GLENN COUNTY BEHAVIORAL HEALTH

Mental Health Services Act
FY 2022/23 Annual Update and
FY 2020/21 PEI and INN Evaluation Report

POSTED FOR PUBLIC COMMENT
May 13, 2022 through June 13, 2022

The MHSA FY 22/23 Annual Update and FY 20/21 Evaluation Report is available for public review and comment from May 13, 2022 through June 13, 2022. 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 14, 2022.

Public Hearing Information:
Tuesday, June 14, 2022, 12:00 pm noon-1:00 pm
Behavioral Health Board Meeting

The Public Hearing will be held online, via Zoom.
Meeting link: https://countyofglenn-net.zoom.us/j/87316123676

If you prefer to join by phone, please call 1-669-900-6833.
Enter Meeting ID: 873 1612 3676

Comments or Questions? Please contact:
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Thank you!

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Glenn County Behavioral Health

MHSA FY 2022/23 Annual Update & FY 2020/21 PEI and INN Evaluation Report

MHSA COMMUNITY PROGRAM PLANNING

The Glenn County Behavioral Health (GCBH) Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) FY 2022/23 Annual Update and FY 2020/21 Evaluation Report builds upon the planning process that was utilized for the development of the most recent Three-Year Program and Expenditure 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 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 Annual Update, focus groups and stakeholder meetings were conducted both via Zoom and in person, at a variety of locations, including the adult wellness center (Harmony House) and the TAY wellness center. Interpreters were available to provide 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 (HHSA) 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.

In addition, a number of different agency staff were engaged to provide input into the MHSA 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 Annual Update.

Stakeholders and Meaningful Input

Focus groups and stakeholder meetings were conducted via Zoom and in person, at a variety of locations, including the adult wellness center (Harmony House) and the Transition Age Youth

(TAY) wellness center. 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 Harmony House's monthly Consumer Voice groups and input from the TAY Center during quarterly focus groups. The information obtained during these groups is regularly reported to the monthly System Improvement Committee (SIC); MHSA 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; increasing services for LGBTQ+ youth; increasing services for parents of TAY; serving clients with co-occurring disorders more effectively; increasing the number of cycles that the Strengthening Families Program is offered in the community; and overall satisfaction with the current MHSA services. The ideas presented by consumers were integrated throughout the develop and design of the Annual Update and will be used to enhance MHSA services in the coming year.

The survey data was analyzed, and the results were used to provide input and guidance in the planning process and helping to identify the programs that would be funded with MHSA (refer to Attachment A 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 Annual Update and the strategies to maintain and enhance services.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report has been posted for a 30-day public review and comment period from May 13, 2022 through June 13, 2022. An electronic copy has been posted on the County website, and through various GCBH social media platforms. This document has been distributed to all members of the Mental

Health, Alcohol and Drug Commission; SIC; consumer groups; and GCBH staff. The document is available via mail or email, upon request. Due to COVID restrictions, limited hard copies have been distributed; hard copies are available at the clinics in Willows and Orland, and upon request.

Public Hearing Information

Due to COVID restrictions, an online public hearing will be conducted for the posted MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report. The public hearing will be held online only, via Zoom, on Tuesday, June 14, 2022, from 12:00 noon to 1:00 pm.

Zoom link: https://countyofglenn-net.zoom.us/j/87316123676

Phone: 1-669-900-6833 (Meeting ID: 873 1612 3676)

In addition, the Zoom meeting link will be published on the GCBH website: https://www.countyofglenn.net/dept/health-human-services/behavioral-health/welcome

Please contact GCBH with any questions about accessing the meeting online or over the phone.

Substantive Recommendations and Changes

Input on the MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report will be reviewed and incorporated into the final document, as appropriate.

County Approval and State Submission

The MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report will be submitted to the County Board of Supervisors after the public hearing. After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS

CSS Program Description and Outcomes

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. CSS FSP Program

The eligibility for the CSS FSP program follows the regulations outlined in California code and requires that the person meets criteria for Serious Emotional Disturbance, serious mental illness, or at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental health disorder. For children and youth, these criteria may also include at risk or a recent history of homelessness, school failure, high-risk behaviors, and/or involvement in the criminal justice system. The same criteria apply for adults with the addition of at risk of involuntary hospitalization or inpatient hospitalization, placement in residential treatment, substance use, or at risk of out-of-home placement.

The FSP Program for the Youth and Family unit consists of addressing needs for our high-risk children and youth. Specifically, this includes individuals and families who are involved in the Child Welfare or Probation systems. Services also include work with youth who have been identified through our 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 life.

The FSP team consists of clinician, case manager, 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 & 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 goals identified. 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 support housing relocation; 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 Plan (WRAP), an evidence-based practice, is created with families/individuals and youth as a part of the FSP program. In response to COVID protocols, the case managers utilized an online training to support the development a WRAP with families; this training was conducted as an individual service, although it is traditionally provided in a group setting.

The FSP program for adults is similar, with a focus 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 being utilized.

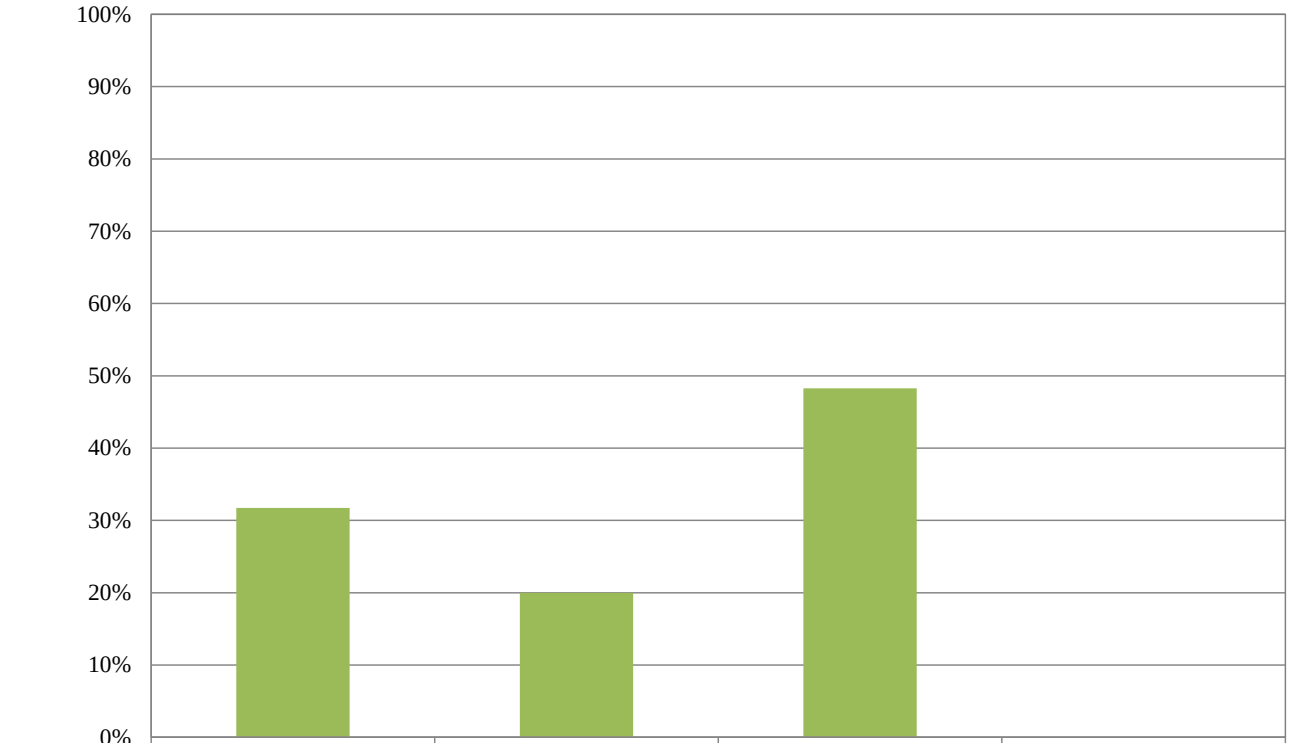
During FY 2020/21, GCBH created a new structure to gather local data on its FSP clients. Through local data to inform about homelessness, incarcerations, and Wellness Team and Child and Family Team meetings, GCBH will be able to continuously evaluate and improve services to respond to more effectively to meet the clint's needs.

CSS FSP Data

The FSP program served 145 people in FY 2020/21 (see Figure 1). Of the people served, 46 (31.7%) were children ages 0-15; 29 (20%) were TAY ages 16-25; and 70 (48.3%) 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.

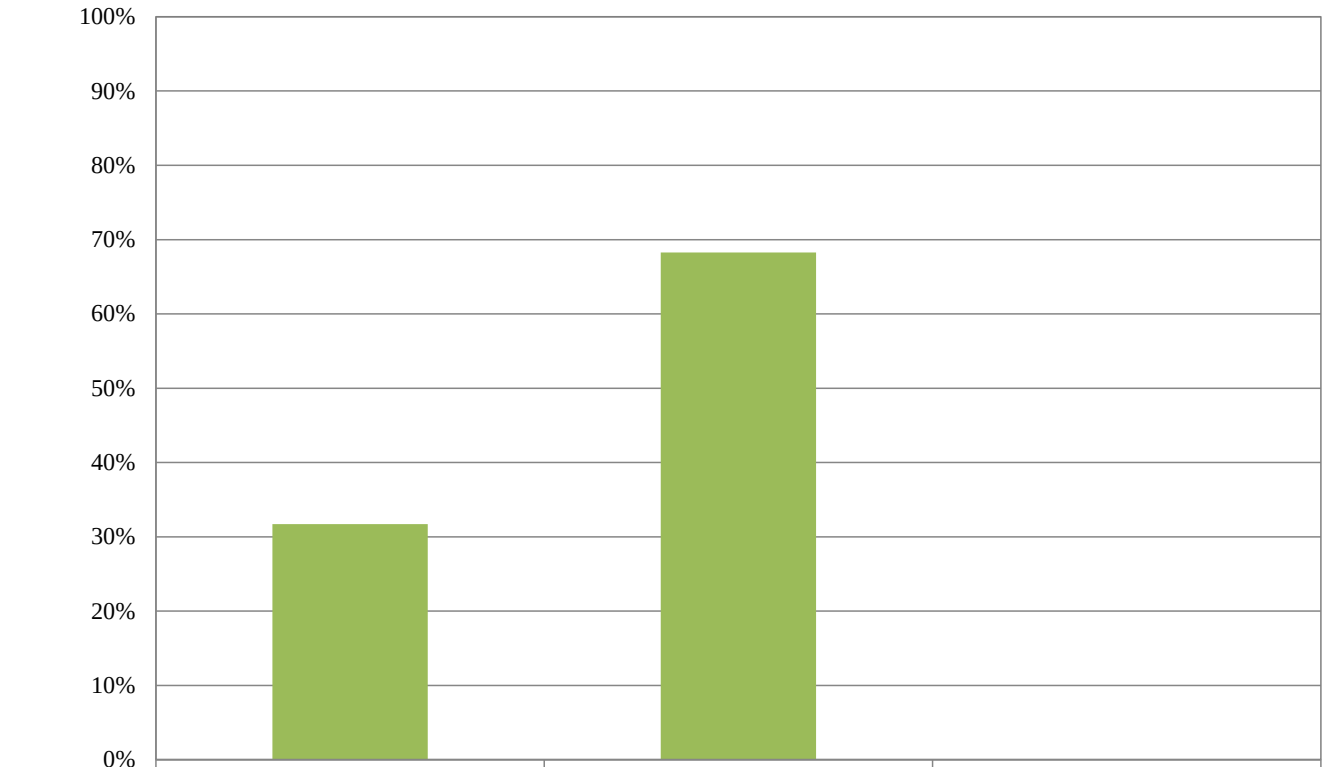
Figure 1
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by <u>Age</u>
FY 2020/21



	0 - 15 years	16 - 25 years	26+ years	Total FSP
# of Clients	46	29	70	145
% of Clients	31.7%	20.0%	48.3%	100.0%

Of the 145 people enrolled in the FSP program in FY 2020/21 (see Figure 2), 46 were male (31.7%) and 99 were female (68.3%).

Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2020/21

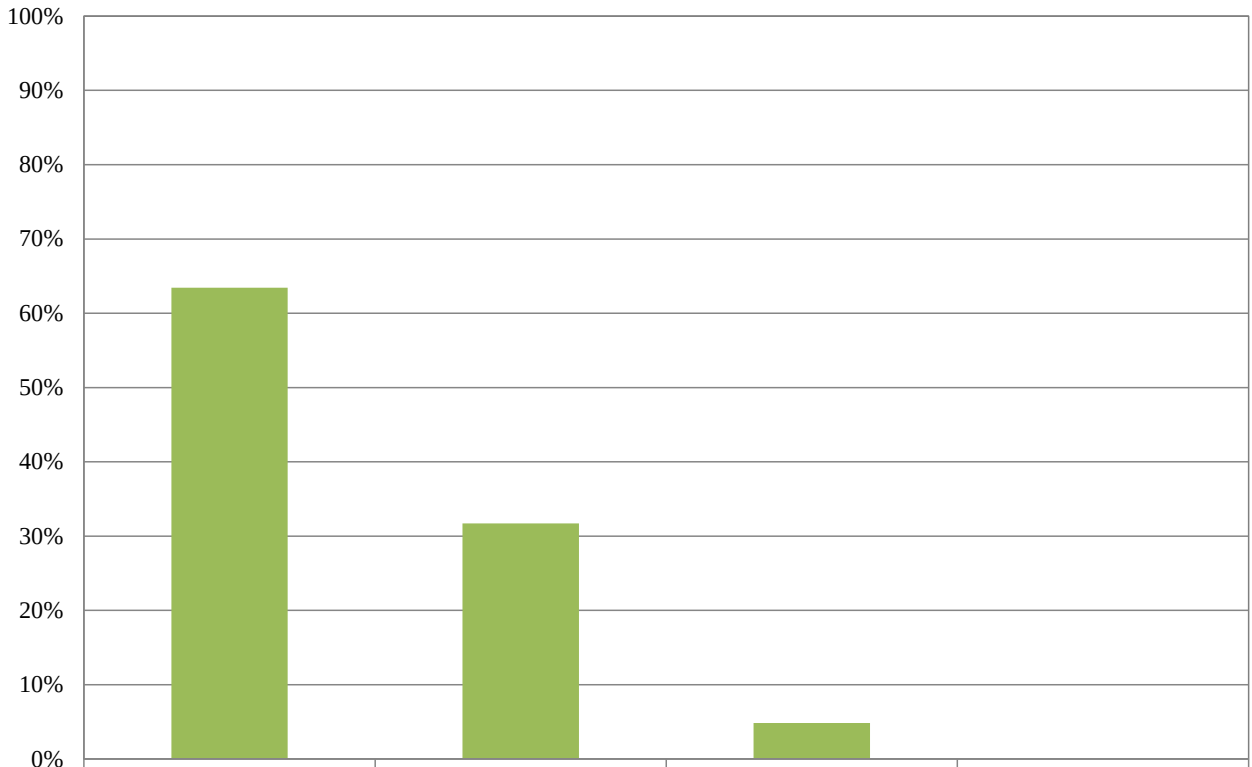


	Male	Female	Total FSP
# of Clients	46	99	145
% of Clients	31.7%	68.3%	100.0%

Of the 145 people enrolled in the FSP program in FY 2020/21 (see Figure 3), 92 were White (63.4%); 46 were Hispanic (31.7%); and seven (7) were Other Race/Ethnicities (4.8%).

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 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2020/21

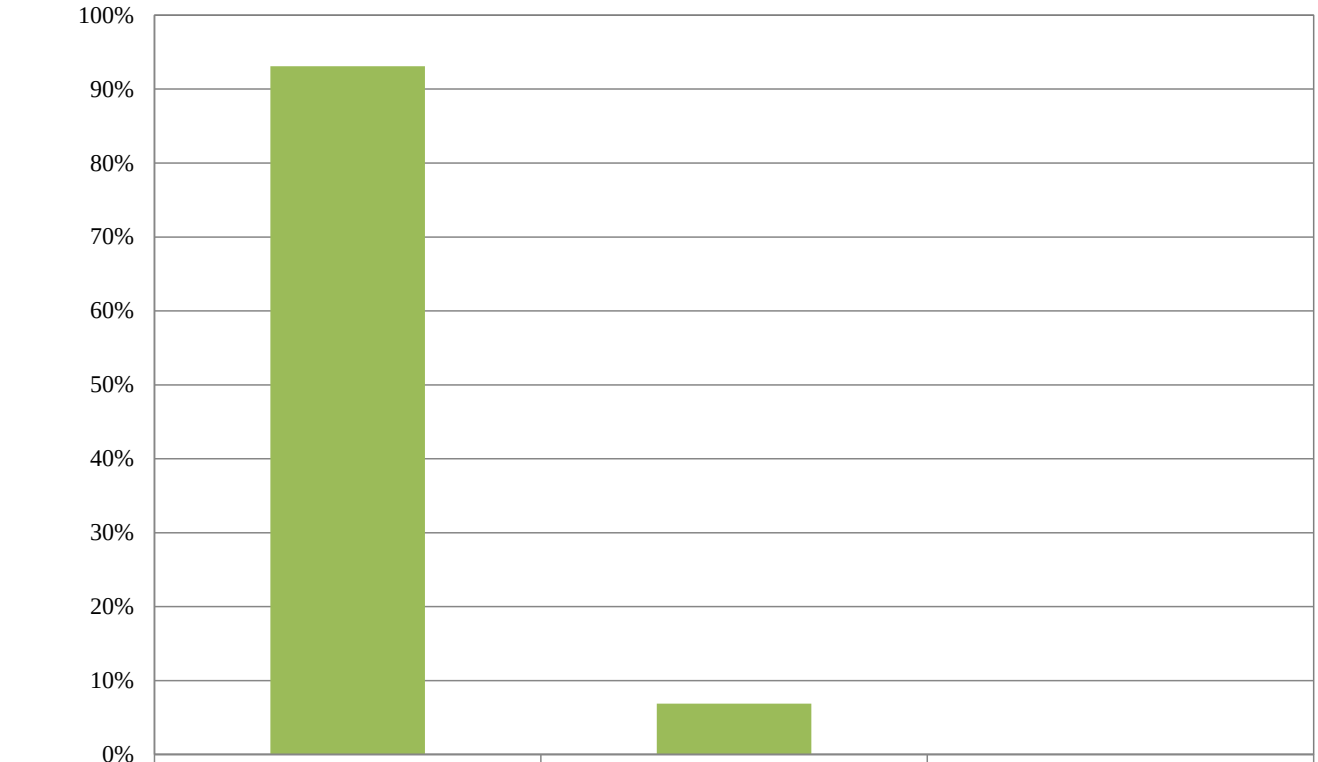


	White	Hispanic	Other	Total FSP
# of Clients	92	46	7	145
% of Clients	63.4%	31.7%	4.8%	100.0%

Of the 145 people enrolled in the FSP program in FY 2020/21 (see Figure 4), 135 (93.1%) were English speakers and 10 (6.9%) reported another Primary Language other than English.

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.

