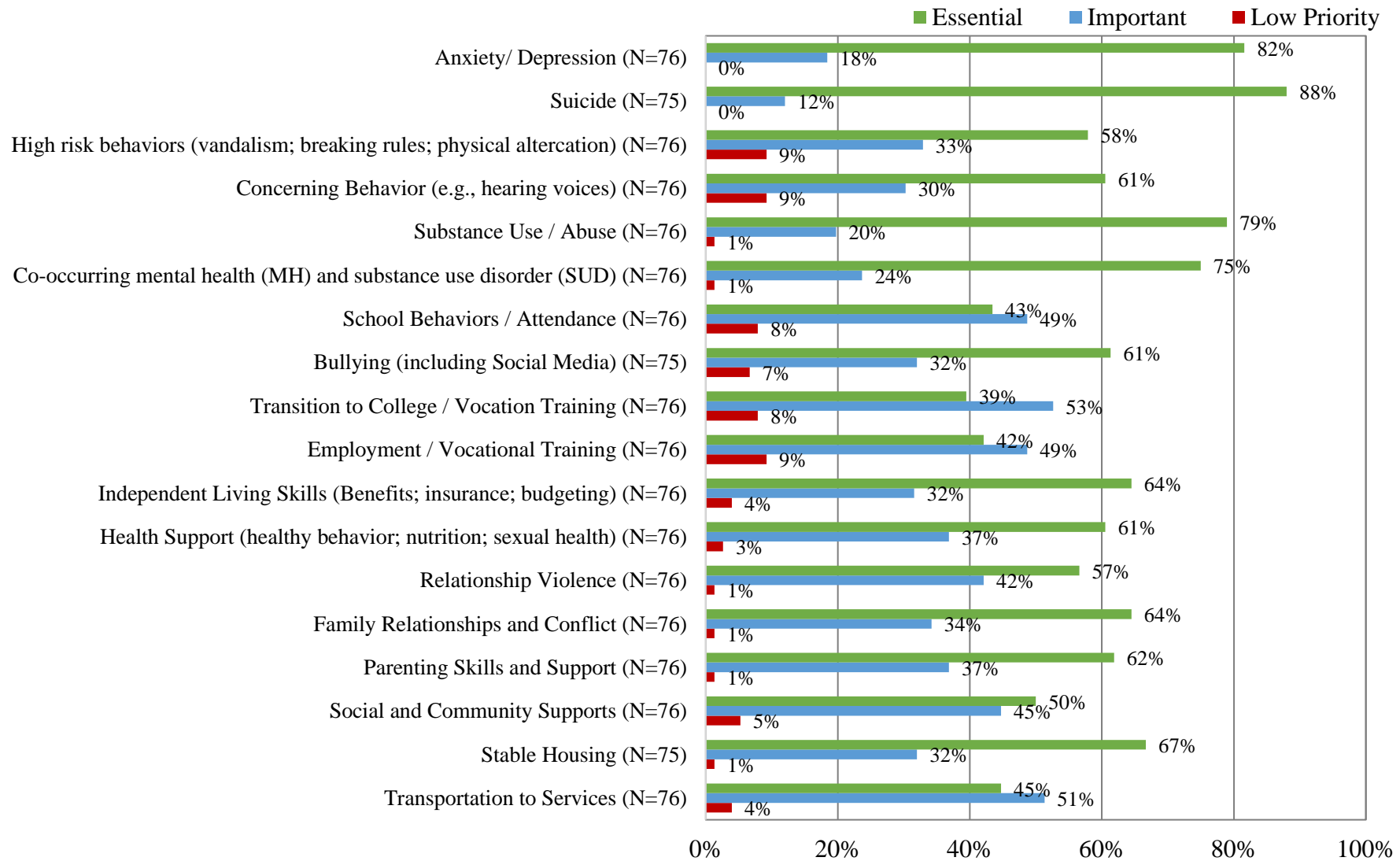
APPENDIX B
MHSA STAKEHOLDER SURVEY RESULTS

See the next pages for the results of the most recent MHSA Stakeholder Survey.

