

MHSA COUNTY COMPLIANCE CERTIFICATION

County: **GLENN**

- Three-Year Program and Expenditure Plan
 Annual Update

<p style="text-align: center;">Local Mental Health Director</p> <p>Name: Amy Lindsey, LMFT</p> <p>Telephone Number: 530-934-6582</p> <p>E-mail: alindsey@countyofglenn.net</p>	<p style="text-align: center;">Program Lead</p> <p>Name: Cindy Ross, ASW</p> <p>Telephone Number: 530-865-1622</p> <p>E-mail: cross@countyofglenn.net</p>
<p>Local Mental Health Mailing Address:</p> <p style="text-align: center;">242 North Villa Willows, CA 95988</p>	

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

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on July 7, 2020.

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

All documents in the attached Plan are true and correct.

Amy Lindsey, Mental Health Director

Mental Health Director (PRINT)

Amy Lindsey

Signature

7/16/2020 | 4:08 PM PDT

Date

MHSA FY 2020/2021-2022/2023 Three-Year Plan FISCAL ACCOUNTABILITY CERTIFICATION¹

County: **GLENN**

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

Local Mental Health Director Name: Amy Lindsey, LMFT Telephone Number: 530-934-6582 E-mail: alindsey@countyofglenn.net	County Auditor-Controller Name: Humberto Medina Telephone Number: 530-934-6476 E-mail: hmedina@countyofglenn.net
Local Mental Health Department Mailing Address: 242 North Villa Willows, CA 95988	

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

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

Amy Lindsey, Mental Health Director
Mental Health Director (PRINT)

Amy Lindsey
Signature

7/16/2020 | 4:08 PM PDT
Date

I hereby certify that for the fiscal year ended June 30, 2019, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is for fiscal year 2018/2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Humberto Medina
Signature

7/18/2020 | 10:23 AM PDT
Date

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

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**Glenn County Behavioral Health
MHSA FY 2020/2021-2022/2023 Three-Year Plan &
Annual PEI and INN Evaluation Report**

COUNTY DEMOGRAPHICS AND DESCRIPTION

Glenn County is located in Northern California, approximately 100 miles north of the state capitol in Sacramento. The County is 1,313 square miles and is considered a rural county with 21 persons per square mile. Glenn County’s population is 27,897. There are four primary towns in the county: Willows, population 6,022; Orland, population 7,541; Hamilton City, population 2,224; and Elk Creek, population 191 (United States Census American Community Survey, 2018). The remainder of the population lives in unincorporated areas of the county. Population data shows that approximately 55.9% of residents are Caucasian, 37.5% are Latino, 1.7% are African American, 2.5% are Asian, 1.7% are Native American, and 1.8% are Other Race/Ethnicity (United States Census, 2010).

The residents of Hamilton City are predominately Latino, with 85.3% of the population reporting Latino as their ethnicity. There is one small Rancheria in the county, Grindstone Rancheria, located in the foothills near Elk Creek. The census estimates that 38.5% of the population of Glenn County speaks a language other than English at home. Spanish is the only threshold language in Glenn County. There are 1,440 veterans, which represent approximately 5% of the population. Approximately 7.1% of the population is under 5 years of age, 19.5% are ages 6-17, 57.5% are ages 18-64, and 15.9% are over 65 years of age. Females represent 49.2% of the population (United States Census American Community Survey, 2018).

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) Three-Year Plan and Evaluation Report builds upon the planning process that was utilized for the development of the most recent Annual Update, 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 (a 15-year period).

The MHSA Three-Year CPP process includes widespread representation from the community, social service agencies, law enforcement, Probation, education, and persons with lived experience and family members. Focus groups and stakeholder meetings were conducted at a variety of locations including the adult wellness center (Harmony House) and the TAY drop-in and wellness center to obtain feedback on the MHSA Three-Year Plan. Interpreters were available to provide translation services for mono-lingual Spanish speaking clients. CPP information is made publicly available and distributed at many different venues. Both wellness centers, Harmony House and the Transition Age Youth (TAY) Center, had the stakeholder meeting flyers available for consumers; they included the meeting in their monthly calendar; and they used social media to inform the public about time and place of the meetings. The flyer was

emailed throughout Health and Human Services Agency (HHS) to inform both community partners and staff. During staff meetings, the stakeholders' meeting information was discussed, and flyers were also handed out for distribution.

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

Stakeholders and Meaningful Input

Focus groups and stakeholder meetings were conducted at a variety of locations including the adult wellness center (Harmony House) and the TAY drop-in and wellness center to obtain feedback on the MHS Three-Year Plan. 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 reported to the monthly System Improvement Committee (SIC), MHS Steering Committee, quarterly Quality Improvement Committee (QIC), and the Behavioral Health Board to help to inform planning and program decisions and helps to support a consumer-driven culture throughout the agency.

Recommendations from these groups included discussions about obtaining and maintaining housing; development of life skills; social skill group ideas for both of the wellness centers; transportation needs; transition needs between inpatient to outpatient services; increasing suicide prevention activities in the community; increasing services for LGBTQ+ youth; increasing services for parents of TAY youth; and overall satisfaction with the current MHS services. The ideas presented by consumers were integrated throughout the develop and design of the Three-Year Plan and will be used to enhance MHS services in the coming year.

In addition, we also collected a survey to support individuals who could not attend the community or stakeholder meeting(s). This helped to allow individuals to participate and give input to the planning process and help to develop the three-year plan. The survey was available in a hard copy and through a link using Survey Monkey. Information about the survey and the link to the survey were made available through email; social media platforms; flyers; at the wellness centers and clinic offices; and during existing structured meetings. As a result, there were over 150 diverse individuals in Glenn County who participated in this year's comprehensive planning and capacity/needs assessment activities.

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 through the Three-Year Plan. Refer to Appendix 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 us to understand service utilization, evaluate client improvement, and has been instrumental in the ongoing planning process to continually improve services for clients and families.

In addition to these stakeholder 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 quarterly Mental Health and Alcohol and Drug Commission meetings. All stakeholder groups and boards are in full support of this MHSA Three-Year Plan and the strategies to maintain and enhance services.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA Three-Year Plan & Annual PEI and INN Evaluation Report was posted for a 30-day public review and comment period from Monday, May 18, 2020 through Tuesday, June 16, 2020. An electronic copy was posted on the County website, and through various GCBH social media platforms. This document was distributed to all members of the Mental Health, Alcohol and Drug Commission; System Improvement Committee; and consumer groups; as well as to GCBH staff. The document was available via mail or email, upon request. Due to COVID-19 restrictions, limited hard copies were distributed; hard copies were available at the clinics in Willows and Orland.

Public Hearing Information

Due to COVID-19 restrictions, an online public hearing was conducted for the posted MHSA Three-Year Plan & Annual PEI and INN Evaluation Report. The public hearing was held online only, via Zoom, on Wednesday, June 17, 2020, starting at 12:00 pm noon. 17 individuals participated in the public hearing, including consumers, family members, GCBH staff, Board members, and general stakeholders. The participants were adults and older adults.

Substantive Recommendations and Changes

Input on the posted Plan was positive, and stakeholders expressed full support of continuing the excellent services and supports that MHSA funding provides in Glenn County. No substantive recommendations or changes were presented during the public comment period or during the public hearing.

County Approval and State Submission

This updated MHSA Three-Year Plan & Annual PEI and INN Evaluation Report was approved by the county BOS on July 7, 2020. This final approved document has been submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS

CSS Program Description and Outcomes

The Glenn County MHSAs activities have been very successful. Community Services and Supports (CSS) funding created a strong foundation of programs, including the Full Service Partnership (FSP) program; outreach and engagement activities; general system development programs; and the two wellness centers.

CSS Comprehensive Service Plan – Full Service Partnership (FSP)

The eligibility for Full-Service Partnership (FSP) follows the regulations outlined in W&I Code 5600.3 and requires that the persons 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 & 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 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. Progress is monitored through CFT meetings and quarterly evaluation forms.

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, Harmony House coaches, family members, and a Probation Officer and/or legal counsel, as appropriate. The

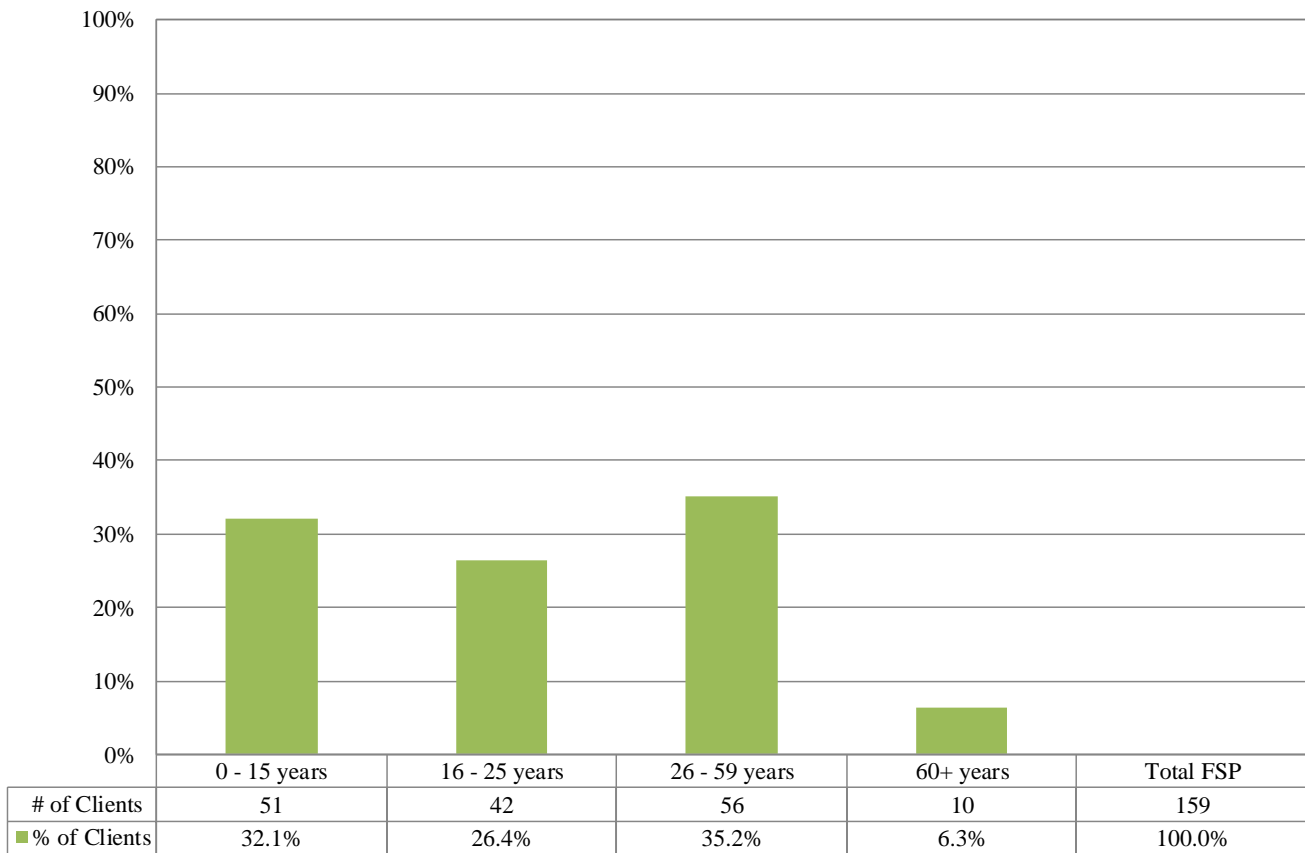
Team meets regularly to review the progress client, and emphasizes on client’s input to empower client’s voice and be consumer-driven.

Flex funds are also available to adults and older adults to receive “whatever it takes” to help clients 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.

The number of clients that received FSP services increased from 98 in FY 2017/18 to 159 in FY 2018/19. This data clearly demonstrates to system’s value in utilizing these important services for high-need clients, whenever possible.

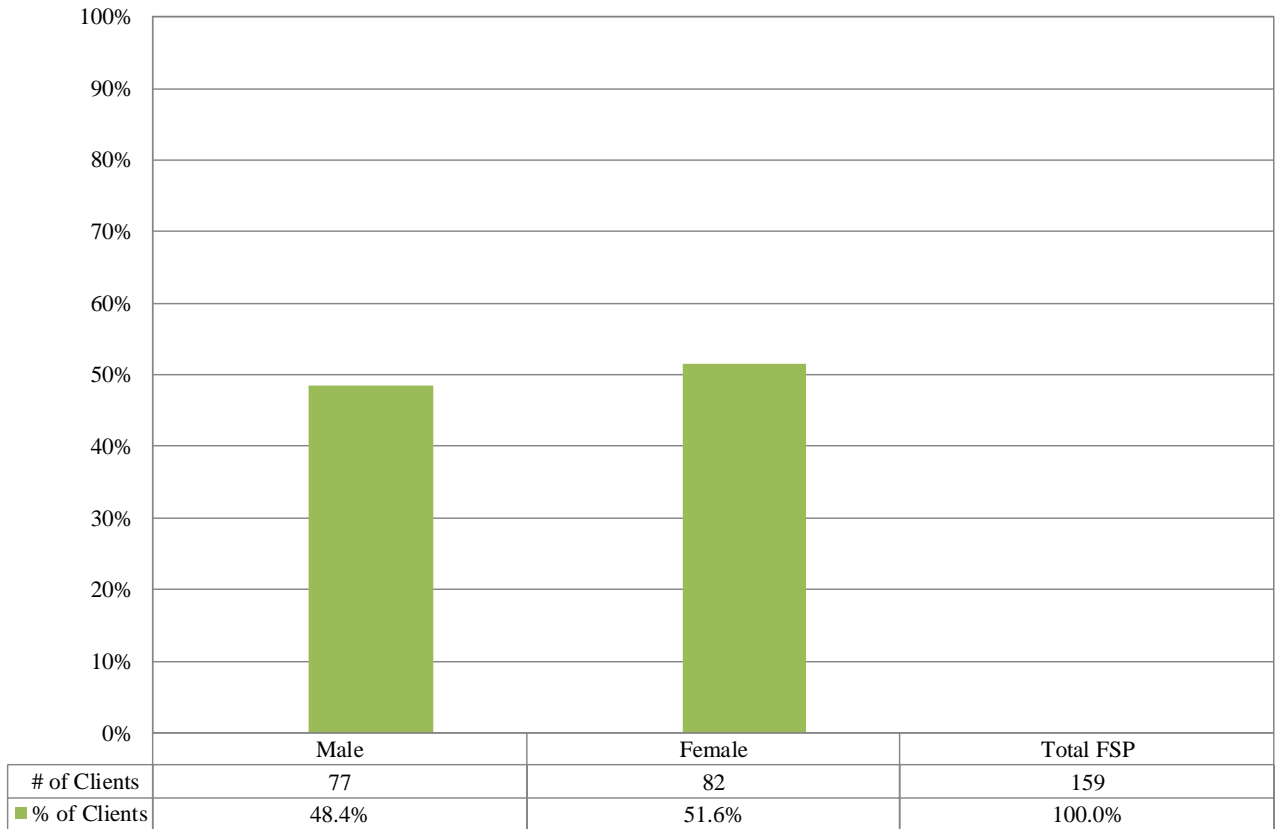
The FSP program served 159 people in FY 2018/19 (see Figure 1). Of the people served, 51 (32.1%) were children ages 0-15; 42 (26.4%) were TAY ages 16-25; 56 (35.2%) were adults ages 26-59; and 10 (6.3%) were older adults ages 60 and older.

Figure 1
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2018/19



Of the 159 people enrolled in the FSP program in FY 2018/19 (see Figure 2), 77 were male (48.8%) and 82 were female (51.6%).

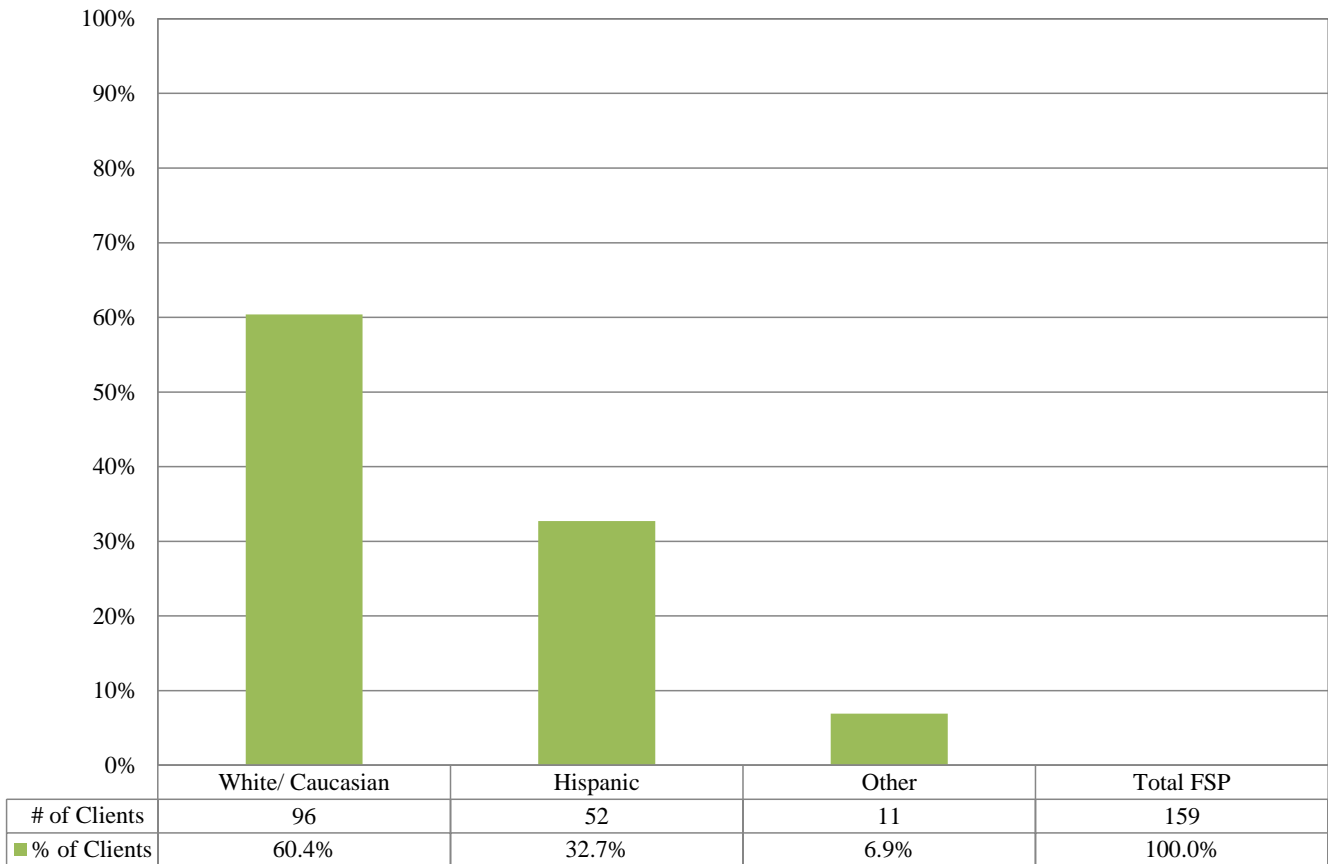
Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2018/19



Of the 159 people enrolled in the FSP program in FY 2018/19 (see Figure 3), 96 were White/Caucasian (60.4%); 52 were Hispanic (32.7%); and 11 were Other Race/Ethnicity (6.9%).

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.

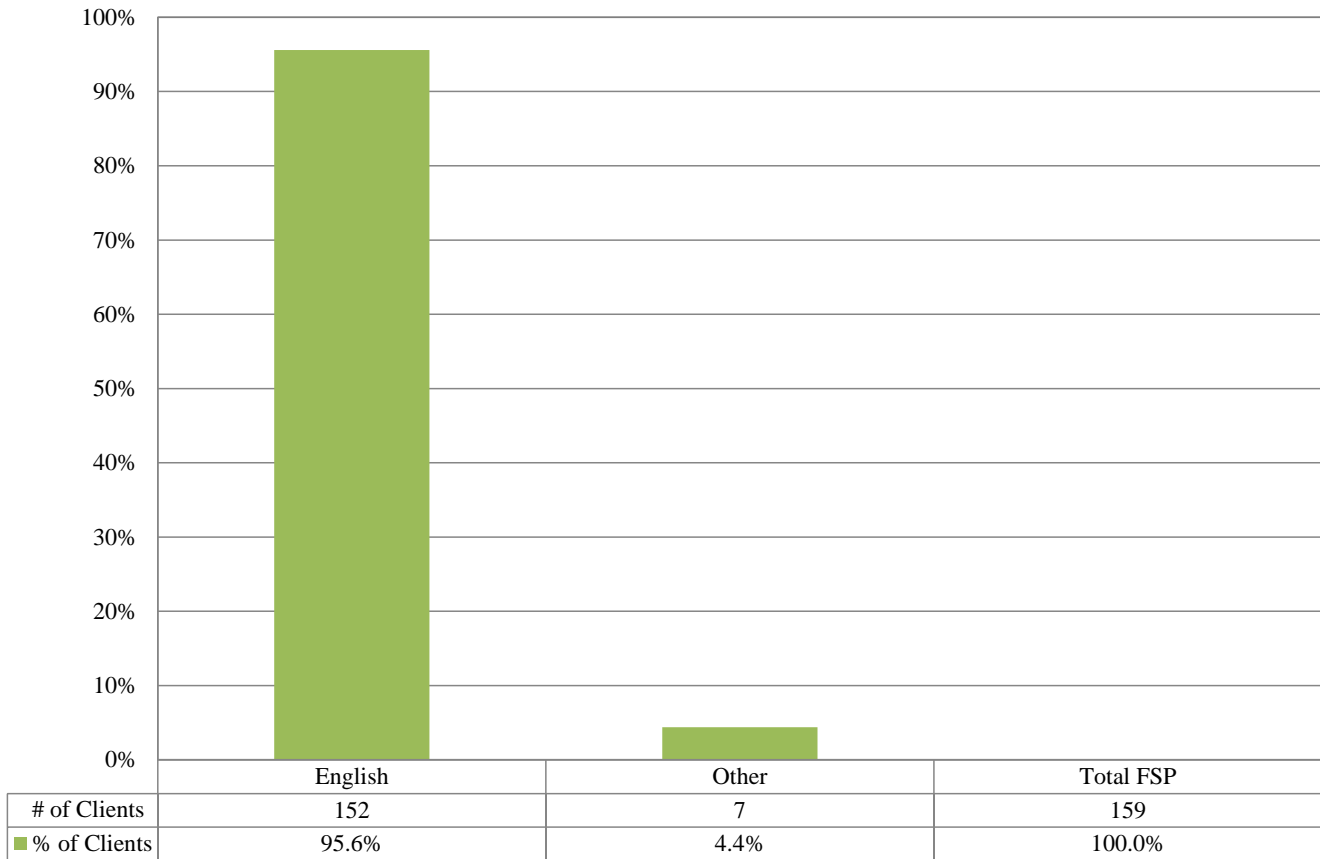
Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2018/19



Of the 159 people enrolled in the FSP program in FY 2017/18 (see Figure 4), 152 (95.6%) were English speakers and 7 (4.4%) preferred receiving services in Other languages.