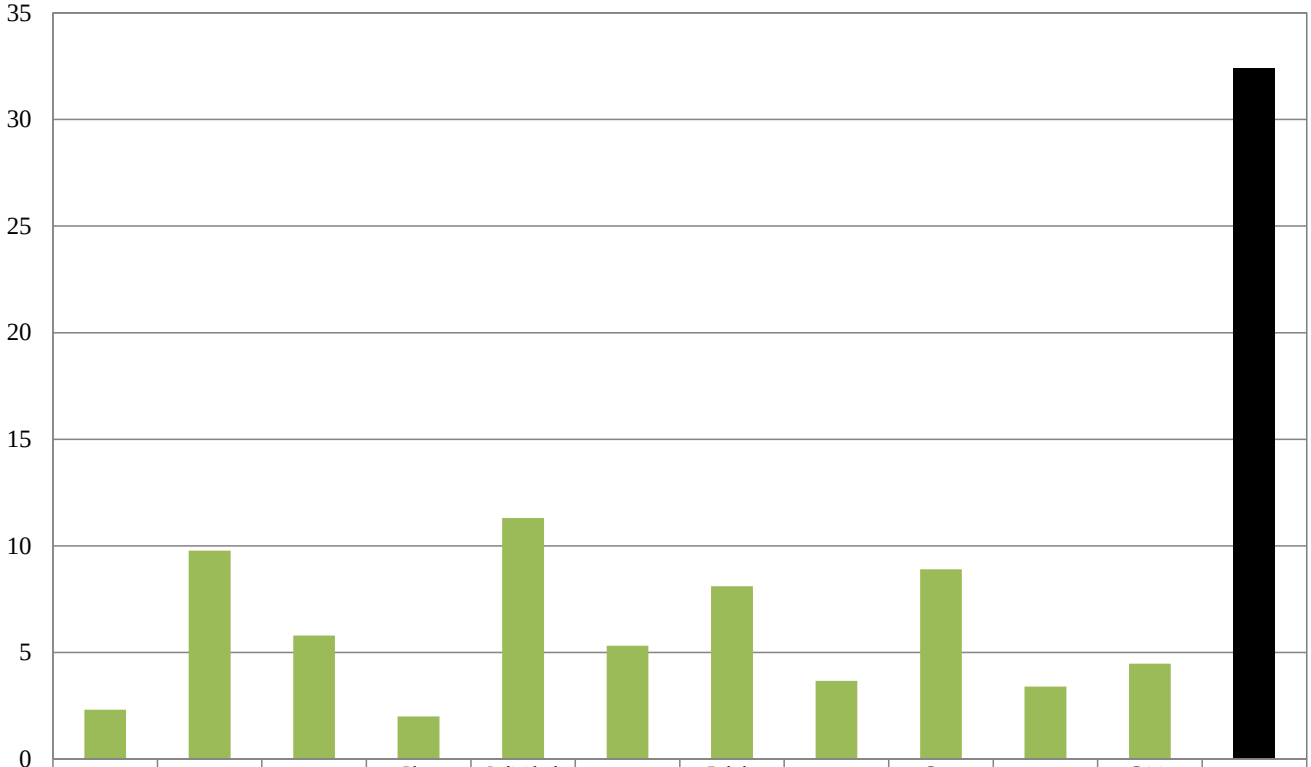
Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by <u>Preferred Language</u>
FY 2020/21



	English	Other	Total FSP
# of Clients	135	10	145
% of Clients	93.1%	6.9%	100.0%

FSP clients are some of the highest need clients served by GCBH. Clients receive a full array of services, as shown in Figure 5 below. The 145 clients that received FSP services in FY 2020/21 received 4,695.02 hours of services, which calculates into an average of 32.38 hours per person. Of the 145 clients, 109 received assessment; 115 received plan development, 121 received individual therapy, 125 received case management, and 63 received medication services. 32 of the 145 FSP clients that received crisis intervention, which shows that only 22.1% needed this intensive service. This data also reflects that 77.9% 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.

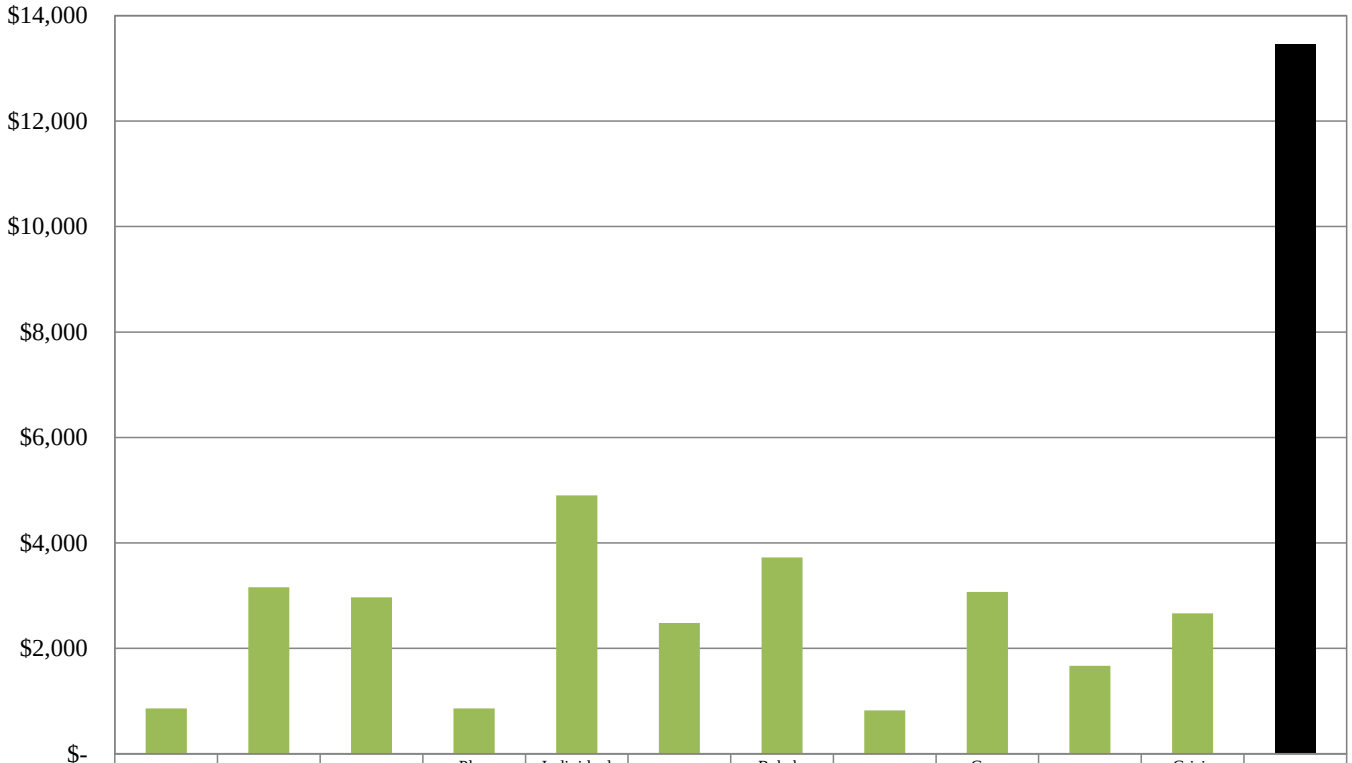
Figure 5
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2020/21



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total FSP
Total Hours	252.42	342.37	162.42	230.55	1,368.83	297.90	559.52	11.00	1,112.18	214.67	143.17	4,695.02
Und. Clts	109	35	28	115	121	56	69	3	125	63	32	145
Hrs/Clt	2.32	9.78	5.80	2.00	11.31	5.32	8.11	3.67	8.90	3.41	4.47	32.38

Figure 6 shows the dollars per FSP client for each of the services they received in FY 2020/21. Across all services, the total dollars for FSP clients were $1,951,800 with an average of $13,461 per person. These are some of the highest need clients served by GCBH.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Dollars, Clients, by Dollars per Client, by Service Type
FY 2020/21



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total FSP
Total Dollars	$93,898	$110,563	$83,147	$98,768	$592,816	$138,971	$257,029	$2,470	$383,839	$105,048	$85,251	1,951,800
Und. Clts	109	35	28	115	121	56	69	3	125	63	32	145
Dollars/Clt	$861	3,159	2,970	859	4,899	2,482	3,725	823	3,071	1,667	2,664	13,461

2. CSS Non-FSP Program

The CSS Non-FSP program provides the following activities: outreach activities; SMART Team services; telepsychiatry services; wellness center activities; housing services; and support of the Behavioral Health Treatment Court.

Outreach Activities: Case Managers provide CSS outreach activities to persons in the community who are at-risk of needing mental health services. Case managers offer outreach to persons who are homeless to help link them to needed services. Harmony House also provides clothing to individuals and families through donations from the community. The Harmony House Clothing Closet has approximately 50 community member's visits annually. Over this last year, during the pandemic, the Clothes Closet was made available through individual appointments.

Individuals are able to take showers by appointment at Harmony House, Monday through Friday. Over this last year, the number of shower appointments has increased by 50% increase than last fiscal year 20/21. Clients are encouraged to access other services, after they have developed trusting relationships with the Harmony House staff and clients.

Figure 7 shows that there were 38 outreach contacts in FY 2020/21.

Figure 7
CSS Outreach and Engagement Contacts
FY 2020/21

Outreach & Engagement Contacts
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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.

All programs 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.

GCBH continues to expand programs and collaborate with partner agencies, including schools, law enforcement, social services, jail, and probation. In addition, services for children enrolled in the Katie A/CCR/Pathways program continue to be expanded. GCBH and CWS staff work closely to coordinate services, attend CFT meetings, and provide services to these high-risk families. In addition, GCBH has expanded efforts to reduce bullying and improve anger management skills in school age children and youth.

GCBH and CWS are working closely to implement the components of the Continuum of Care Reform (CCR). This strategy includes long-term plans to implement expanded certification of all foster and relative homes, and to collaborate with local Foster Family Agency (FFA) programs and other residential facilities to certify Short-Term Residential Therapeutic Programs (STRTP) to allow Medi-Cal billing. STRTP is a level of certification for residential facilities that are operated by a public agency, or private organization, and licensed by the Department of Health Care Services (DHCS). The STRTP provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children needing this higher level of services. The care and supervision provided by a STRTP is non-medical, except as otherwise permitted by law. Behavioral Health, CWS, and Probation have continued to collaborate to implement Therapeutic Foster Care (TFC) in Glenn County. This collaboration with our Resource Family Agencies (RFA) unit and other FFAs help expand the capacity to keep our high needs youth in Glenn County.

The GCBH Intensive Services for Youth program identifies youth who have involvement in Child Welfare Services (CWS); Probation; Far Northern; local school districts; primary care providers; or other community-based programs. Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) are part of the GCBH tiered-service model to ensure that intensive services are provided to reduce the need for higher levels of care. The use of Wellness Teams (including therapist, case manager, and parent partner and/or peer mentor) support family reunification and reduce the use of STRTPs. GCBH is implementing an attachment-based therapeutic model called Dyadic Developmental Psychotherapy (DDP), which will support the CCR efforts to address mental health needs.

As partners in supporting CCR, GCBH has also been supporting CWS with the implementation of the Family Urgent Response System (FURS). The intent of the Family Urgent Response System (FURS) is to support children, youth, and caregivers through immediate response to situations before they escalate into placement disruptions, law enforcement contacts, and psychiatric hospitalizations. This program was designed to fill the gaps of the CCR. GCBH partners with CWS and RFA programs to assist in training and coordinating of care clients who access this service.

FURS provides 24/7 immediate phone-based and in-person support during situations of instability in the home. DHCS provides a 24-hour crisis line that coordinate with local counties who have established their individualized FURS program by coordinating with Probation, CWS, and BH. The crisis line workers determine if immediate response is needed or a referral back to the county of origin. Through the use of CFTs, families are able to receive follow up and ongoing support after accessing the FURS hotline.

Over the past year, there have been continued efforts between CWS, Probation, and GCBH to collaborate to support the goals of the child and family while in placement. Currently, GCBH works closely with CWS, Probation and local school districts to support CCR. The effort seeks to expand upon Katie A/CCR/Pathways infrastructure. Activities utilized in Glenn County include monthly Mental Health and CWS Interagency Placement Committee (IPC) meetings and bi-weekly Multi-Disciplinary Team (MDT) meetings to discuss cases, expand CFT's and

increase home-based mental health services. The MDT collaborates to implement the use of the Child and Adolescent Needs and Strengths (CANS) tool as a communication tool to identify family needs and develop a shared case plan. Another component of the reform is to restructure group-home placements to support youth and families to have shorter lengths of stay and support children and youth to remain in their community, whenever possible. The GCBH Youth and Family Program Manager has been partnering with the RFA and CWS to identify opportunities to develop a TFC home for Glenn County.

CWS and Mental Health Youth and family services are working in partnership to implement a High-Fidelity Wraparound and Qualified Individual Assessment (QIA) as part of the foster care placement process. High Fidelity Wraparound is a process that helps complex-needs youth and families gather a team of people to help them meet their chosen goals. This team is comprised of people that the youth and family has chosen; and include family, friends, relatives, neighbors, and professionals (e.g., teachers, social worker, and probation). This team is intended to support the youth and family beyond the involvement of High-Fidelity Wraparound.

High Fidelity Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and follows a strengths-based, needs-driven approach. The intent is to utilize a team to build on individual and family strengths to help families achieve positive goals and improve well-being. From the start, a child and family team are formed, which works directly with the family as they identify their own needs and strengths. The team develops a service plan that describes specific strategies for meeting the needs identified by the family. The service plan is individualized, with strategies that reflect the child and family's culture and preferences. For children and families in the foster care system, the Wraparound process can:

- Enhance strengths by creating a strength-based intervention plan with a child and family team;
- Promote youth and parent involvement with family voice, choice, and preference;
- Use community-based services;
- Create independence and stability;
- Provide services that fit a child and family's identified needs, culture, and preferences;
- Create one plan to coordinate responses in all life domains; and
- Focus on achieving positive goals.

GCBH 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.

GCBH provides enhanced services to support early recognition of depression and suicidal behavior as well as help reduce the stigma of accessing mental health services. A number of trainings in the community are offered to help develop skills in recognizing signs and symptoms of depression and suicide and offer skills so that community members will know how to make referrals and support the individual. This approach includes offering SafeTALK for partner agencies and other members in the community. Individuals at both TAY and Harmony House receive support for developing a WRAP.

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

In the community, employees of the Public Library have been trained to offer Mental Health First Aid (MHFA) training. There are a number of homeless individuals in the community who frequently utilize the Public Library. Many of these individuals have symptoms of mental illness. This training has supported community members and library personnel to have an enhanced understanding of mental health issues of the homeless population. Training these staff helps to provide additional support and skills to help persons who are homeless. GCBH collaborates with the library personnel for helping deliver the SafeTALK trainings. They are assisting in the trainings as the "Community Supporter." The Community Supporter is utilized during the training for extra support for attendees if they are triggered by the content and need additional support.

SMART Team services: A GCBH Innovation Plan, the System-wide Mental Health Assessment Response Treatment (SMART) Team, was approved in 2015 and ended on June 30, 2019. The SMART program is being sustained through CSS funding, and will continue 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, called MOSAIC, was purchased, and used across the five years of the project, to consistently assess and determine the level for risk of each individual. The MOSAIC uses an error avoidance computer-assisted method for completing comprehensive assessments.

The SMART Team uses the MOSAIC to interview key people in the child/youth's life. The MOSAIC then provides a score to help identify key risk factors for each youth, as well as provide information on the potential for risk in the future. This comprehensive instrument informs which risk factors should be addressed and monitored closely and provides the team with concerns that could arise in the future. Information about home life, history of trauma, history of suicidal ideation and threat-making, and criminal behavior is compiled to yield the risk score.

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 incident is fully resolved.

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. The 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 county-wide 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.

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. The Public Health Nurse is available to provide injection for the clients who are prescribed with injectable psychotropic medications.

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 37% of mental health clients receive telepsychiatry services.

Wellness Center activities: The Transition Age Youth (TAY) Center is located in Orland in a comfortable house 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 the 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 who staff (i.e, paid, part-time positions) 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 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 preventing 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.

During the COVID stay-at-home orders, Harmony House was closed to public access. To continue services, Harmony House staff utilized Zoom and other social media platforms to communicate and deliver individual/group services. Coaches made daily and weekly call-outs to check in with clients, as well as managing the Welcoming Line Monday through Friday. As COVID restrictions eased, Harmony House was able to meet with clients on a one-on-one appointment basis. In-person scheduled groups returned in an outside setting.

Recently, the Glenn County Community Action Division (CAD) relocated to a building next door to Harmony House. This relocation has yielded a great partnership in supporting unhoused persons or those who need eviction-prevention support. CAD refers to individuals to Harmony House for the shower outreach program and group services and supports. This partnership has been successful in supporting individuals who receive, or are referred to, outpatient behavioral health services. These outreach activities, the relocation of CAD, reopening to in-person services and community word-of-mouth has increased the Harmony House daily attendance by over 40%.

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.

To support the TLC and CSS program, an eligibility worker, and an Employment Training Worker from CalWORKS are co-located at TLC, one-half day each week. These staff help meet the needs of individuals as they develop skills to live independently in the community and help them to develop job-readiness skills. There is also have a certified teacher that visits the TLC every week to help individuals obtain their GED and/or high school diploma. Individuals are also linked to trade schools in the region, to help them develop skills for specific jobs (e.g., truck driving; auto mechanics; plumbing). Other groups that are offered include Relapse Prevention and Anger Management.

Housing services: During past MHSA CPP activities, many consumers and community members expressed a need to address the homelessness in this small, rural community. The housing component utilizes CSS FSP Flexible Funding to help consumers move into independent living situations. Strategies include aiding access housing; using hotel vouchers; providing assistance with security deposits and funds for first month rent; and providing funds to assist with utility payments.

In FY 2019/20, 51 individuals were provided eviction prevention and or housing assistance, including 22 people who received support for transitional housing and 19 people who received rental assistance. In FY 2020/21, 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. To date in fiscal year 2021/22, GCBH has supported 16 individuals with eviction prevention and/or housing assistance. These activities included hotel stays, utility support, and housing items.

Dos Rios Continuum of Care – 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 on cohesion 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.

HHSA intended to submit a No Place Like Home (NPLH) Competitive application for Round 4, in late 2021. In order to submit this application through a Request for Qualification (RFP) process, HHSA began a relationship with a Development Sponsor, Rural Communities Housing

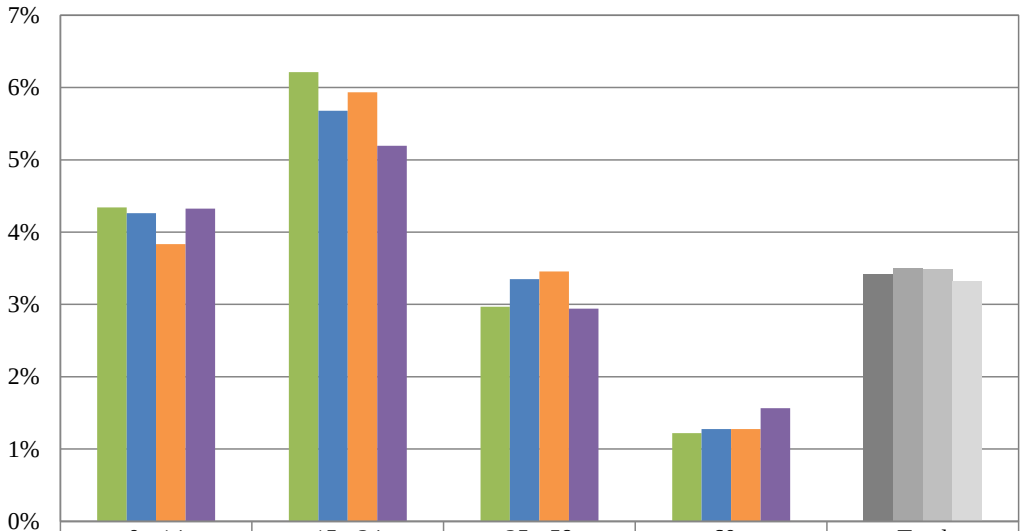
Development Corporation (RCHDC). HHSA and RCHDC have been coordinating efforts together to write the proposal and began discussions about programming that will be available onsite. In December 2021, the Glenn County Board of Supervisors and the HHSA Executive Team, with support from Housing Team consultants, decided to not move forward with the NPLH application. This decision was made because of community zoning and real estate barriers that did not allow Glenn County to meet application and project benchmark deadlines. Unfortunately, Round 4 was the last funding round for NPLH. The need for supportive low-income housing still exists. Recently, Habitat for Humanity purchased the Orland Inn with plans to convert the motel into 30 supportive low-income housing units. Project Home Key was approved and will begin breaking ground in Spring 2022.