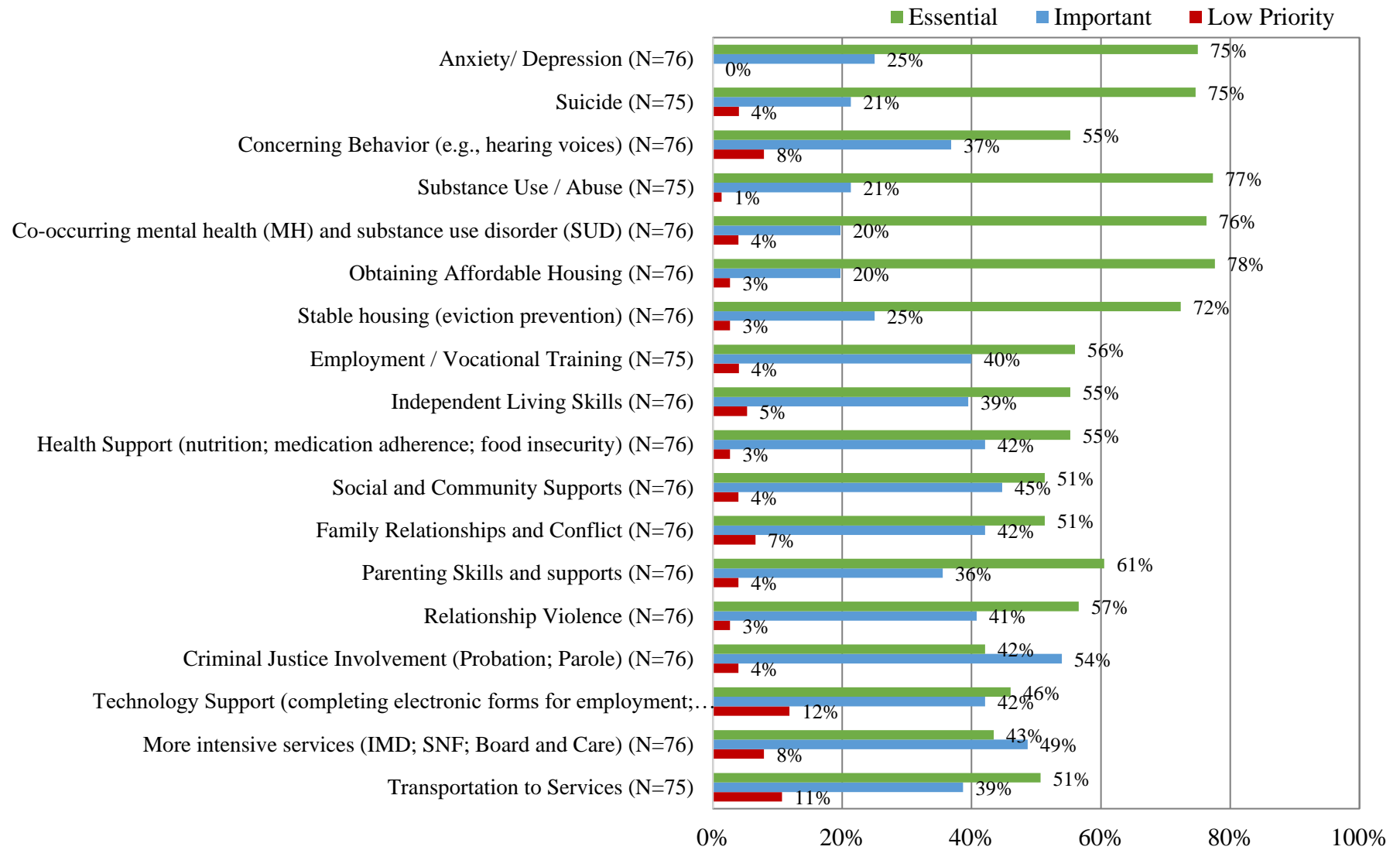
**Glenn County Behavioral Health
MHSa Stakeholder Survey Results
*Child and Family Issues That Need to Be Addressed***



Glenn County Behavioral Health MHSA Stakeholder Survey Results *Transition Age Youth (TAY) Issues That Need to Be Addressed*