Note: The Language categories of Spanish and Hmong/ Lao 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 Preferred Language
FY 2018/19



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 159 clients that received FSP services in FY 2018/19, received 5,116.30 hours of services, which calculates into an average of 32.18 hours per person. Of the 159 clients, 126 received assessment; 93 received plan development, 120 received individual therapy, 131 received case management, and 86 received medication services. There were 49 of the 159 FSP clients that received crisis intervention, which shows that only 30% needed this immediate service. This data also reflects that 70% of the FSP clients did not need crisis intervention, which positively reflects the support these clients receive in the community 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 2018/19

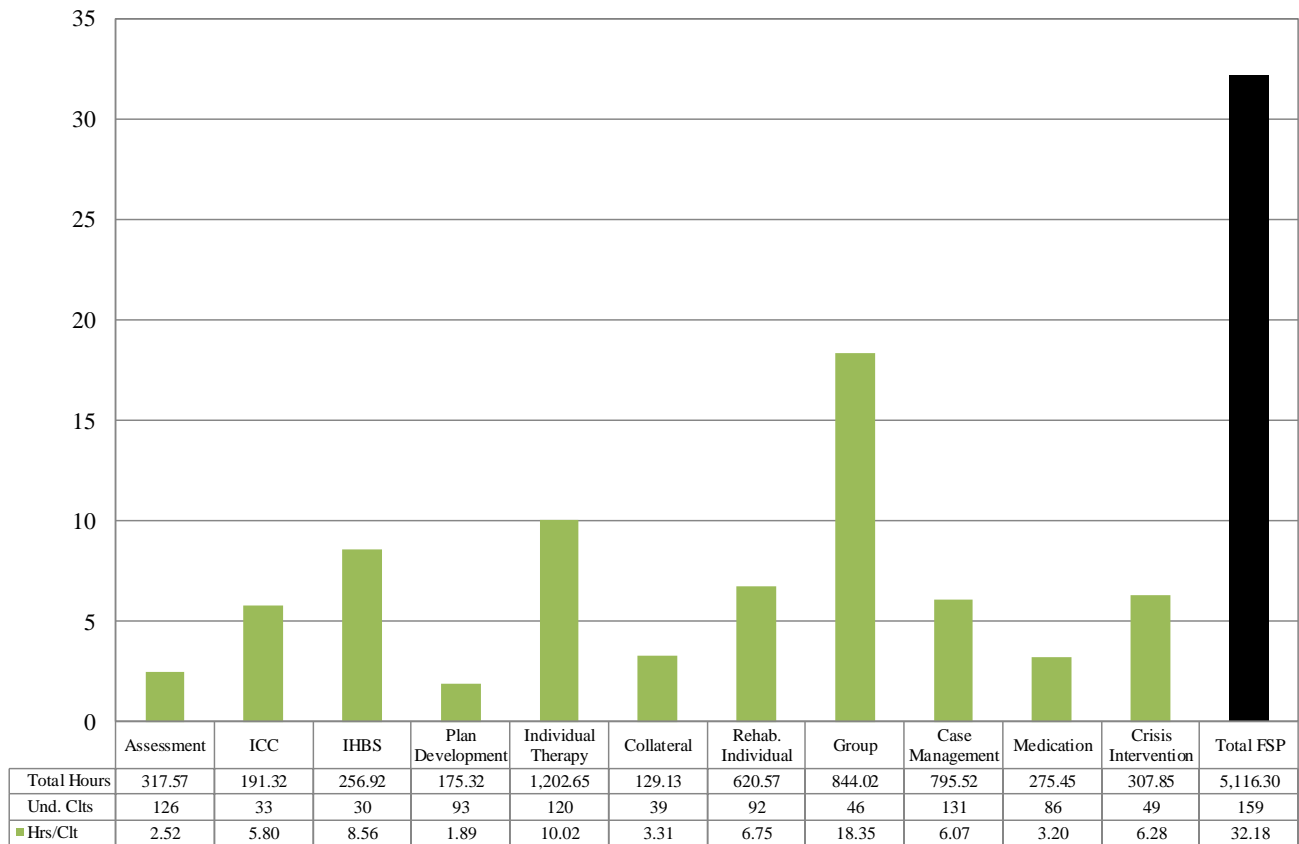
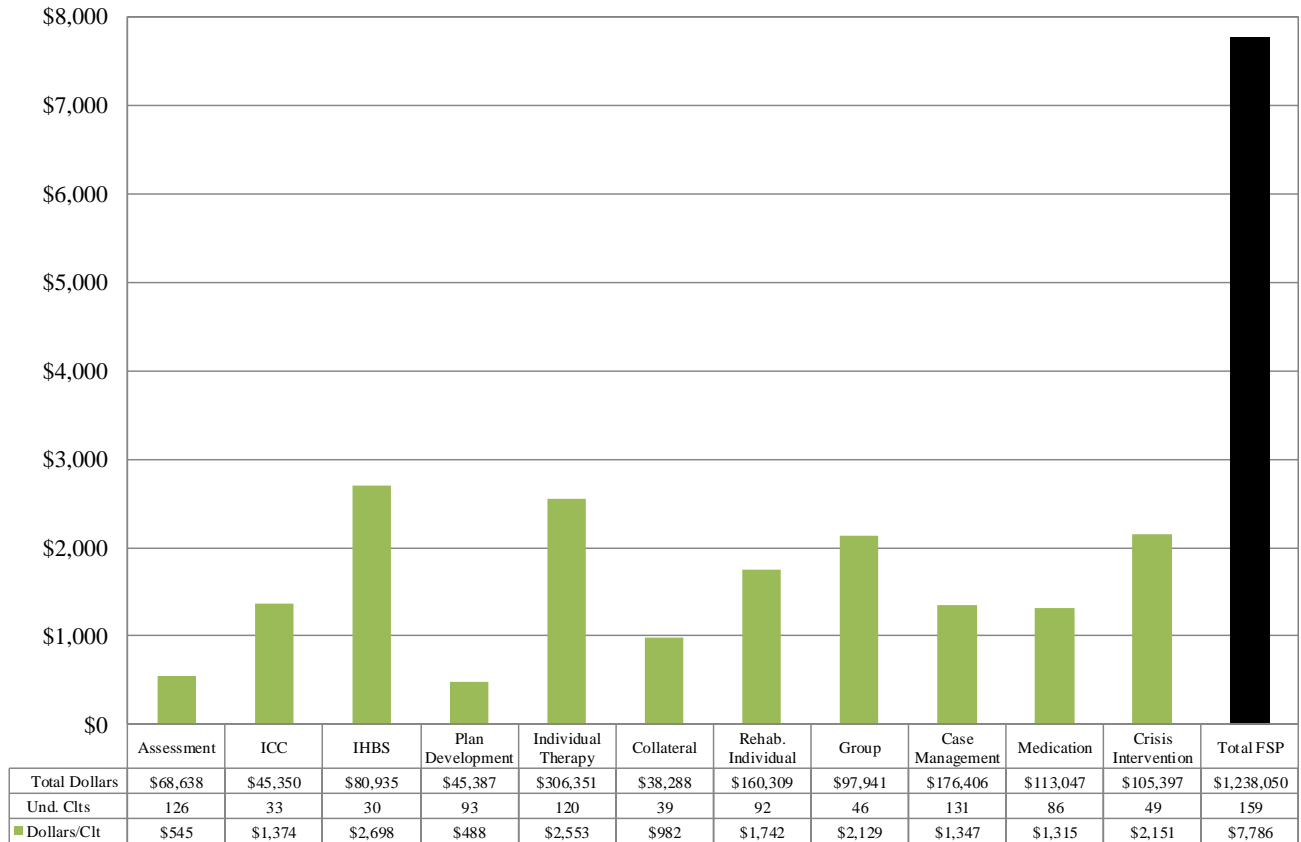


Figure 6 shows the dollars per FSP client for each of the services they received in FY 2018/19. Across all services, the total dollars for FSP clients was \$1,238,050 with an average of \$7,786 per person. These are some of the highest need clients served by GCBH.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Dollars, Clients, by Dollars per Client, by Service Type
FY 2018/19



CSS Comprehensive Service Plan

The CSS Comprehensive Plan includes the following activities and services: outreach and engagement activities; SMART Team services; telepsychiatry services; wellness center activities; and housing services.

Outreach and Engagement Activities

Case managers provide CSS Outreach and Engagement 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. The TAY Center also provides clothing to individuals and families through donations from the community. The TAY Clothing Closet has approximately 100 community members visit annually. When needed, individuals are able to take showers when they visit Harmony House. They 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 119 outreach contacts in FY 2018/19.

Figure 7
CSS Outreach and Engagement Contacts
FY 2018/19

Outreach & Engagement Contacts
119

In addition, we have two evidence-based programs that are offered to our FSP’s who are participating in Behavioral Health Treatment Court or AB109 services. These programs help develop skills in anger management (Courage to Change and What’s Good About Your Anger, a 12-week curriculum.)

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.

The GCBH Child Abuse Treatment (CHAT) program identifies youth who have experienced victimization and are in need of counseling and therapy services. Through relationships with the school districts, Probation, district attorney’s office, West Side Domestic Violence Shelter, and Victim Witness, Glenn County is able to capture this population’s needs. In 2019, GCBH served 100 children and youth by providing them individual and group therapy services, case management and linkages to other services within the Behavioral Health department and across the community. Our top three areas of victimization include bullying, domestic violence, and child abuse and neglect.

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 program continue to be expanded. Mental Health and Child Welfare Services

(CWS) staff work closely to coordinate services, attend CFT meetings, and provide services to these high-risk families. In addition, there are 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.

Over the past year, there have been continued efforts between CWS, Probation, and Mental Health 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/reform 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 to continue support children and youth to remain in their community, whenever possible. The Behavioral Health youth and family Program Manager has been partnering with the Resource Family Agency (RFA) and CWS to identify opportunities to develop a TFC home model for Glenn County.

GCBH is also implementing a tiered-service model to ensure intensive services are being provided to reduce the need for higher placement. The use of Wellness Teams (therapist, case manager, parent partner and/or peer mentor) throughout the behavioral health system will 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 within the reform.

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 Wellness and Recovery Action Plan (WRAP).

In the community, employees of the Public Library have been trained to offer Mental Health First Aid (MHFA) training throughout the community. 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. This 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 get triggered by the content and need some extra support.

SMART Team

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 families.

The SMART Team model was 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 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 for determining the level of risk of the current situation, as well as providing 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 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, suicidal behavior, and/or bullying. Each school now has 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.

Telepsychiatry Services

GCBH Telepsychiatry services are available for medication assessments and ongoing monitoring through Kingsview, an out-of-county organizational contract provider, that also provides support to our Electronic Health Record (EHR), Cerner. This creates a comprehensive telehealth system where Kingsview contracts with the psychiatrist, and the psychiatrist has access to the Glenn EHR to review client charts and document each telepsychiatry visit.

Telepsychiatry appointments are available at the GCBH clinic Tuesday through Friday each week, with a floating clinic one (1) Monday per 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.

Designated GCBH case managers function as the liaison between the Telepsychiatrist and GCBH clients. The administrative staff is responsible for scheduling appointments. 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 review all of the services delivered to the client, including clinical assessments; clinical case notes from therapist and case manager; and laboratory examinations and results.

The Telepsychiatrist conducts an assessment during the 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.

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

In order to reduce clients' no-show rate for the telepsychiatry appointment, GCBH recently implemented a texting reminder program to send out notifications prior to client's appointment. Clients are given options to confirm, decline, or request to reschedule the appointment. Clients' responses have been positive and the no-show rates have decreased.

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

GCBH recognizes the importance to provide our clients with the options of telepsychiatry or in-person psychiatric service. Due to the shortage of psychiatrists, there has been a lack of applicants to fill the in person vacancy. GCMH has an active contract with locum tenens, and is in the process of recruiting a psychiatrist to work in the office one day per week. GCBH staff continues to recruit new staff to meet ongoing the program needs.

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 30% of mental health clients receive telepsychiatry services.

Wellness Centers

The Transition Age Youth (TAY) Center is located in Orland in a comfortable house that welcomes youth to participate in healthy 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 youth-driven, youth-friendly setting offering peer support, communication skills, expressive arts, mentoring, and counseling. Youth are involved in activities to reduce stigma, depression, and suicidal behavior, and to 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.

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 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.

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 staff and Coaches 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 the 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); Wellness Recovery Action Plan (WRAP); stress management; anger management; codependency; Bouncing Back (a PTSD workshop); budgeting; men's and women's; 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.

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 that receive services through the SAMHSA Block Grant and the Child Abuse Treatment (CHAT) program.

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

Through the past several 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 funds to help consumers move into independent living situations. Strategies include providing assistance to access housing; using hotel vouchers; providing assistance with security deposits and funds for first month rent; and providing funds to assist with utility payments. Stakeholders also expressed the need for services for clients discharged from inpatient hospitals, noting that these individuals needed transitional housing to be

successful and stable in the community. CSS also provides funding for Housing Consultants, who help clients navigate housing resources and services.

Iris House

GCBH has contracted with Butte County to provide volunteer Residential Crisis Stabilization Services at Iris House in Chico. These services are for consumers who are coming out of inpatient hospitalization who are facing homelessness. Individuals may stay at the Iris House for up to three (3) months.

Services included access to a case manager and a psychiatrist; groups at Harmony House and/or TAY Center; and hotel vouchers for 17 stays. Case manager services include assistance with Social Security applications, access to resources, and support to help keep people stable in their housing. The case manager coordinates services with the facility; attends staff meetings; and works directly with all Glenn County consumers. Groups are provided to teach clients budgeting, cooking, and basic activities of daily living.

Iris House is also available to serve women and men with co-occurring serious mental illnesses to remain stable in the community. Services are available to transition clients from the hospital and/or residential services into the community. Housing funds will continue to be utilized to assist persons who are experiencing homelessness or at risk of homelessness to access services to meet their needs.

In FY 2018/19, assistance was provided to 28 individuals. 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.

Dos Rios Continuum of Care

Over this past year, 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.

Glenn County HHSA applied for the No Place Like Home (NPLH) non-competitive grant funding. This application process included community stakeholder engagement; an update to the County's Homeless Plan; and a Resolution from the County Board of Supervisors.

HHSA was successful in earmarking NPLH non-competitive grant funds in 2019. This application process included community stakeholder engagement; an update to the County's Homeless Plan; and a Resolution from the County Board of Supervisors. Stakeholder

engagement meetings were held on May 9, 2019 and May 22, 2019. A number of stakeholders attended and provided valuable feedback. Participants included:

- County representatives from Behavioral Health, Public Health, Probation/Criminal Justice, Social Services, Housing
- Continuum of Care representatives
- Cities and the county (representing unincorporated areas)
- Housing and Homeless Service Providers
- County health plans, community clinics and health centers
- Public Housing Authority
- Family caregivers/consumers living with serious mental illness

Currently, HHSA intends to submit a NPLH Competitive and Non-Competitive application in early 2021. In order to submit this application, HHSA is working with a housing consultant to attract a required Development Sponsor. A Site Feasibility Study and Request for Qualification (RFQ) will be completed in order to pursue potential development sponsors.

Shelters

Over this last year, BH began new partnerships with the Glenn County West Side Domestic Violence Shelter (DVS) and Torres Homeless Shelter in Chico, CA. West Side DVS's vision is to break the cycle of violence through services, education, and advocacy. They have an emergency shelter in Glenn County that provides local support. Glenn County domestic violence statistics are higher than any other in the state. Many charges and problems are not pursued because victims would need to uproot their children to flee the problem by accepting help from another county.

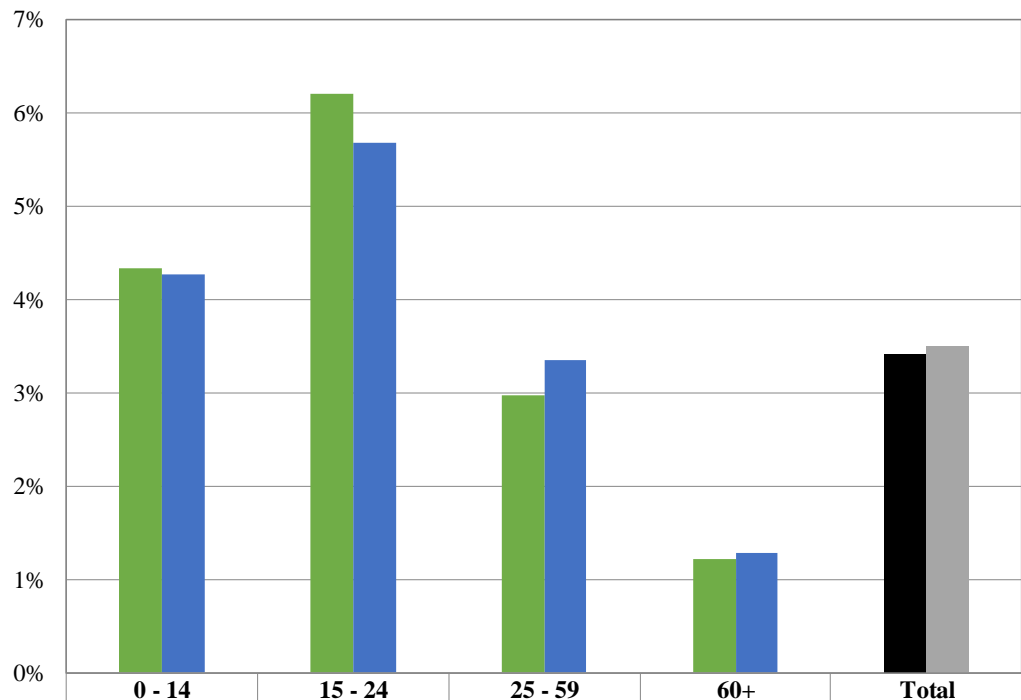
Westside DVS also provides local support. The shelter provides crisis intervention, shelter intakes, counseling referrals, advocacy, court advocacy, help with protection orders, education, peer support, referrals, and prevention services. The Torres Shelter is a nonprofit emergency shelter for people who are experiencing homelessness, serving individuals 18 and older. These resources have been helpful for clients to support their specific meeting their housing goals. GCBH has also developed a stronger relationship with a clean and sober housing program, Unity House, to support individuals with a dual diagnosis of mental health and substance use. Unity House serves as an invaluable tool in supporting adults who have experienced homelessness, who are transitioning out of prison, or jail, and/or transitioning out of a treatment facility. Unity House assists clients to create their own personal plan and provides case management resources to support life skills.

Life skills include using tasks such as navigating public transportation systems and obtaining or accessing legal documents, such as birth certificates, Driver's Licenses/Identification Cards, and Social Security Cards. Support also includes providing linkage to public general assistance, medical assistance, food stamps, and EDD for employment assistance and/or other employment training programs. The program also helps link individuals to the Harmony House wellness center and CRWC for drug treatment and mental health referrals. In collaboration, over 23 unique individuals have been supported to have safe and sober housing while working on the mental health and drug treatment goals.

General CSS Data

Figure 8 shows the Penetration Rate and number of CSS clients served for two fiscal years. This data is shown by age. The Penetration Rate graph shows that the number of persons served has increased slightly over the past two years, from 961 persons served in FY 2017/18 to 986 in FY 2018/19. The Penetration Rate (number of persons receiving mental health services out of the total population) increased from 3.4% in FY 2017/18 to 3.5% in FY 2018/19. Across all age groups, the Penetration Rate for adults shows the most increase with 371 clients in FY 2017/18 and 419 clients in FY 2018/19. This data shows an increase from 3.0% to 3.4%. Similarly, older adults showed a small increase from 1.2% to 1.3%. Children ages 0-14 and youth ages 15-24 show a slight decrease in the total number served. Children had a slight decrease from 283 to 278. Transition Age Youth decreased from 244 to 223 youth served during the year. The corresponding Penetration Rate across the two years is 6.2% and 5.7%.

Figure 8
Mental Health Penetration Rate, by Age
FY 2017/18 and FY 2018/19



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2017-18 # Participants	283	244	371	63	961
FY 2017-18 Penetration Rate	4.3%	6.2%	3.0%	1.2%	3.4%
FY 2018-19 # Participants	278	223	419	66	986
FY 2018-19 Penetration Rate	4.3%	5.7%	3.4%	1.3%	3.5%
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 2018/19. For the 986 individuals served, 31.6% were children ages 0-15 years; 21.0% were TAY ages 16-25 years; 40.7% were Adults ages 26-59 years; and 6.7% were Older Adults ages 60+ years.

Figure 9
Number and Percent of Mental Health Clients, by Age
FY 2018/19

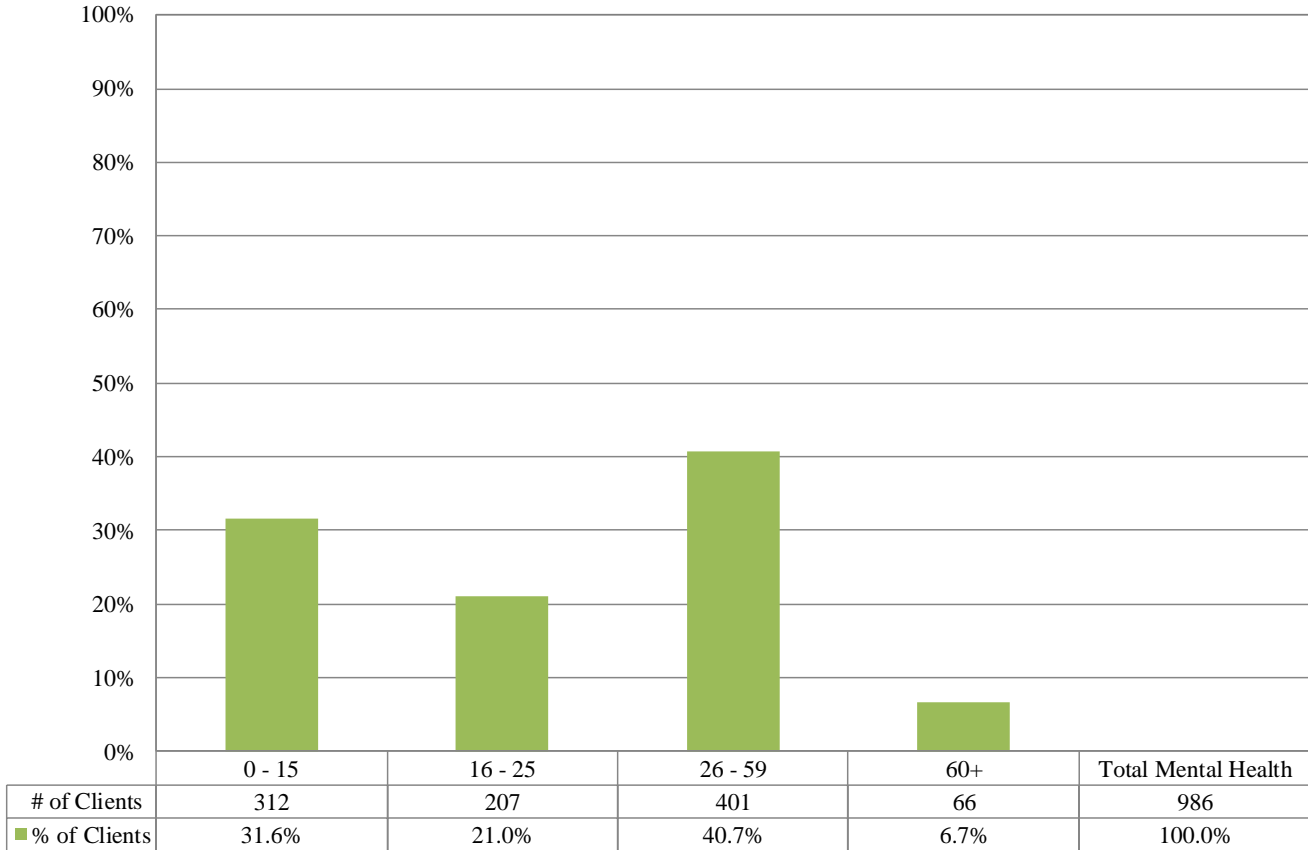


Figure 10 shows the number and percent of Mental Health clients by gender and age for FY 2018/19. Children ages 0-15 years had a higher number of males than females. There were 164 males (52.6%) and 148 females (47.4%). TAY served a higher number of females. There were 98 males (47.3%) and 109 females (52.7%). Similarly, Adults also served more females. There were 150 male adults served (37.4%) and 251 females (62.6%). Older Adults also show the same trend, with 24 males (36.4%) and 42 females (63.6%). Across all ages, there were more females served with 550 females (55.8%) served compared to 436 males (44.2%).

Figure 10
Number and Percent of Mental Health Clients, by Gender and Age
FY 2018/19

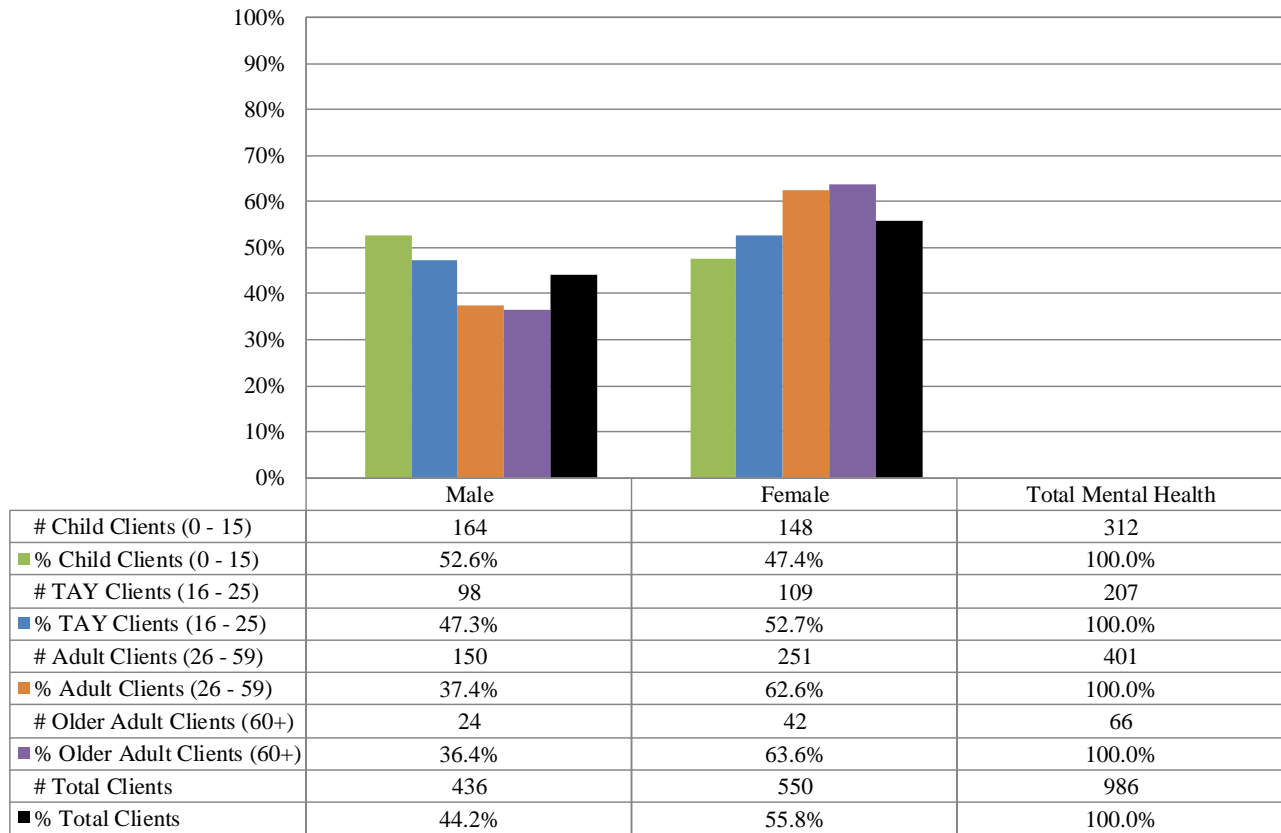


Figure 11 shows the number and percent of Mental Health clients by Race/Ethnicity for FY 2018/19. For the 986 individuals served, 53.9% were Caucasian; 35.4% were Hispanic; 1.8% were Black; 2.2% were Asian/Pacific Islander; 2.2% American Indian/Alaskan Native; 4.5% were Other/ Unknown.