Behavioral Health Treatment Court (BHTC) support: The 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. 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 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.

CSS Non-FSP Data

Figure 8 shows the Penetration Rate and number of CSS clients served for four 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) increased from 3.4% in FY 2017/18 to 3.5% in FY 2018/19 and FY 2019/20, then decreased to 3.3% in FY 2020/21. There are very small variations in the Penetration Rate by age group. The Transition Age Youth had the most change, with the Penetration Rate decreasing from 6.2% in FY 2017/28 to 5.2% in FY 2020/21.

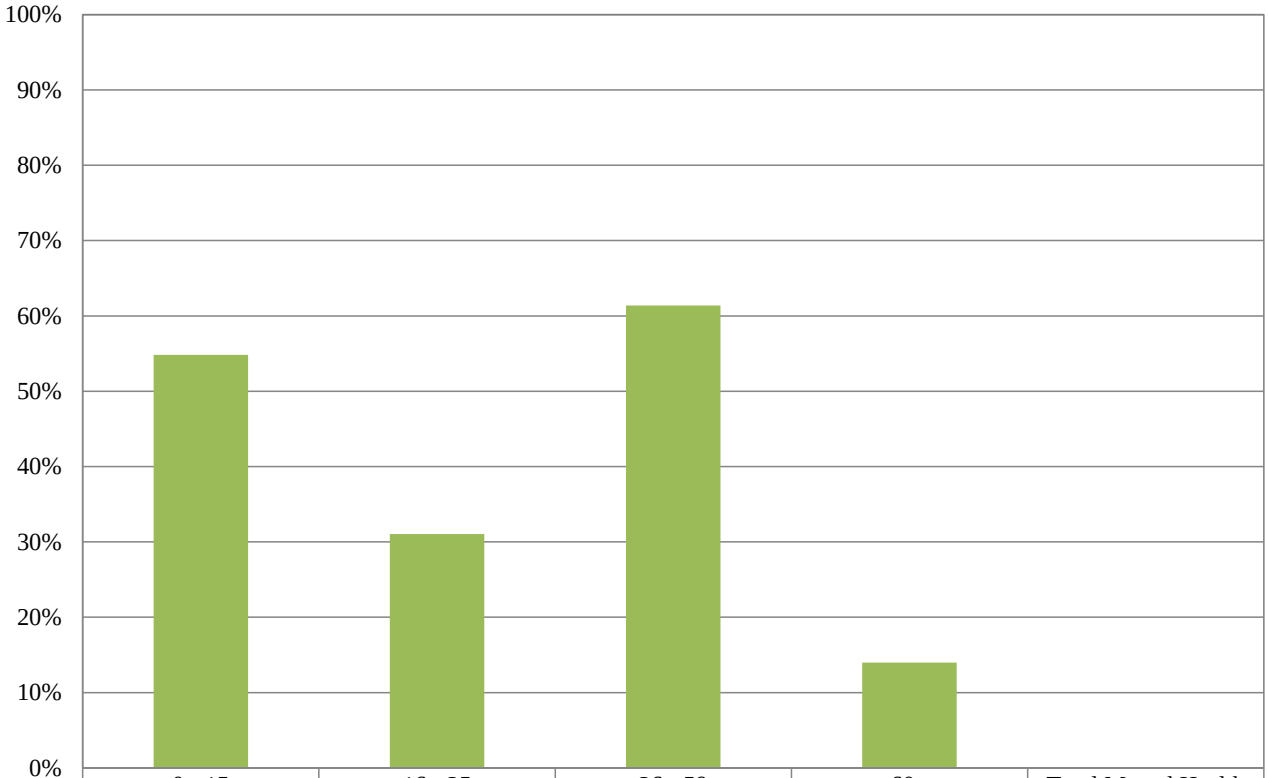
Figure 8
Mental Health Penetration Rate, by Age
FY 2017/18 to FY 2020/21



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2017-18 # Clients	283	244	371	63	961
FY 2017-18 Penetration Rate	4.3%	6.2%	3.0%	1.2%	3.4%
FY 2018-19 # Clients	278	223	419	66	986
FY 2018-19 Penetration Rate	4.3%	5.7%	3.4%	1.3%	3.5%
FY 2019-20 # Clients	250	233	432	66	981
FY 2019-20 Penetration Rate	3.8%	5.9%	3.5%	1.3%	3.5%
FY 2020-21 # Clients	282	204	368	81	935
FY 2020-21 Penetration Rate	4.3%	5.2%	2.9%	1.6%	3.3%
Glenn County Census Population	6,520	3,926	12,505	5,171	28,122

Figure 9 shows the number and percent of Mental Health clients by age for FY 2020/21. For the 935 individuals served, 54.8% were children ages 0-15 years; 31% were TAY ages 16-25 years; 61.4% were Adults ages 26-59 years; and 14% were Older Adults ages 60+ years.

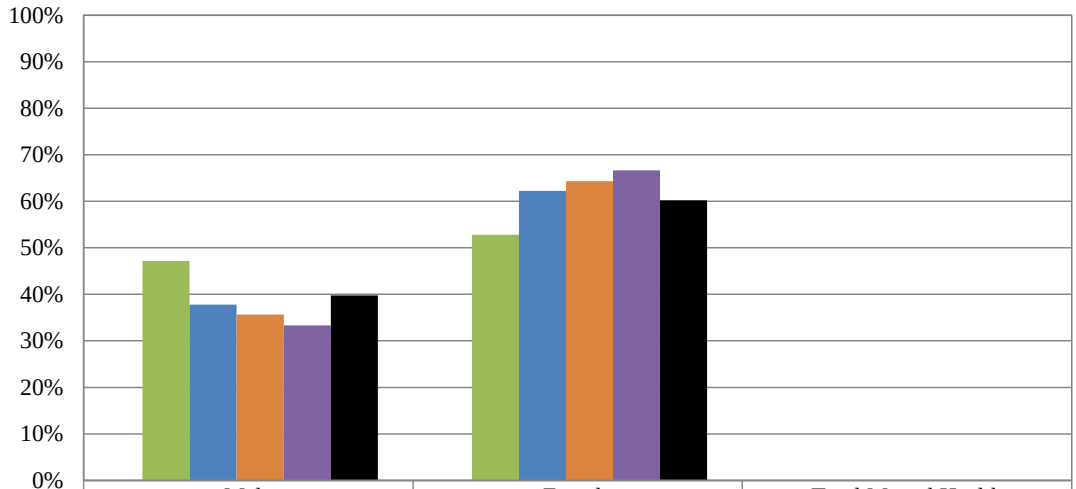
Figure 9
Number and Percent of Mental Health Clients, by <u>Age</u>
FY 2020/21



	0 - 15	16 - 25	26 - 59	60+	Total Mental Health
# of Clients	318	180	356	81	935
% of Clients	54.8%	31.0%	61.4%	14.0%	161.2%

Figure 10 shows the number and percent of Mental Health clients by gender and age for FY 2020/21. There were more females than males in all four age groups during this fiscal year. Across all ages, there were more females served with 563 females (60.2%) served compared to 372 males (39.8%).

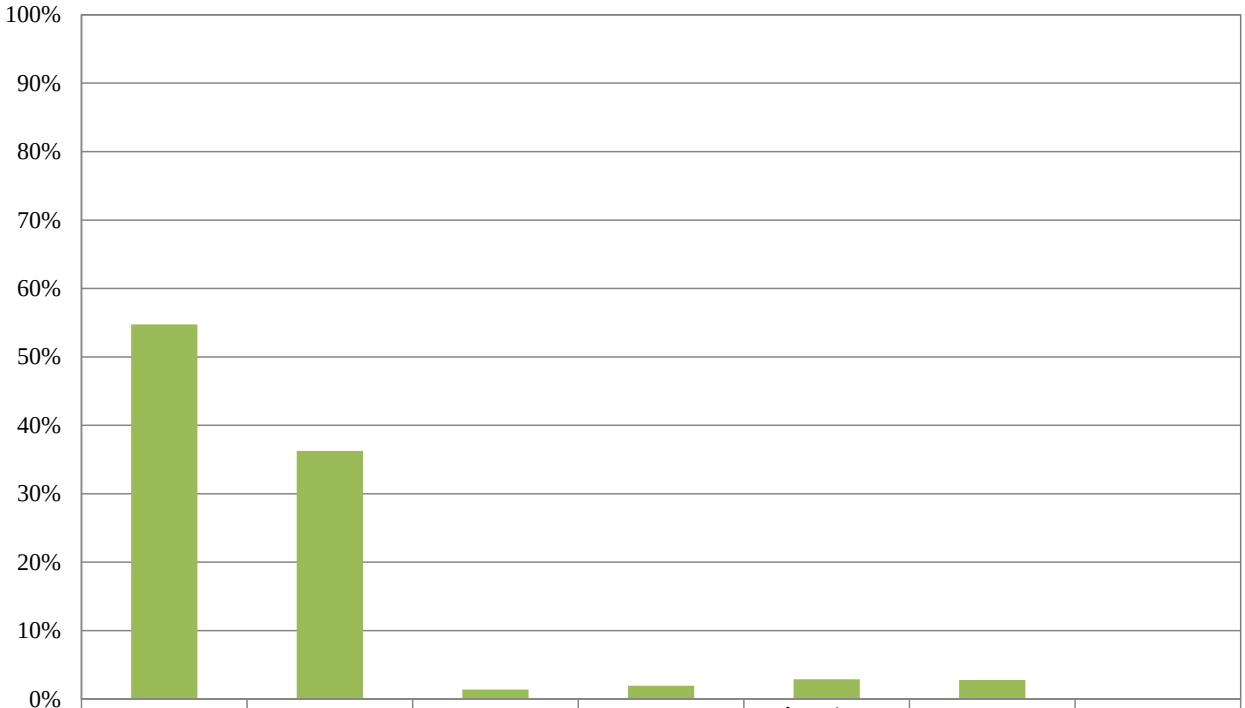
Figure 10
Number and Percent of Mental Health Clients, by Gender and Age
FY 2020/21



	Male	Female	Total Mental Health
# Child Clients (0 - 15)	150	168	318
% Child Clients (0 - 15)	47.2%	52.8%	100.0%
# TAY Clients (16 - 25)	68	112	180
% TAY Clients (16 - 25)	37.8%	62.2%	100.0%
# Adult Clients (26 - 59)	127	229	356
% Adult Clients (26 - 59)	35.7%	64.3%	100.0%
# Older Adult Clients (60+)	27	54	81
% Older Adult Clients (60+)	33.3%	66.7%	100.0%
# Total Clients	372	563	935
% Total Clients	39.8%	60.2%	100.0%

Figure 11 shows the number and percent of Mental Health clients by Race/Ethnicity for FY 2020/21. For the 935 individuals served, 54.8% were White; 36.3% were Hispanic; 1.4% were Black; 1.9% were Asian/Pacific Islander; 2.9% American Indian/Alaskan Native; 2.8% were Other/ Unknown.

Figure 11
Number and Percent of Mental Health Clients, by <u>Race/Ethnicity</u>
FY 2020/21

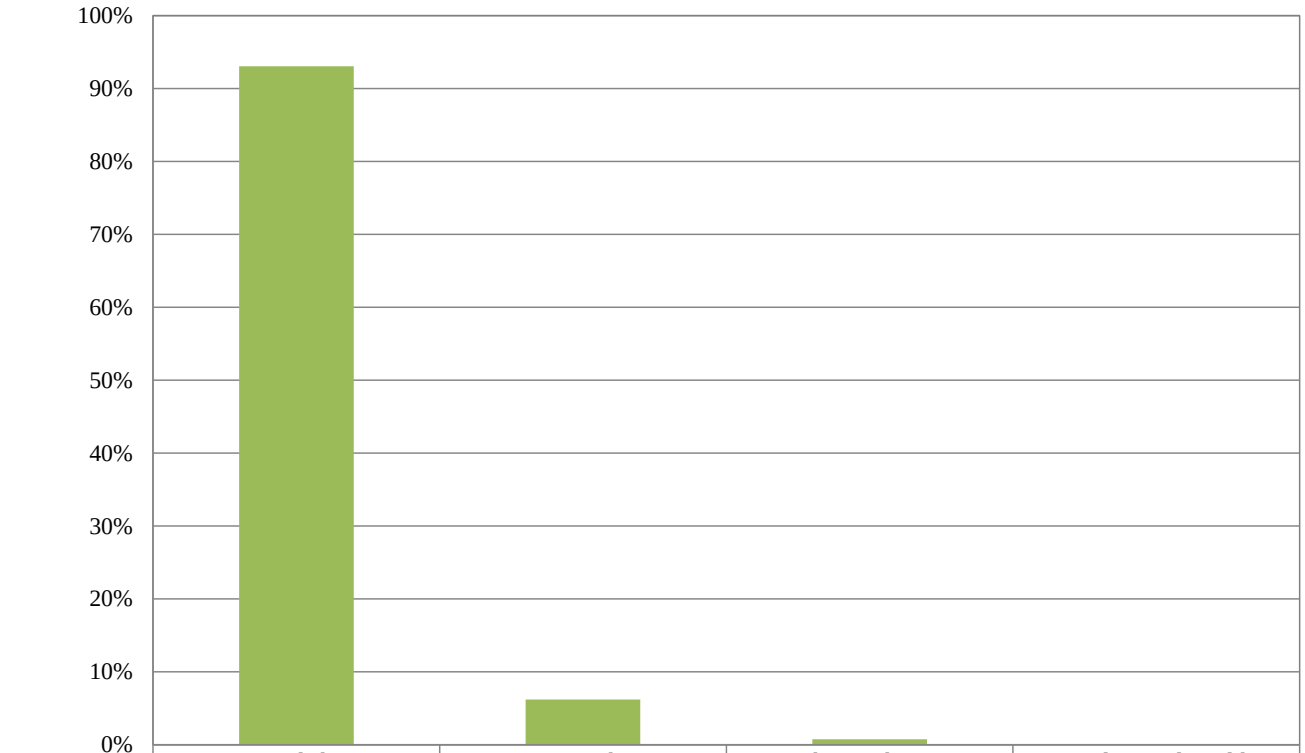


	White	Hispanic	Black	Asian/ Pacific Islander	American Indian/ Alaskan Native	Other/ Unknown	Total Mental Health
# of Clients	512	339	13	18	27	26	935
% of Clients	54.8%	36.3%	1.4%	1.9%	2.9%	2.8%	100.0%

Figure 12 shows the number and percent of Mental Health Clients by Preferred Language for FY 2020/21. For the 935 individuals served, 93% had a preferred language of English, 6.2% Spanish, and 0.7% Other/ Unknown languages.

Note: The Preferred Language category of Hmong/ Lao has 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 12
Number and Percent of Mental Health Clients, by <u>Preferred Language</u>
FY 2020/21



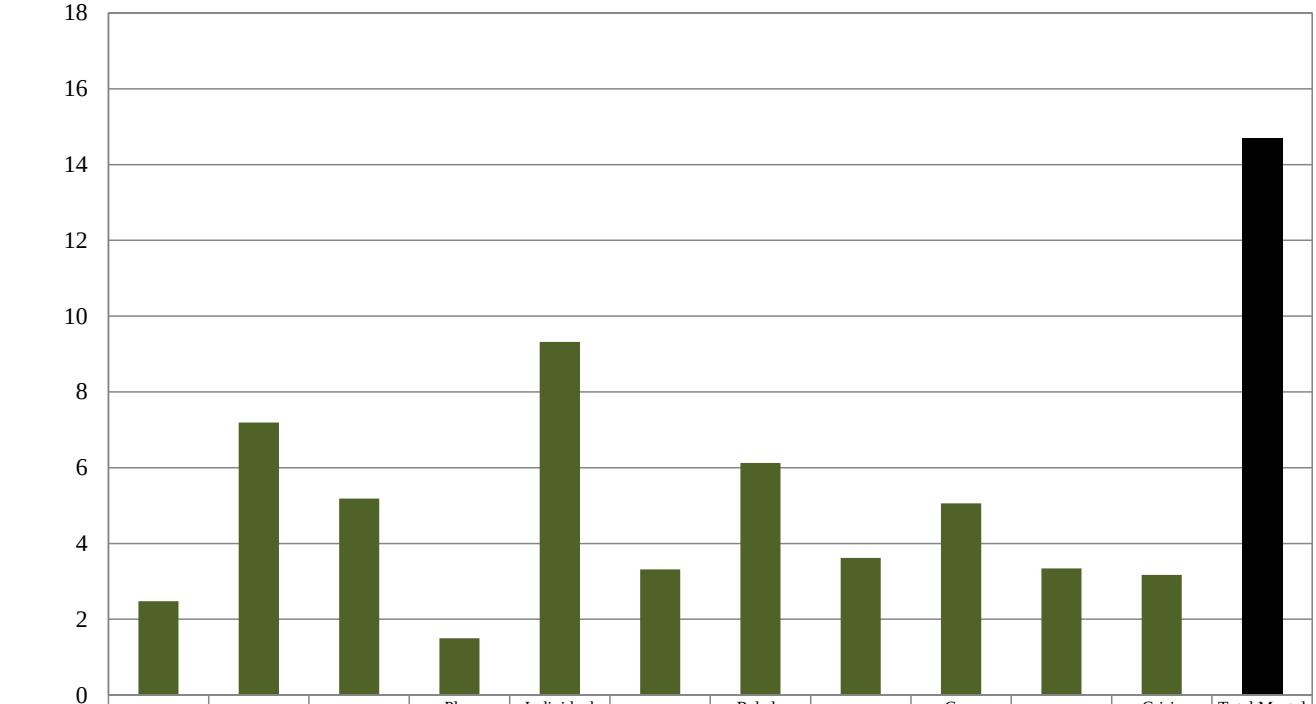
	English	Spanish	Other/ Unknown	Total Mental Health
# of Clients	870	58	7	935
% of Clients	93.0%	6.2%	0.7%	100.0%

The next graph (Figure 13) shows the total mental health hours of service for FY 2020/21by 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 935 clients served in FY 2020/21 received a total of 13,741.82 hours of service. This data averages to 14.7 hours per client. For Assessment, 665 of the 935 clients received an assessment. The total number of assessment hours was 1,647.68. This data calculates into each client receiving 2.48 hours of assessment services.

There were 64 children who received 460.47 hours of Intensive Care Coordination (ICC) services, for an average of 7.19 hours per child. There were 53 children who received 274.83 hours of Intensive Home-Based Services (IHBS) for an average of 5.19 hours per child. It is important to check to determine 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 665 clients that received an Assessment and 463 that received Case Management. Clients can receive one or more services each year.

Figure 13
Total Mental Health Hours, Clients, and Hours per Client, by Service Type
FY 2020/21



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total Mental Health
Total Hours	1,647.68	460.47	274.83	829.65	5,087.25	699.85	924.62	25.33	2,340.58	919.42	532.13	13,741.82
Und. Clts	665	64	53	553	546	211	151	7	463	275	168	935
Hrs/Clt	2.48	7.19	5.19	1.50	9.32	3.32	6.12	3.62	5.06	3.34	3.17	14.70

CSS Program Challenges and Mitigation Efforts

GCBH continually strives to hire more bilingual, bicultural staff to meet the growing needs of the community. Similarly, GCBH is in the process of expanding the mental health staffing to meet the needs of the increasing Medi-Cal population and to expand services to serve persons with mental health needs who are referred from the local managed care organization.