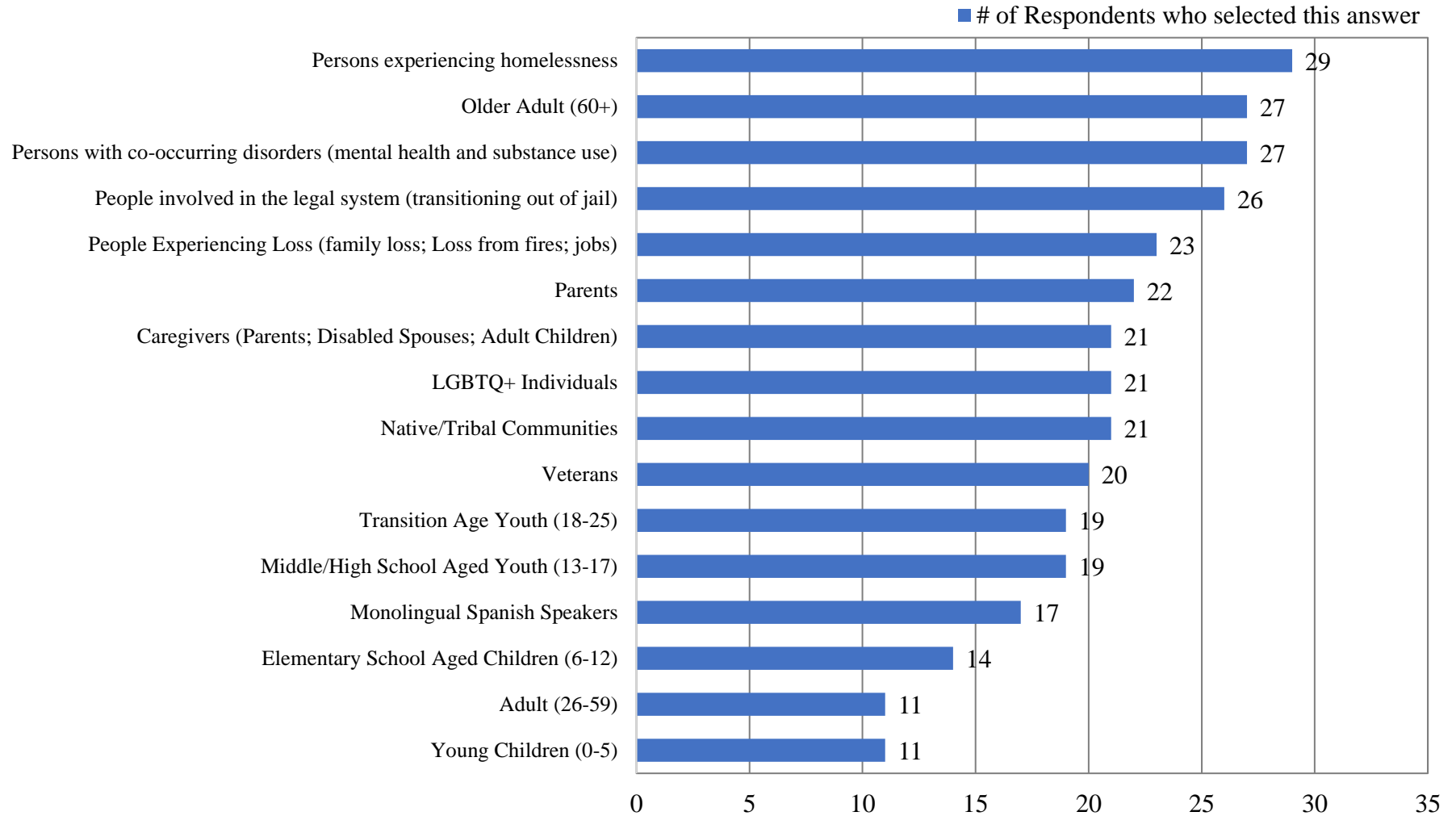


Glenn County Behavioral Health MHSA Stakeholder Survey Results *Adult and Older Adult Issues That Need to Be Addressed*