Figure 11
Number and Percent of Mental Health Clients, by Race/Ethnicity
FY 2018/19

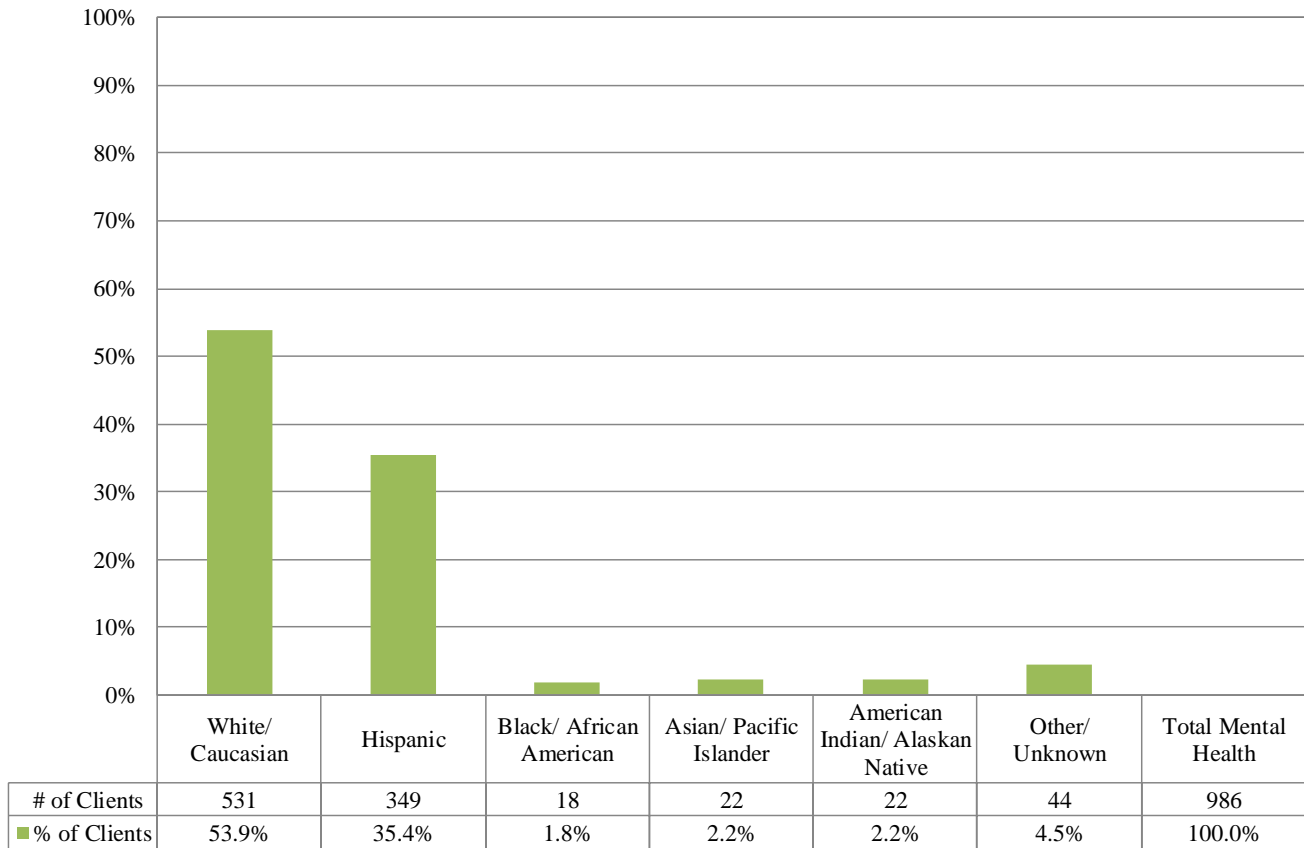
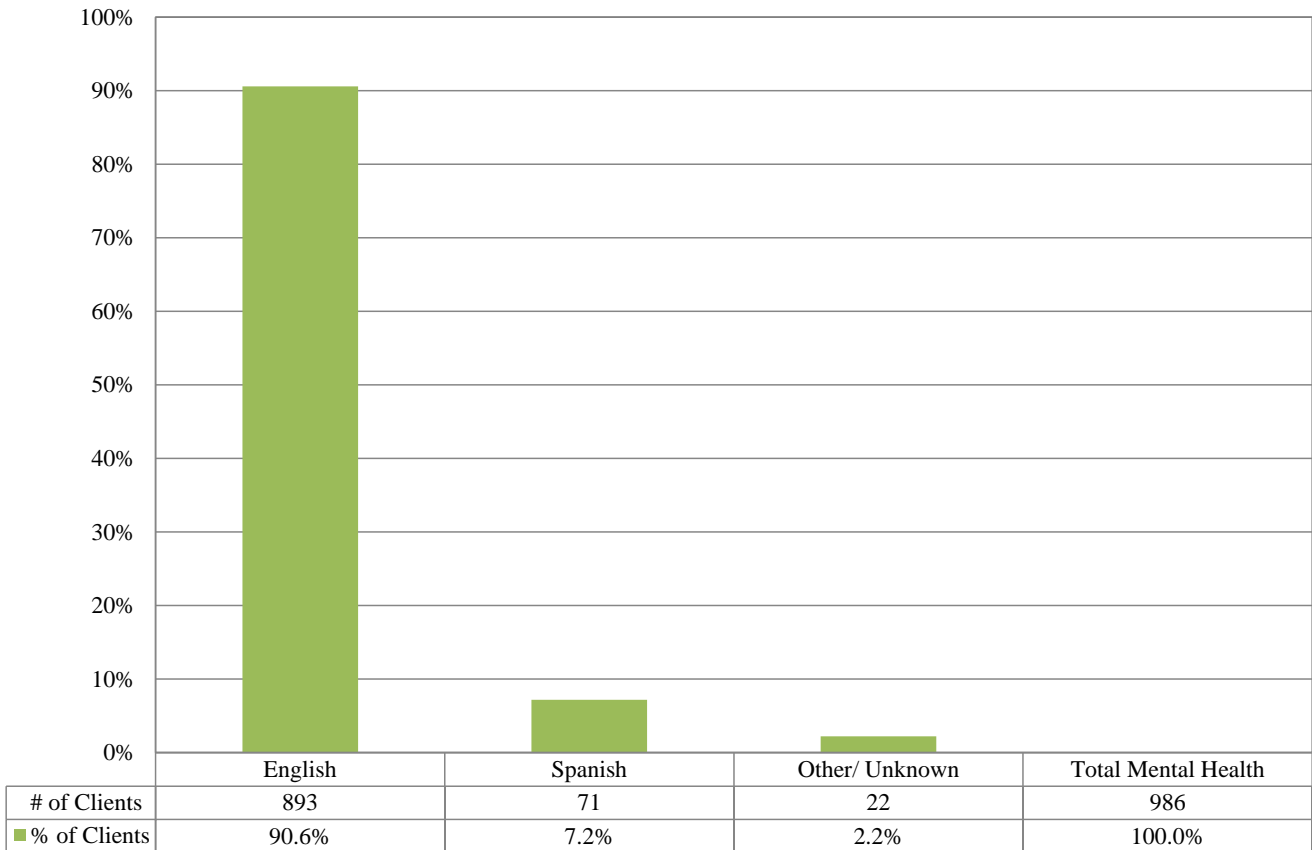


Figure 12 shows the number and percent of Mental Health Clients by Preferred Language for FY 2018/19. For the 986 individuals served, 90.6% had a preferred language of English, 7.2% Spanish, and 2.2% Other/ Unknown languages.

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 Preferred Language
FY 2018/19

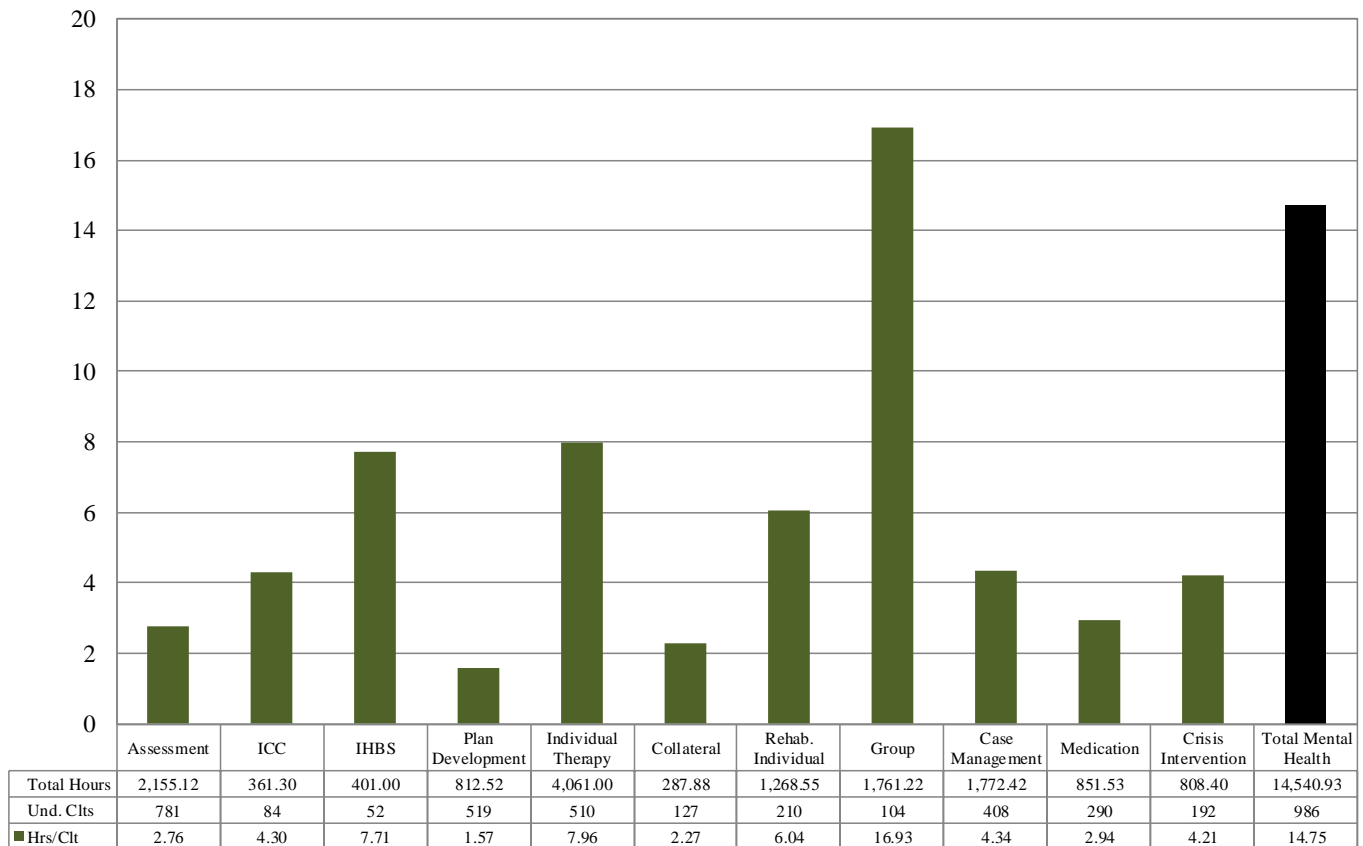


The next graph (Figure 13) shows the total mental health hours of service for FY 2018/19 by type of service, the number of clients receiving each service, and the average hours per client by type of service. Please note that a client may receive more than one type of service in the year.

Across all services, the 986 clients served in FY 2018/19 received a total of 14,540.93 hours of service. This data averages to 14.75 hours per client. For Assessment, 781 clients received an assessment. The total number of assessment hours was 2,155.12. This data calculates into each client receiving 2.76 hours of assessment services.

Katie A. is an intensive service program for children who are involved in the Child Welfare system. Katie A. includes Intensive Care Coordination (ICC) services and Intensive Home-Based Services (IHBS) services. There were 84 children who received 361.30 hours of ICC services, for an average of 4.30 hours per child. There were 52 children who received 401 hours of IHBS services for an average of 7.71 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 781 clients that received an Assessment and 408 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 2018/19



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. GCBH currently has an MOU with the two local managed care health plans (Anthem; California Health and Wellness) that provides Glenn County with expanded services to meet the needs of persons with mild to moderate mental health needs. There are quarterly meetings with both managed care plans to support communication and collaboration to help improve the service delivery system, expand the provider networks, and reduce barriers to access to care.

This 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 last 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.

Significant CSS Program Changes in Next Fiscal Year

Weekend Wellness Program

The Weekend Wellness Program started as a three-year Innovation Project in April 2011 to help support individuals to successfully live in the community, following discharge from an IMD, board and care, and/or group home. It has been sustained through CSS funding. The program has effectively supported individuals to remain living in the community. This program has been extremely successful, and clients feel that the program has been highly effective at providing a supportive “family” environment on the weekends and has provided an added level of support that they do not receive during the programs offered during business hours. Fewer than 5% of all

individuals participating in this program have returned to higher levels of care. All other individuals have remained living in the community, and continue to thrive and work on their wellness and recovery goals.

In FY 2018/19, there were ten (10) unique individuals who attended the program. Figure 14 shows that there were 49 groups offered, with a total attendance (duplicated count) of 201. This shows an average of 4.1 persons per group. In addition to the groups, persons attending Weekend Wellness prepared and shared a meal, attended local and regional events, and occasionally made day trips together to nearby Butte County or other places of interest. These activities helped to create a family-like environment to support these high-need clients who are often isolated over the weekends and provide them with positive social connections with others.

Figure 14
CSS Weekend Wellness
FY 2018/19

Weekend Wellness	# Groups	49
	Attendance	201
	Avg. Attendance/Group	4.1

The Weekend Wellness program was sustained for six (6) years through CSS and Medi-Cal funding. Recently, the program had fewer individuals participating and will end in June 2020. The lessons learned through this program are integrated throughout the System of Care.

Beginning in July 2020 with the Three-Year Plan, CSS funding will be used to sustain specific components of the Weekend Wellness program. Services will continue to be offered to consumers by providing services at their Board and Care homes (when living within the region) and in other community settings. All clients will be supported to attend activities at Harmony House, our adult wellness center. Transportation is provided to clients, when needed. County transportation services are also available to help clients attend Harmony House activities. Individuals are also encouraged to attend a “Breakfast Club” group that meets each week prior to the opening of Harmony House.

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 PEI Evaluation Report, analyzing one (1) year of data (FY 2018/2019). 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; Evaluation Report

A. Prevention Programs

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 Winter session of 2020 had two HHSA staff members from the Eligibility Unit to support the program. One of these staff participated in the program with her teenage son and she provides a credible image of success in utilizing the skills taught in the program.

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

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.

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.

Another planned program expansion is to offer a full session of Strengthening Families in Spanish. We currently have six (6) bilingual staff trained in the model. These sessions will be offered in FY 2020/21 and beyond.

Figure 15 shows the data for the Strengthening Families groups offered in FY 2018/19. In FY 2018/19, there were 55 groups, with an attendance of 988 persons (duplicated count), for an average of 17.8 persons per group. In FY 2018/19, there were 55 groups, with an attendance of 988 (duplicated count), for an average of 17.8 persons per group.

Figure 15
PEI Strengthening Families Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

Littles	# Groups	8
	Attendance	50
	Avg. Attendance/Group	6.3
Tween Group	# Groups	8
	Attendance	72
	Avg. Attendance/Group	9.0
Teen Group	# Groups	8
	Attendance	60
	Avg. Attendance/Group	7.5
Family Group	# Groups	22
	Attendance	636
	Avg. Attendance/Group	28.9
Parents Group	# Groups	9
	Attendance	170
	Avg. Attendance/Group	18.9
Total Attendance (All Groups)	# Groups	55
	Attendance	988
	Avg. Attendance/Group	17.8

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

Figure 16 shows the number and percent of Strengthening Families attendees, by age for FY 2018/19. There were 134 unique individuals served. There were 49 Children (36.6%) and 41 Adults (30.6%). There were 44 persons who were reported as Other/ Unknown (32.8%).

Note: The Age categories of TAY and Older Adults 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 16
PEI Strengthening Families Group Services
Number and Percent of Clients, by Age*
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Children/Youth (0-15)	49	36.6%
Adults (26-59)	41	30.6%
Prefer not to answer	-	0.0%
Other/ Unknown	44	32.8%
Total	134	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 Gender at Birth for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 42 males (31.3%) and 60 females (44.8%). There were 32 persons with unknown gender at birth (23.9%).

Figure 17
PEI Strengthening Families Group Services
Number and Percent of Clients, by Gender at Birth*
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Male	42	31.3%
Female	60	44.8%
Prefer not to answer	-	0.0%
N/A	-	0.0%
Unknown	32	23.9%
Total	134	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 Current Gender Identity for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 42 males (31.3%) and 60 females (44.8%). There were 32 persons reported in some Other /Unknown Current Gender Identity (23.9%).

Note: The Current Gender Identity categories of Transgender (Male to Female), Transgender (Female to Male), Transgender (undefined), Genderqueer, Questioning or unsure and Another gender identity 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 18
PEI Strengthening Families Group Services
Number and Percent of Clients, by Current Gender Identity*
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Male	42	31.3%
Female	60	44.8%
Prefer not to answer	-	-
Other/ Unknown	32	23.9%
Total	134	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, by Race/ Ethnicity for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 59 persons who were White/Caucasian (44.0%); 36 Hispanic/Latino (26.9%); and 37 who reported Other/ Unknown Race/Ethnicity (27.6%). There were 2 who preferred not to answer (1.5%).

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 19
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Race/Ethnicity
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
White/ Caucasian	59	44.0%
Hispanic/ Latino	36	26.9%
Prefer not to answer	2	1.5%
Other/ Unknown	37	27.6%
Total	134	100.0%

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

Figure 20 shows the number and percent of Strengthening Families attendees, by Language for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 97 (72.4%) persons who reported English as their primary language. There were 37 with Other/ Unknown language (27.6%).

Note: The Language categories of Spanish and Hmong/Lao 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 20
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Language
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
English	97	72.4%
Prefer not to answer	-	-
Other/ Unknown	37	27.6%
Total	134	100.0%

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

Figure 21 shows the number and percent of Strengthening Families attendees, by Sexual Orientation for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 66 individuals that reported their Sexual Orientation as Heterosexual/Straight (49.3%). There were 33 that selected N/A (24.6%) and one (1) Preferred not to answer (0.7%). There were 34 that selected Other/ Unknown Sexual Orientation (25.4%).

Note: The Sexual Orientation categories of Gay or Lesbian, Bisexual, Questioning or unsure, Queer, and Another sexual orientation 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 21
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Sexual Orientation
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Heterosexual/ Straight	66	49.3%
N/A	33	24.6%
Prefer not to answer	1	0.7%
Other/ Unknown	34	25.4%
Total	134	100.0%

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

Figure 22 shows the number and percent of Strengthening Families attendees, by Military Status for FY 2018/19. In FY 2018/19, there were 134 unique individuals served. There were 10 (7.5%) individuals with Military Involvement, 88 with No history of military involvement (65.7%), and 36 with Unknown Military (26.9%).

Note: The Military Status categories of Served, Veteran, Active Military, and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 22
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Military Status
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Military Involvement	10	7.5%
No Military	88	65.7%
Prefer not to answer	-	0.0%
Unknown	36	26.9%
Total	134	100.0%

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

Figure 23 shows the number and percent of Strengthening Families attendees, by Onset of Mental Health Symptoms for FY 2018/19. There were 134 unique individuals served. There were 14 individuals (10.5%) that reported that their symptoms were present less than 5 years and 16 individuals (11.9%) that reported that their symptoms were present 5 years or longer. There were 59 individuals that reported N/A (44%), 5 who preferred not to answer (3.7%), and 40 (29.9%) with Unknown Onset of Symptoms.

Figure 23
PEI Strengthening Families Group Services
Number and Percent of Clients, by Onset of Symptoms*
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Less than 5 Years	14	10.5%
5 + years	16	11.9%
N/A	59	44.0%
Prefer not to answer	5	3.7%
Unknown	40	29.9%
Total	134	100.0%

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

Figure 24 shows the number and percent of Strengthening Families attendees who were discharged from the program, by Reason for Discharge for FY 2018/19. In FY 2018/19, there were 44 unique individuals discharged. There were 21 that met their goals (47.7%), 22 that left the program/ did not complete the program (50%), and one (1) with the reason not available (2.3%).

Figure 24
PEI Strengthening Families Discharges
Number and Percent of Clients Discharged, by Discharge Reason
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Goals Met	21	47.7%
Goals Partially Met	-	-
Client Left Program/ Did Not Complete Program	22	50.0%
No Further Services Needed	-	-
Referred to another Program	-	-
Client Moved	-	-
Administrative Discharge	-	-
Deceased	-	-
Other	-	-
Reason Not Available	1	2.3%
Total	44	100.0%

Figure 25 shows the percent of Strengthening Families participants who completed the Perception of Care survey. There were 13 people who completed the survey. There is variability in the number and percent of people who answered each question on the survey. For example, there were 12 people that answered the question: “I am getting along better with my family”. Of these 12 people, 83.3% agreed with the statement. Only 10 people answered the question: “I have learned to use coping mechanisms other than alcohol and/or other drugs”. Of these 10 people, 80% agreed with the statement. All 13 respondents answered the question: “Staff welcome me and treat me with respect.” Of the 13 respondents, 92.3% agreed with the statement.

Figure 25
PEI Strengthening Families Perception of Care
Percent of Participants, by Satisfaction
FY 2018/19

	Agree	Neutral	Disagree	Total %	N
I am getting along better with my family.	83.3%	16.7%	-	100.0%	12
I do better in school and/or work.	58.3%	41.7%	-	100.0%	12
My housing situation has improved.	66.7%	25.0%	8.3%	100.0%	12
I am better able to do things that I want to do.	46.2%	46.2%	7.7%	100.0%	13
I am better able to deal with crisis.	61.5%	38.5%	-	100.0%	13
I do better in social situations.	61.5%	30.8%	7.7%	100.0%	13
I have people with whom I can do positive things.	76.9%	23.1%	-	100.0%	13
I do things that are more meaningful to me.	61.5%	38.5%	-	100.0%	13
I have learned to use coping mechanisms other than alcohol and/or other drugs.	80.0%	20.0%	-	100.0%	10
In a crisis, I would have the support I need from family or friends.	54.5%	27.3%	18.2%	100.0%	11
Staff welcome me and treat me with respect.	92.3%	7.7%	-	100.0%	13
Staff are sensitive to my cultural background.	75.0%	16.7%	8.3%	100.0%	12

Figure 26 shows the percent of Strengthening Families participants who completed the Parent Survey at the beginning and end of the Strengthening Families program. Results compared the “Before Score” with the “After Score”. There were five (5) people who completed both the Before and After Parent Survey. Of these five (5) people, four (4) reported an improvement after participating in the program (80%).

Figure 26
PEI Strengthening Families Parent Survey
Total Score Improvement Before versus After (N = 5)
FY 2018/19

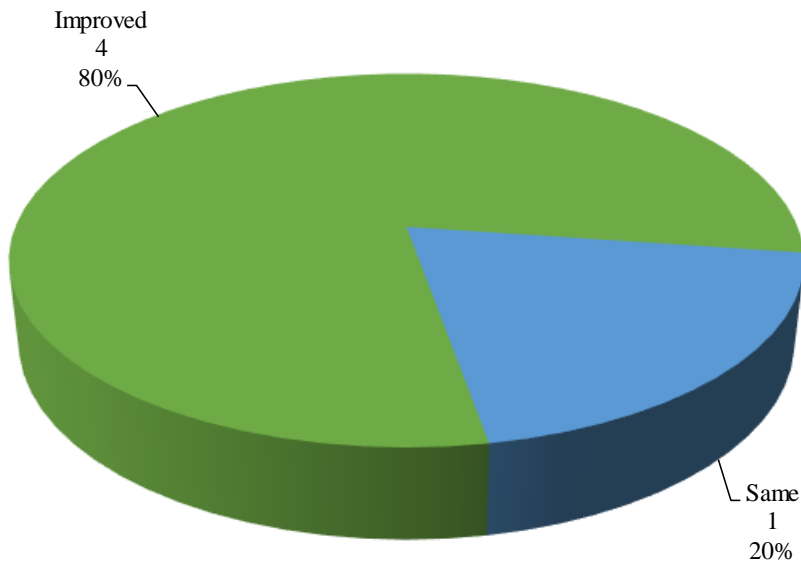


Figure 27 shows the Strengthening Families participants who completed the Parent Survey. Of the five (5) parents, one (1) parent (20%) reported that they attended 1-2 lessons. Two (2) parents (40%), reported attending 9-10 lessons, and two (2) reported attending 11 or more lessons (40%). Three (3) of the parents reported that they watched 1-2 video lessons online or on a DVD (75%). One (1) parent reported that they watched 3-4 video lessons (25%). Only four (4) parents reported watching the video lessons.

Figure 27
PEI Strengthening Families Parent Survey
FY 2018/19

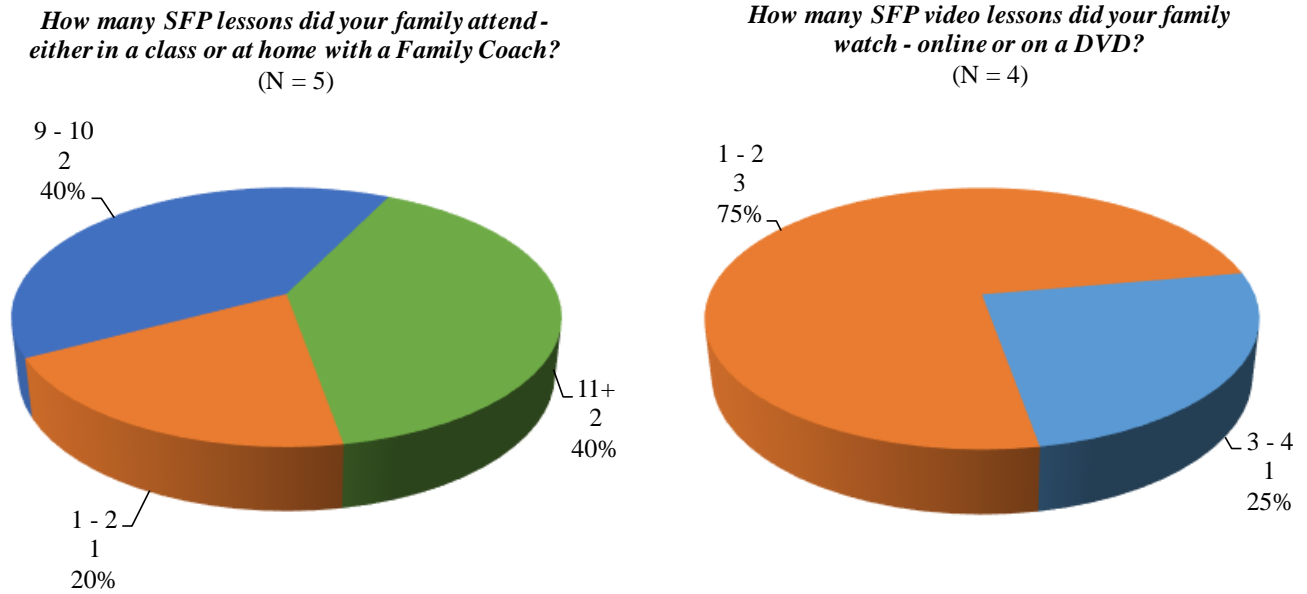


Figure 28 shows the Strengthening Families participants who completed the Parent Survey and answered the question: How much have the Strengthening Families Program (SFP) lessons helped your family? One (1) reported ‘Quite a bit’; three (3) reported “Some Influence”; and one (1) reported “A Great Deal”. Of the five parents, three (3) reported that they would recommend the course and two (2) reported ‘Maybe’ they would recommend the course to other families.