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; and as a result, creates a shortage of the number 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 ability to recruit and hire clinical personnel in Glenn County. 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. Glenn County's Hispanic monolingual community continues to grow. While GCBH has been able to hire more bilingual, bicultural staff, the growing needs of the community, and the individuals and families, continue to expand beyond the current bilingual staff capacity. The Cultural Competency Committee 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.

To effectively serve the community during COVID pandemic and honor the health and safety of GCBH staff, GCBH applied for an Information Technology (IT) grant. This grant award allowed all staff to provide telehealth services to underserved populations, by providing staff with laptops and IT support during the stay-at-home orders.

Since staff have begun returning to the office after COVID-19 restrictions, office space for staff continues to be a challenge. Over the past year, 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. GCBH has applied for infrastructure grants and is currently conducting a needs assessment for workforce location needs.

Planned CSS Program Changes in FY 2022/23

- 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 population. GCBH will also develop the MDTs to ensure that key staff are included 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. GCBH will be partnering with mobile crisis services to include, 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.

- Prior to the pandemic, GCBH entered into contract with Sierra Mental Wellness Group to provide after-hours crisis services as a means to reduce staff burn-out and implement evidence-based crisis strategies. Due to a variety of factors, the contract was put on hold, with the intention to evaluate needs in the future. After surveying staff and assessing capacity, it has been determined by leadership to reenter into a contract with Sierra Wellness Group for after-hours crisis services. CSS funding will used for this contract in FY 2022/23.

- 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 groups that target these underserved communities. The MHSA Coordinator and the ESC will create a subcommittee with partners to review data and evaluate the needs of the 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.

PREVENTION AND EARLY INTERVENTION

PEI funding categories include Prevention, Early Intervention, Outreach, Access/Linkage, Stigma Reduction, and Suicide Prevention. Programs that are funded from each of these categories are discussed below.

This section also includes the required annual PEI Evaluation Report, analyzing one (1) year of data (FY 2020/21). Outcomes are reported for Early Intervention programs. 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.

PEI Program Descriptions and Outcomes; Annual PEI Evaluation Report

A. Prevention Category

1. 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 HHSA and community partners.

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

GCBH planned and offered Strengthening Families in the fall of 2020 using updated curriculum tailored to use on the remote Zoom platform. The curriculum has been updated by the developers to offer it remotely on telehealth platforms. 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.

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 provided 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 are experiencing some attrition; but GCBH is hopeful to get the current cohort through the full 12 weeks.

The parent breakout session has been successful, and GCBH is looking at possibly offering the parent group continually throughout summer and fall of 2022.

Offering the SFP remotely reduces staffing needs to four (4) staff (versus an average of ten [10] staff needed for the in-person program). GCBH is building an implementation team to offer SFP in Spanish in the late spring/early summer of 2021. The program has begun accepting referrals for monolingual Spanish-speaking families. Another English language session will be run 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 support 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 are reported to be affecting 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 needs in 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 is planning to coordinate and host an SFP training in the community, for up to 40 people. This training will encourage 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 (Rotary/Kiwanis/Soroptimists); faith-based partners and the Orland Ministerial Association; and the Community Action Department.

Figure 14 shows the data for the Strengthening Families groups offered in FY 2020/21. In FY 2020/21, there were 8 groups, with an attendance of 83 persons (duplicated count), for an average of 10.4 persons per group. There were fewer groups offered in this fiscal year because of the need to follow COVID protocols.

Figure 14
PEI Strengthening Families Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2020/21

Parent/ Caregiver Group	# Groups	8
	Attendance	83
	Avg. Attendance/Group	10.4

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

Figure 15 shows the number and percent of Strengthening Families attendees, by age for FY 2020/21. There were 15 unique individuals served. There were 10 Adults (66.7%), and 5 persons who were reported as Other/Unknown (33.3%).

Note: The Age categories of Children/Youth, TAY, and Older Adults 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 15
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Age
FY 2020/21

	# Clients	**% Clients**
Adults (26+)	10	66.7%
Other/ Unknown	5	33.3%
Total	**15**	**100.0%**

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

Note: Demographic data regarding Gender at Birth, Current Gender Identity, Race/Ethnicity, and Onset of Symptoms is not shown for Strengthening Families clients in FY 2020/21 to ensure confidentiality of our clients, because the number of persons in one or more categories is fewer than 10.

Figure 16 shows the number and percent of Strengthening Families attendees, by Language for FY 2020/21. In FY 2020/21, there were 15 unique individuals served. There were 10 (66.7%) persons who reported English as their primary language, and 5 who reported an Other/ Unknown language (33.3%).

Note: The Language categories of Spanish, Other, and Unknown 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 16
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Language
FY 2020/21

	# Clients	% Clients
English	10	66.7%
Other/ Unknown	5	33.3%
Total	**15**	**100.0%**

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

Figure 17 shows the number and percent of Strengthening Families attendees, by Sexual Orientation for FY 2020/21. In FY 2020/21, there were 15 unique individuals served. There were 10 individuals that reported their Sexual Orientation as Heterosexual/Straight (66.7%), and 5 who selected Other/ Unknown (33.3%).

Note: The Sexual Orientation categories of Gay or Lesbian, Bisexual, Questioning or unsure, Queer, Another sexual orientation, N/A, and Unknown 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 17
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Sexual Orientation
FY 2020/21

	# Clients	% Clients
Heterosexual/ Straight	10	66.7%
Other/ Unknown	5	33.3%
Total	**15**	**100.0%**

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

Figure 18 shows the number and percent of Strengthening Families attendees, by Military Status for FY 2020/21. In FY 2020/21, there were 15 unique individuals served. There were 10 individuals with No Military involvement (66.7%), and 5 with Other/Unknown military (33.3%).

Note: The Military Status categories of Served, Veteran, Active Military, and Family of Military 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 18
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Military Status
FY 2020/21

	# Clients	% Clients
No Military	10	66.7%
Other/ Unknown	5	33.3%
Total	**15**	**100.0%**

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

Figure 19 shows the number and percent of Strengthening Families attendees who were discharged from the program, by Reason for Discharge for FY 2020/21. In FY 2020/21, there were 12 unique individuals discharged. All 12 met their goals (100%).

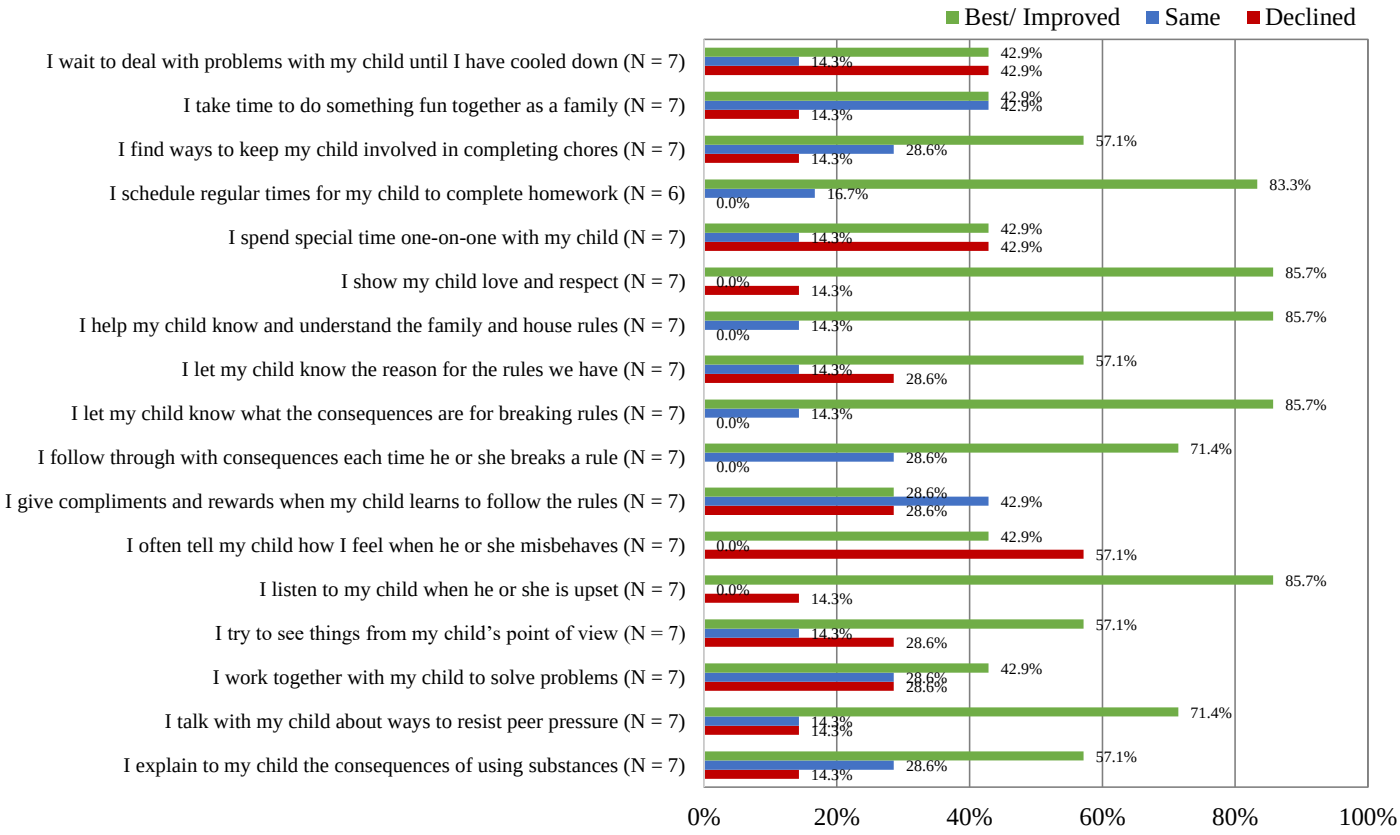
Figure 19
PEI Strengthening Families Discharges
Number and Percent of Clients Discharged, by Discharge Reason
FY 2020/21

	# Clients	% Clients
Goals Met	12	100.0%
Goals Partially Met	-	-
Client Left Program/ Did Not Complete Program	-	-
No Further Services Needed	-	-
Referred to another Program	-	-
Client Moved	-	-
Administrative Discharge	-	-
Other	-	-
Reason Not Available	-	-
Total	**12**	**100.0%**

Figure 20 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 seven (7) 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. Over 60% of families reported improvement in finding ways to keep the child involved in chores; spending time one-on-one with their child; showing their child love and respect; their child understands family and house rules; the parent/caregiver lets the child know the consequences for the breaking the rule; the parent/caregiver gives complements and rewards; the parent/caregiver listens to the child when upset; and the parent/caregiver works with the child to solve problems.

Those responses that 80% of families in the program reported improvement include the parent/caregiver schedules regular times for the child to complete homework; the parent shows their child love and respect; the parent helps their child know the house rules; and the parent lets the child know the consequences of for breaking rules; and the parent listens to the child when he/she is upset. These outcomes clearly demonstrates that families are reporting positive outcomes from participating in the Strengthening Families program.

Figure 20
PEI Strengthening Families Matched Parent/ Caregiver Survey Results
***Improvement* from Pre to Post**
FY 2020/21



B. Early Intervention Category

2. Parent-Child Interaction Therapy (PCIT)

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. Currently, GCBH has five (5) clinicians and four (4) case managers providing services to the community. 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.

One group has been offered in the local elementary school for existing PCIT clients, and another will be implemented in 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). Currently, there are four (4) clinicians and one (1) case manager providing services to the community.

A formalized Case Manager training protocol has been developed for both PCIT programs, incorporating the formal certified PC-CARE train-the-trainer. The certification process will allow the certified PC-Care Coordinator to certify all PCIT staff and help to implement the appropriate modality that best fits the client and family.

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. Because of the close proximity, these services can be delivered in the clinic and through group services during their treatment.

Figure 21 shows that 12 families were served by the PCIT program for FY 2020/21.

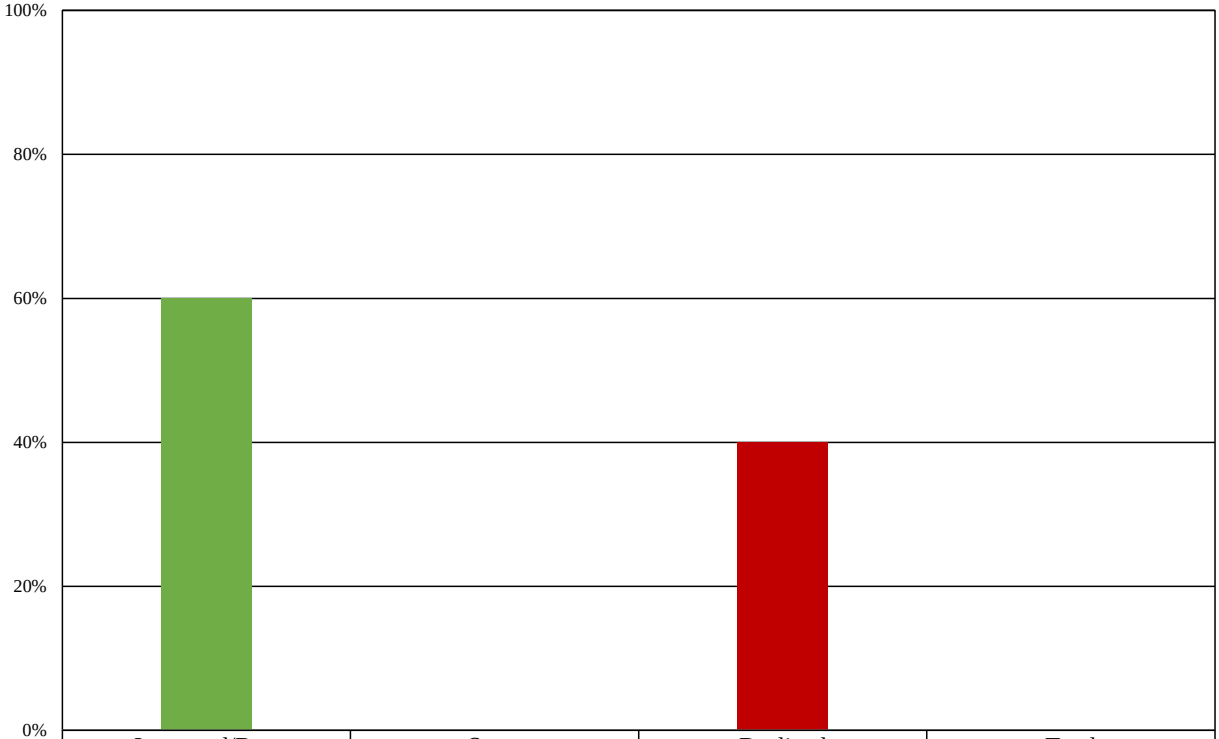
Note: Demographic data is not shown for PCIT clients in FY 2020/21 to ensure confidentiality of our clients because the number of persons in one or more categories is fewer than 10.

Figure 21
PEI Early Intervention PCIT
Number of Clients
FY 2020/21

	# Clients
Total PCIT Clients	**12**

Figure 22 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 2020/21. In FY 2020/21, there were 10 parents that had both pre and post test scores. Six (6) parents (60%) had an improved/best score when comparing their score at the beginning of the program and at the end. Four (4) families had a lower score (declined) at the end of program compared to the beginning (40%).

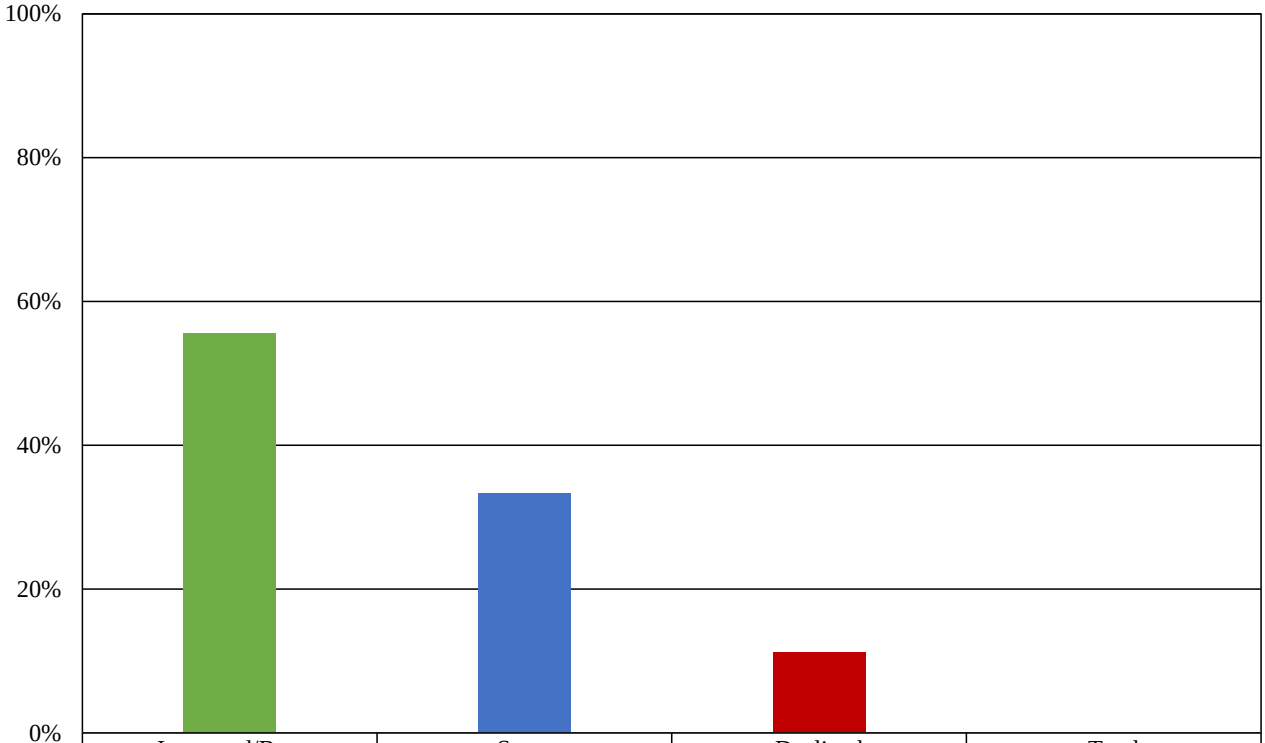
Figure 22
PEI Early Intervention PCIT
Parent Stress Index: Total Score Pre/Post Outcome
FY 2020/21



	Improved/Best	Same	Declined	Total
# Participants	6	-	4	10
% Participants	60.0%	0.0%	40.0%	100.0%

Figure 23 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 2020/21. There were nine (9) children that had both pre and post test scores. Five (5) of the children (55.6%) showed improved/best scores pre and post, three (3) stayed the same (33.3%), and one (1) declined (11.1%).

Figure 23
PEI Early Intervention PCIT
Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome
FY 2020/21



	Improved/Best	Same	Declined	Total
# Participants	5	3	1	9
% Participants	55.6%	33.3%	11.1%	100.0%

C. Outreach Category

3. Outreach Program

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 assisted living 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.

In response to COVID, GCBH has increased its partnership with the local SARB (School Attendance Review Board) Coordinator and ILP (Independent Living Program) Specialist to support increased outreach efforts. The Peer Mentors work closely with youth to provide outreach and link youth to the TAY Center.

In addition, the TAY Center hosts a free Haunted House for the community each year to increase healthy and free activity choices for youth and families. This activity also educates the community about the TAY Center and other county mental health resources.

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 currently has 110 subscribers.