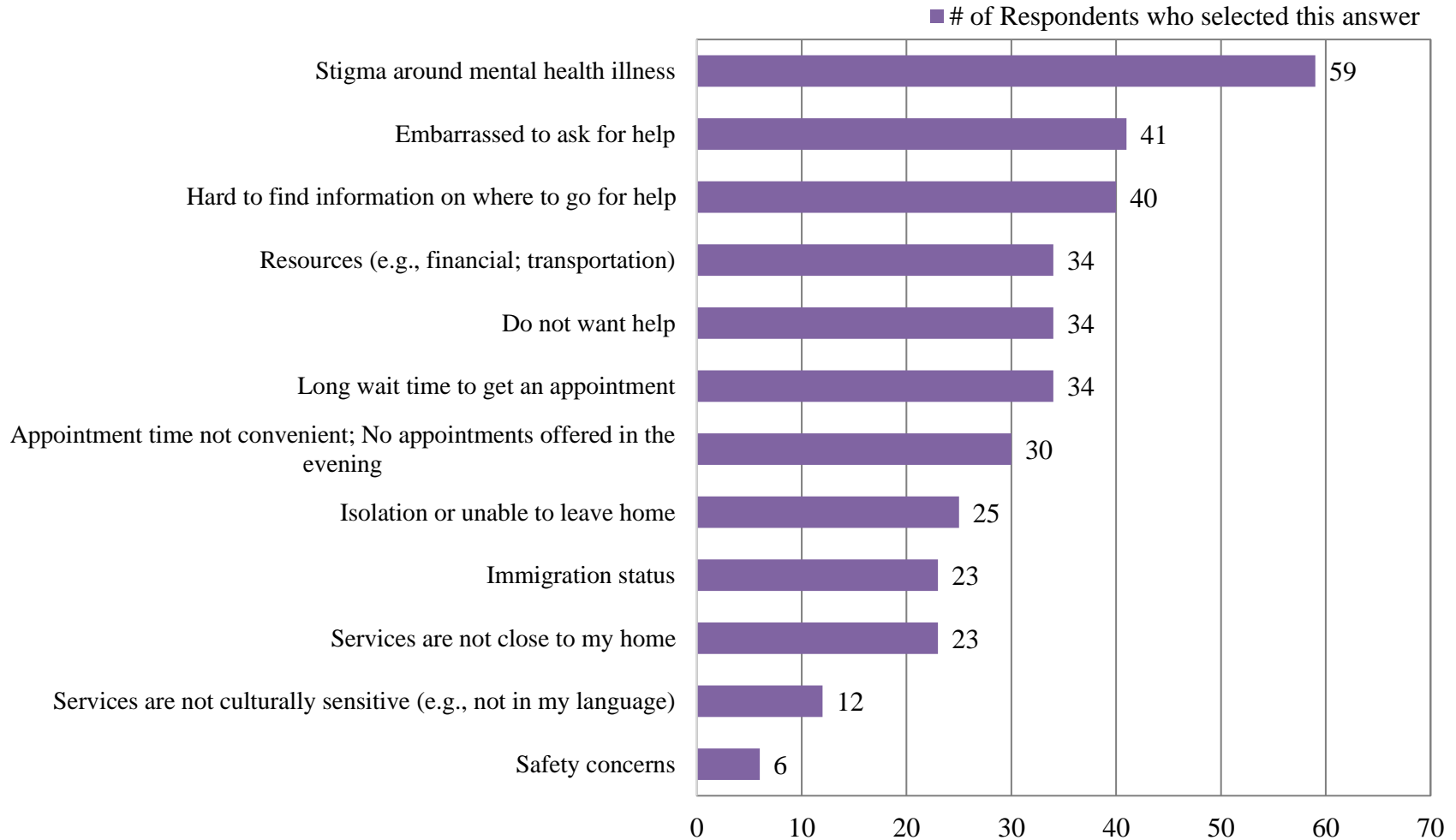
**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**

*Are there any populations or groups of people not being adequately served? (N=69)
(Respondents may select multiple answers)*