Figure 28
PEI Strengthening Families Parent Survey
FY 2018/19

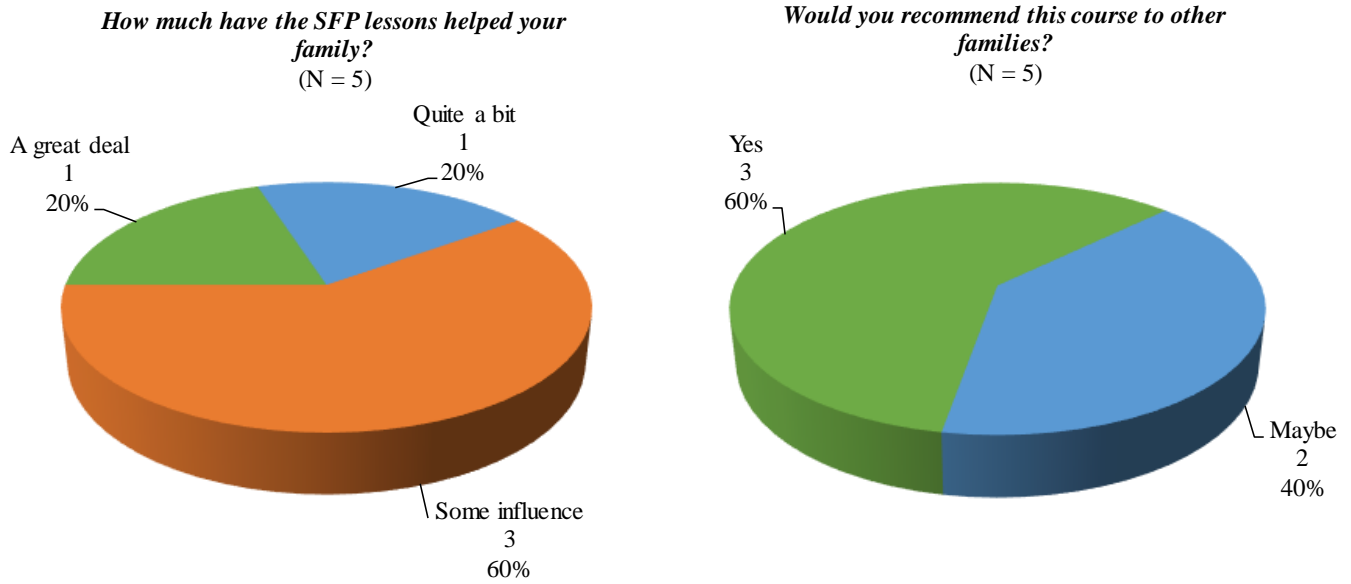


Figure 29 shows the Strengthening Families participants who completed the Parent Survey and answered questions about the Family Coach. Sixty percent (60%) reported that their Family Coach had them practice the skills during the lesson; all five (5) reported that their Family Coach complimented and children and parents when they did well; 60% reported that their Family Coach checked the Home Practice Tracking sheets; and all reported that their Family Coaches were warm and friendly.

Figure 29
PEI Strengthening Families Parent Survey
FY 2018/19

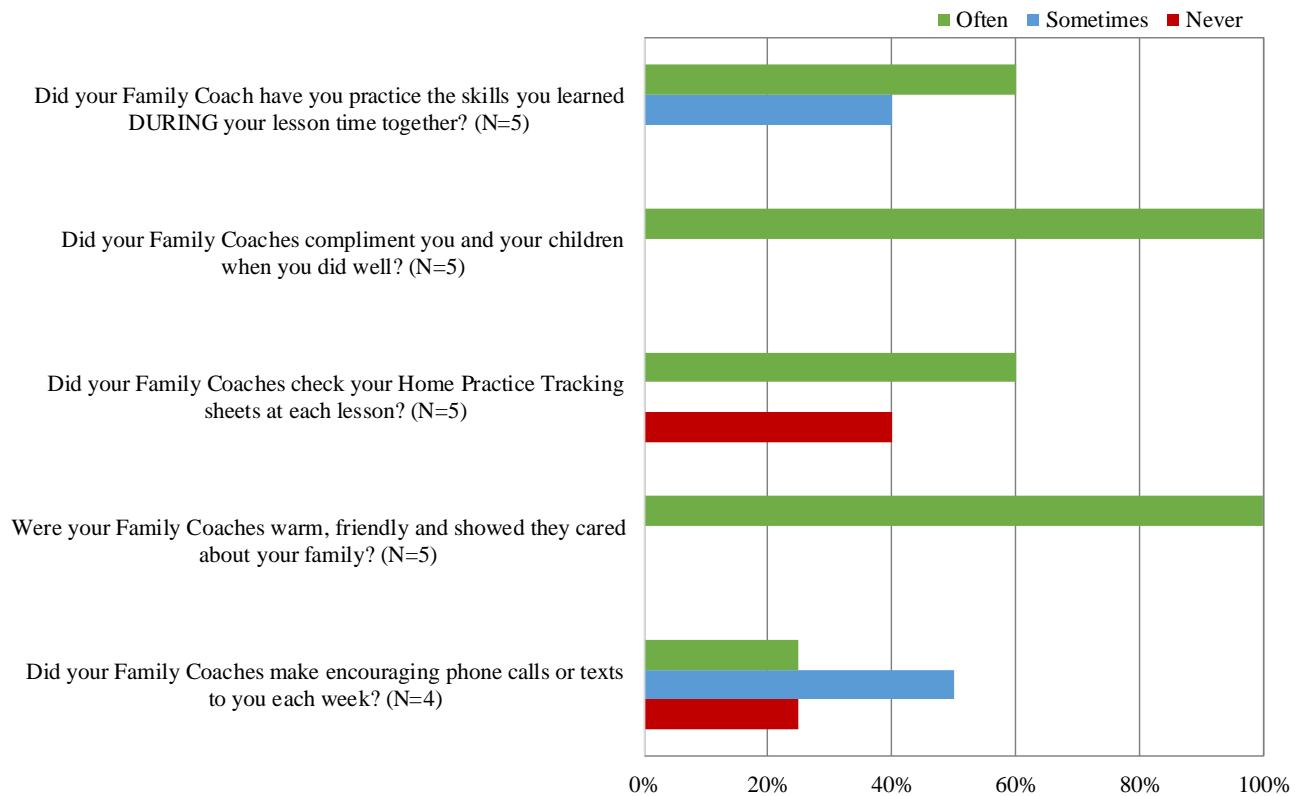
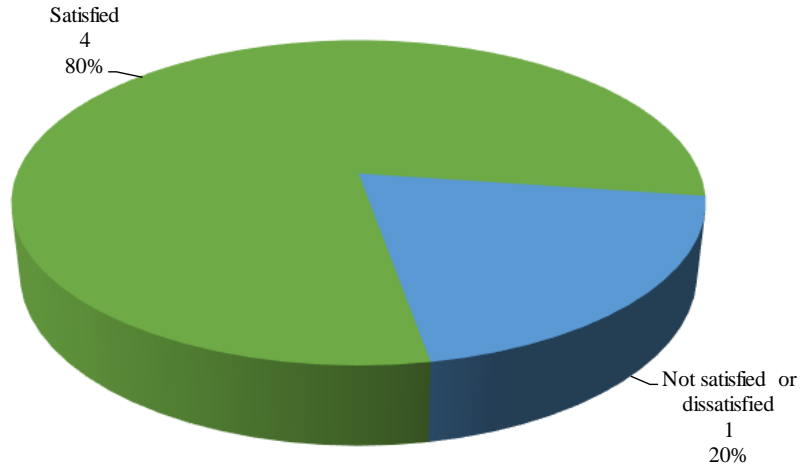


Figure 30 shows that 80% of the Strengthening Families participants who completed the Parent Survey and reported overall satisfaction with their Family Coach.

Figure 30
PEI Strengthening Families Parent Survey
Overall, how would you rate your satisfaction with your Family Coaches? (N = 5)
FY 2018/19



B. Early Intervention Programs

2. Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is an evidence-based practice which utilizes a specially equipped treatment room to train parents in parenting and behavioral management skills. PCIT provides families with very direct and individualized parenting skills that are developed through a process in which parents receive instruction through an earpiece that is linked to a therapist/intern. The therapist/intern, from behind a one-way mirror, observes interactions between the parent and child. The therapist/intern provides feedback to the parent to help develop and strengthen the parent-child relationship, offer parent techniques, and gives behavioral interventions for how to respond to difficult parent/child situations. Each training session lasts about 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, we have five (5) clinicians and four (4) case managers providing services to the community. We have developed a formalized case manager training protocol. All the case managers have attended PC-CARE 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 last year we have incorporated (2) PCIT children's groups; (1) to address mild-moderate behaviors and (1) to address higher intensive behaviors. This is used to help transition families out of the PCIT clinic, post-graduation from PCIT, and generalize their PCIT skills to interactions with their peers and with others in the community.

The Glenn County Mental Health Youth and Family Unit has moved into a new CSOC building that houses Child Welfare, Eligibility, and SUDS day treatment program called Discovery House for women and their children. A new program goal for PCIT is to offer PCIT treatment to the women and children who attend Discovery House. Because of the close proximity, the services can be delivered in the clinic and through group services during their treatment.

Figure 31 shows the number and percent of families served by the PCIT program by age for FY 2018/19. There were 32 children served in the PCIT program. There were 25 children ages 4-7 (78.1%), and seven (7) children in Other ages (21.9%).

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

Figure 31
PEI Early Intervention PCIT
Number and Percent of Clients, by Age
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
4 - 7 years	25	78.1%
Other	7	21.9%
Total PCIT Clients	32	100.0%

Note: Data is not shown for Gender at Birth or Current Gender to ensure confidentiality of our clients because the number of persons in one or more categories is fewer than 10.

Figure 32 shows the number and percent of families served by the PCIT program by for FY 2018/19, by Race/Ethnicity. There were 32 children served in the program. There were 10 children who were White/Caucasian (31.3%), 17 who were Hispanic (53.1%), and four (4) were Other/ Unknown (12.5%).

Figure 32
PEI Early Intervention PCIT
Number and Percent of Clients, by Race/Ethnicity
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
White/ Caucasian	10	31.3%
Hispanic	17	53.1%
Other/ Unknown	4	12.5%
Total PCIT Clients	32	100.0%

Of the 32 children served in the PCIT program in FY 2018/19, 26 children had a primary language of English (81.3%) and six (6) had a primary language Other than English (see Figure 33).

Figure 33
PEI Early Intervention PCIT
Number and Percent of Clients, by Language
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
English	26	81.3%
Other	6	18.8%
Total PCIT Clients	32	100.0%

Figure 34 shows the number and percent of families served by the PCIT program by military status for FY 2018/19. There were 32 children served in the PCIT program. There was one (1) family with Military Involvement (3.1%); 12 with No military involvement (37.5%), and 19 Unknown (59.4%).

Note: The Military Status categories of Served, Veteran, Active Military, and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 34
PEI Early Intervention PCIT
Number and Percent of Clients, by Military Status
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Military Involvement	1	3.1%
No Military	12	37.5%
Unknown	19	59.4%
Total PCIT Clients	32	100.0%

Figure 35 shows the number and percent of families served by the PCIT for FY 2018/19, by disability. Of the 32 children served in the program, three (3) children had a Disability. A child may have no disability, or one or more disabilities.

Note: The Disability categories of Difficulty seeing, Difficulty hearing or speaking, Other communication disability, Cognitive, Developmental, Physical/ mobility, Chronic health condition and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 35
PEI Early Intervention PCIT
Number and Percent of Clients, by Disability
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Disability	3	9.4%
No disability	5	15.6%
Prefer not to answer	1	3.1%
Unknown	23	71.9%
Total PCIT Clients	32	100.0%

Figure 36 shows the number and percent of families served by the PCIT program, by onset of mental health symptoms for FY 2018/19. There were six (6) individuals (18.8%) that reported that their symptoms were present 1-4 years, and three (3) individuals (9.4%) that reported that their symptoms were present 5 years or longer. There were 23 individuals (71.9%) with Unknown Onset of Symptoms.

Figure 36
PEI Early Intervention PCIT
Number and Percent of Clients, by Onset of Symptoms
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Less than 6 months ago	-	-
6 - 12 months ago	-	-
1 - 4 years ago	6	18.8%
Over 5 years ago	3	9.4%
Unknown	23	71.9%
Total PCIT Clients	32	100.0%

Figure 37 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 2018/19. In FY 2018/19, there were eight (8) parents that had both pre and post test scores. Seven (7) parents (87.5%) had an improved/best score when comparing their score at the beginning of the program and at the end. One (1) family had a lower score after the program than before (12.5%).

Figure 37
PEI Early Intervention PCIT
Parent Stress Index: Total Score Pre/Post Outcome
FY 2018/19

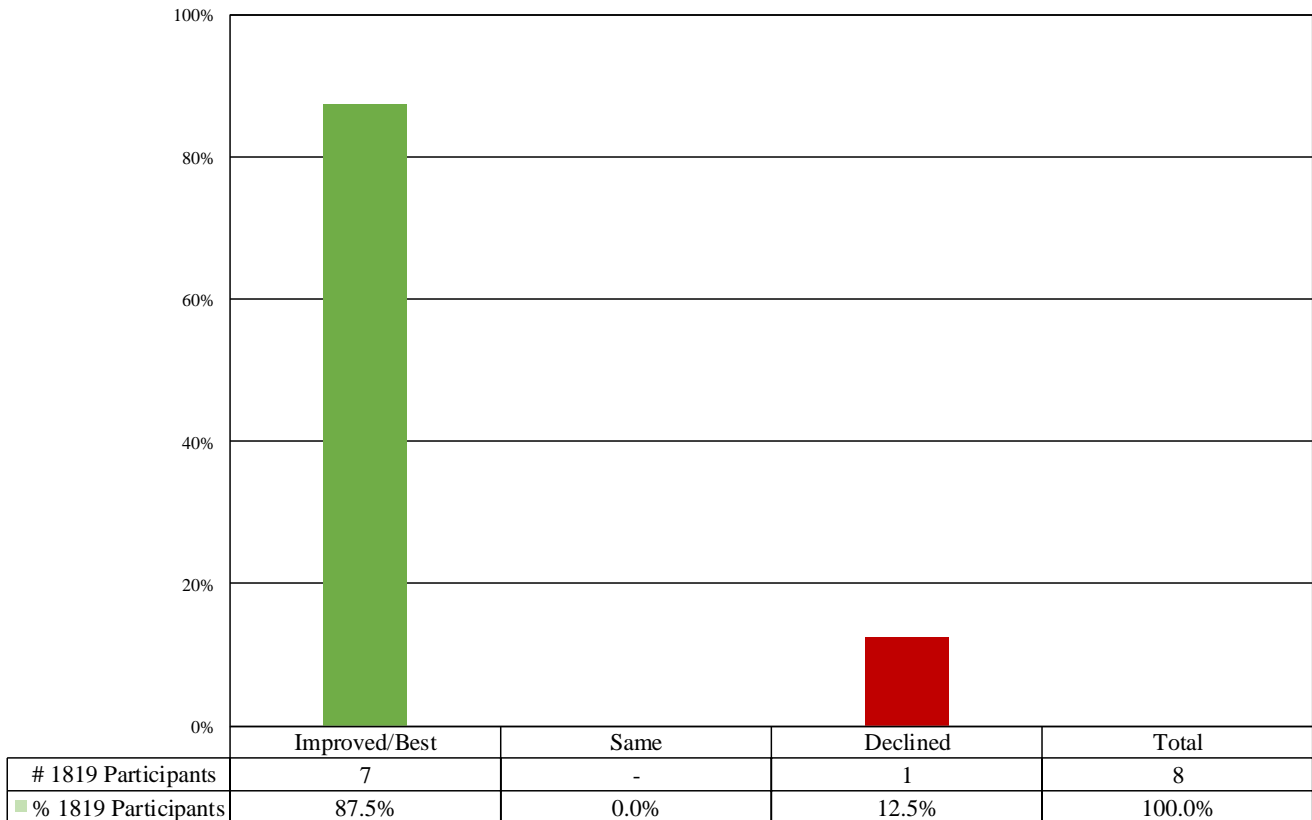
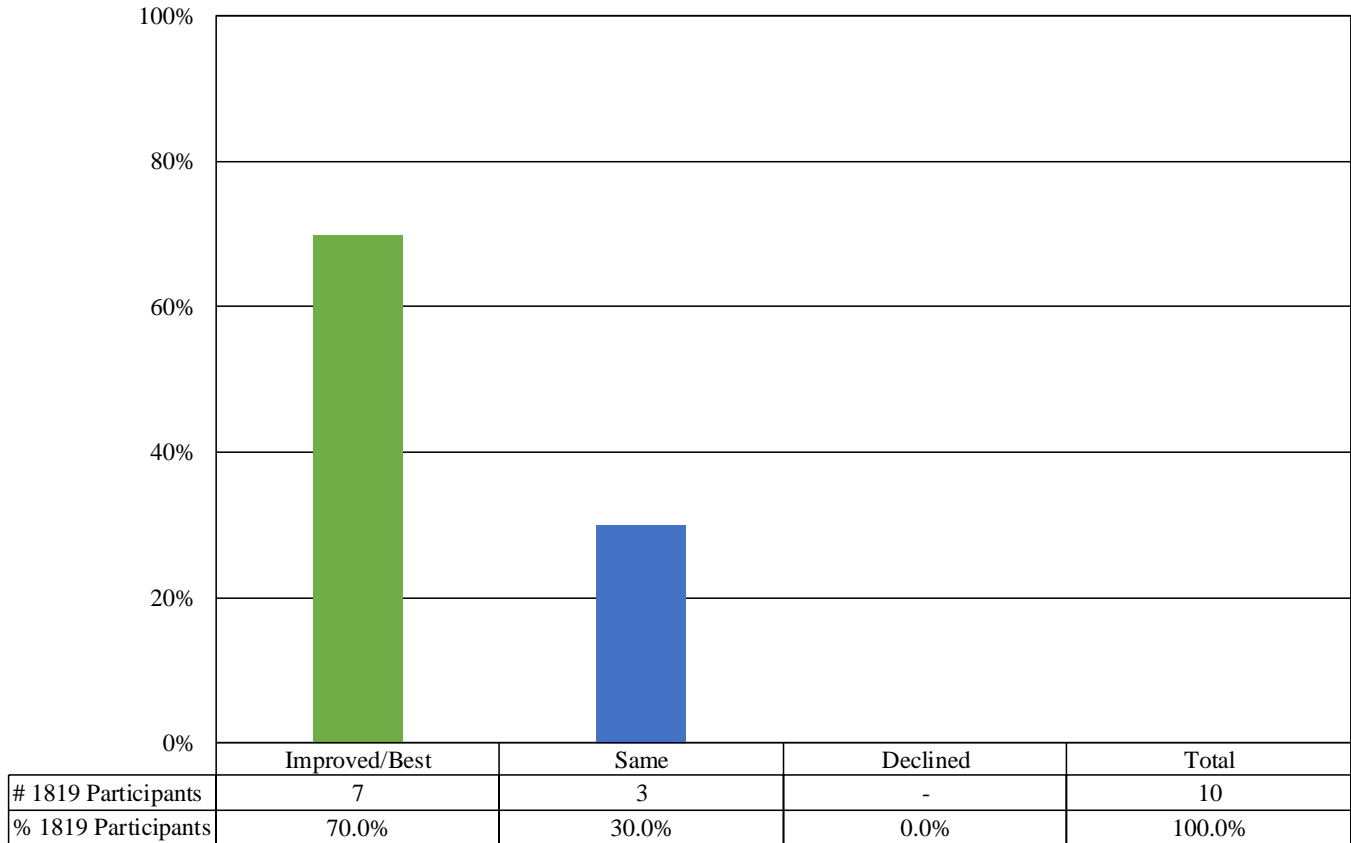


Figure 38 shows the number and percent of families served by the PCIT program who had both a pre and post score on the Eyberg Child Behavior Inventory in FY 2018/19. There were ten (10) children that had both pre and post test scores. Seven (7) of the children (70%) showed improved/best scores pre and post and three (3) stayed the same (30%).

Figure 38
PEI Early Intervention PCIT
Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome
FY 2018/19



C. Outreach Programs

3. Outreach Activities

Outreach activities are offered to the adult and older adult population throughout the county. Outreach to adults and older adults occurs at our adult wellness center; through community events, such as health fairs; at assisted living facilities, churches, and other venues; and include educational materials and informational meetings.

Both of our 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.

At the middle school level, the TAY Center runs a "tabling" program which consists of physically presenting at fixed locations and scheduled times on middle school campuses. This is intended to 1) build healthy relationships between mental health employed peers, 2) to educate students about mental health, related symptoms, associated stigma, signs of suicide, and resources both local and national that are available. This is also done to 3) link youth to TAY Center or mental health services should a referral or crisis service be needed (along with associated guardian consent procedures). At the high school level, this service is provided through presentations and guided discussions in the classroom setting.

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

Figure 39 shows the PEI community outreach activities offered in FY 2018/19. There were four (4) different events with an estimated 222 persons contacted through these outreach activities. These activities included outreaching to the farm laborers celebration in Hamilton City, a multi-cultural event in Orland, and Open Mic Night in Orland.

Figure 39
PEI Community Outreach Activities
FY 2018/19

	Number of Outreach Activities/ Events	Number of Outreach Contacts
Dia del Campesino/National Farm Laborers Day (Hamilton City)	1	100
Multi-Cultural Event	2	98
Open Mic Night	1	24
Total Community Outreach (All Activities)	4	222

Figure 40 shows the variety of TAY Peer Mentor school outreach activities offered in FY 2018/19. There were 24 different events with an estimated 1,173 persons contacted through these outreach activities.

Figure 40
PEI TAY Center Outreach Activities
TAY Peer Mentor School Outreach
FY 2018/19

	Number of Outreach Activities/ Events	Number of Outreach Contacts
Back to school night	2	40
School Outreach/Tabling	17	669
County Fair Tabling	1	14
Wellness Centers Open Houses	1	15
Orland High School Open House	1	52
Mental Health Classroom Presentation (collaboration with CK Price School Psychiatrist and health class)	1	50
"It's Kind of a Funny Story," film screening and student Mental Health stigma presentation	1	333
Total TAY Outreach (All Activities)	24	1,173

Figure 41 shows the variety of PEI Harmony House Coach’s Outreach activities offered in FY 2018/19. There were four (4) different events with an estimated 162 persons contacted through these outreach activities.

Figure 41
PEI Harmony House Outreach Activities
Harmony House Coach’s Outreach
FY 2018/19

	Number of Outreach Activities/ Events	Number of Outreach Contacts
Harmony House Introduction	1	9
National Breastfeeding Week/ Resource Fair	1	99
Summer Kick Off TAY Activity	1	40
Open House	1	14
Total Harmony House Outreach (All Activities)	4	162

D. Suicide Prevention Programs

4. Suicide Prevention Services

Over the past year, one of Glenn County’s local high schools experienced three (3) suicides within a few months. Due to their experience, the TAY Center with support the MHSA coordinator initiated a Suicide Roundtable in the month of October 2019 to bring the schools together and encourage secondary trauma support. This meeting initiated a county-wide suicide prevention work group. The Suicide Prevention Work Group (SPWG) is a community-level, multi-system involved workgroup that was formed to be a working body of community members who both discuss and work together to prevent suicide in our county. This group also aims to educate participants about mental health and suicide as well as reduce the stigma around mental health, in a safe and informed way. This is conducted with different system focuses including but not limited to: K-12 school settings, law enforcement settings, primary care, behavioral health, Spanish speakers, adult community, data sharing etc. This group meets on a consistent monthly basis in order to continue collaboration and support the mission of “Zero Stigma, Zero Suicide.”

Through the SPWG, in partnership with the cultural competency committee, the SPWG has helped to increase focus on the Spanish-speaking culture through educational workshops that focus on parents and adults concerned about youth of the Mexican culture.

A wide range of wellness and healthy living support services are available at the TAY Center to support individuals to promote wellness and recovery. The staff at the TAY Center 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.

Currently, the work group is getting ready to implement the “Bathroom Stall Campaign.” This campaign will facilitate having resources in every bathroom stall in the Jr. High and High Schools all over the county. The idea is that the stall will create a private place to access the resources and information regarding suicide prevention and support. The other project had a rollout date in May 2020. Due to the circumstances resulting from the recent COVID-19 crisis, the project has been put on hold. GCBH will be partnering with the county Medical Director to provide outreach, training and resources to all the local medical facilities in Glenn County. The implementation of this project over will occur the summer when doctors and other medical staff are not as impacted.

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.

A number of suicide prevention trainings were also offered throughout the year at the local high schools and with other community agencies (e.g., law enforcement, Child Welfare Services, Adult Protective Services, etc.). The evidence-based curriculum called SafeTALK was utilized for these trainings. These trainings include information on identifying risk factors for suicide; utilizing protective factors; and recognizing and responding to the warning signs of suicide. Collaboration between agencies increases support and awareness within the community.

Figure 42 shows the attendance data for the PEI Suicide Prevention SafeTALK trainings offered in FY 2018/19. In FY 2018/19, there were two (2) groups, with an attendance of 35. This shows there were 17 persons at one training and 18 persons at the second training.

Figure 42
PEI Suicide Prevention SafeTALK Trainings
Number of Attendance per Training
FY 2018/19

Training	Number of Attendees
SafeTALK 4/26/2019	17
SafeTALK 5/23/2019	18
Total Attendance (All Trainings)	35

Figure 43 shows the FY 2018/19 data for the SafeTALK trainings, by age. Of the 35 attendees, 28 were Adults ages 26-59 (80%) and seven (7) were Other ages.

Note: The Age categories of Children/Youth (0 – 15), TAY (16 – 25) and Older Adults (60+) 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 43
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Age
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Adults (26-59)	28	80.0%
Other	7	20.0%
Prefer not to answer	-	-
Unknown	-	-
Total	35	100.0%

Note: Data is not shown for Gender at Birth or Current Gender to ensure confidentiality of our clients because the number of persons in one or more categories is fewer than 10.

Of the 35 attendees, 29 spoke English (82.9%) and 6 spoke Other/ Unknown languages (8.6%).

Note: The Language categories other than English 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 44
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Language
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
English	29	82.9%
Prefer not to answer	-	-
Other/ Unknown	6	17.1%
Total	35	100.0%

Figure 45 shows the FY 2018/19 data for the SafeTALK trainings, by Race/Ethnicity. Of the 35 attendees, 18 were Caucasian (51.4%) and 13 were Hispanic (37.1%). There were four (4) people who were Other/ Unknown (11.4%).

Figure 45
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Race/Ethnicity
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
White/ Caucasian	18	51.4%
Hispanic	13	37.1%
Other/ Unknown	4	11.4%
Total	35	100.0%

Of the 35 attendees who participated in the FY 2018/19 trainings, 34 responded that they are Heterosexual/Straight (97.1%) and one (1) was Unknown (2.9%) (see Figure 46).

Figure 46
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Sexual Orientation
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Heterosexual/ Straight	34	97.1%
Another sexual orientation	-	-
Prefer not to answer	-	-
Unknown	1	2.9%
Total	35	100.0%

Figure 47 shows the in FY 2018/19 data for the SafeTALK trainings, by military status. Of the 35 attendees, three (3) reported Military Involvement (8.6%), 31 responded that they have No Military involvement (88.6%), and one (1) was Unknown (2.9%).

Note: The Military Status categories of Served, Veteran, Active Military and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 47
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Military Status
FY 2018/19

	FY 2018/19 # Clients	FY 2018/19 % Clients
Military Involvement	3	8.6%
No Military	31	88.6%
Prefer not to answer	-	-
Unknown	1	2.9%
Total	35	100.0%

Figure 48 shows the attendance data for the SafeTALK trainings offered in FY 2018/19. The 35 attendees were asked to describe their role in the community. Six (6) were a mental health professional (17.1%), six (6) were a Case Manager (17.1%), three (3) were consumers/ community member (8.6%), and five (5) were Unknown (14.3%).