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. GCBH contacted 293 moderators through Facebook messenger. Several of the moderators provided feedback.

Figure 24 shows the variety of TAY Peer Mentor school outreach activities offered in FY 2020/21. There were 281 different events with an estimated 57,524 persons contacted through these outreach activities. Many of the outreach contacts were through social media posts due to COVID.

Figure 24
PEI TAY Center Outreach Activities
TAY Peer Mentor School Outreach
FY 2020/21

	Number of Outreach Activities/ Events	**Number of Outreach Contacts**
CK Price Resource Drop	1	500
Suicide Prevention Campaign	4	60
Group Invitation drop-off	19	175
Social Media Post	251	55,793
Total TAY Outreach (All Activities)	**275**	**56,528**

Figure 25 shows the variety of PEI Harmony House Coach's Outreach activities offered in FY 2020/21. There were 131 different events with an estimated 11,775 persons contacted through these outreach activities. Many of the outreach contacts were through social media posts due to COVID.

Figure 25
PEI Harmony House Outreach Activities
Harmony House Coach's Outreach
FY 2020/21

	Number of Outreach Activities/ Events	**Number of Outreach Contacts**
Activity Sheet	6	345
Announcement	27	3,875
COVID Information	10	603
Daily Affirmation	25	2,005
Food Bank Information	3	263
Group Information	5	803
Individual Outreach	2	2
Mental Health Day	1	86
Outreach Zoom Group	2	46
Social Media Post	50	3,747
Total Harmony House Outreach (All Activities)	**131**	**11,775**

D. Suicide Prevention Category

4. Suicide Prevention Services

Over the past 5-6 years, one of Glenn County's high schools experienced three (3) suicides. In response to these tragedies, the TAY Center, with support the MHSA Coordinator, hosted a Suicide Roundtable in October 2019 to bring the county schools together and encourage secondary trauma support. This meeting initiated a county-wide suicide prevention work group. This ongoing Suicide Prevention Coalition is a community-level, multi-system work group comprised of community members who work together to prevent suicide in Glenn County. This group also aims to educate participants about mental health and suicide, as well as reduce the stigma around mental health issues, in a safe and informed way.

The Coalition focuses on various systems, including, but not limited to, K-12 school settings; law enforcement settings; primary care; behavioral health; 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." This year, the Coalition joined the Glenn County Alliance for Prevention (GCAP) to broaden its outreach and collaborative partners. The 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, opioids, and suicide prevention.

During FY 2021/22, the Coalition has been 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. The hope is to have this Plan completed by September 2022 to showcase and distribute during Suicide Prevention Week.

Due to COVID, the "Suicide Prevention Campaign" was placed on hold, giving GCBH the opportunity to revise the campaign. Instead of distributing physical brochures to be picked up by individuals, GCBH will post stickers that how a QR code that links the person to both national and local mental health resources. Scanning a QR code is safe, sanitary, and more accessible. This update required additional planning and implementation prior to the release date; as a result, GCBH began the release in May 2021. GCBH has released two (2) QR codes to measure use across the county: one QR code was distributed in the community; and a second, unique QR code was distributed in the schools. The QR codes collect the number of individuals who access the websites through each unique code. To date in Fiscal Year 2021/22, 109 people have accessed the community QR code, and 34 individuals have used the QR code from the schools. GCBH has worked with the Glenn County Office of Education Social Emotional Learning Coordinator, who has been invaluable in the creation and implementation of the school-based QR code stickers. The data collected will help to inform full implementation of the project.

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.

Over the past year, 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 this next year, GCBH plans to brand the campaign and expand it to include educating pharmacists about medication safety. GCBH has also been actively exploring the development of a Suicide Fatality Review Team that brings together the Coroner, Sheriff, law enforcement personnel, public health staff, and behavioral health staff to support suicide prevention efforts. The team has met several times to discuss data exchange; roles of agencies; coroner reports; and postvention. In February 2022, GCBH applied to the MHSOAC to join a learning collaborative with Dr. Kimberly Repp that will provide hands-on training to Glenn County in implementing a fatality review process in the community.

To support the school community and to address the concerns of the students, students and school staff together initiated having a National Alliance on Mental Illness (NAMI) Campus Chapter at the high school. During Orland Unified School District's monthly collaborative meeting, the TAY Center immediately began partnering with the Chapter to support continued and increased youth-initiated suicide prevention efforts. Through this partnership, the Chapter applied and was awarded the Each Mind Matters' School (youth-guided) Mini-Grant. The TAY Center is partnering with NAMI to support their efforts for Mental Health Awareness Month; as well as providing continued support throughout the school year. The TAY Center has also been invited to attend Gay Straight Alliance (GSA) meetings on campus, which will support linkages to TAY Center groups and, when appropriate, referrals for treatment.

A wide range of wellness and healthy living support services are available at the Wellness Centers to support individuals to promote wellness and recovery. The staff at the Wellness Centers help individuals learn skills to manage their symptoms and preventing 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.

Due to the pandemic restrictions, GCBH did not offer in-person safeTALK trainings in FY 2020/21. safeTALK trainings include information on identifying risk factors for suicide; utilizing protective factors; and recognizing and responding to the warning signs of suicide. In FY 2021/22, GCBH has partnered with the Glenn County Office of Education to deliver safeTALK and ASIST trainings to school staff, provider staff, and the community.

Figure 26 shows the variety of TAY PEI Suicide Prevention Group outreach services offered in FY 2020/21. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 35 different groups held, with 20 different group topics groups. These groups provided an excellent forum for engaging youth in positive, suicide prevention activities.

Figure 26
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2020/21

Art Group	# Groups	**2**
	Attendance	**7**
	Avg. Attendance/Group	**3.5**
Cooking Group	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Craft Group	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Culture Corner	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Wellness Centers	# Groups	**5**
	Attendance	**15**
	Avg. Attendance/Group	**3.0**
Exploratory Group	# Groups	**2**
	Attendance	**7**
	Avg. Attendance/Group	**3.5**
Game Night	# Groups	**3**
	Attendance	**6**
	Avg. Attendance/Group	**2.0**
Gratitude Group	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Healthy Relationships	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Hot Chocolate Chit Chat	# Groups	**4**
	Attendance	**12**
	Avg. Attendance/Group	**3.0**

Figure 26 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2020/21

Mental Health Awareness Day	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Movie Night	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Recreation Day	# Groups	**3**
	Attendance	**10**
	Avg. Attendance/Group	**3.3**
Shelby's Science Group	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Support Local	# Groups	**3**
	Attendance	**9**
	Avg. Attendance/Group	**3.0**
TAY culture corner	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
TAY Focus Group	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Thrift Shop Group	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Tie-Dye Group	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Valentine's Day Group	# Groups	**1**
	Attendance	**1**
	Avg. Attendance/Group	**1.0**
	Total Groups	**35**

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

Figure 27 shows the variety of PEI outreach activities for Increasing Recognition of Early Signs of Mental Illness and Stigma and Discrimination Reduction Services offered in FY 2020/21 through Harmony House groups. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 57 different groups held, with 6 different group topics groups. These groups provided an excellent forum for engaging individuals in positive activities.

Figure 27
Harmony House Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2020/21

Check-in Group	# Groups	**16**
	Attendance	**53**
	Avg. Attendance/Group	**3.3**
Co-Occurring Disorders	# Groups	**15**
	Attendance	**58**
	Avg. Attendance/Group	**3.9**
Meditation, Wellness, Exercise	# Groups	**10**
	Attendance	**32**
	Avg. Attendance/Group	**3.2**
Men's Group	# Groups	**4**
	Attendance	**10**
	Avg. Attendance/Group	**2.5**
Poetry Group	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Women's Group	# Groups	**11**
	Attendance	**37**
	Avg. Attendance/Group	**3.4**
	Total Groups	**57**

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

The TAY Center offered 12 different WRAP groups, with 46 individuals attending (see Figure 28). This calculates into an average of 3.8 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 28
PEI Suicide Prevention TAY Center WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2020/21

TAY Center WRAP	# Groups	12
	Attendance	46
	Avg. Attendance/Group	3.8

The PEI Suicide Prevention program offered 16 outreach events. There were approximately 24,167 contacts. Utilizing social media provides an important method for reaching out to people.

Figure 29
PEI Suicide Prevention
Suicide Prevention Outreach Activities
FY 2020/21

	Number of Activities/ Events	**Number of Contacts**
Suicide Prevention Activities	10	23,171
TAY Center Suicide Prevention Social Media Post	6	996
Total Suicide Prevention Outreach (All Activities)	**16**	**24,167**

E. Stigma Reduction Category

5. 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.

Due to COVID, many stigma reduction activities were conducted through social media to honor "Mental Health Matters Month." TAY and Harmony House accessed the "Each Mind Matters"

tool kit and created social media posts and Facebook Live events to promote the themes #HopeForChange.

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: 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 30 shows the PEI Stigma Reduction Outreach Activities for FY 2020/21. There were four (4) different events with an estimated 47,389 persons who participated in these outreach activities and events.

Figure 30
PEI Stigma Reduction
Stigma Reduction Outreach Activities
FY 2020/21

	Number of Activities/ Events	**Number of Contacts**
SPEAKS	4	47,389

On May 4 , 2021, the Glenn County Board of Supervisors made a proclamation to support May 4 as Mental Health Awareness Day, supporting the California statewide Mental Health Stigma Reduction initiative. The theme was "Hope for Change." The activities and messages of this theme help ground individuals in the moment, providing the opportunity to reflect on the growth experienced, and empowering individuals to face change in the future, with hope as the guiding

principle. The past year has undoubtedly brought unanticipated changes for individuals, families, and communities – one must face these challenges and transform. Change is not always planned. Growth can be powerful and empowering. It can also be uncomfortable. #HopeForChange reminds one to rely on the hope that helped through a year of change. GCBH also 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.

F. Access and Linkage Category

6. Access and Linkage

Access and Linkage activities includes continuing 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 31 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2020/21. There were 658 calls into the Welcoming Line and 368 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 31
PEI Access and Linkage
Calls into the Welcoming Line and Check-in Calls to Existing Clients
FY 2020/21

	# Calls into Welcoming Line	# Calls out for Outreach	Total Calls
Harmony House	617	86	703
TAY Center	41	282	323
Total	**658**	**368**	**1,026**

There were also a number of Access and Linkage Outreach activities, with 27 different events, with 38 contacts (see Figure 32). This was primarily Harmony House Coaches reaching out to individuals in the community to help improve access to services for persons in the community, including those who are homeless.

Figure 32
PEI Access and Linkage
Access and Linkage Outreach Activities
FY 2020/21

	Number of Activities/ Events	Number of Contacts
Coaches Chit Chat	27	38

PEI Program Challenges and Mitigation Efforts

COVID restrictions created the need to adapt and deliver PEI services more creatively. Many of the GCBH programs and campaigns were conducted through Zoom, socially-distanced meetings, and social media. In July 2021, the Wellness Centers slowly began to open their doors to the public. Workforce retention has been a challenge and the Wellness Centers have had to adjust available services and hours to reflect the reduced workforce. GCBH also experienced changes in leadership of these programs, which took months of transition and role development. The centers also has multiple closures due to sickness and exposure to COVID.

Planned PEI Program Changes in FY 2022/23

Over this past year, GCBH has been partnering with the Striving for Zero Suicide Prevention learning collaborative and the Suicide Prevention Coalition in developing a three-year suicide strategic plan. GCBH has particpated in the learning collaborative and meeting monthly with a Sandra Black. During Suicide Prevention Week in September 2022, the GCBH Suicide Prevention Strategic Plan will be diseminated to the community members and partners. The Strategic plan will lay out goals and objectives for the coaliton to implement, evaluate campaigns and interventions; and collect data to support decreaseing suicides in Glenn County.

In FY 2021/22, GCBH has partnered with the Glenn County Office of Education to deliver safeTALK and ASIST trainings to school staff, provider staff, and the community. GCBH will no longer be providing these trainings.

INNOVATION

INN Program Description and Outcomes

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.

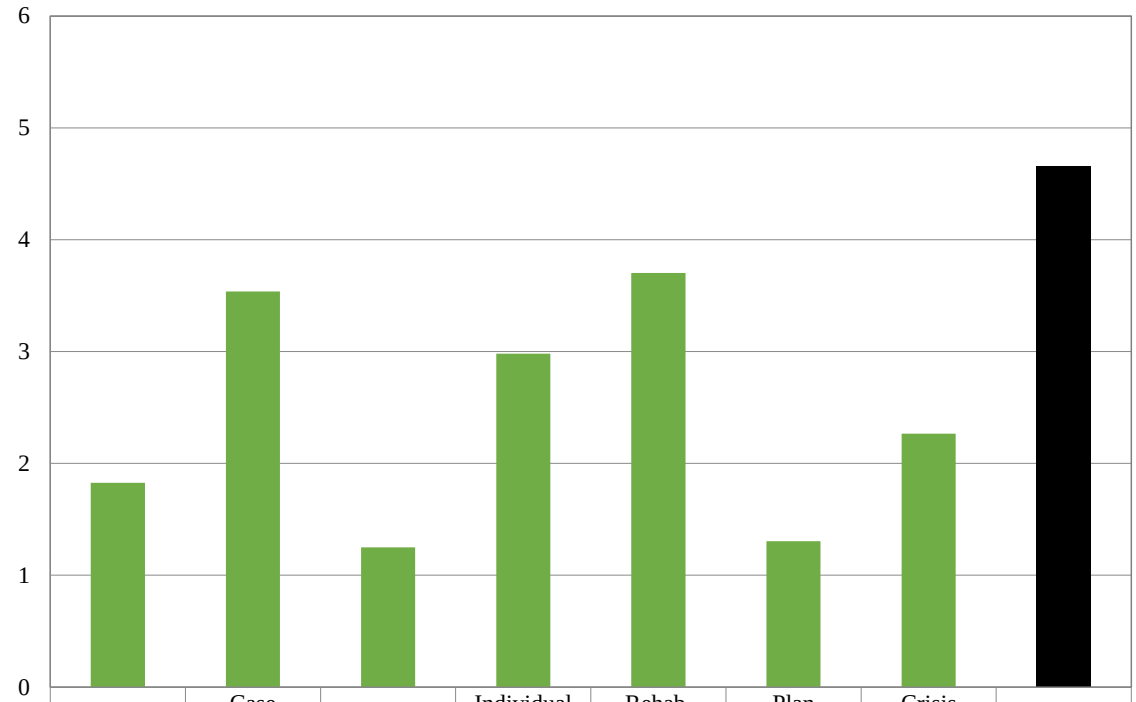
Trainings completed by CRCC staff in the past year include Brief Action Planning-Virtual 4/21, Wrap On-on one- Relias training, Assist training 11/21, and Strengths Model Core Management Workshop 3/22.

Annual INN Evaluation Report

The CRCC INN project was approved in FY 2018/19. GCBH began implementing the project in October 2019. Staffing shortages and changes slowed implementation of this project. As a result, GCBH served a small number of people in FY 2019/20. Issues around staffing were resolved in early 2020; however, the COVID restrictions that began in March 2020 severely limited the ability to implement the program in FY 2020/21. Available data is reported and analyzed below.

The following graphs show the services delivered by the CRCC team in FY 2020/21. Figure 33 shows that there were 201 clients that received 935 crisis response services during business hours. This shows that each person averaged 4.7 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 (2.3 hours per person). Supportive services help the individual stabilize and remain in the community and/or supports family members during a crisis.

Figure 33
INN CRCC Services
Total Hours, Clients, by <u>Hours per Client</u>, by Service Type
FY 2020/21



	Assessment	Case Management	Collateral	Individual Therapy	Rehab. Individual	Plan Development	Crisis Intervention	Total
# Hours	80	499	11	51	26	42	227	935
# Clients	44	141	9	17	7	32	100	201
Avg. Hrs per Client	1.8	3.5	1.3	3.0	3.7	1.3	2.3	4.7

Figure 34 shows the number and percent of CRCC clients, by age for FY 2020/21. There were 201 unique individuals served. Of these, there were 37 Children (18.4%); 48 were TAY (23.9%); 95 Adults (47.3%); and 21 Older Adults (10.4%).

Figure 34
INN CRCC Services
Number and Percent of Clients, by Age
FY 2020/21

	# Clients	% Clients
Children/Youth (0-15)	37	18.4%
TAY (16-25)	48	23.9%
Adults (26-59)	95	47.3%
Older Adults (60+)	21	10.4%
Total	**201**	**100.0%**

Figure 35 shows the number and percent of CRCC clients, by Gender for FY 2020/21. In FY 2020/21, there were 201 unique individuals served. There were 77 males (38.3%) and 124 females (61.7%).

Figure 35
INN CRCC Services
Number and Percent of Clients, by Gender (at Birth)
FY 2020/21

	# Clients	% Clients
Male	77	38.3%
Female	124	61.7%
Total	**201**	**100.0%**

Figure 36 shows the number and percent of CRCC clients, by Race/ Ethnicity for FY 2020/21. In FY 2020/21, there were 201 unique individuals served. There were 106 persons who were White (52.7%); 79 Hispanic (39.3%); and 16 who reported Other Race/Ethnicities (8%).

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 36
INN CRCC Services
Number and Percent of Clients, by Race/Ethnicity
FY 2020/21

	# Clients	% Clients
White	106	52.7%
Hispanic	79	39.3%
Other	16	8.0%
Total	**201**	**100.0%**

Figure 37 shows the number and percent of CRCC clients, by Language for FY 2020/21. In FY 2020/21, there were 201 unique individuals served. There were 175 (87.1%) persons who reported English as their primary language; 24 (11.9%) Spanish; and two (2) who reported Other as their primary language (1%).

Note: The Language category of Hmong/Lao 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 37
INN CRCC Services
Number and Percent of Clients, by Language
FY 2020/21

	# Clients	% Clients
English	175	87.1%
Spanish	24	11.9%
Other	2	1.0%
Total	**201**	**100.0%**

INN Program Challenges and Mitigation Efforts

As noted above, staffing shortages and changes slowed the initial implementation of this project. Issues around staffing have been resolved; however, the COVID restrictions severely limited the ability to fully implement to program. The CRCC Team navigated many changes in the past 12 months, including closing offices and moving to telehealth; making significant changes in emergency department protocols and procedures; changes in welfare check policies of law enforcement agencies; closings and re-openings of schools; and school personnel management of remote learning students. Despite the difficulties and changes, the CRCC Team has continued to strengthen and improve services to the community with a dedication to expanding community partnerships and refining processes that help manage and connect consumers expeditiously to stabilizing and supportive resources.

At this time, GCBH is noticing 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, as a result of the CRCC Team activities.

An 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). As COVID restrictions ease, 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.

Planned INN Program Changes in FY 2022/23

This past year was a year of many changes. The part-time Sheriff's Deputy retired, the GCBH Director retired, and GCBH has had numerous staff changes and vacancies. However, GCBH has been able to continue to serve the community and provide outstanding crisis services. GCBH is making efforts to extend its partnership with the Orland Police Department (OPD) and are working on developing a ride-along program with OPD to provide direct crisis intervention in the community. Innovation team members participate consistently with the Adult MDT and refer clients to this process every month.

GCBH is in the process of completing a new Crisis MOU with relevant agencies and are looking forward to having quarterly Forensics Team meetings.

WORKFORCE EDUCATION AND TRAINING

WET Program Description

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

1. WET funds cover GCBH coordination of WET activities and programs.

2. GCBH utilizes WET funds to cover staff training programs, including a contract with Relias Learning for access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. WET funding continues to provide secondary trauma training for staff, individual clinical supervision for MFTI and ASW towards licensure; as well as allow staff to attend other training events as needed.