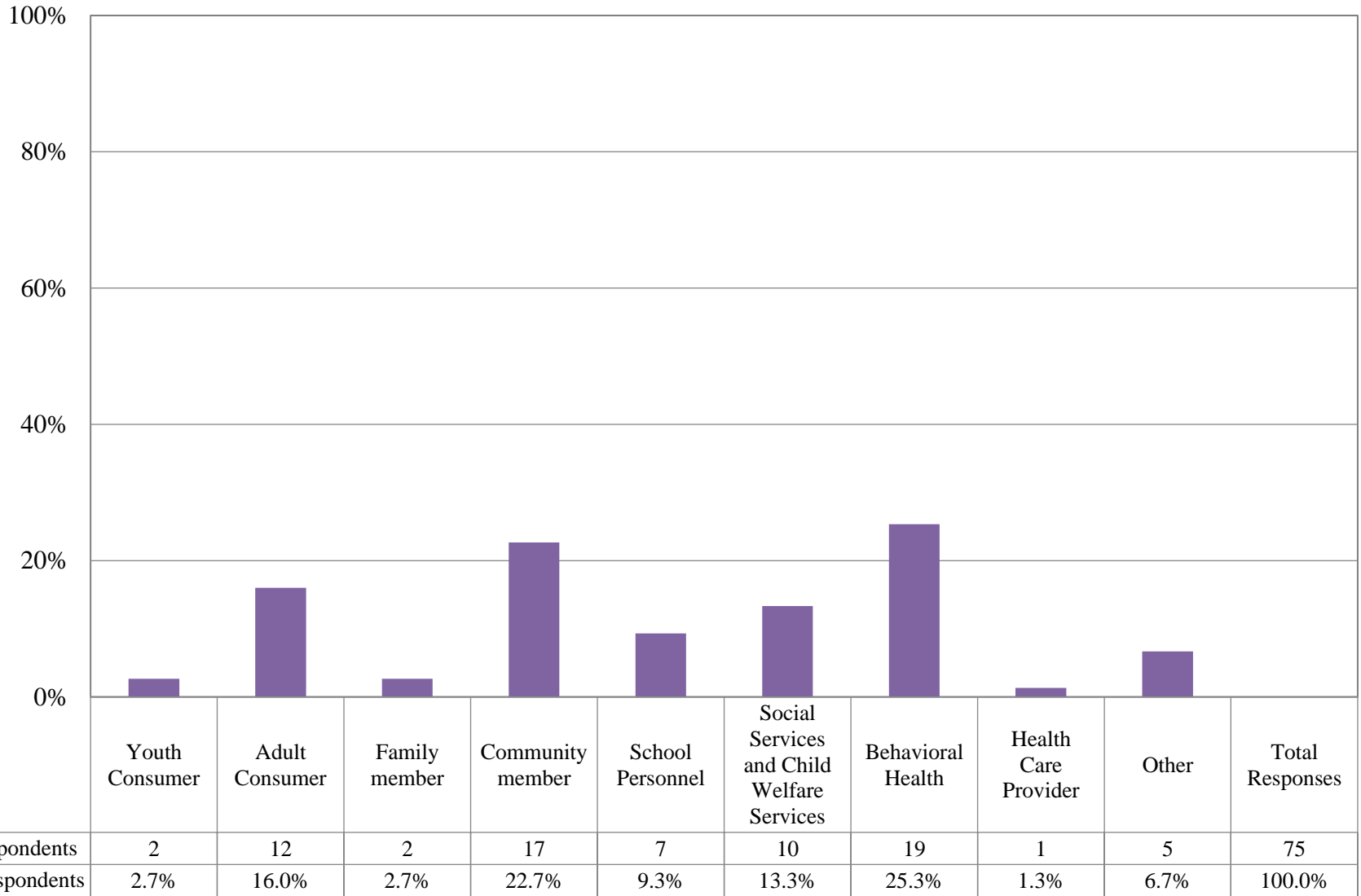


**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**

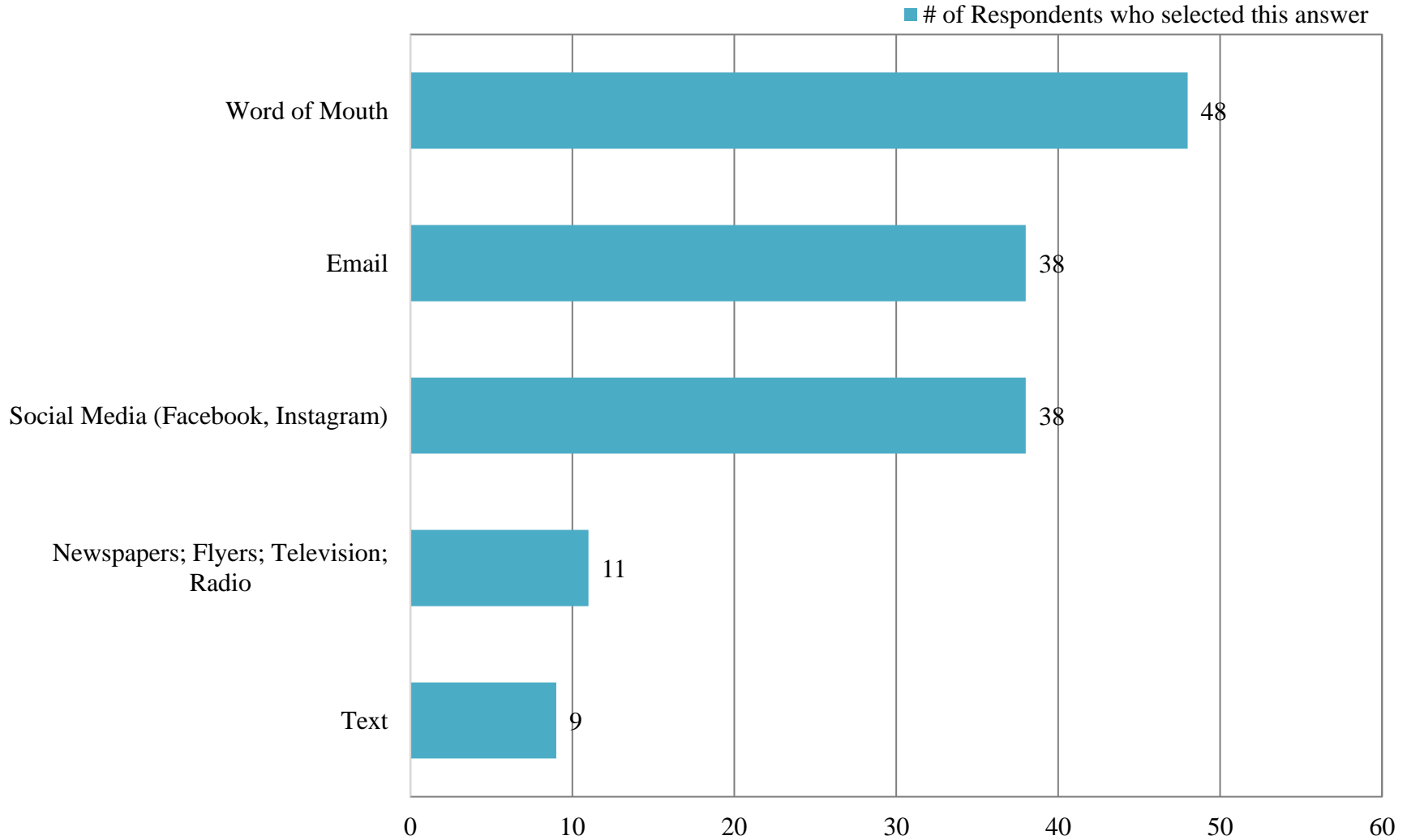
*What barriers make it harder for individuals and family member(s) to access mental health services? (N=74)
(Respondents may select multiple answers)*