Figure 48
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Role in the Community
FY 2018/19

(Note: clients may choose multiple responses.)

	FY 2018/19 # Clients	FY 2018/19 % Clients
Mental Health Professional	6	17.1%
Substance Use Services Provider	2	5.7%
Health Care Provider	-	-
Case Manager	6	17.1%
Nurse	1	2.9%
Educator	2	5.7%
Law Enforcement	-	-
CWS Social Worker	-	-
Consumer/ Community Member	3	8.6%
Parent	2	5.7%
Other	15	42.9%
Prefer not to answer	-	-
Unknown	5	14.3%
Total	35	100.0%

Figure 49 shows the data SafeTALK trainings offered in FY 2018/19. The 35 attendees were asked to describe where they would primarily use the information (each person could check more than one location). Ten (10) individuals reported At Home (28.6%), six (6) reported At School (17.1%), 18 reported At Behavioral Health (51.4%), and five (5) were Unknown (14.3%).

Figure 49
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Where will you primarily use this information?
FY 2018/19

(Note: clients may choose multiple responses.)

	FY 2018/19 # Clients	FY 2018/19 % Clients
Home	10	28.6%
School	6	17.1%
Behavioral Health	18	51.4%
Primary Health Care	1	2.9%
Child Welfare	1	2.9%
Cultural Organization	2	5.7%
Faith-Based Organization	2	5.7%
Senior Center	1	2.9%
Shelter	3	8.6%
Support Group	4	11.4%
Law Enforcement	-	-
Family Resource Center	-	-
Other	6	17.1%
Prefer not to answer	-	-
Unknown	5	14.3%
Total	35	100.0%

Figure 50 shows the survey data for the FY 2018/19 SafeTALK trainings. The 35 attendees were asked to complete the SafeTALK Survey and respond to each item before and after the training. There were 35 people who completed the pre-survey, and 34 who completed the post survey. The survey results show an increase in the skills in responding to a suicide at the end of the training. There were 71.4% of respondents that reported that they felt prepared to help a person at risk of suicide be connected to support. After the training, 100% reported they felt prepared. Similarly, there were 51.4% of respondents that reported that they felt confident that they could help a person at risk of suicide. All attendees (100%) reported they felt confident in helping a person.

Figure 50
PEI Suicide Prevention SafeTALK Trainings
SafeTALK Survey Results
Percent Agreement Before versus After Training
FY 2018/19

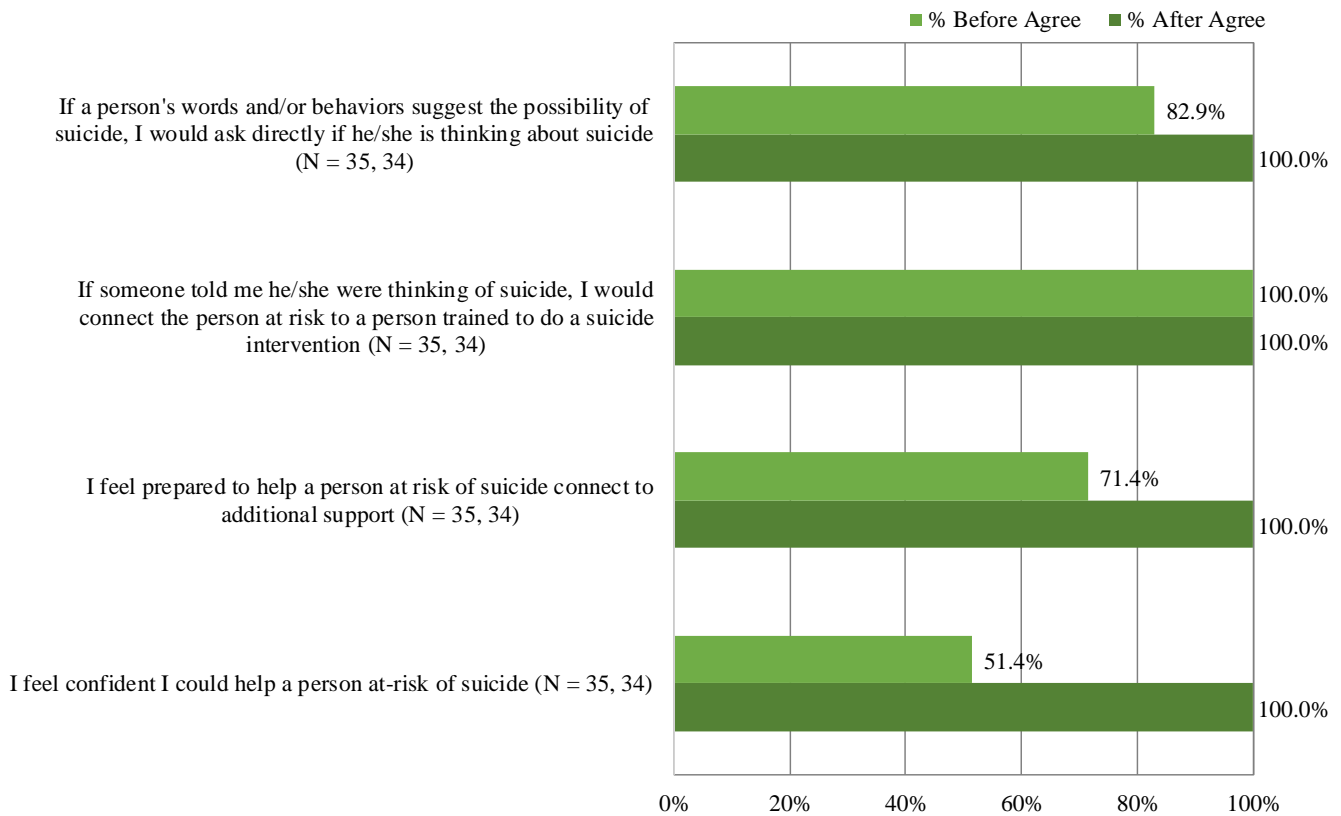


Figure 51 shows the variety of TAY PEI Suicide Prevention Group outreach services offered in FY 2018/19. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 247 different groups held, with 19 distinct groups, and then a miscellaneous category for the other one-time groups. These groups provided an excellent forum for engaging youth in positive, suicide prevention activities.

Figure 51
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

Acting/ Improv Group	# Groups	15
	Attendance	65
	Avg. Attendance/Group	4.3
Arts and Crafts Group	# Groups	12
	Attendance	62
	Avg. Attendance/Group	5.2
Carlos' Corner	# Groups	7
	Attendance	25
	Avg. Attendance/Group	3.6
Community Service	# Groups	4
	Attendance	8
	Avg. Attendance/Group	2.0
Cultural Competency	# Groups	4
	Attendance	15
	Avg. Attendance/Group	3.8
Drop-In Day	# Groups	44
	Attendance	209
	Avg. Attendance/Group	4.8
Exploratory Group	# Groups	6
	Attendance	45
	Avg. Attendance/Group	7.5
Focus Group	# Groups	4
	Attendance	23
	Avg. Attendance/Group	5.8
Healthy Relationships	# Groups	7
	Attendance	28
	Avg. Attendance/Group	4.0
Hot Chocolate Chit Chat	# Groups	5
	Attendance	17
	Avg. Attendance/Group	3.4

Figure 51 (Continued)
TAY PEI Suicide Prevention Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

ILP Workshops	# Groups	2
	Attendance	22
	Avg. Attendance/Group	11.0
Life Group	# Groups	3
	Attendance	16
	Avg. Attendance/Group	5.3
Men's Group	# Groups	25
	Attendance	79
	Avg. Attendance/Group	3.2
Music Group	# Groups	9
	Attendance	39
	Avg. Attendance/Group	4.3
Process Group	# Groups	21
	Attendance	56
	Avg. Attendance/Group	2.7
Recreation Day	# Groups	16
	Attendance	102
	Avg. Attendance/Group	6.4
Women's Group	# Groups	11
	Attendance	39
	Avg. Attendance/Group	3.5
Yoga with Ellen	# Groups	3
	Attendance	11
	Avg. Attendance/Group	3.7
Young Men and Women's Group	# Groups	2
	Attendance	12
	Avg. Attendance/Group	6.0
Miscellaneous Social Support Groups	# Groups	47
	Attendance	274
	Avg. Attendance/Group	5.8
Total	# Groups	247

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

In FY 2018/19, TAY Peer Mentors were trained in the evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP). The trained TAY Peer Mentors have offered 13 different groups, with 60 individuals attending (see Figure 52). This calculates into an average of 4.6 youth attending each training. This training has allowed the TAY clients to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

Figure 52
TAY Center PEI Suicide Prevention WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2018/19

TAY Center WRAP	# Groups	13
	Attendance	60
	Avg. Attendance/Group	4.6

The Peer Mentors offer age-specific WRAP training groups with different groups focused on TAY. TAY Peer Mentors were trained in the evidence-based curriculum to support others to develop a personal WRAP. There is also a WRAP group offered for children ages 12-15. There are also wellness support groups available in Spanish to clients who are monolingual. Workshops that focus on health and wellness are provided throughout the year at the TAY Center. To ensure a recovery focus and to support consumer voice, four (4) paid part-time Youth Peer Mentors help deliver appropriate services and navigate the mental health system. Peer Mentors have lived experience with mental health services and the circumstances affecting clients at various stages of their lives. Through their personal experiences, they are knowledgeable of community resources and how to access them to help with these transitions.

The Peer Mentors are involved with FSP clients, their families (when appropriate), and community support systems, ensuring that FSP clients receive “Whatever It Takes” to attain their goals and achieve positive outcomes. This consumer-driven program is designed to promote health, recovery, and wellness for TAY. It also provides an opportunity for individuals to develop WRAPs and receive comprehensive mental health services. Several Peer Mentors are knowledgeable of this evidence-based curriculum and support others to develop a personal WRAP.

WRAP groups that take place at the TAY Center focus on youth who are ages 12-25, serving younger and older ends of this range at different times in order to maintain relevancy and safety of the WRAP curriculum. TAY WRAP groups also focus on special topics such as helping survivors of abuse or teens with depression. Another important component of WRAP is providing Peer Mentors with WRAP facilitation trainings and/or skills as well as encouraging them to complete their own WRAPs in order to provide a “best practice” learning model of both practicing and modeling wellness for youth clients.

In addition, TAY Peer Mentors and staff supervisor provide ongoing suicide prevention and bullying presentations to the local classrooms, along with presentations at the beginning of the school year on how teachers and school staff can assist youth to become engaged in suicide prevention and stigma reduction efforts around mental health. They have completed 12 TAY Up-stander Workshops in the Jr High and High Schools in the community this past year. In total, there are 40 students that have made a commitment to be leaders of change within their school to prevent bullying and suicide.

The TAY Peer Mentors also set up a table at lunch time with information on suicide prevention, bullying, and other mental health information throughout the school year. Youth are also encouraged to engage by applying the knowledge they have learned about mental health during engagement with the TAY Peer Mentors. Youth are provided information about local and national mental health and crisis resources, as well as LGBTQ+ and language-specific resources. Approximately 275 students were served during these events.

Figure 53 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 2018/19 through Harmony House groups. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 393 different groups held, with 21 distinct groups, and then a miscellaneous category for the other one-time groups. These groups provided an excellent forum for engaging individuals in positive activities.

Figure 53
Harmony House Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

Bouncing Back	# Groups	10
	Attendance	78
	Avg. Attendance/Group	7.8
Budgeting Group	# Groups	27
	Attendance	118
	Avg. Attendance/Group	4.4
Codependency Group	# Groups	7
	Attendance	31
	Avg. Attendance/Group	4.4
Consumer Voice	# Groups	6
	Attendance	59
	Avg. Attendance/Group	9.8
Cooking Group	# Groups	19
	Attendance	188
	Avg. Attendance/Group	9.9

Figure 53 (Continued)
Harmony House Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

Creative Writing	# Groups	12
	Attendance	53
	Avg. Attendance/Group	4.4
Crochet Group	# Groups	17
	Attendance	82
	Avg. Attendance/Group	4.8
Fun Day	# Groups	21
	Attendance	160
	Avg. Attendance/Group	7.6
Grief and Loss	# Groups	4
	Attendance	21
	Avg. Attendance/Group	5.3
Harmony Harvest	# Groups	3
	Attendance	22
	Avg. Attendance/Group	7.3
Healing of the Heart	# Groups	6
	Attendance	26
	Avg. Attendance/Group	4.3
Kitchen Creations	# Groups	24
	Attendance	249
	Avg. Attendance/Group	10.4
Meditation	# Groups	29
	Attendance	131
	Avg. Attendance/Group	4.5
Men's Group	# Groups	42
	Attendance	185
	Avg. Attendance/Group	4.4
Mixed Media Art	# Groups	12
	Attendance	43
	Avg. Attendance/Group	3.6
Parent Group	# Groups	3
	Attendance	11
	Avg. Attendance/Group	3.7
Pursuit of Happiness	# Groups	10
	Attendance	85
	Avg. Attendance/Group	8.5

Figure 53 (Continued)
Harmony House Group Services
*Number of Groups, Attendance, and Average Attendance per Group**
FY 2018/19

Sanamente Self Care	# Groups	12
	Attendance	19
	Avg. Attendance/Group	1.6
Speak Up	# Groups	38
	Attendance	221
	Avg. Attendance/Group	5.8
Stress Management	# Groups	22
	Attendance	84
	Avg. Attendance/Group	3.8
Women's Support Group	# Groups	49
	Attendance	245
	Avg. Attendance/Group	5.0
Miscellaneous Social Support Group	# Groups	20
	Attendance	152
	Avg. Attendance/Group	7.6
Total	# Groups	393

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

The Harmony House Adult Coaches also offer age-specific WRAP training groups with different groups focused on adults and older adults. Several adult coaches are knowledgeable of this evidence-based curriculum and support others to develop a personal WRAP. There are also wellness support groups available in Spanish to clients who are monolingual. Workshops that focus on health and wellness are provided throughout the year at Harmony House. To ensure a recovery focus and to support consumer voice, four (4) paid part-time Adult Coaches help deliver appropriate services and navigate the mental health system. Adult Coaches have lived experience with mental health services and the circumstances affecting clients at various stages of their lives. Through their personal experiences, they are knowledgeable of community resources and how to access them to help with these transitions.

The Harmony House Adult Coaches are involved with FSP clients, their families (when appropriate), and community support systems, ensuring that FSP clients receive “Whatever It Takes” to attain their goals and achieve positive outcomes. This consumer-driven program is designed to promote health, recovery, and wellness for adults and older adults. It also provides an opportunity for individuals to develop WRAPs and receive comprehensive mental health services.

The Harmony House Adult Coaches offered 22 different groups, with 77 individuals attending (see Figure 54). This calculates into an average of 3.5 individuals attending each group. This supports adult and older adult clients to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

Figure 54
PEI Suicide Prevention Harmony House WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2018/19

Harmony House WRAP	# Groups	22
	Attendance	77
	Avg. Attendance/Group	3.5

E. Stigma Reduction Programs

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 out 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 outcome from 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 on Each Mind Matters.

TAY participated in the Skate for CHANGE (Creating Hope and Wellness And New Growth Everywhere) Festival (previously called CHANGE Festival) in Orland, where 60 community youth and families came together to celebrate Change, an annual observance of Children’s Mental Health Awareness Week and Mental Health Awareness Month. This event is free and provides resources to the community. This event also aims to support community attendees to understand how to reduce mental health stigma in the community.

The TAY Center and Harmony House work in collaboration with Glenn County Cultural and Linguistic Competency Committee to organize this festival for youth and families to reduce stigma for youth and their families. Last year, the festival attracted over 100 people. The event includes resources for youth and families, as well as games and activities for children, music, face painting and a cake walk. During the event, each participant released a balloon with hopes to end stigma.

The “Skate for CHANGE” is an annual event that takes place each May during Children’s Mental Health Awareness Week. This event is held in order to provide a fun activity built to both engage and teach the community about the stigma around children’s mental health. This event also provides youth with a platform to tell their stories of mental health recovery as well as local and national mental health resources. The event also allows people to understand the skate

culture, debunk stigma around it, and understand the connection between skateboarding and positive mental health.

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 11th. Over 300 community members attended. This event included 15 resource tables with information and handouts, a law enforcement K9 unit, bounce house, speakers (family member and personal story of recovery), Free Raffle, and a cake walk. There were two local bands that performed at the event. All the band members were people with lived experience. One of the bands was a group from Butte County’s drop-in center, The Hubb, in Paradise, and the other band was the Symptomatics. The event closed with a candle lighting and Native American Drumming ceremony. The event challenged mental health stigma and helped educate the community regarding sign of depression and suicide.

Figure 55 shows the PEI Stigma Reduction Outreach Activities for FY 2018/19. There were five (5) different events with an estimated 410 persons who participated in these outreach activities and events.

Figure 55
PEI Stigma Reduction
Stigma Reduction Outreach Activities
FY 2018/19

	Number of Activities/ Events	Number of Contacts
Recovery Happens	2	201
Skate for CHANGE	1	40
SPEAKS	2	169
Total	5	410

Figure 56 shows the SPEAKS Survey, which was completed by participants who attended the SPEAKS events in FY 2018/19. There were 50 participants that completed the SPEAKS Survey. This survey demonstrates knowledge of how to access mental health resources (96%); comfort level of discussing mental health issues with others (90%); and comfort level with knowing that people know the participant had a family member with a mental illness (85.7%).

Figure 56
PEI Stigma Reduction
SPEAKS Survey
FY 2018/19

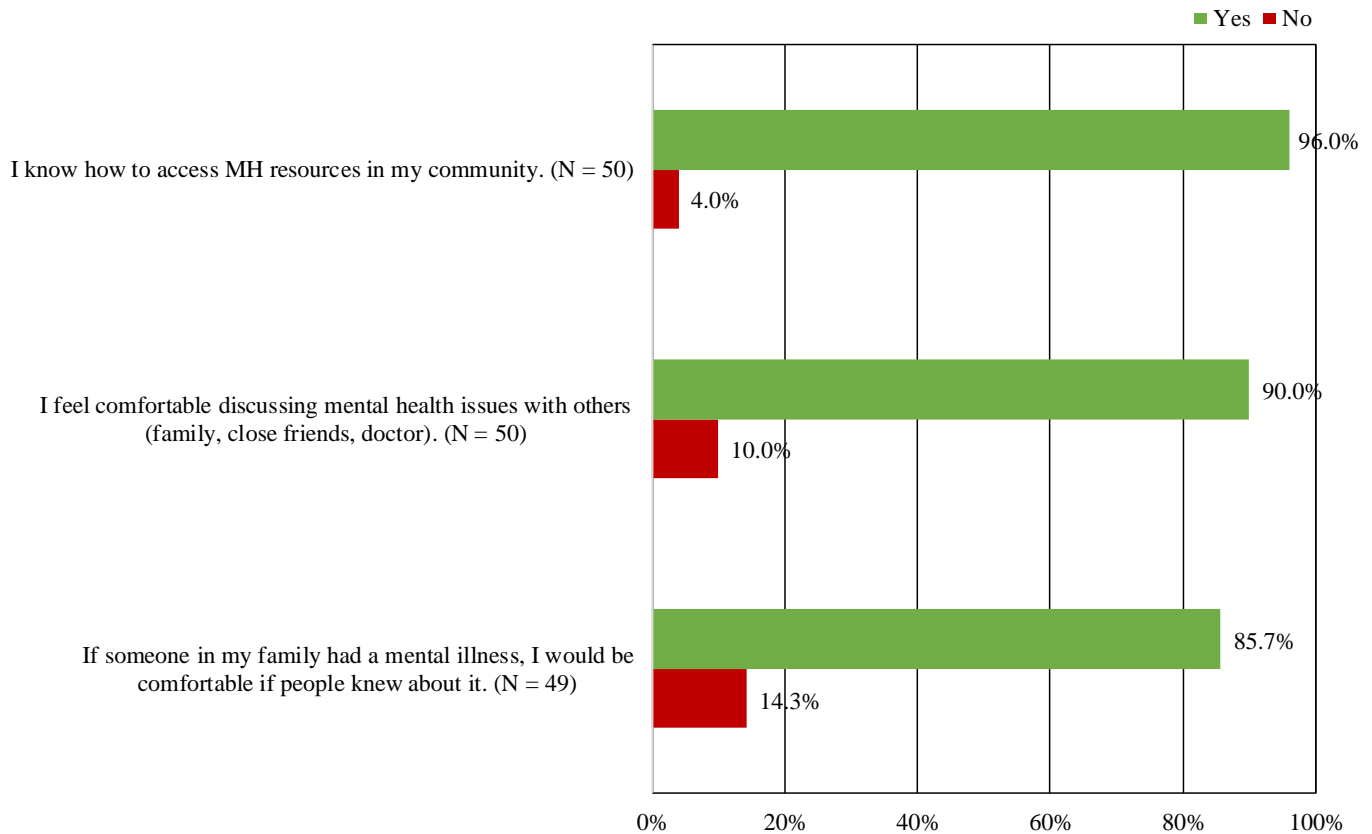
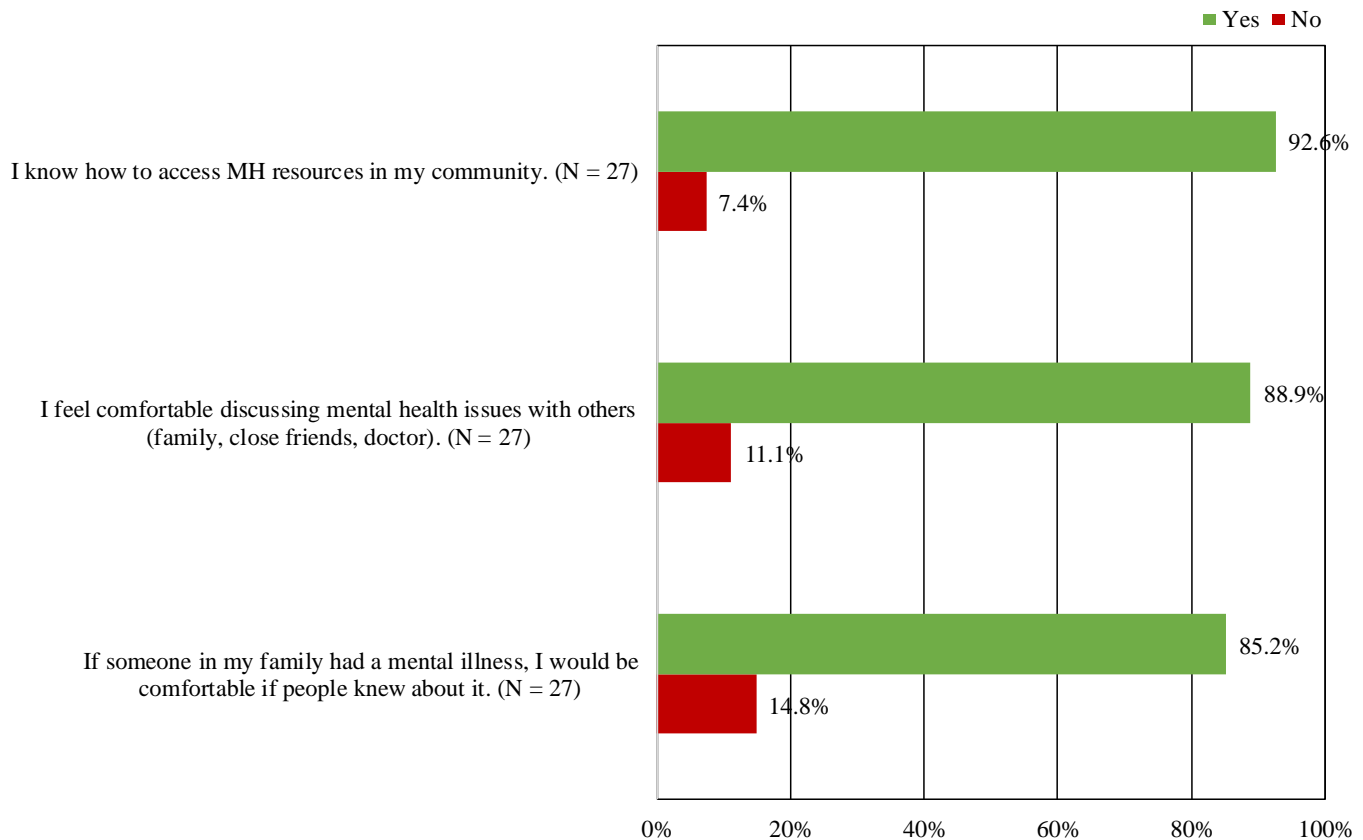


Figure 57 shows the Skate for CHANGE Festival Survey, which was completed by participants who attended the Skate for CHANGE event in FY 2018/19. There were 27 participants that completed the Skate for CHANGE Survey. This survey demonstrates knowledge of how to access mental health resources (92.6%); comfort level of discussing mental health issues with others (88.9%); and comfort level with knowing that people know the participant had a family member with a mental illness (85.2%). The results of this survey are very similar to the results from the SPEAKS survey.

Figure 57
PEI Stigma Reduction
Skate for CHANGE Festival Survey
FY 2018/19



Other Sigma Reduction activities in the past year included the Glenn County Board of Supervisors proclaiming support of the National Children’s Mental Health Awareness Day on May 1, 2018. Children’s Mental Health Awareness Day focuses attention on how GCBH can support children in communities to help them address their mental health issues. By proclaiming May 10 as “National Children’s Mental Health Day,” the county increases awareness of the importance of children’s mental health and shows that positive mental health is essential to a child’s healthy development. GCBH also plans to submit an application 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.

On May 7, 2019, the Glenn County Board of Supervisors made a proclamation to support May as Mental Health Awareness Day focusing attention on how to support the California statewide Mental Health Stigma reduction initiative. This year's theme was "Strength in Community." This past year, California saw more than its fair share of devastation – both natural and human made. Communities were left distraught in the wake of it all and wondered how they would "bounce back." The good news is that resilience is not a trait that people either have or do not have – each person can learn how to build resiliency.

F. Access and Linkage Programs

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 also provide outreach to transition age youth and provide extra support to youth over phone. By offering immediate interactions and supportive responses to callers, we provide the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms. We have also identified a number of people who need some extra support. We call them on a regular schedule to provide that support. In the next year, we are going to offer more training opportunities to consumer volunteers, which will allow them to participate in answering the Welcome Line.