3. GCBH continues to offer internship stipends to MSW and/or MFT interns who are working at the mental health clinic, to help pay for gasoline and other expenses, including required supervision. This program allows GCBH to recruit individuals from California State University, Chico, and other institutional organizations, who might otherwise be unable to intern in Glenn County due to commuting costs.

Planned WET Program Changes in FY 2022/23

4. In FY 2022/23, GCBH will transfer CSS funds to WET to support the WET Superior Partnership match for Glenn County. 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 through June 30, 2025.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

CFTN Program Description

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 MHSA building to better meet the needs of MHSA staff and clients.

Planned CFTN Program Changes in FY 2022/23

In FY 2022/23, GCBH is transferring funds from CSS to Capital Facilities to cover several new projects:

1. **Building Improvements**

CF funds will be used to make ADA improvements and upgrades to existing MSHA buildings to better meet the needs of MHSA staff and clients.

2. **Fire Sprinkler System Upgrade**

In FY 2022/23, GCBH is transferring CSS funding to CF to upgrade the fire sprinkler system in the CWRC building, where MHSA services are delivered. The county is currently in the planning phase of this project and has yet to determine benchmarks and timelines. It is vital that this project is completed, as Medi-Cal and MHSA services are provided in this facility, and it must regularly pass a fire inspection for certification.

3. **Building Siding Upgrades**

Glenn County will be upgrading the cedar siding on one of the MHSA buildings during the next fiscal year. The siding is deteriorating and showing signs of rot. MHSA funding will be used to cover the costs associated with the portion of the building that is used for MHSA services and supports.

4. **BHCIP Shovel Ready Project**

GCBH will use CF funding to support the MHSA-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 will be 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.

PRUDENT RESERVE

A transfer from CSS to Prudent Reserve will be made in FY 2022/23 and is reflected in the summary budget. This transfer will increase the prudent reserve, allowing additional funding to be held for future MHSA expenditures.

MHSA ANNUAL UPDATE BUDGET DOCUMENTS

See the next pages for the MHSA Annual Update Budget documents.

FY 2022/2023 Mental Health Services Act Annual Update
Funding Summary

County: Glenn Date: 5/4/22

	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
A. Estimated FY 2022/2023 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 2,499,364	$ 434,224	$ 63,804	$ 4,752	$ 10,356	$ 295,213
2. Estimated New FY 2022/2023 Funding	$ 3,064,127	$ 817,101	$ 204,275			
3. Transfer in FY 2022/2023[a/]	$ (458,703)			$ 87,000	$ 165,000	$ 206,703
4. Access Local Prudent Reserve in FY 2022/2023						
5. Estimated Available Funding for FY 2022/2023	$ 5,104,788	$ 1,251,325	$ 268,079	$ 91,752	$ 175,356	
B. Estimated FY 2022/2023 MHSA Expenditures[b/]	$ 2,926,423	$ 817,101	$ 204,276	$ 87,000	$ 175,000	
C. Estimated FY 2022/2023 Unspent Fund Balance	$ 2,178,365	$ 434,224	$ 63,803	$ 4,752	$ 356	$ 501,916

D. Estimated Local Prudent Reserve Balance		
1. Estimated Local Prudent Reserve Balance on June 30, 2022	$	295,213
2. Contributions to the Local Prudent Reserve in FY 2022/2023	$	206,703
3. Distributions from the Local Prudent Reserve in FY 2022/2023	$	-
4. Estimated Local Prudent Reserve Balance on June 30, 2023	$	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.

b/ All MHSA funds are spent via "first in, first out."

FY 2022/2023 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Glenn Date: 5/5/22

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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
FSP Programs						
1. CSS FSP Program	$ 2,434,382	$ 679,837	$ 1,330,727		$ 252,658	$ 171,160
FSP Programs						
2. CSS Non-FSP Program	$ 6,259,840	$ 1,748,152	$ 3,421,870		$ 649,692	$ 440,126
CSS Administration	$ 778,803	$ 498,434	$ 280,369		$ -	$ -
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 9,473,025	$ 2,926,423	$ 5,032,966		$ 902,350	$ 611,286
FSP Programs as Percent of Total	83.2%					

FY 2022/2023 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Glenn Date: 5/9/22

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)						
1. Strengthening Familes (P)	$ 24,775	$ 24,775				
2. Parent-Child Interaction Therapy (EI)	$ 356,230	$ 185,625	$ 152,660		$ 8,875	$ 9,070
3. Outreach Program (O)	$ 79,956	$ 79,956				
4. Suicide Prevention Services (SP)	$ 237,949	$ 237,949				
5. Stigma Reduction Activities (SR)	$ 155,466	$ 155,466				
6. Access and Linkage (A)	$ 51,620	$ 51,620				
PEI Administration	$ 81,710	$ 81,710	$ -	$ -	$ -	$ -
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	$ 987,706	$ 817,101	$ 152,660	$ -	$ 8,875	$ 9,070

FY 2022/2023 Mental Health Services Act Annual Update
Innovation (INN) Funding

County: Glenn

Date: 4/26/22

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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
INN Program						
1. Crisis Response and Community Connections (CRCC)	$ 570,824	$ 183,848	$ 277,387		$ 64,184	$ 45,405
INN Administration	$ 51,249	$ 20,428	$ 30,821		$ -	$ -
Total INN Program Estimated Expenditures	$ 622,073	$ 204,276	$ 308,208		$ 64,184	$ 45,405

FY 2022/2023 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Glenn

Date: 5/9/22

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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
WET Programs						
1. WET Coordination	$ 17,000	$ 17,000				
2. Training and Technical Assistance	$ 28,500	$ 28,500				
3. Internships	$ 4,500	$ 4,500				
4. WET Superior Partnership (regional)	$ 37,000	$ 37,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 87,000	$ 87,000				

FY 2022/2023 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

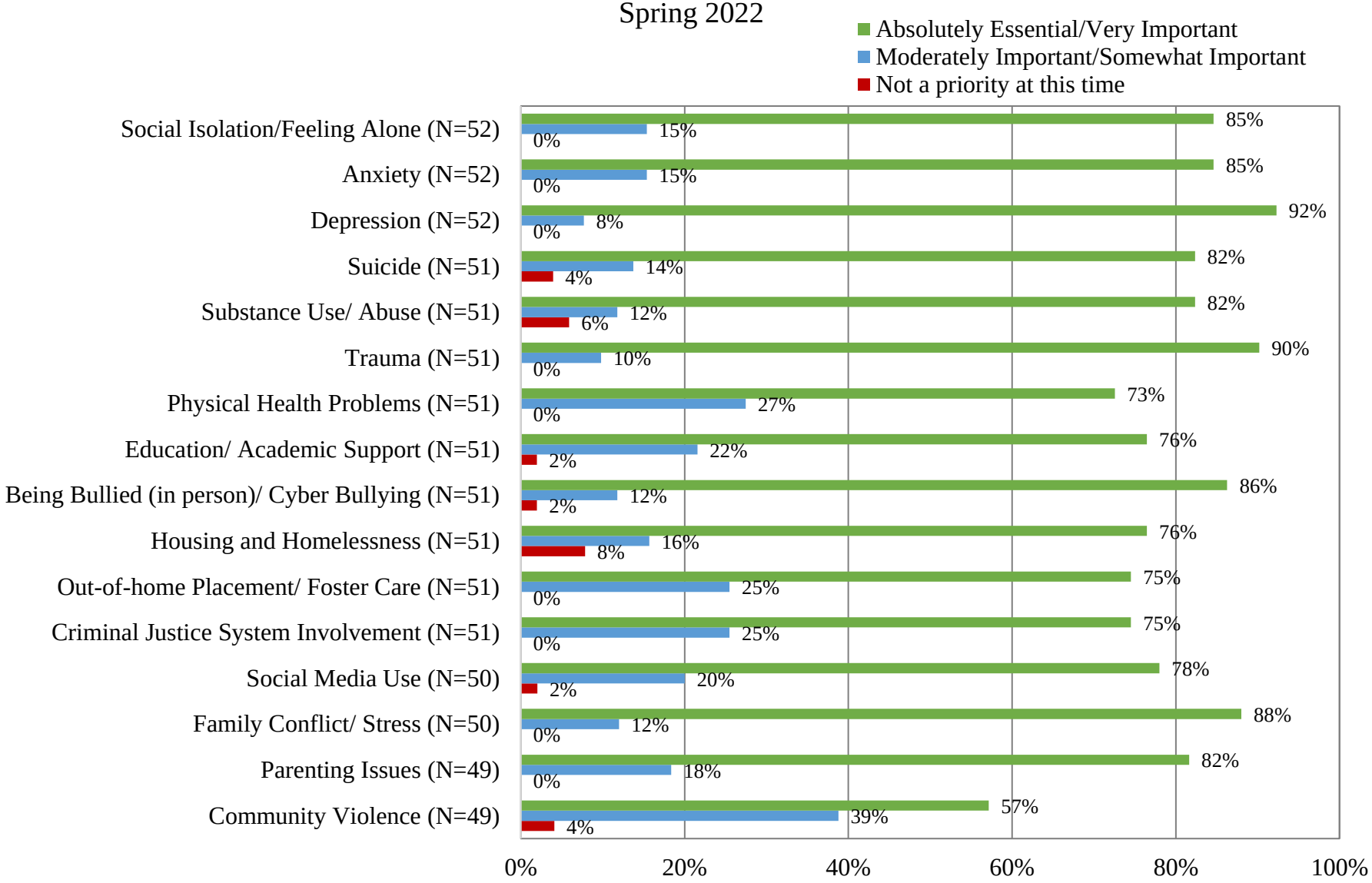
County: Glenn Date: 5/9/22

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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 *Note type of program: Capital Facilities (CF) or Technological Needs (TN)*						
1. Building Improvements (CF)	$ 10,000	$ 10,000				
2. Fire Sprinkler System Upgrade (CF)	$ 40,000	$ 40,000				
3. Building Siding Upgrades (CF)	$ 75,000	$ 75,000				
4. BHCIP Shovel Ready Project (CF)	$ 50,000	$ 50,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	$ 175,000	$ 175,000				

APPENDIX A - 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
Spring 2022



Produced by I.D.E.A. Consulting
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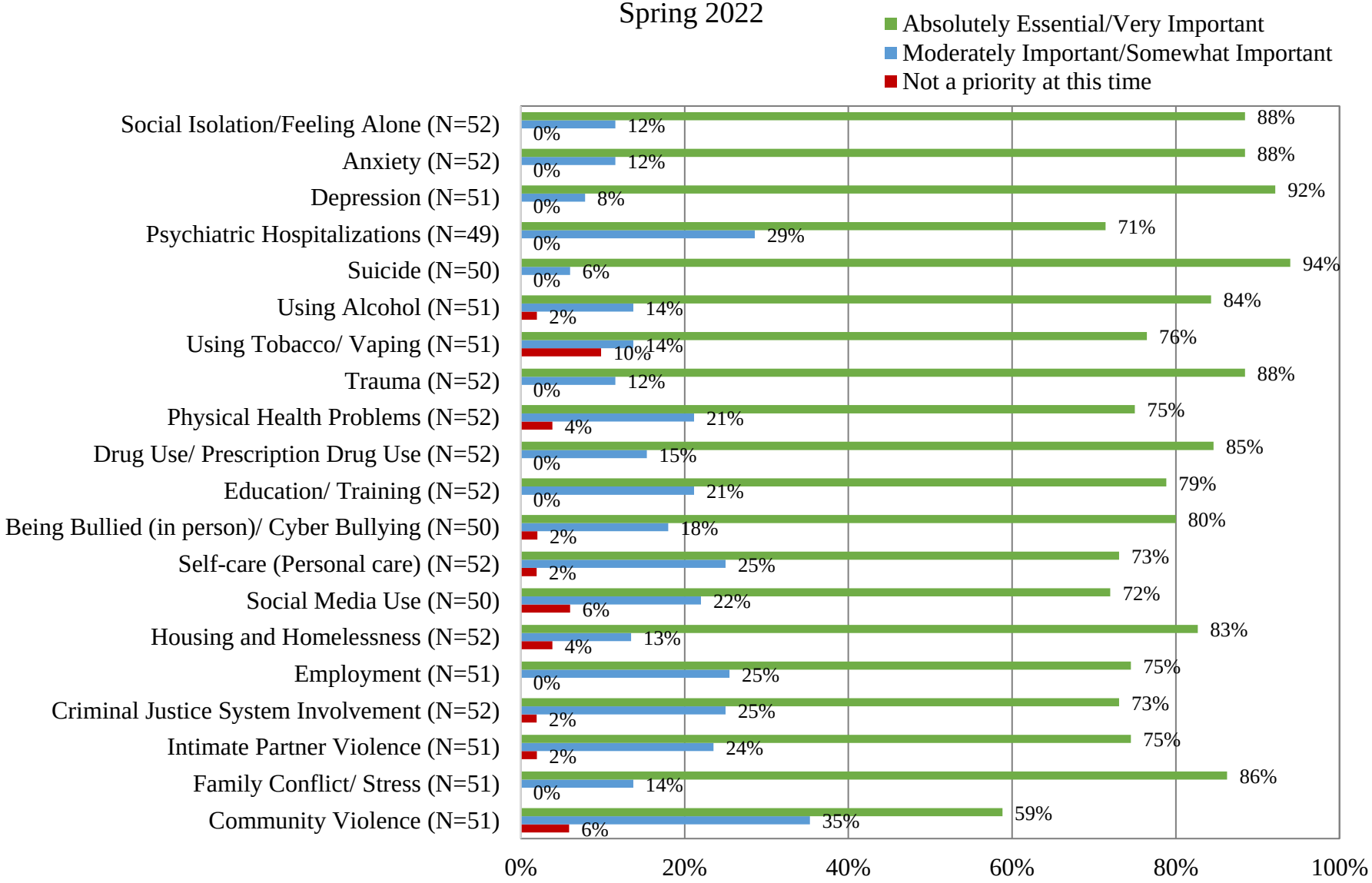
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Transition Age Youth (TAY) Issues That Need to Be Addressed
Spring 2022



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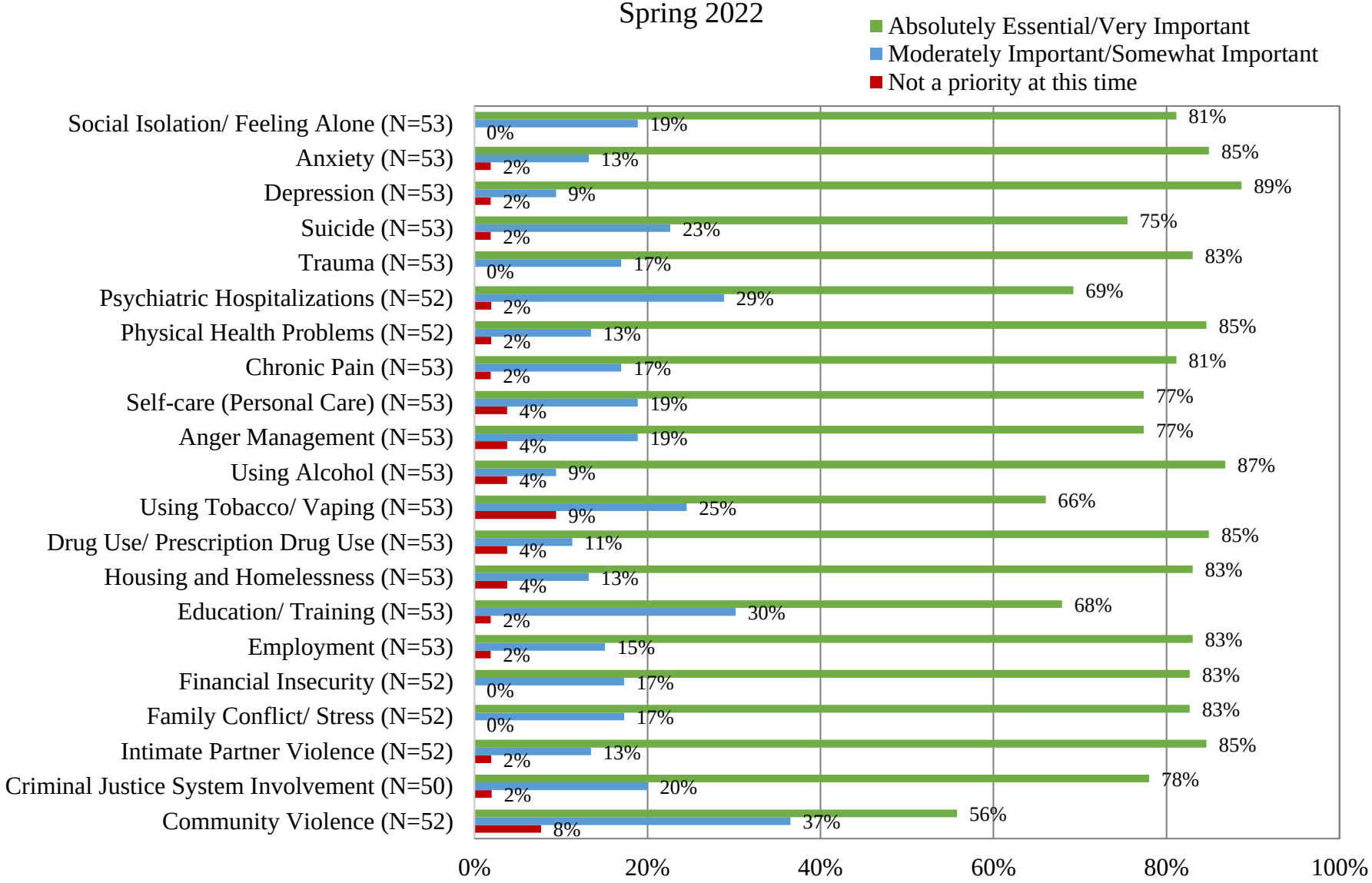
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Adult and Older Adult Issues That Need to Be Addressed
Spring 2022



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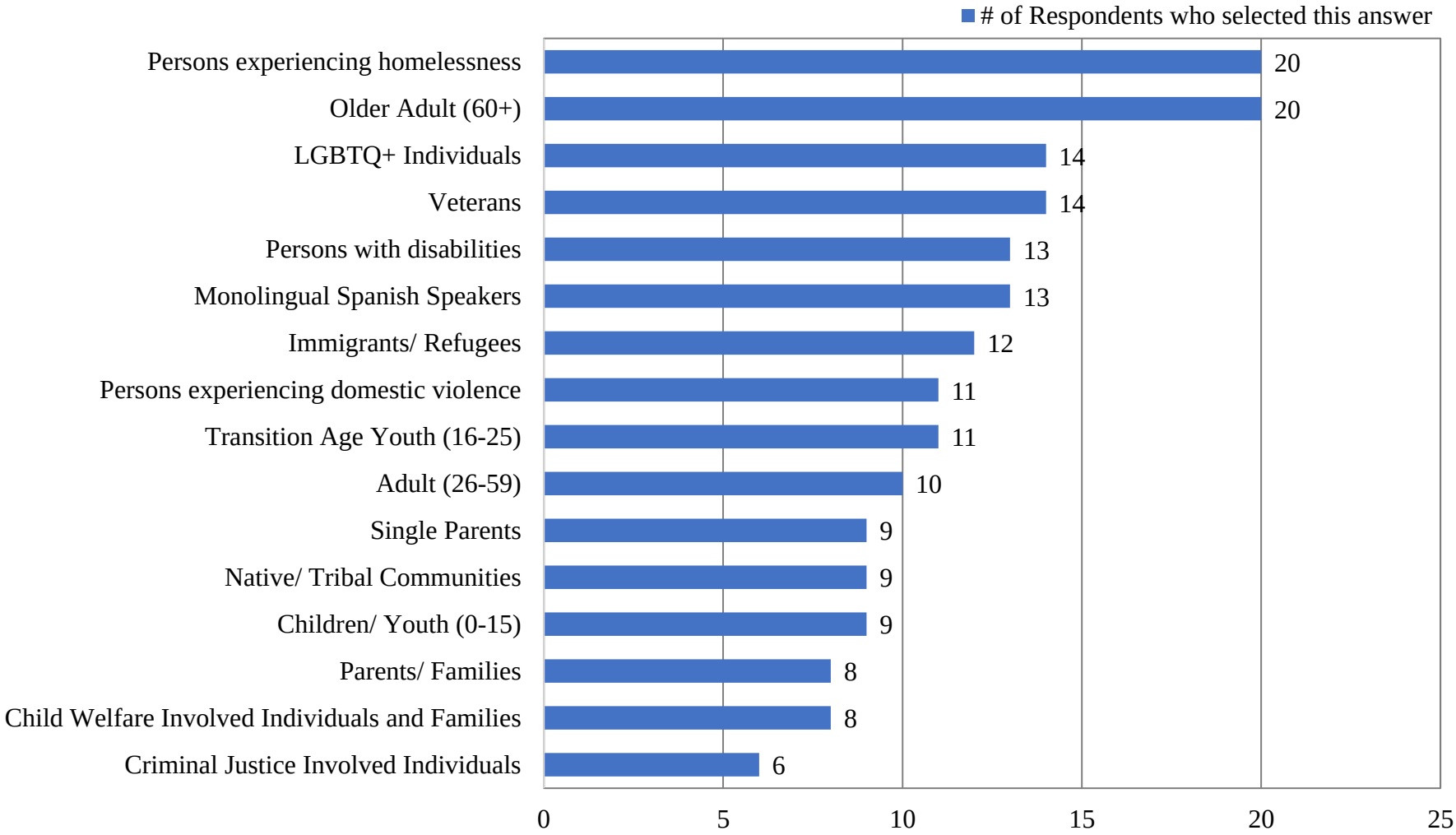
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Underserved Populations (N=52)
Spring 2022

Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health program of Glenn County? *(Respondents may select multiple answers)*



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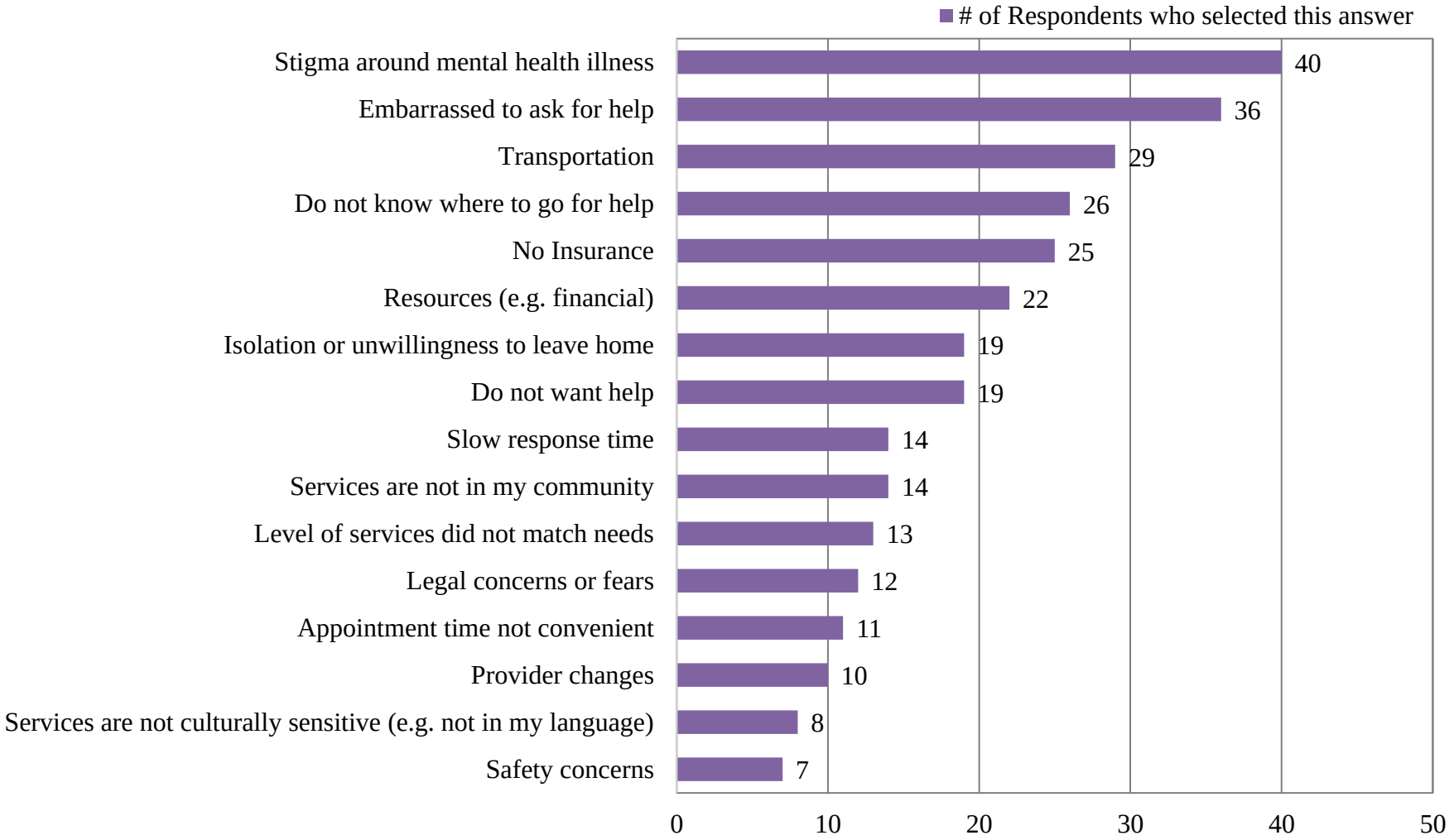
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Barriers to Accessing Mental Health Services (N=52)
Spring 2022

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



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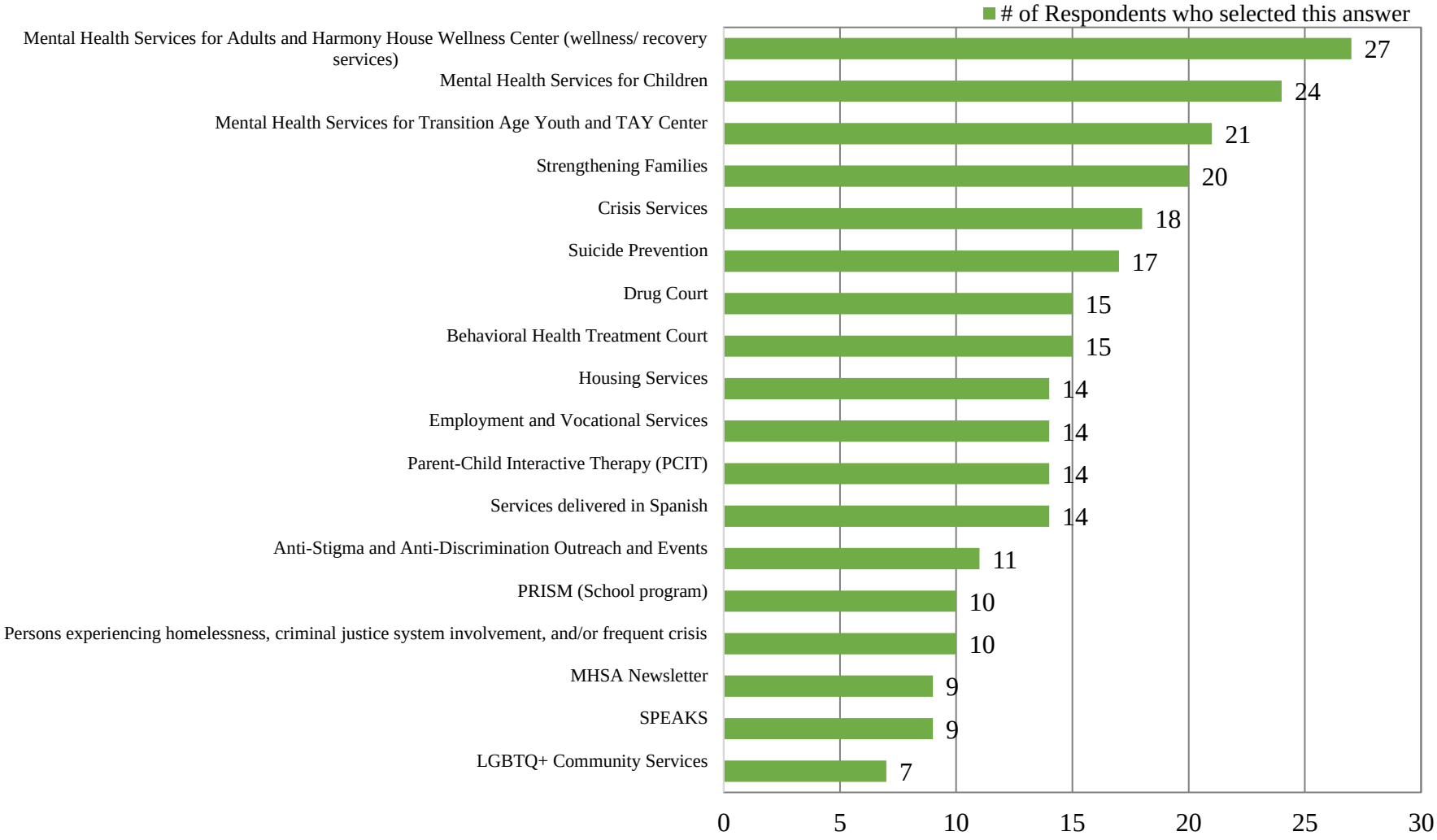
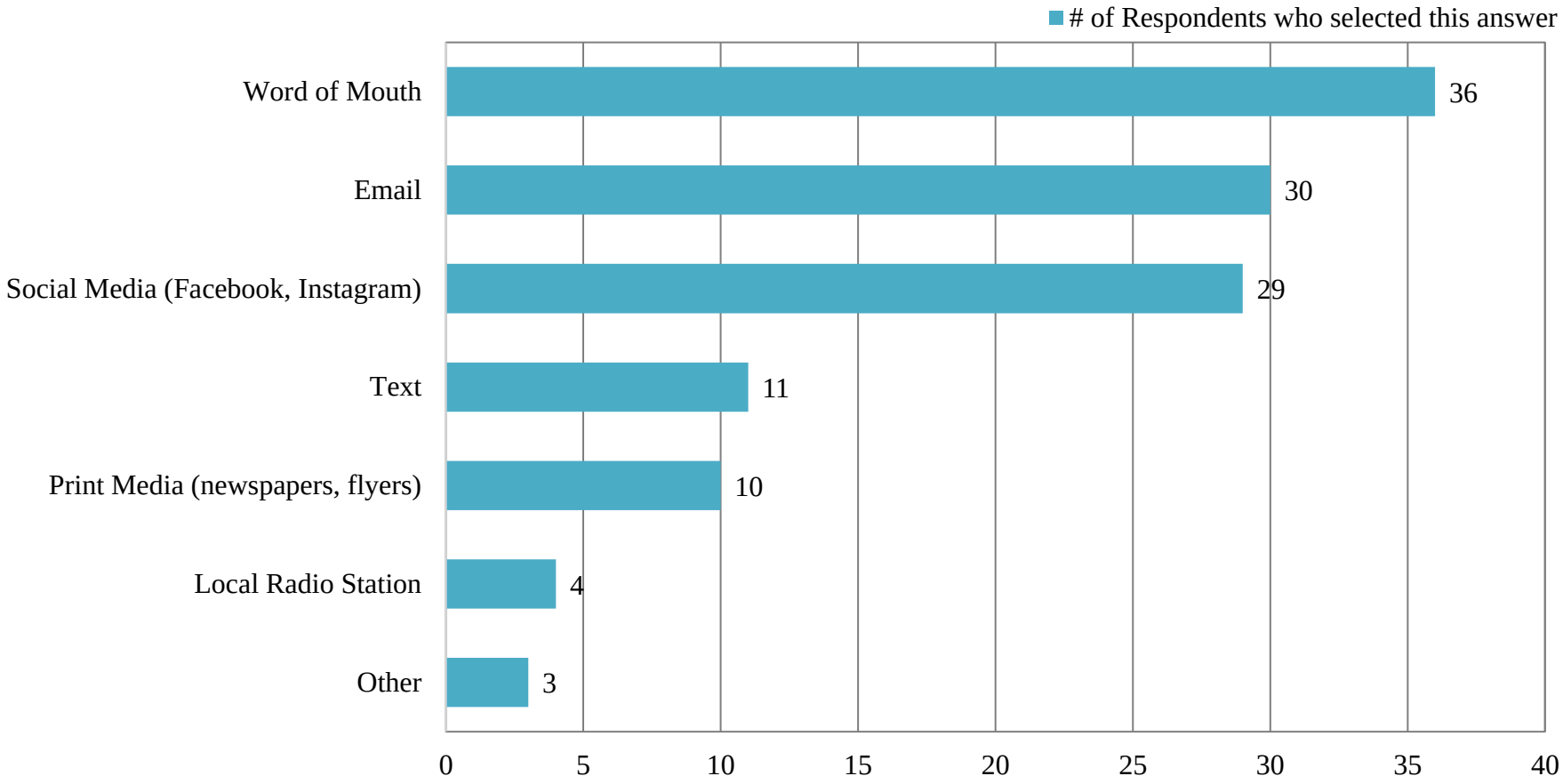
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Effective MHSA Services (N=52)
Spring 2022

Which of the following MHSA Services do you feel have been effective in addressing our local mental health needs? *(Respondents may select multiple answers)*



Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Sources of Information about Local Services (N=53)
Spring 2022

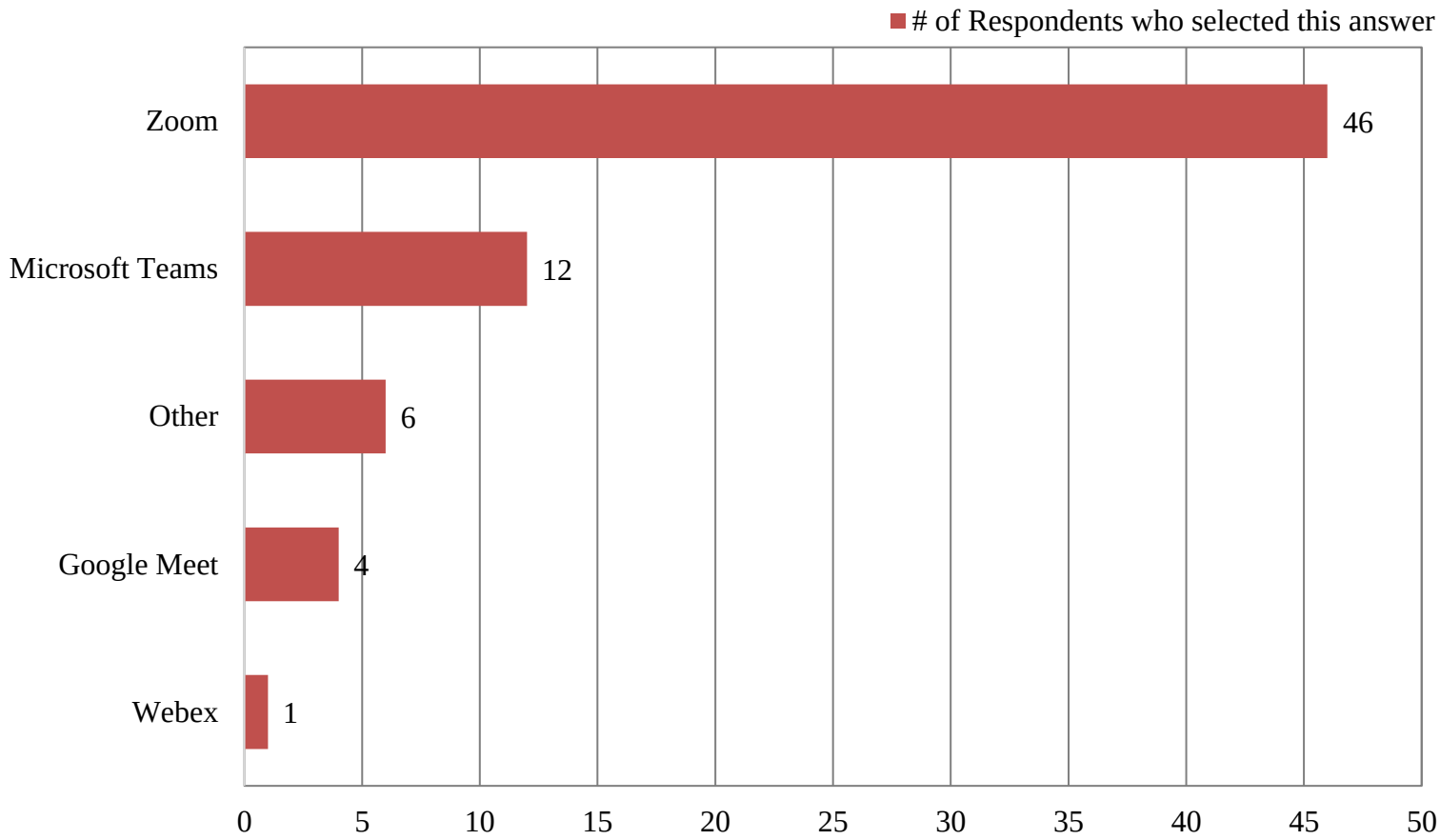
How do you get your information about local services and resources?
(Respondents may select multiple answers)



Note: "Other" responses included 211 (1), Agency Calendars (1), and County Website (1).

Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Virtual Meeting Preferences (N=52)
Spring 2022

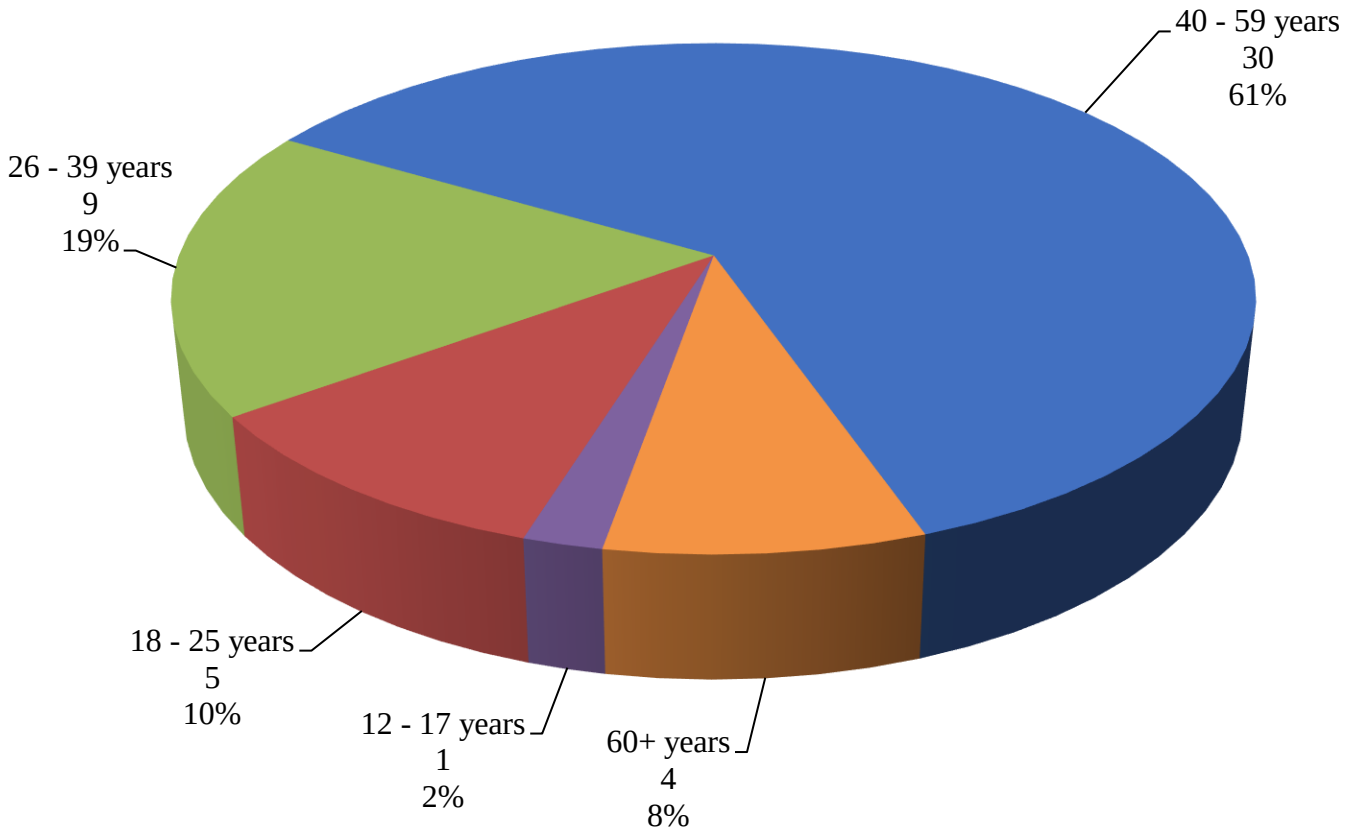
What virtual meeting platform do you prefer to receive services or participate in meetings?
(Respondents may select multiple answers)



Note: "Other" responses included "Prefer to meet in person" (4), Texting (1), and "I do not meet virtually" (1).