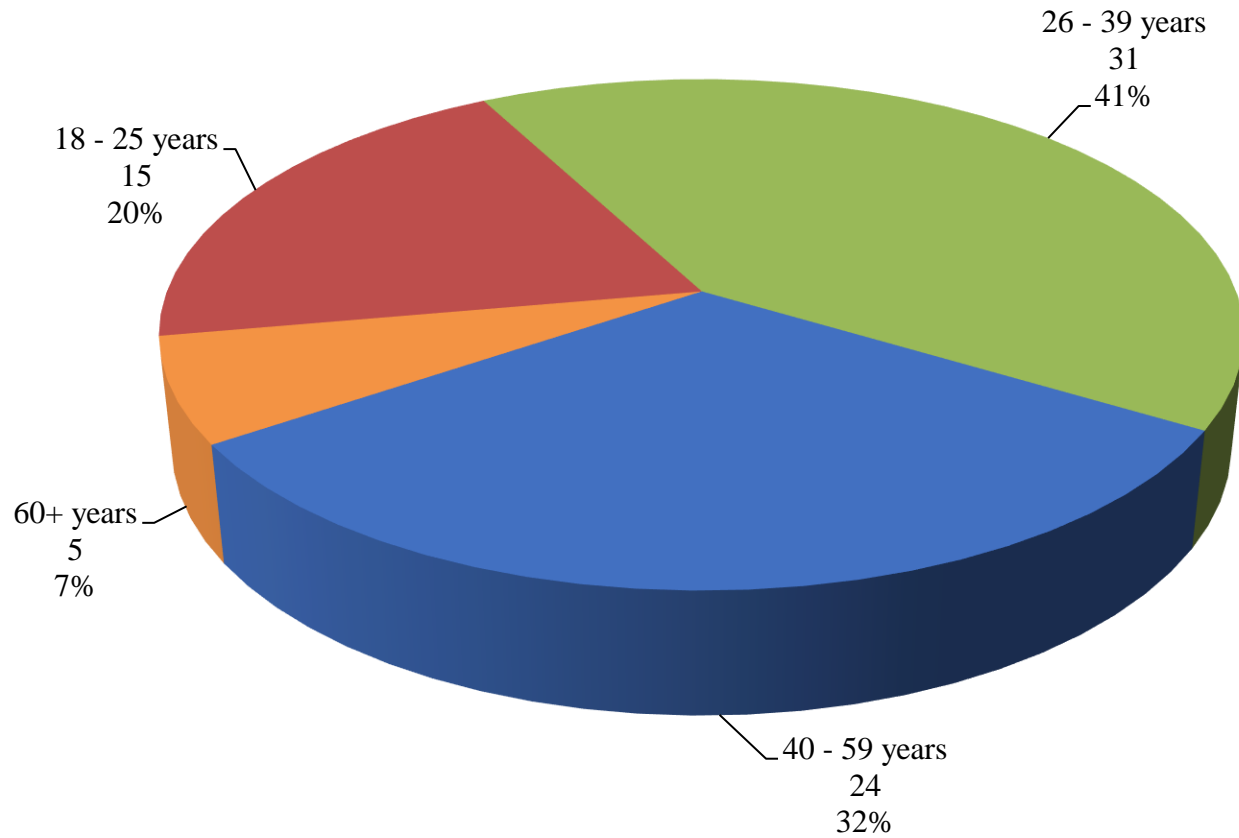
**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**
What is your role in the community? (N=75)