Figure 58 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2018/19. There were 867 calls into the Welcoming Line and 853 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 58
PEI Access and Linkage
Calls into the Welcoming Line and Check-in Calls to Existing Clients
FY 2018/19

	# Calls into Welcoming Line	# Calls out for Outreach	Total Calls
Harmony House	797	70	867
TAY Center	-	853	853
Total	797	923	1,720

PEI Program Challenges and Mitigation Efforts

There is an ongoing need to hire bilingual, bicultural staff to meet the needs of the county. Glenn County has a growing number of residents who are Latino. The 2019-20 school enrollment shows that 55% of all students are Latino and 37% are Caucasian; the remaining students represent 8% of the student population with several different ethnicities. This data clearly shows the need to continue to expand our staffing capacity to hire more bilingual, bicultural clinicians, case managers, administrative staff, Peer Mentors, and Coaches.

Significant PEI Program Changes in Next Fiscal Year

As noted, changes include organizing training from the California Prevention Institute to train more partners from across the county from departments, such as Probation and Office of Education. Another planned program expansion is to offer full sessions of Strengthening Families in Spanish. In addition, PCIT will be offered to the women and children who attend Discovery House. No other significant changes are planned for PEI in the next fiscal year.

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 behavioral health clinicians, 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 with mental health problems; 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. When a person has been hospitalized, the CRCC team provides ongoing support services to the person 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 help them to reduce their mental health and substance use disorder symptoms and increase their utilization of community services and resources. System-wide outcomes of the provision of CRCC service include a reduced number of crisis calls, reduced hospitalizations, and fewer instances of entry/recidivism to 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, the Sheriff's Office, CWS, Probation, and 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.

Annual INN Evaluation Report

This INN project was approved in FY 2018/19. GCBH began implementing the project in October 2019. Staffing shortages and changes have slowed implementation of this project. As a result, GCBH has not yet served a significant number of clients, or collected a significant amount

of data for reporting. Issues around staffing have been resolved; however, the COVID-19 restrictions severely limited the ability to fully implement to program in Spring 2020. As those restrictions are lifted and FY 2020/21 progresses, this project will be fully implemented. Data will be reported and evaluated in the next MHSA Annual Update.

INN Program Challenges and Mitigation Efforts

As noted above, staffing shortages and changes have slowed implementation of this project. As a result, GCBH has not yet served a significant number of clients, or collected a significant amount of data for reporting. Issues around staffing have been resolved; however, the COVID-19 restrictions severely limited the ability to fully implement to program. As those restrictions are lifted and FY 2020/21 progresses, this project will be fully implemented.

Significant INN Program Changes in Next Fiscal Year

No significant changes are anticipated for the INN project in the next fiscal year.

WORKFORCE EDUCATION AND TRAINING

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

In FY 2020/21, GCBH will transfer funds from CSS to the WET component, to continue staff education and training programs. These funds will be used to support the activities implemented through the previous WET allocations, 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.

In addition, GCBH will continue to offer a stipend to MSW and/or MFT interns who are working at the mental health clinic, to help pay for mileage 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.

WET funding will also be used to provide secondary trauma training for staff, as well as allow staff to attend other training events as needed.

Additional transfers to WET may occur in future MHSA Annual Updates, as funding allows.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

In FY 2020/21, GCBH will transfer funds from CSS to the Capital Facilities (CF) component. These CF funds will be used to make improvements and upgrades to existing MSHA buildings to better meet the needs of MHSA staff and clients. Additional transfers to CF may occur in future MHSA Annual Updates, as funding allows.

Additional projects will be implemented in the future, as funding allows.

PRUDENT RESERVE

Additional transfers to the Prudent Reserve may occur in future MHSA Annual Updates, as funding allows.

MHSA THREE-YEAR PLAN BUDGET DOCUMENTS

See the next pages for the MHSA 3-Year Plan Budget documents.

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Glenn

Date: 5/18/20

	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 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,893,862	0	166,207		0	
2. Estimated New FY2020/21 Funding	2,336,420	584,105	153,711			
3. Transfer in FY2020/21 ^{a/}	(60,000)			50,000	10,000	0
4. Access Local Prudent Reserve in FY2020/21	0	0				0
5. Estimated Available Funding for FY2020/21	4,170,282	584,105	319,918	50,000	10,000	
B. Estimated FY2020/21 MHSA Expenditures	2,995,955	584,105	215,961	50,000	10,000	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,174,327	0	103,957	0	0	
2. Estimated New FY2021/22 Funding	2,160,312	540,078	142,126			
3. Transfer in FY2021/22 ^{a/}	0			0		
4. Access Local Prudent Reserve in FY2021/22	0	0				0
5. Estimated Available Funding for FY2021/22	3,334,639	540,078	246,083	0	0	
D. Estimated FY2021/22 Expenditures	2,818,421	540,078	182,089	0	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	516,218	0	63,994	0	0	
2. Estimated New FY2022/23 Funding	1,795,047	448,762	118,095			
3. Transfer in FY2022/23 ^{a/}	0			0		
4. Access Local Prudent Reserve in FY2022/23	0	0				0
5. Estimated Available Funding for FY2022/23	2,311,265	448,762	182,089	0	0	
F. Estimated FY2022/23 Expenditures	2,311,265	448,762	182,089	0	0	
G. Estimated FY2022/23 Unspent Fund Balance	0	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	0
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	0
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	0
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	0

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

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Glenn

Date: 5/18/20

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
FSP Programs						
1. CSS Comprehensive Service Plan-FSP	\$ 1,962,583	\$ 699,306	\$ 970,795		\$ 187,526	\$ 104,956
Non-FSP Programs						
2. CSS Comprehensive Service Plan	\$ 5,046,641	\$ 1,798,215	\$ 2,496,331		\$ 482,208	\$ 269,887
CSS Administration	\$ 778,803	\$ 498,434	\$ 280,369			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 7,788,027	\$ 2,995,955	\$ 3,747,495		\$ 669,734	\$ 374,843
FSP Programs as Percent of Total	65.5%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Glenn

Date: 5/18/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
All MHSA funds are managed via "first in, first out."						
FSP Programs						
1. CSS Comprehensive Service Plan-FSP	\$ 1,912,873	\$ 649,596	\$ 970,795		\$ 187,526	\$ 104,956
Non-FSP Programs						
2. CSS Comprehensive Service Plan	\$ 4,918,817	\$ 1,670,391	\$ 2,496,331		\$ 482,208	\$ 269,887
CSS Administration	\$ 778,803	\$ 498,434	\$ 280,369			
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 7,610,493	\$ 2,818,421	\$ 3,747,495		\$ 669,734	\$ 374,843
FSP Programs as Percent of Total	67.9%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Glenn

Date: 5/18/20

	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
All MHA funds are managed via "first in, first out."						
FSP Programs						
1. CSS Comprehensive Service Plan-FSP	\$ 1,770,870	\$ 507,593	\$ 970,795		\$ 187,526	104,956
Non-FSP Programs						
2. CSS Comprehensive Service Plan	\$ 4,553,664	\$ 1,305,238	\$ 2,496,331		\$ 482,208	\$ 269,887
CSS Administration	\$ 778,803	\$ 498,434	\$ 280,369			
CSS MHA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 7,103,337	\$ 2,311,265	\$ 3,747,495		\$ 669,734	\$ 374,843
FSP Programs as Percent of Total	76.6%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Strengthening Families (P)	\$ 29,114	\$ 29,114				
2. Parent-Child Interaction Therapy (EI)	\$ 208,146	\$ 172,293	\$ 33,746		\$ 2,107	
3. Outreach (O)	\$ 83,922	\$ 83,922				
4. Suicide Prevention (SP)	\$ 173,075	\$ 173,075				
5. Stigma Reduction (SR)	\$ 16,877	\$ 16,877				
6. Access and Linkage (A)	\$ 56,253	\$ 56,253				
PEI Administration	\$ 52,571	\$ 52,571				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	\$ 619,958	\$ 584,105	\$ 33,746		\$ 2,107	

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Strengthening Families (P)	\$ 26,920	\$ 26,920				
2. Parent-Child Interaction Therapy (EI)	\$ 194,206	\$ 158,353	\$ 33,746		\$ 2,107	
3. Outreach (O)	\$ 77,596	\$ 77,596				
4. Suicide Prevention (SP)	\$ 160,029	\$ 160,029				
5. Stigma Reduction (SR)	\$ 15,605	\$ 15,605				
6. Access and Linkage (A)	\$ 52,013	\$ 52,013				
PEI Administration	\$ 49,562	\$ 49,562				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	\$ 575,931	\$ 540,078	\$ 33,746		\$ 2,107	

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Glenn

Date: 5/13/20

	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
All MHSA funds are managed via "first in, first out."						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Strengthening Families (P)	\$ 22,368	\$ 22,368				
2. Parent-Child Interaction Therapy (EI)	\$ 165,292	\$ 129,439	\$ 33,746		\$ 2,107	
3. Outreach (O)	\$ 64,476	\$ 64,476				
4. Suicide Prevention (SP)	\$ 132,972	\$ 132,972				
5. Stigma Reduction (SR)	\$ 12,966	\$ 12,966				
6. Access and Linkage (A)	\$ 43,219	\$ 43,219				
PEI Administration	\$ 43,322	\$ 43,322				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	\$ 484,615	\$ 448,762	\$ 33,746		\$ 2,107	

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
INN Programs						
1. Crisis Response and Community Connections (CRCC)	\$ 448,349	\$ 200,093	\$ 158,146		\$ 22,075	\$ 68,035
INN Administration	\$ 26,450	\$ 15,868	\$ 10,582			
Total INN Program Estimated Expenditures	\$ 474,799	\$ 215,961	\$ 168,728		\$ 22,075	\$ 68,035

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
INN Programs						
1. Crisis Response and Community Connections (CRCC)	\$ 414,477	\$ 166,221	\$ 158,146		\$ 22,075	\$ 68,035
INN Administration	\$ 26,450	\$ 15,868	\$ 10,582			
Total INN Program Estimated Expenditures	\$ 440,927	\$ 182,089	\$ 168,728		\$ 22,075	\$ 68,035

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Worksheet**

County: Glenn

Date: 5/13/20

	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
All MHSA funds are managed via "first in, first out."						
INN Programs						
1. Crisis Response and Community Connections (CRCC)	\$ 414,477	\$ 166,221	\$ 158,146		\$ 22,075	\$ 68,035
INN Administration	\$ 26,450	\$ 15,868	\$ 10,582			
Total INN Program Estimated Expenditures	\$ 440,927	\$ 182,089	\$ 168,728		\$ 22,075	\$ 68,035

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSAs funds are managed via "first in, first out."						
WET Programs						
1. WET Coordination	\$ 1,000	\$ 1,000				
2. Training and Technical Assistance	\$ 41,500	\$ 41,500				
3. Internships	\$ 7,500	\$ 7,500				
WET Administration						
Total WET Program Estimated Expenditures	\$ 50,000	\$ 50,000				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSAs funds are managed via "first in, first out."						
WET Programs						
1. WET Coordination		0				
2. Training and Technical Assistance		0				
3. Internships		0				
WET Administration						
Total WET Program Estimated Expenditures						

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet**

County: Glenn

Date: 5/13/20

	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
All MHSAs funds are managed via "first in, first out."						
WET Programs						
1. WET Coordination		0				
2. Training and Technical Assistance		0				
3. Internships		0				
WET Administration						
Total WET Program Estimated Expenditures						

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSAs funds are managed via "first in, first out."						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
1. Building Improvements (CF)	\$ 10,000	\$ 10,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ 10,000	\$ 10,000				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Glenn

Date: 5/13/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> 1. Building Improvements (CF)		0				
CFTN Administration						
Total CFTN Program Estimated Expenditures						

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Glenn

Date: 5/13/20

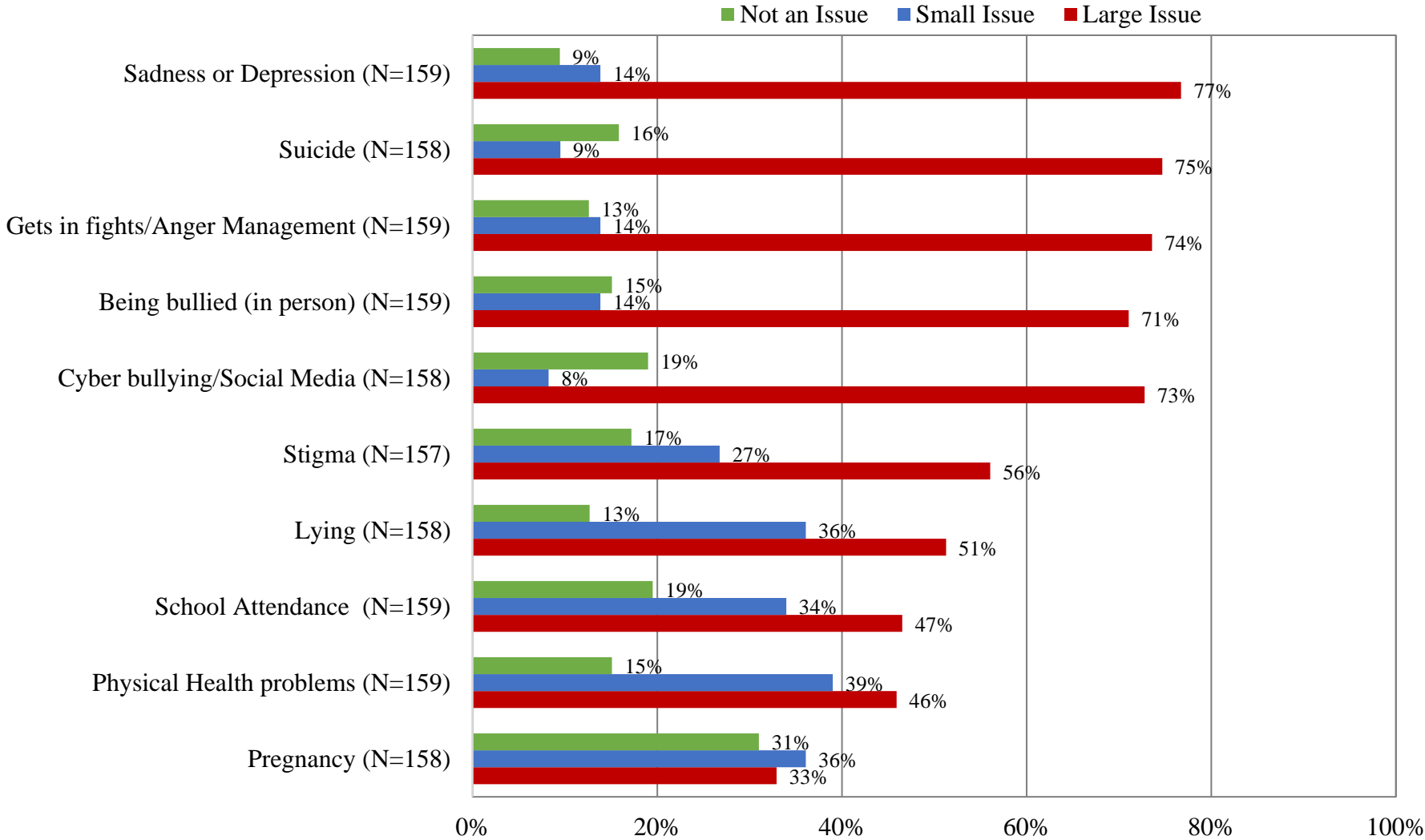
	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> 1. Building Improvements (CF)		0				
CFTN Administration						
Total CFTN Program Estimated Expenditures						

APPENDICES

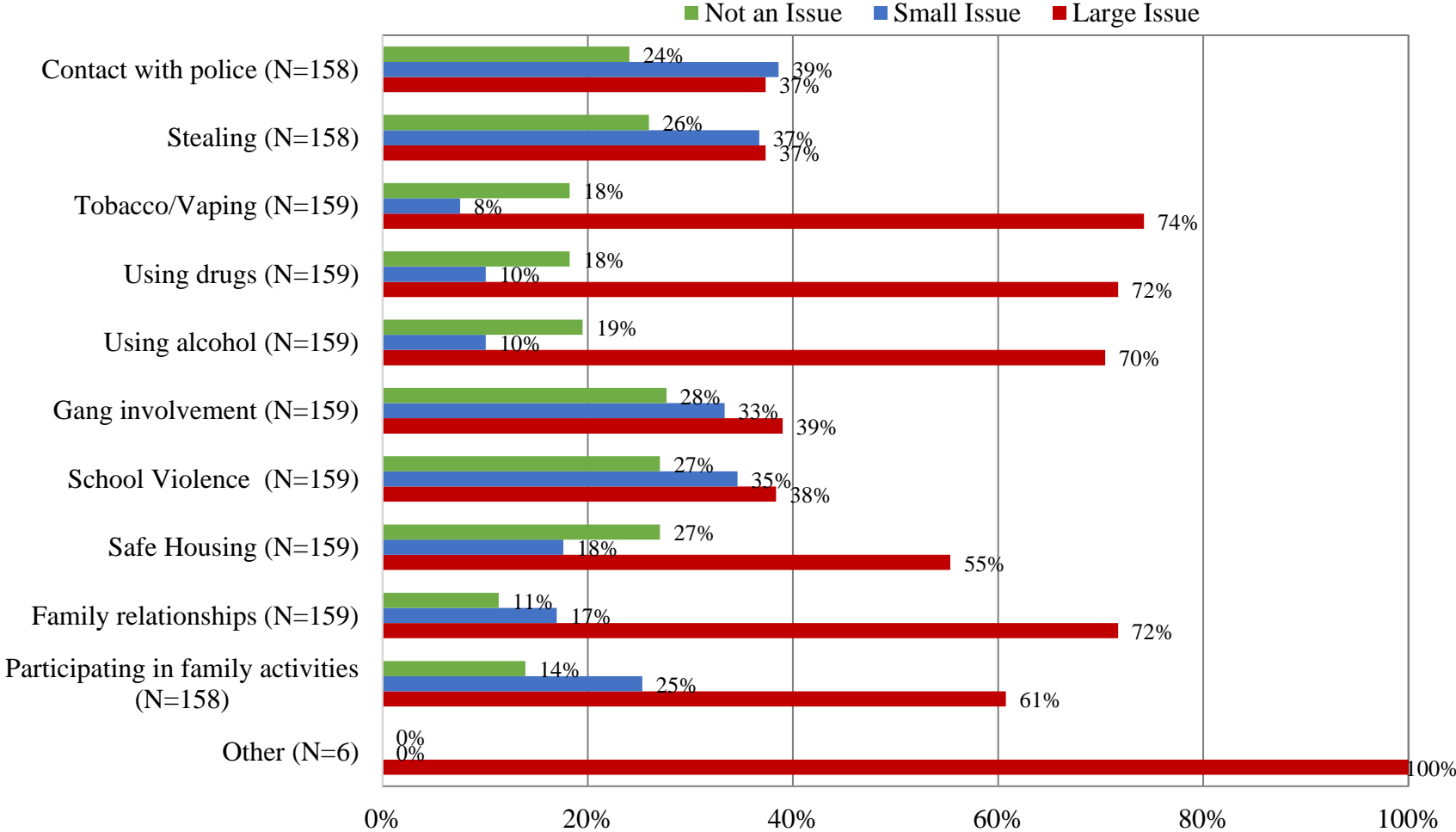
A. MHSA Stakeholder Survey Results

B. Evidence of County Board of Supervisor Approval of MHSA 3-Year Plan

**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Child and Youth Issues: Part 1
2019**

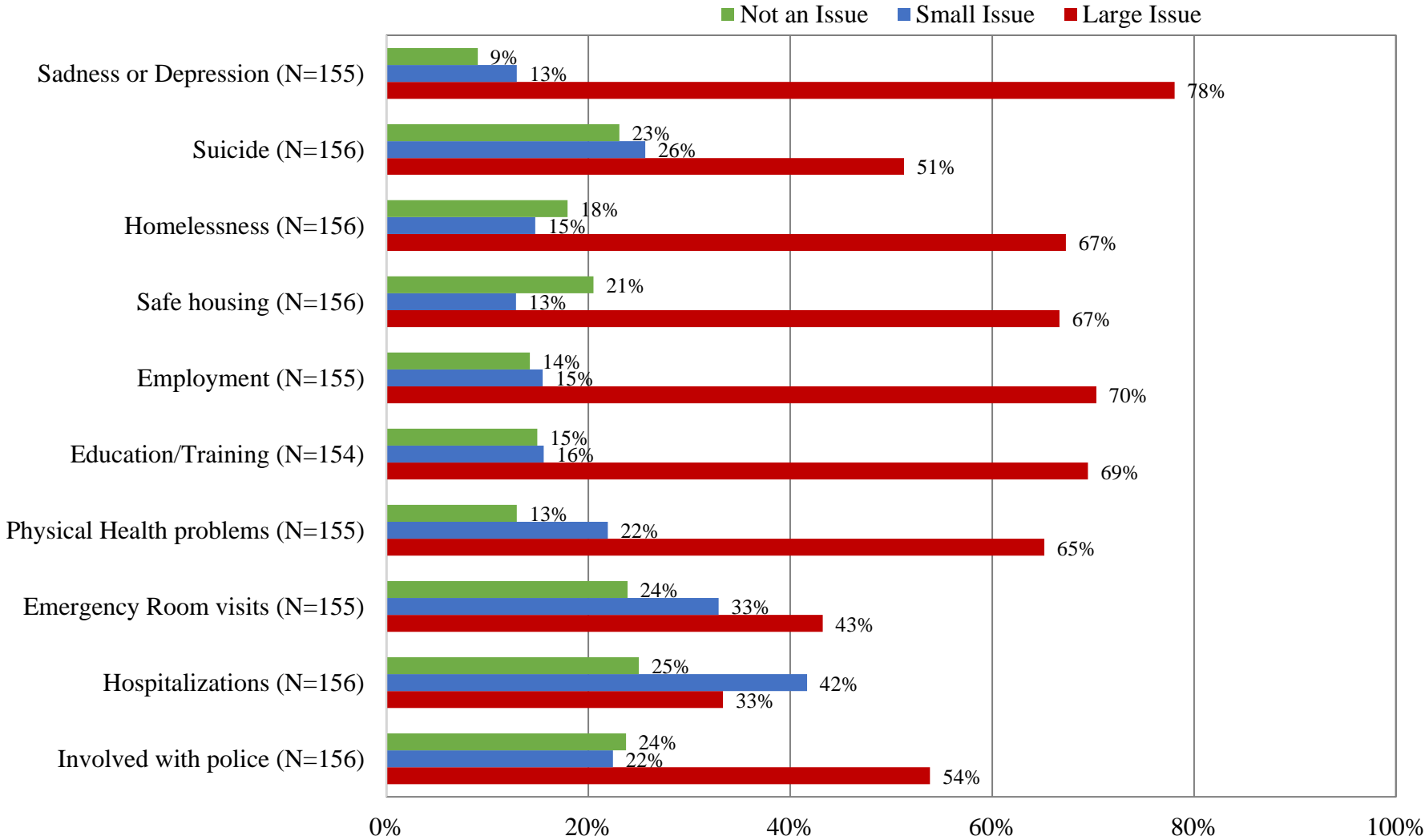


**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Child and Youth Issues: Part 2
2019**

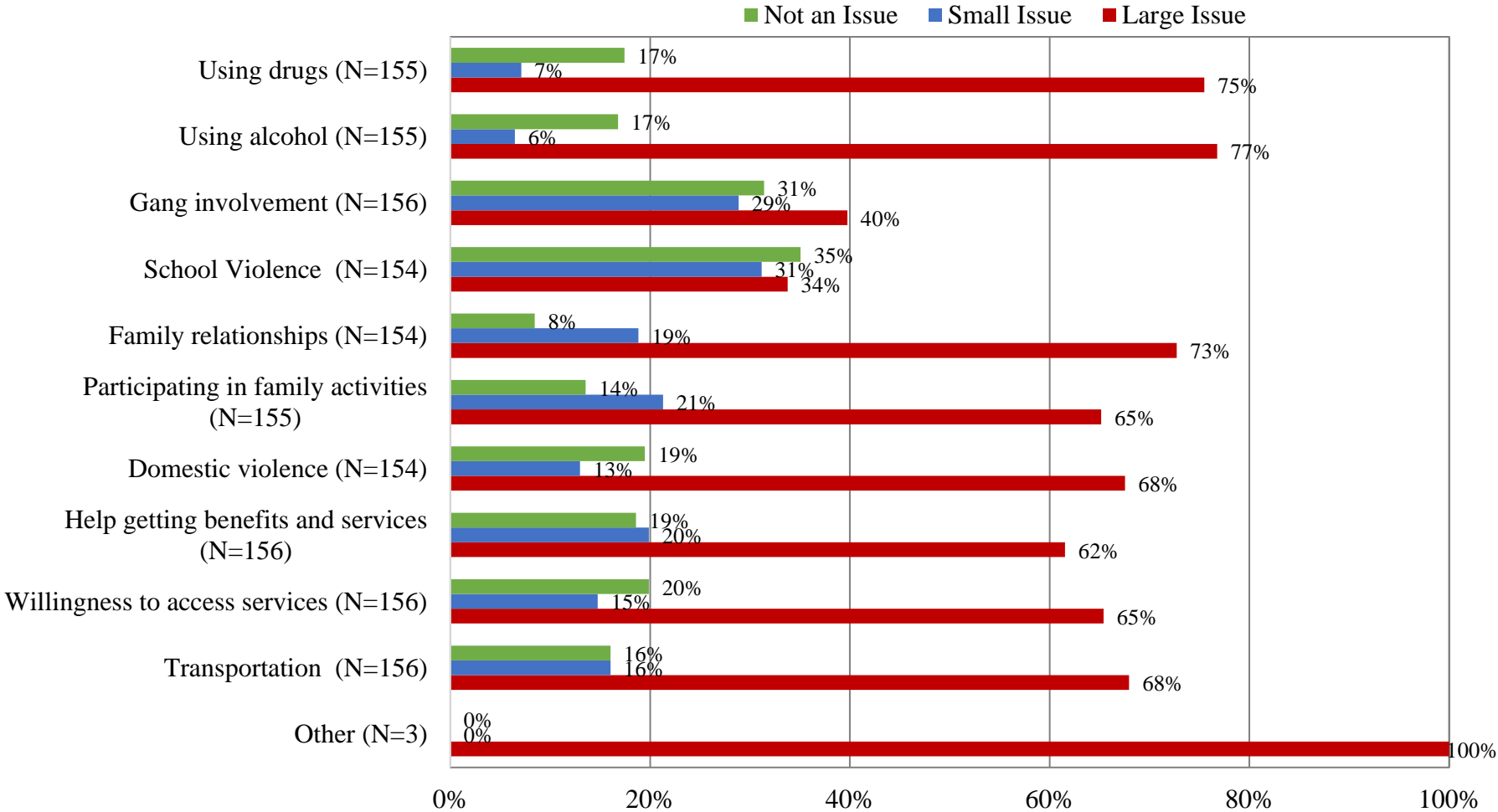


Note: "Other" includes Eating Disorders, Lack of Connecting with Agency, Home Violence, Self-Harm, Gender Identity, Sexual Health, and Anxiety