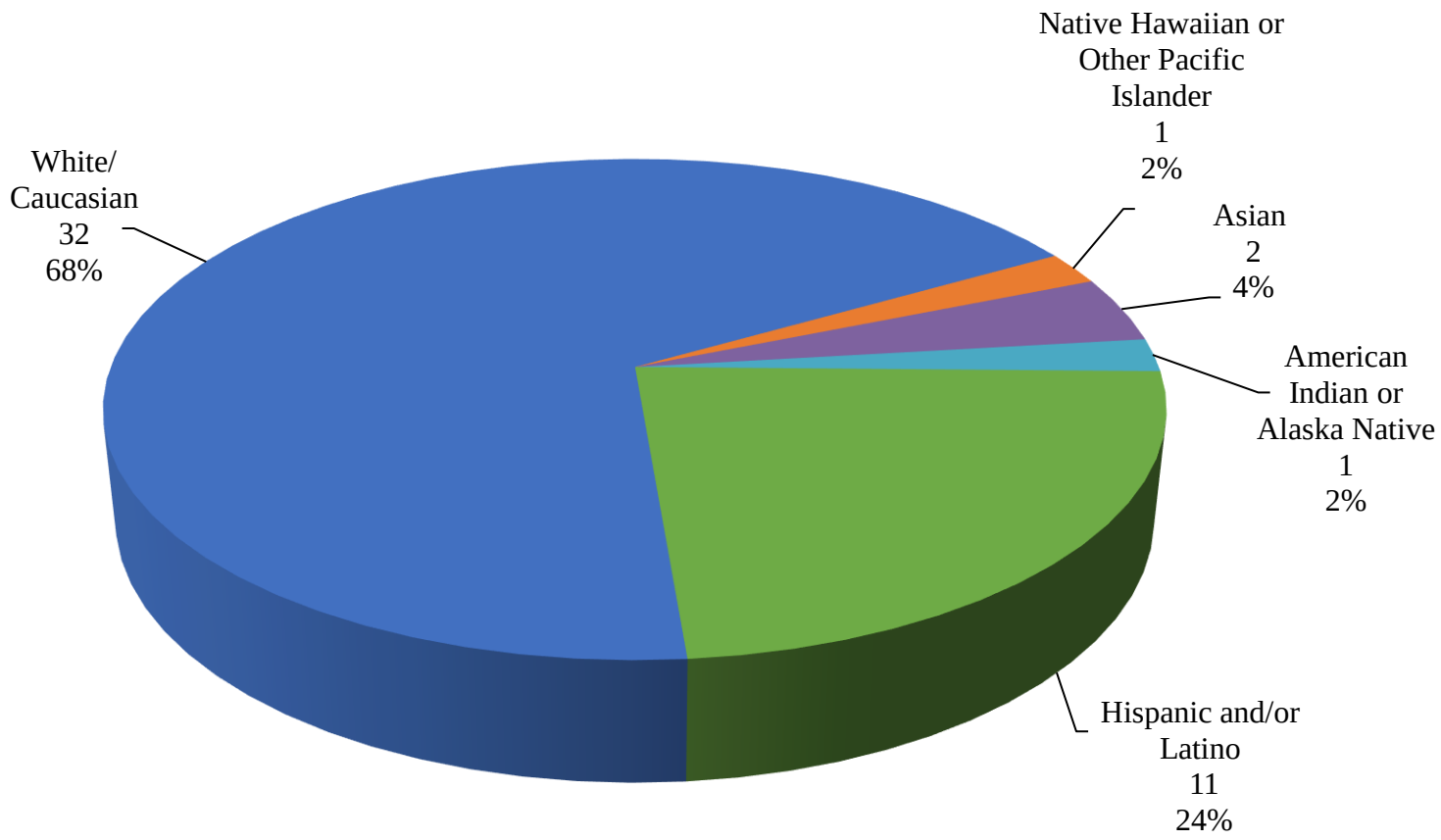
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Age (N=49)



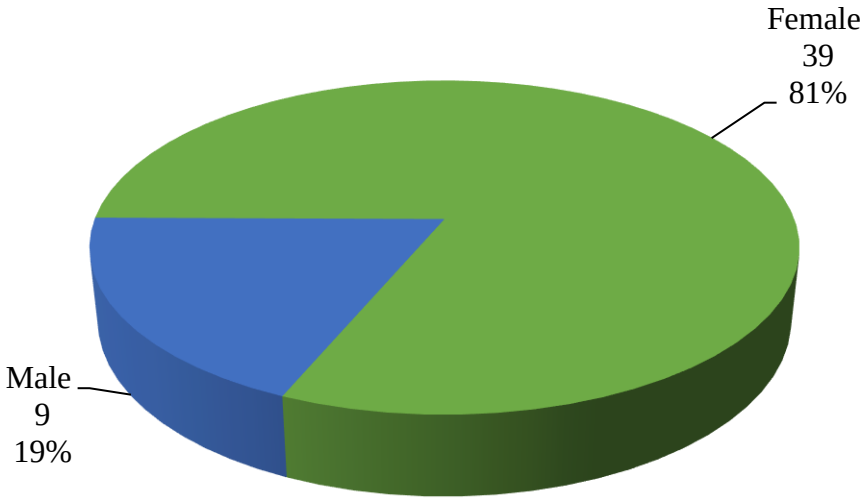
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Race/Ethnicity (N=47)

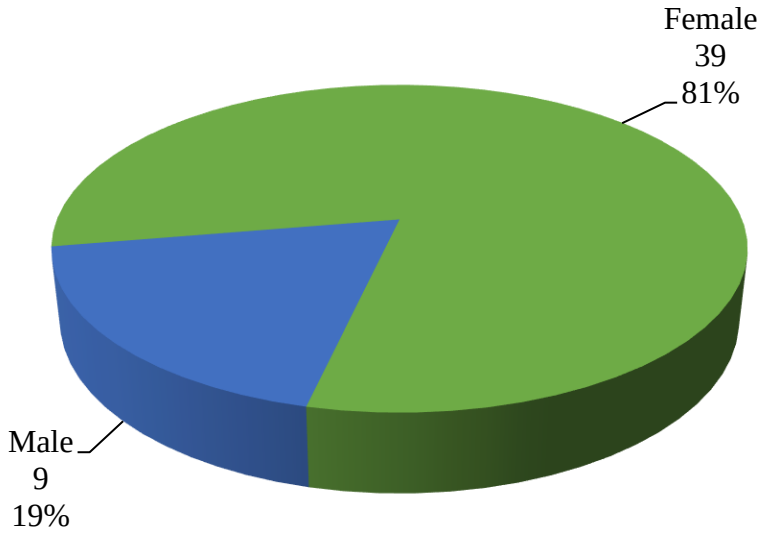


Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Gender Assigned at Birth (N=48)

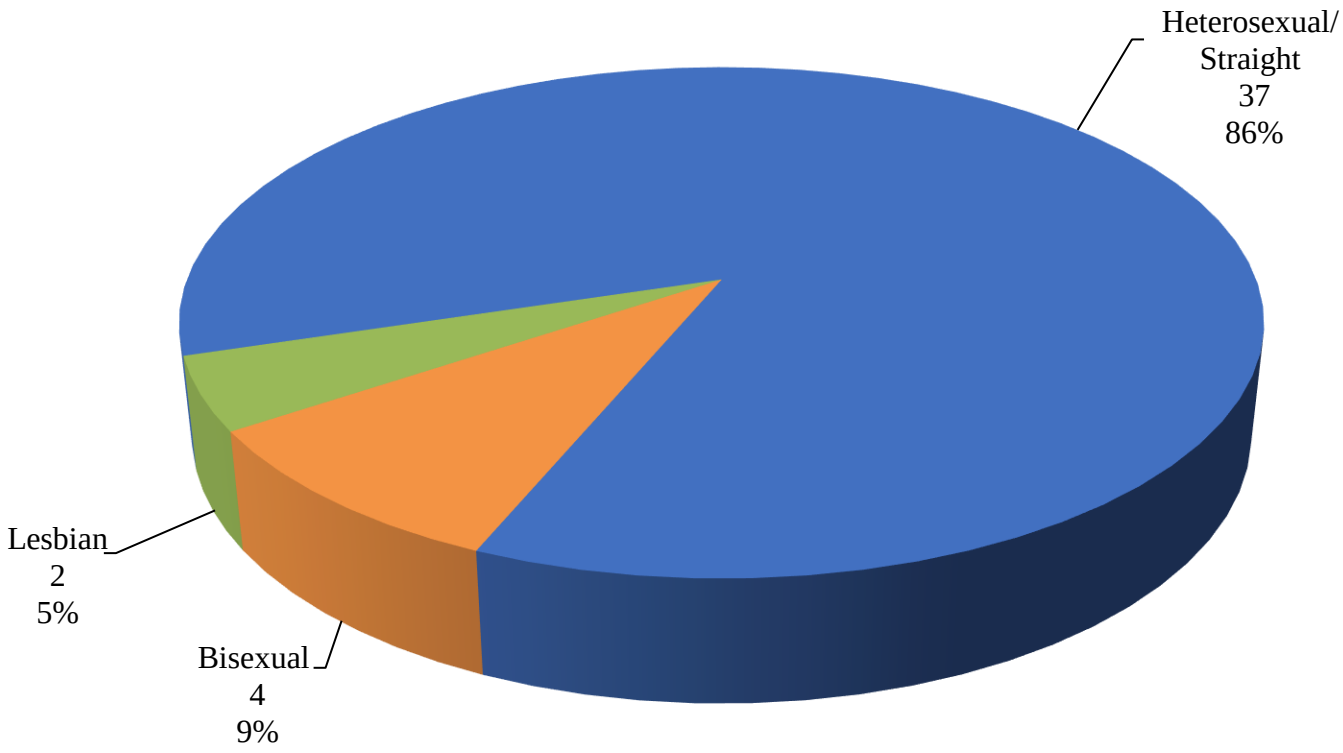


Current Gender Identity (N=48)

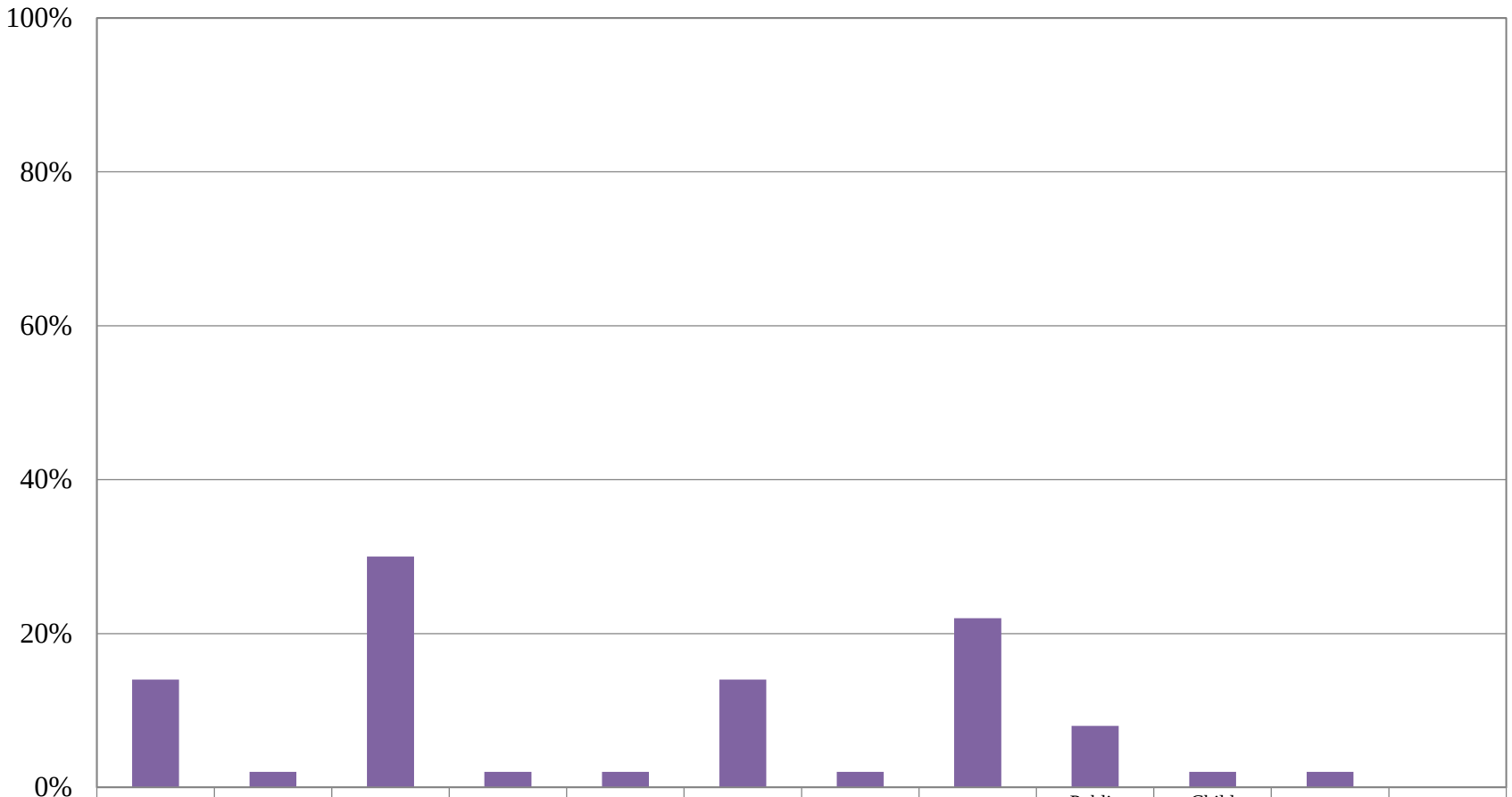


Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Sexual Orientation (N=43)



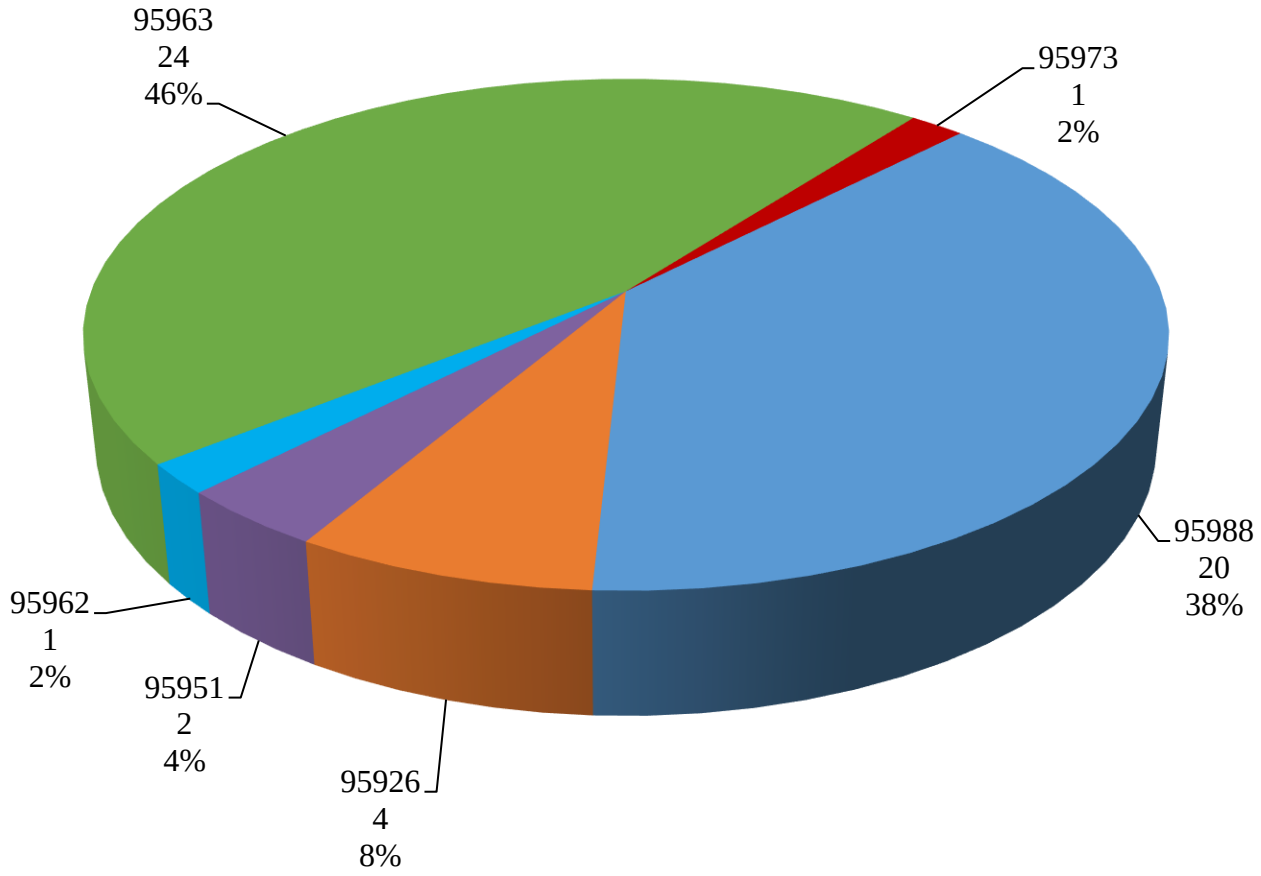
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022
Role in Community (N=50)



	Adult Consumer	Youth Consumer	Community member	School Personnel	Law Enforcement	Social Services	Health Care Provider	GCBH Staff	Public Health Services	Child Welfare Services	Tribal Services	N
# Respondents	7	1	15	1	1	7	1	11	4	1	1	50
% Respondents	14.0%	2.0%	30.0%	2.0%	2.0%	14.0%	2.0%	22.0%	8.0%	2.0%	2.0%	100.0%

Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Zip Code (N=52)



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Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Spring 2022

Primary Language Spoken at Home (N=48)