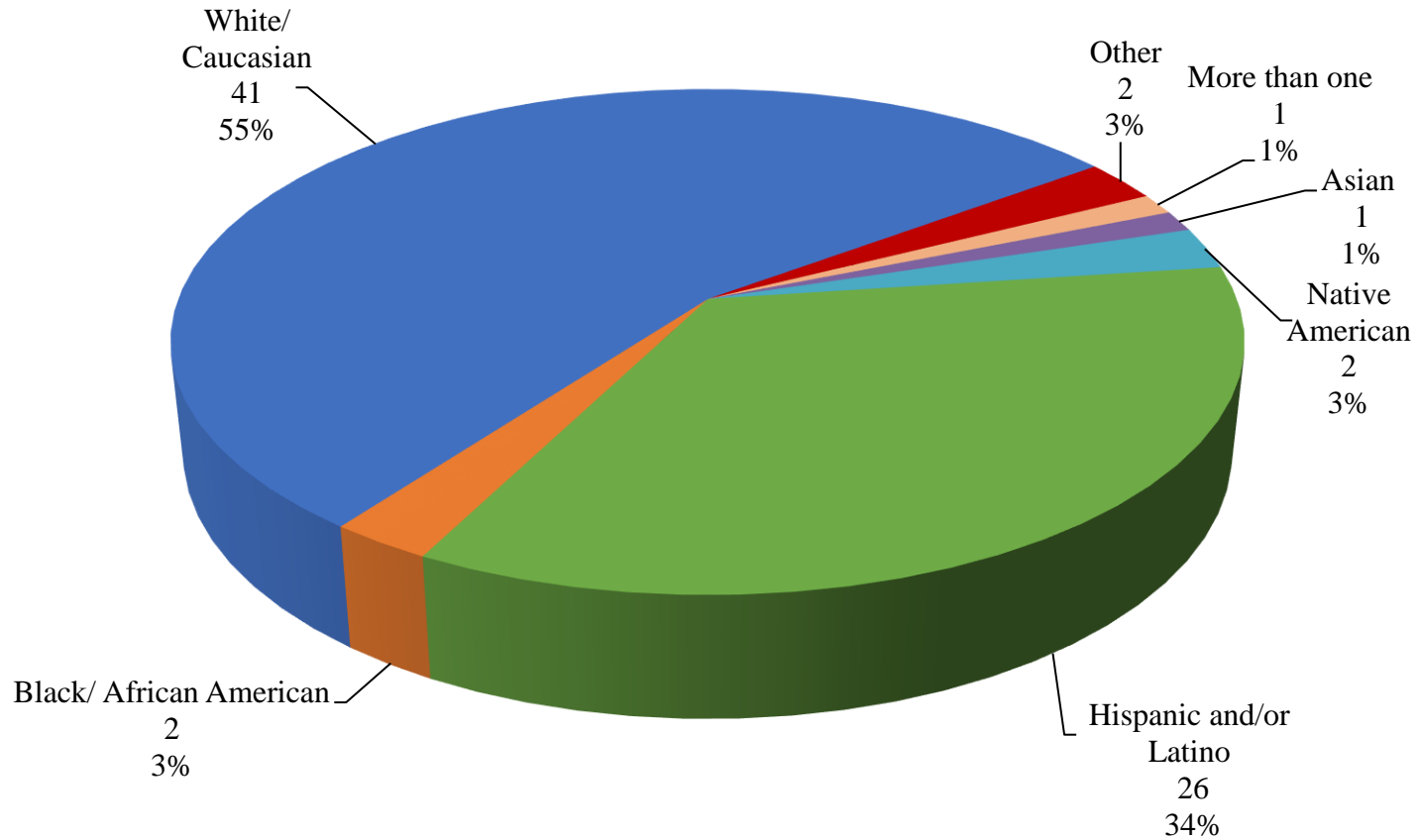
**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**
Sources of Information about Local Services and Resources (N=75)
(Respondents may select multiple answers)