**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Parent and Family Issues: Part 1
2019**

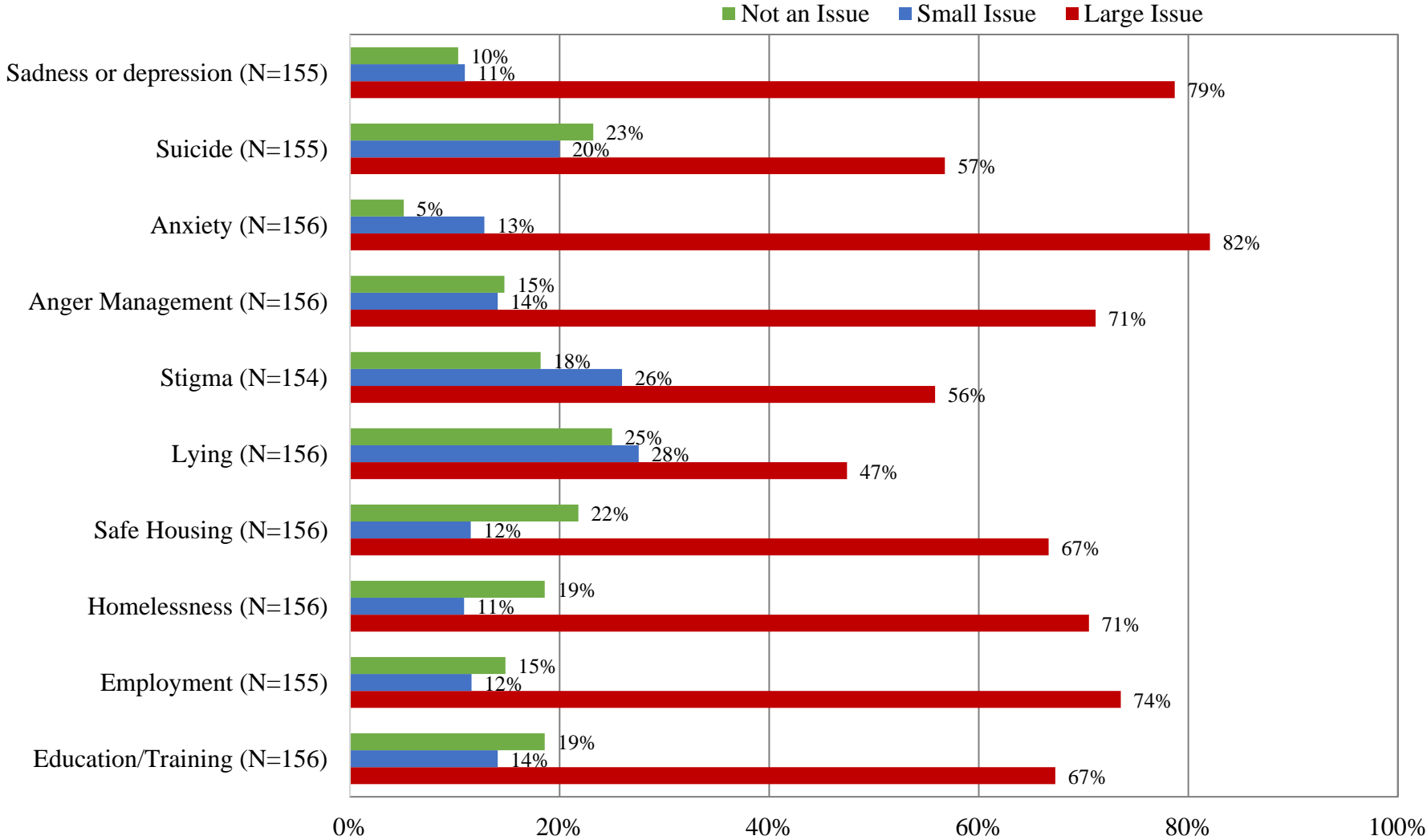


**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Parent and Family Issues: Part 2
2019**

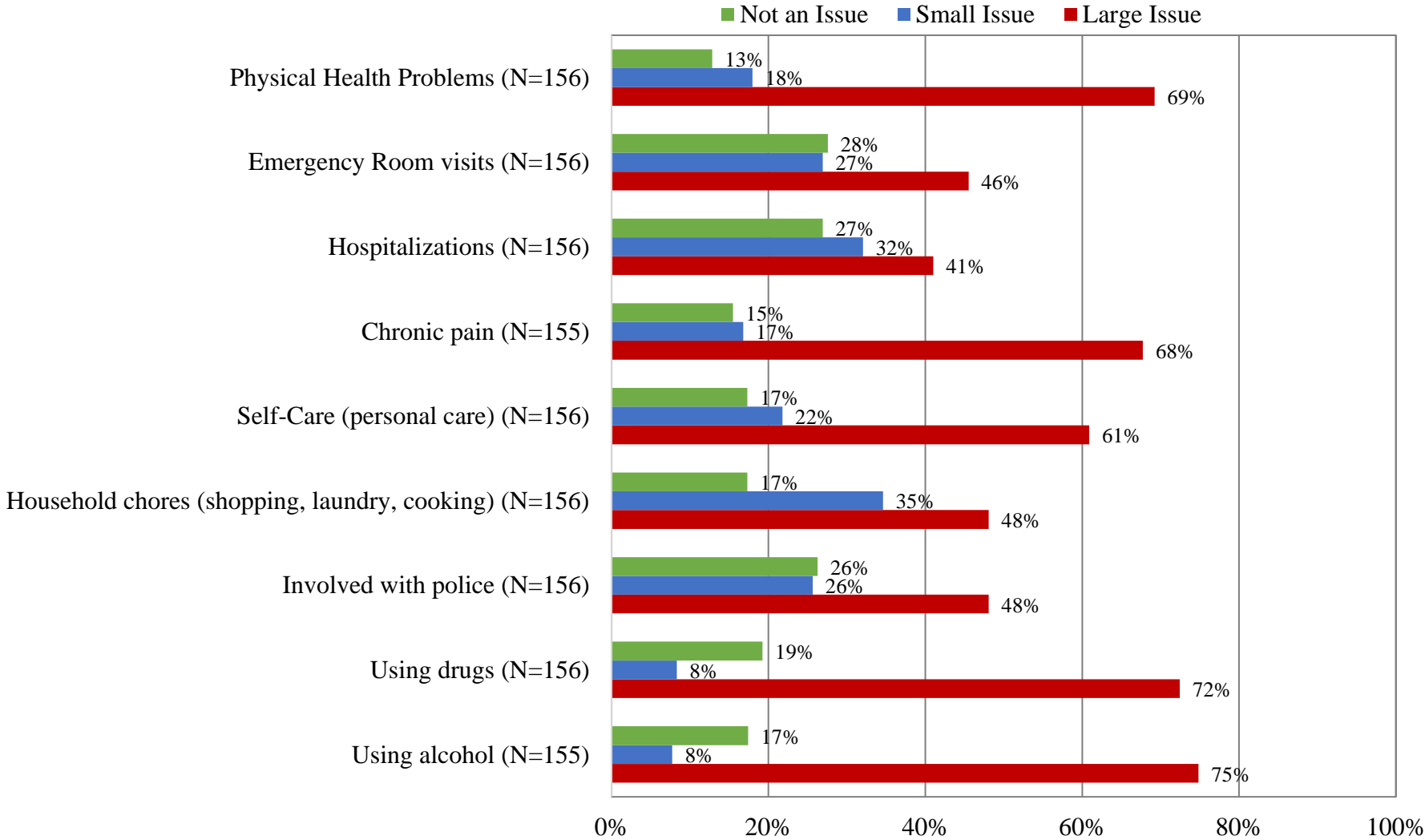


Note: "Other" responses included Incest, Clinician Turn Over at Glenn County MH, Financial difficulties, Lack of Communication with Children, and Parenting Issues.

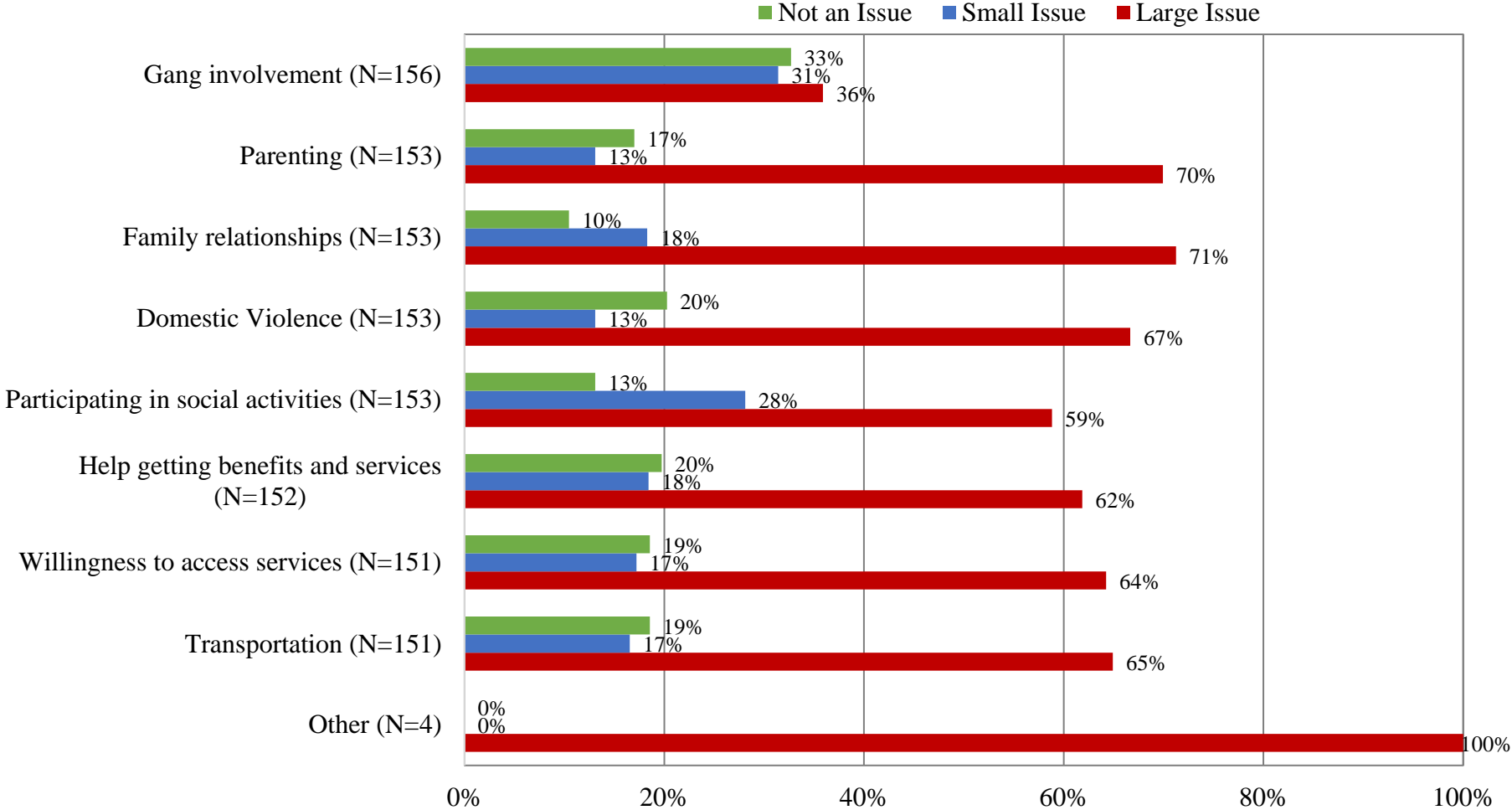
Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Adult Issues: Part 1
2019



Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Adult Issues: Part 2
2019



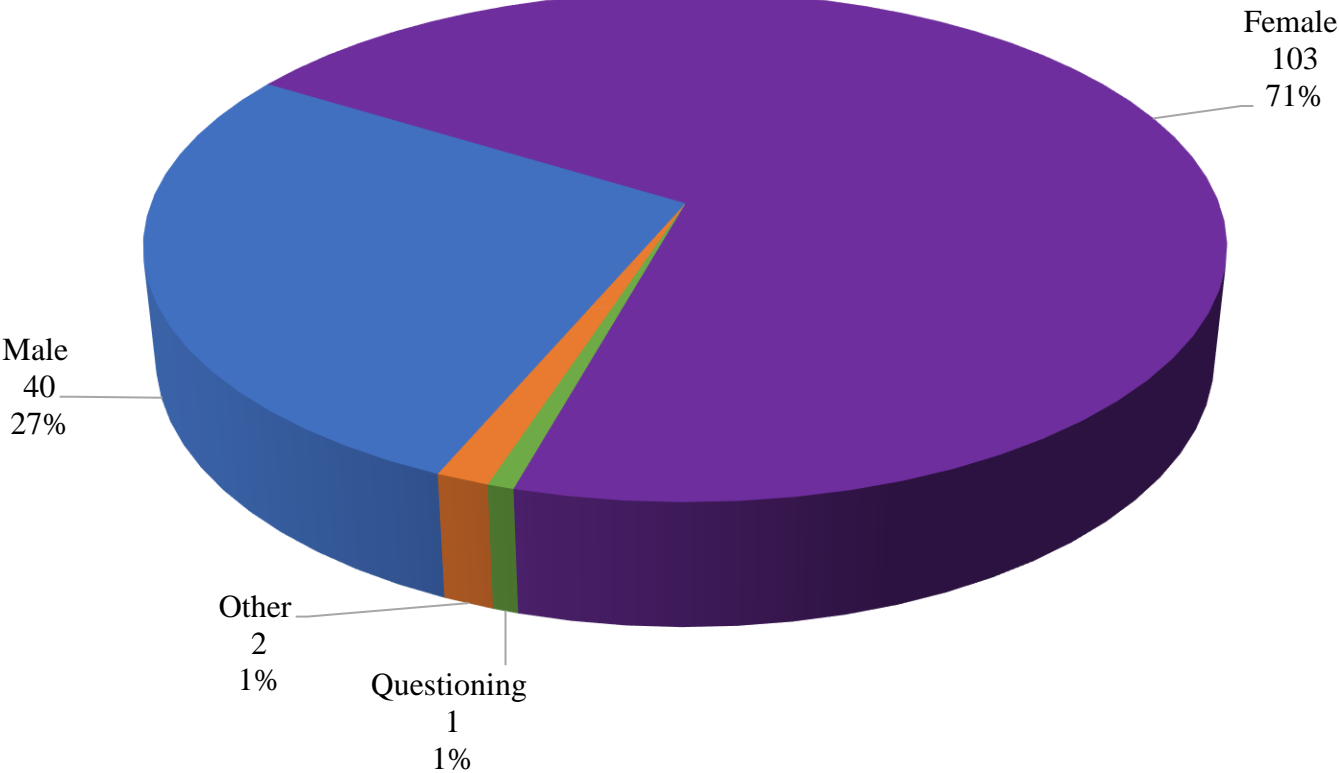
**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
Adult Issues: Part 3
2019**



Note: "Other" includes Inner Wounds, Sexual Misconduct, CPS, and Collaboration Among County Agencies.

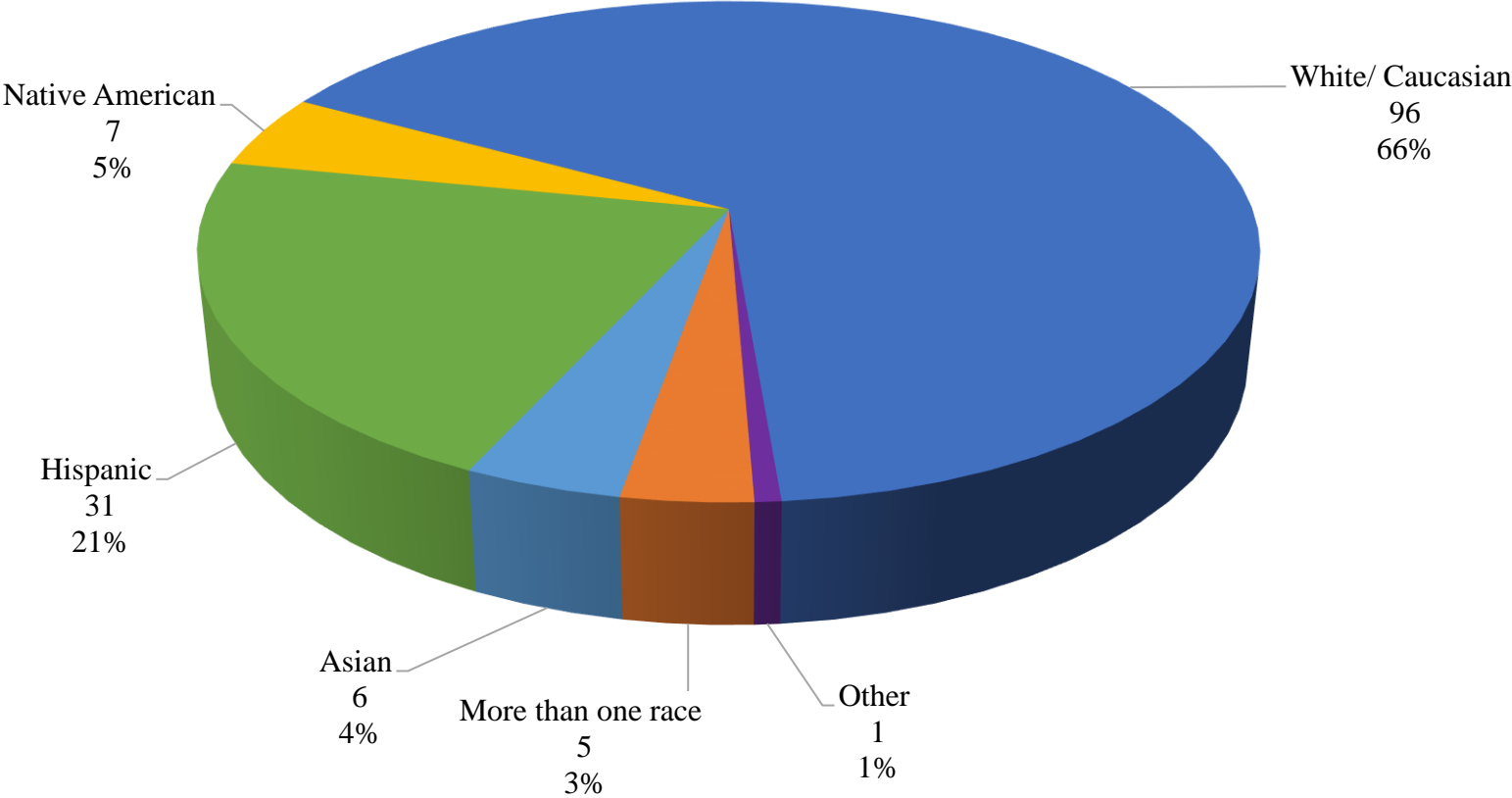
**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
2019**

Gender (N=146)



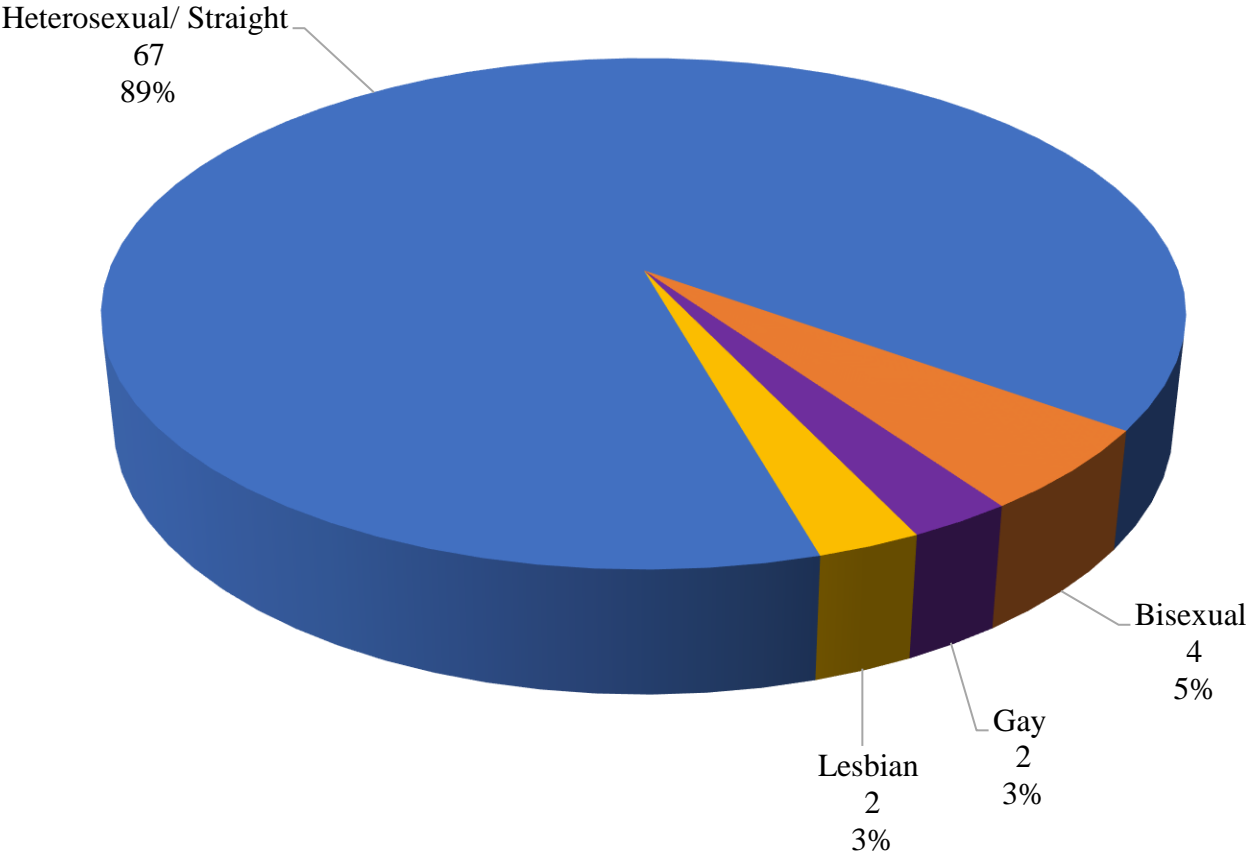
**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
2019**

Race/Ethnicity (N=146)



**Glenn County Behavioral Health
MHSA Stakeholder Survey: Community Members Survey Results
2019**

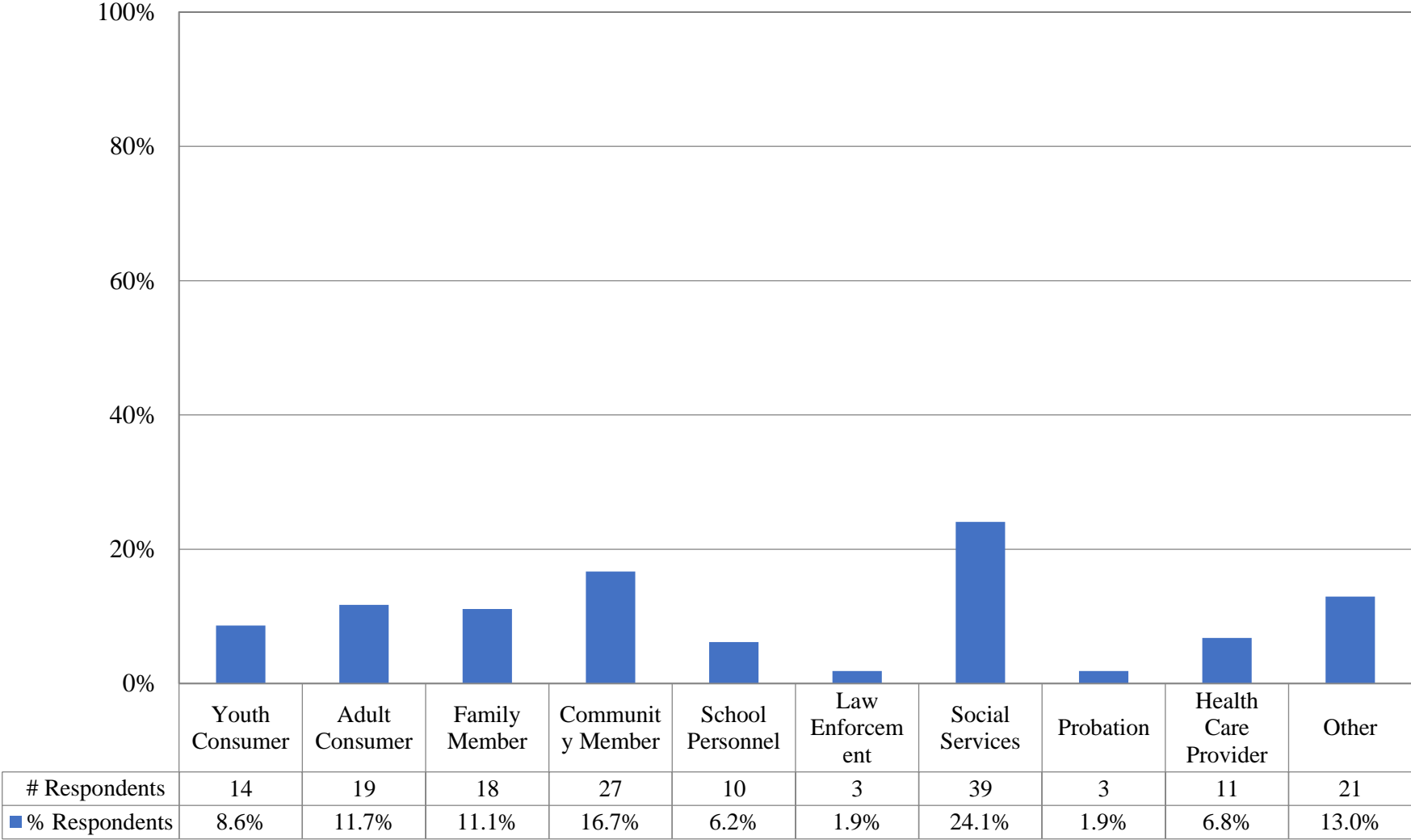
Sexual Orientation (N=75)