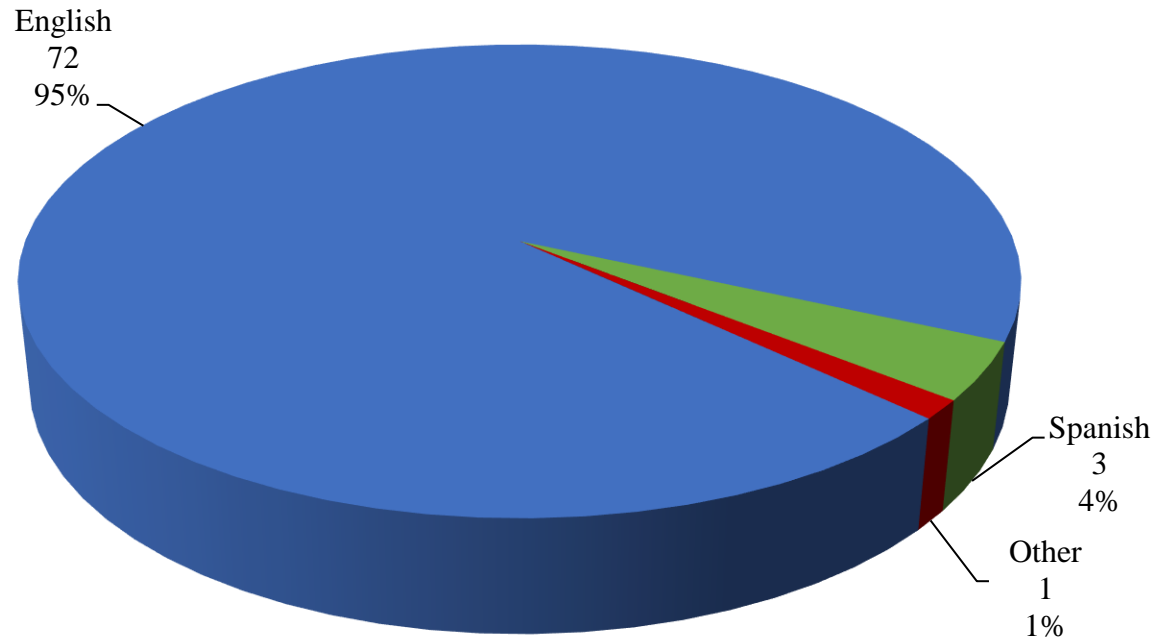
**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**
Age (N=75)



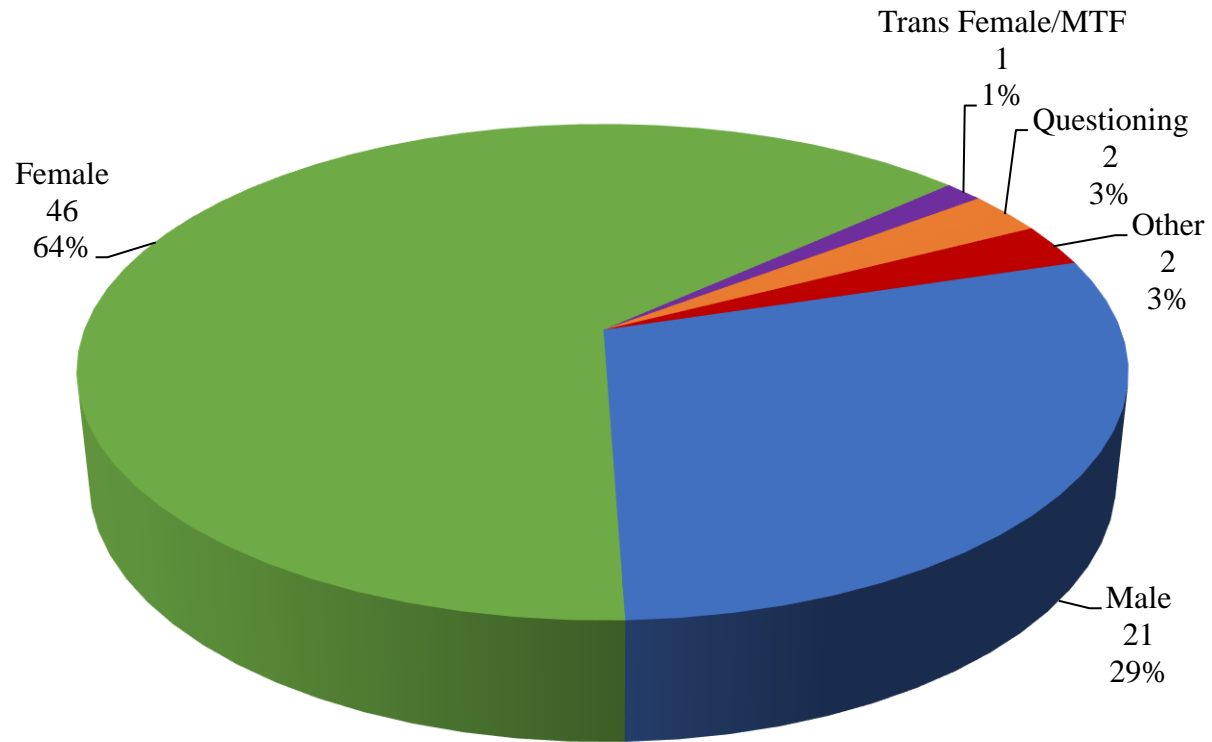
**Glenn County Behavioral Health
MHSA Stakeholder Survey Results
*Race/Ethnicity (N=75)***



**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**
What is your primary language? (N=76)



Glenn County Behavioral Health MHSA Stakeholder Survey Results *Gender (N=72)*



**Glenn County Behavioral Health
MHSA Stakeholder Survey Results**
Sexual Orientation (N=70)