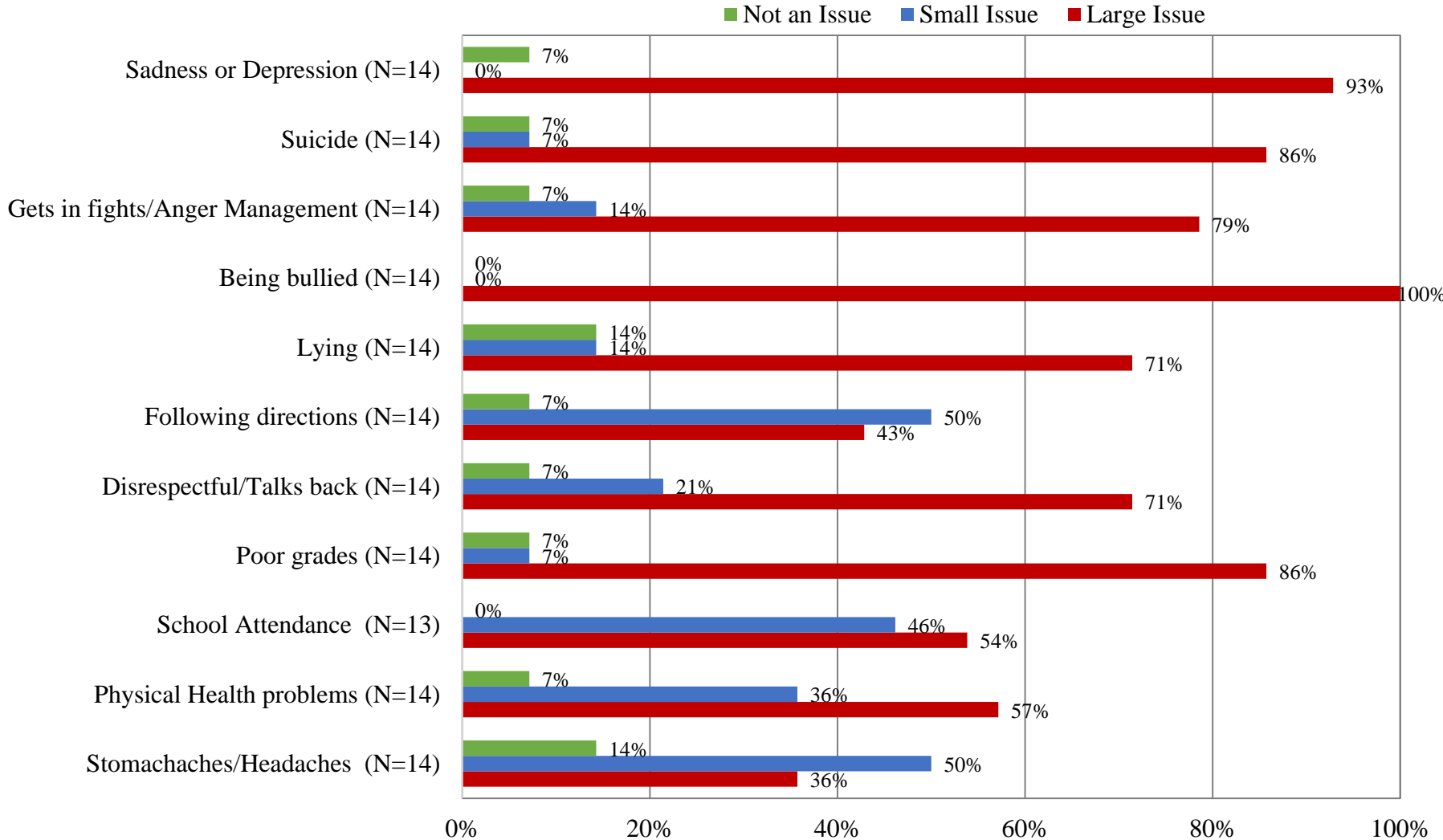
**Glenn County Behavioral Health
MHSa Stakeholder Survey: Community Members Survey Results
2019**

Respondents may choose multiple answers

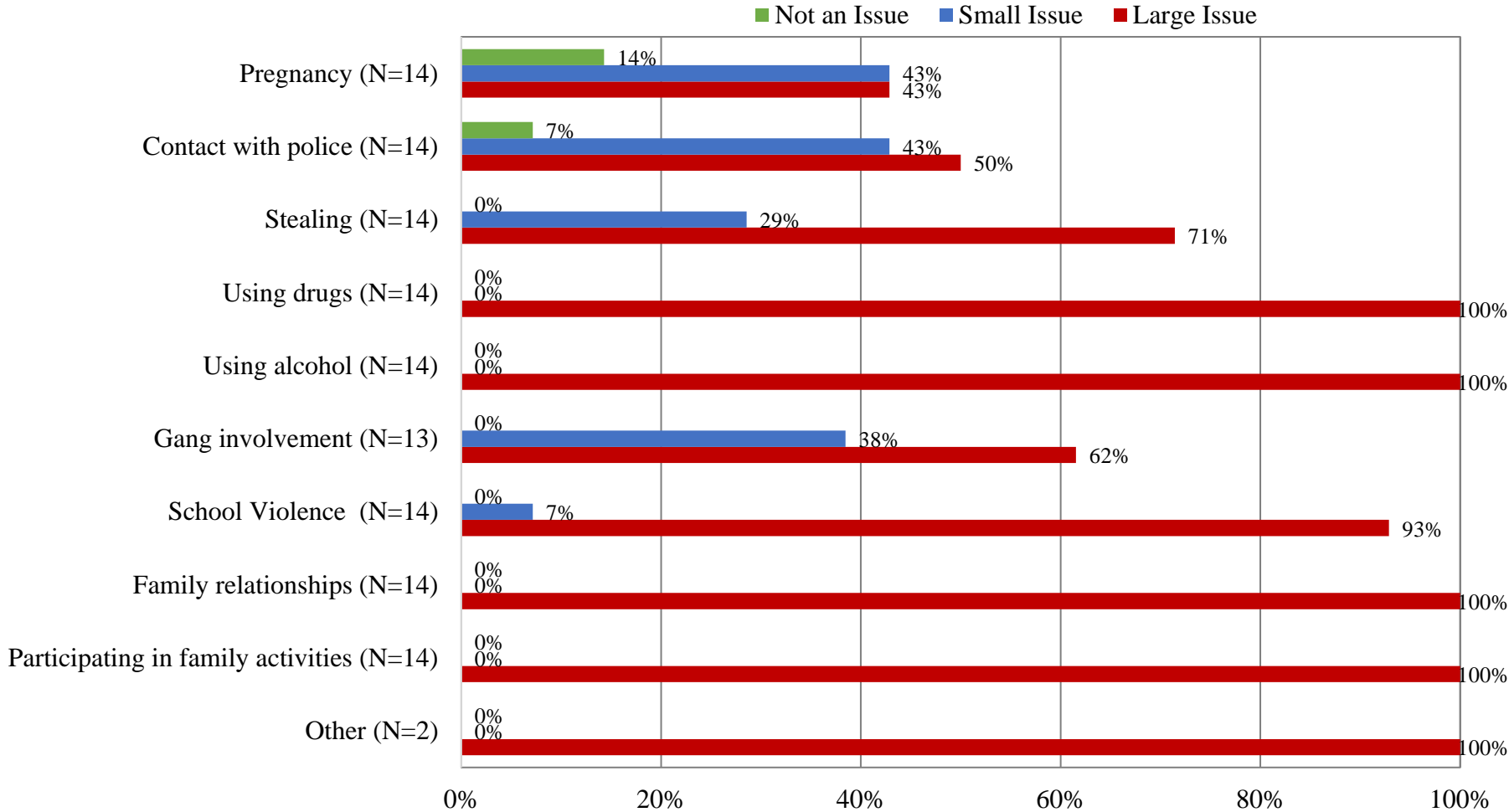
Role in Community (N=162)



**Glenn County Behavioral Health
 MHSA Stakeholder Survey: County Personnel Survey Results
Child and Youth Issues: Part 1
 2019**

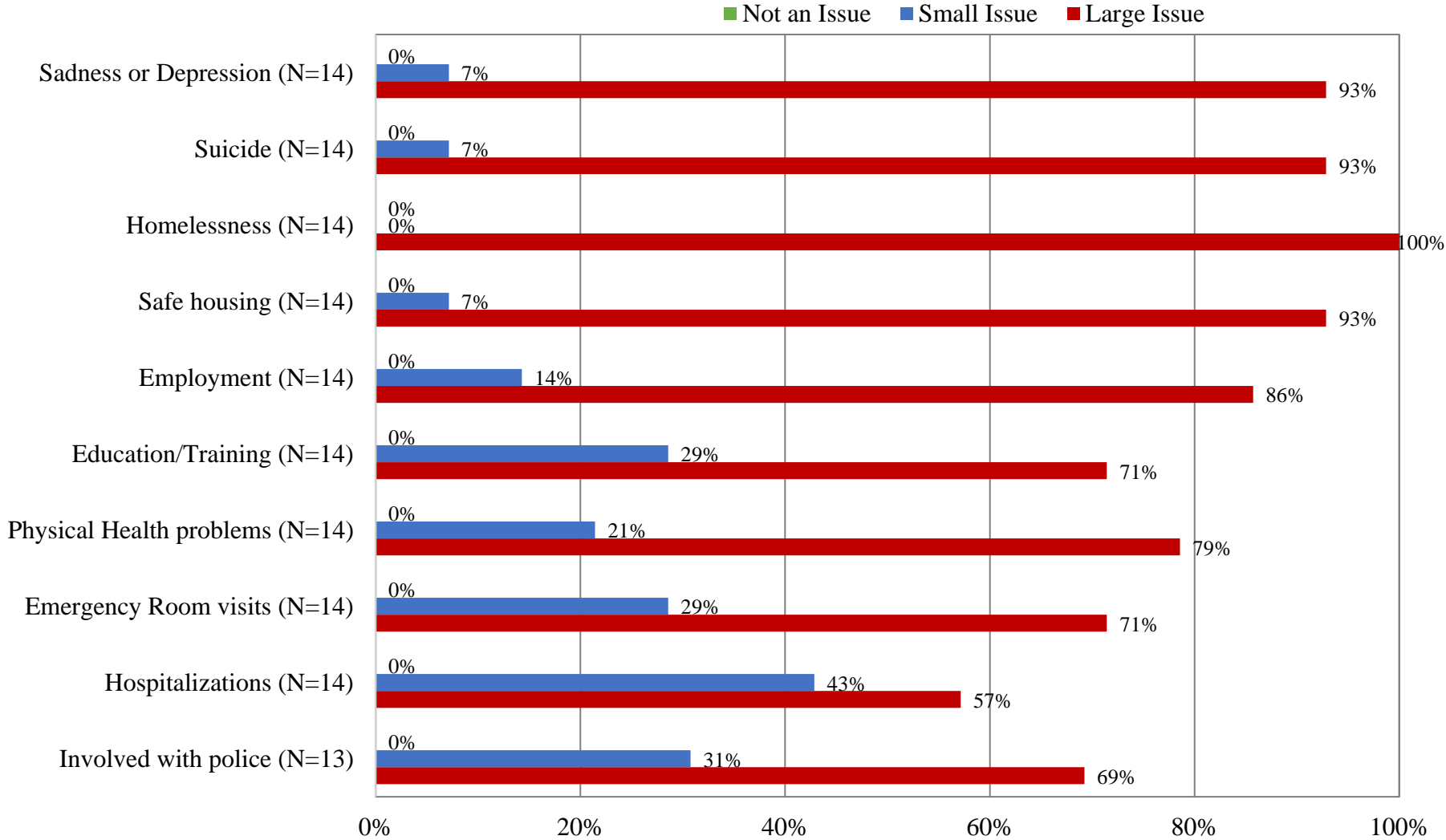


**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Child and Youth Issues: Part 2
2019**

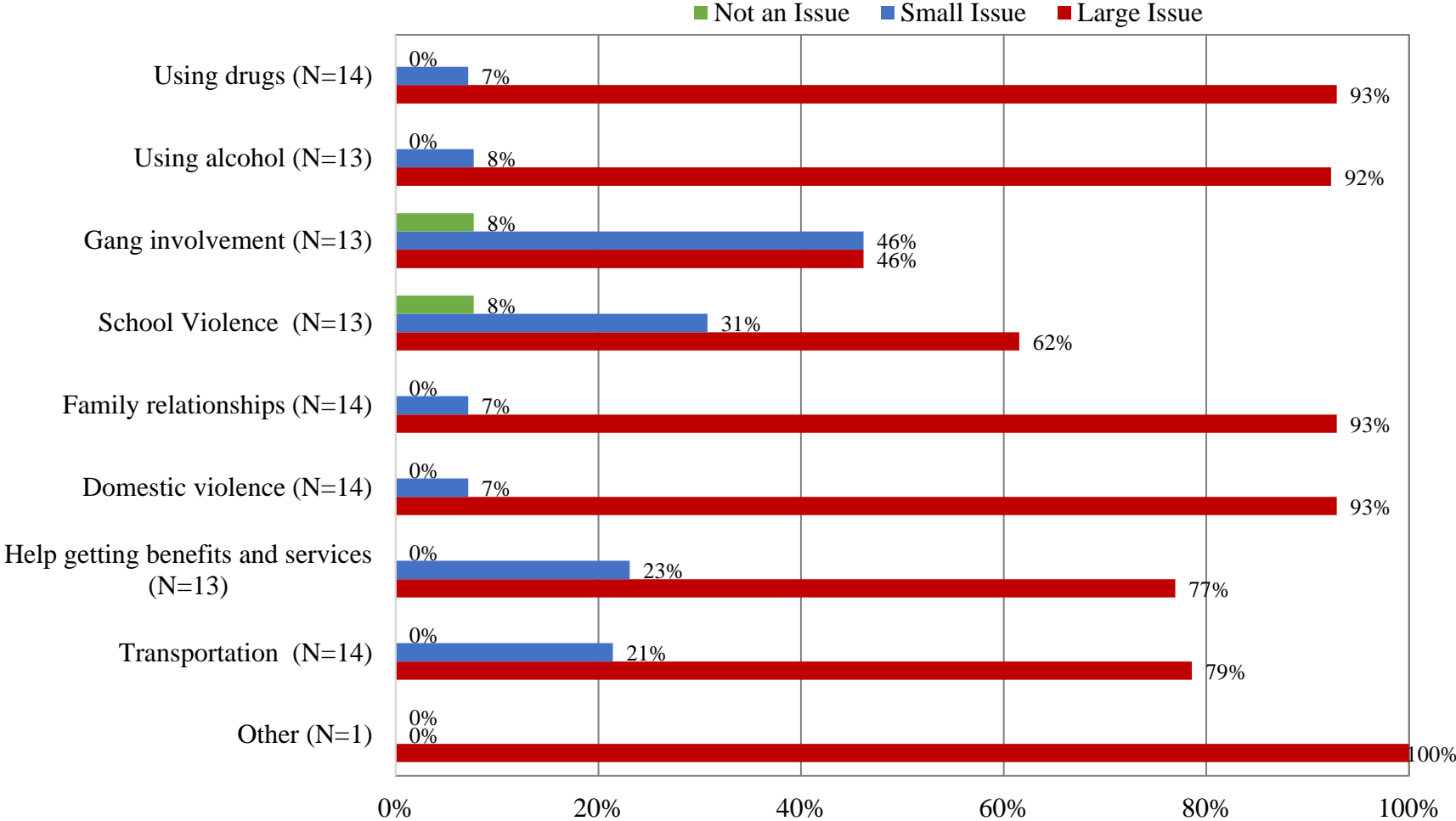


Note: "Other" includes Homelessness and one respondent did not indicate their other concern.

**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Parent and Family Issues: Part 1
2019**

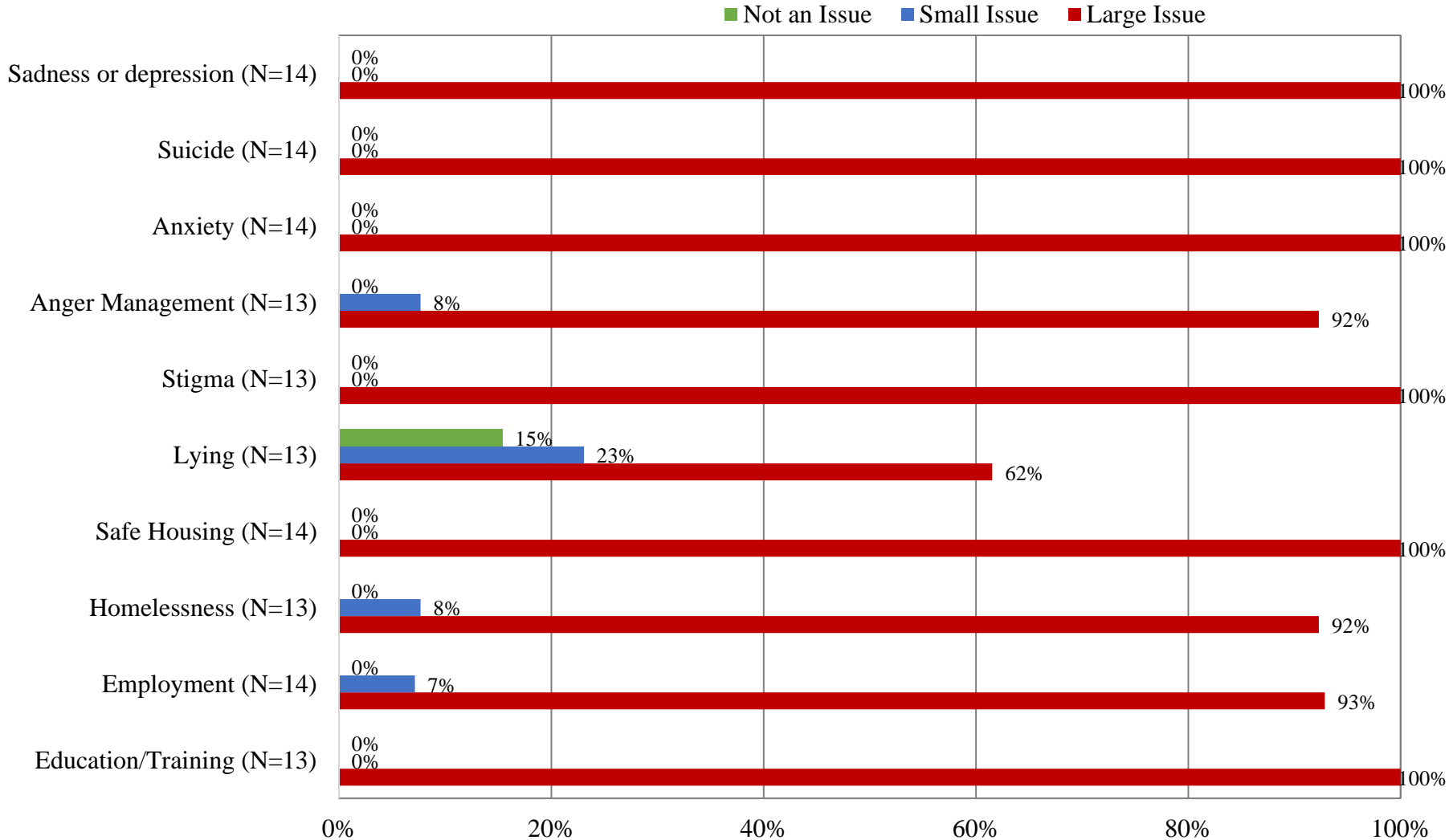


Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Parent and Family Issues: Part 2
2019

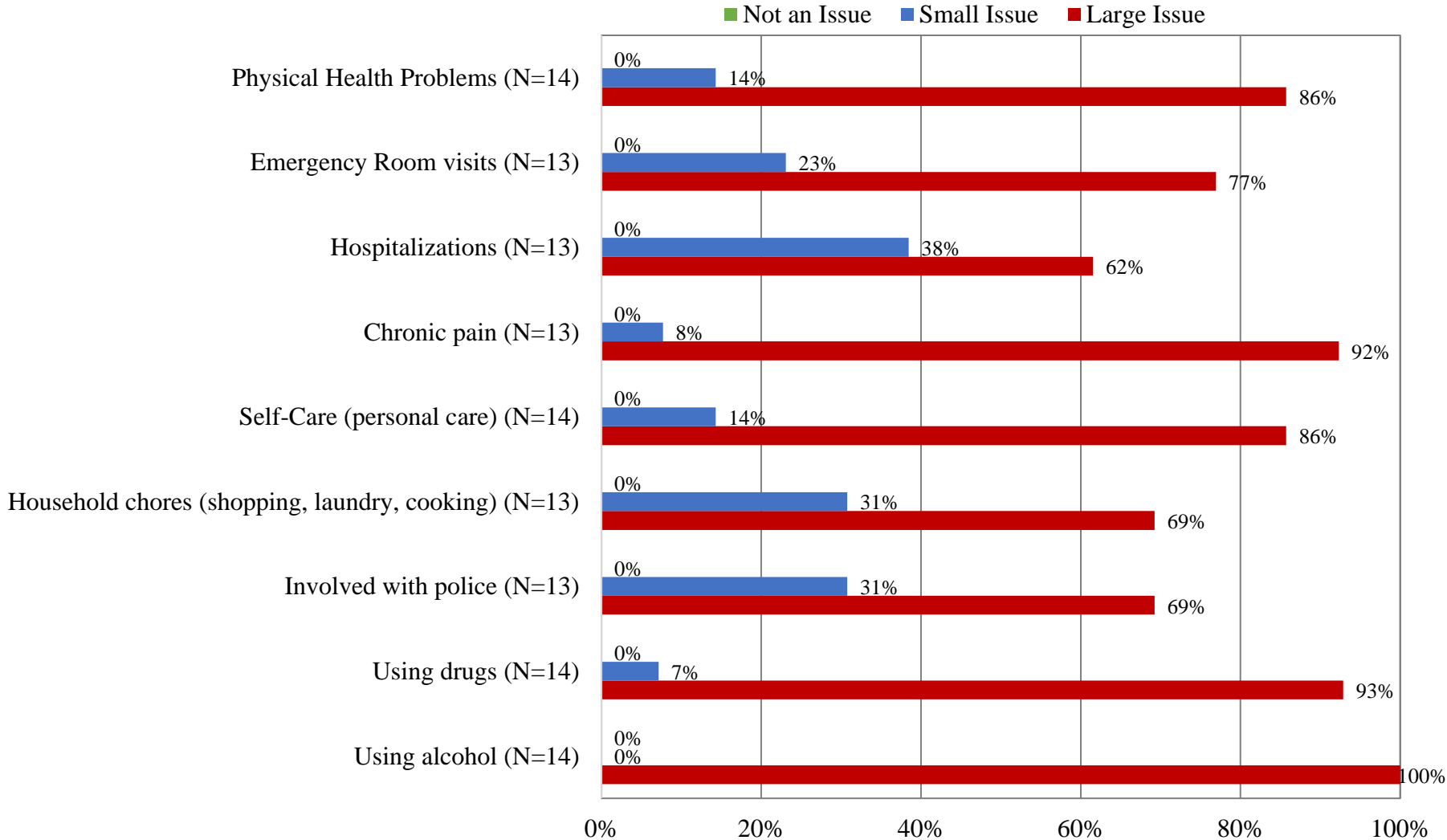


Note: "Other" respondent did not indicate their concern.

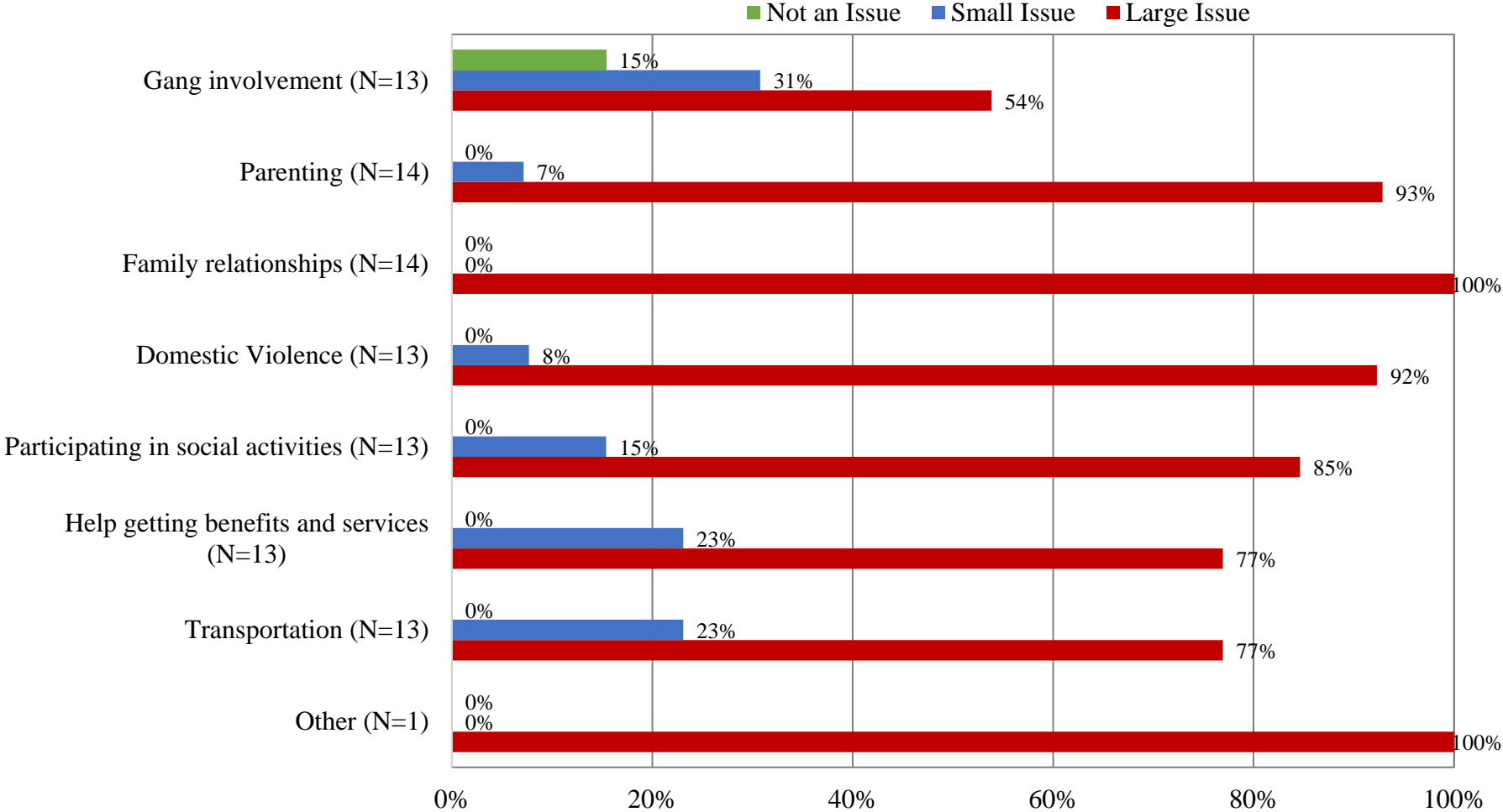
**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Adult Issues: Part 1
2019**



Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Adult Issues: Part 2
2019

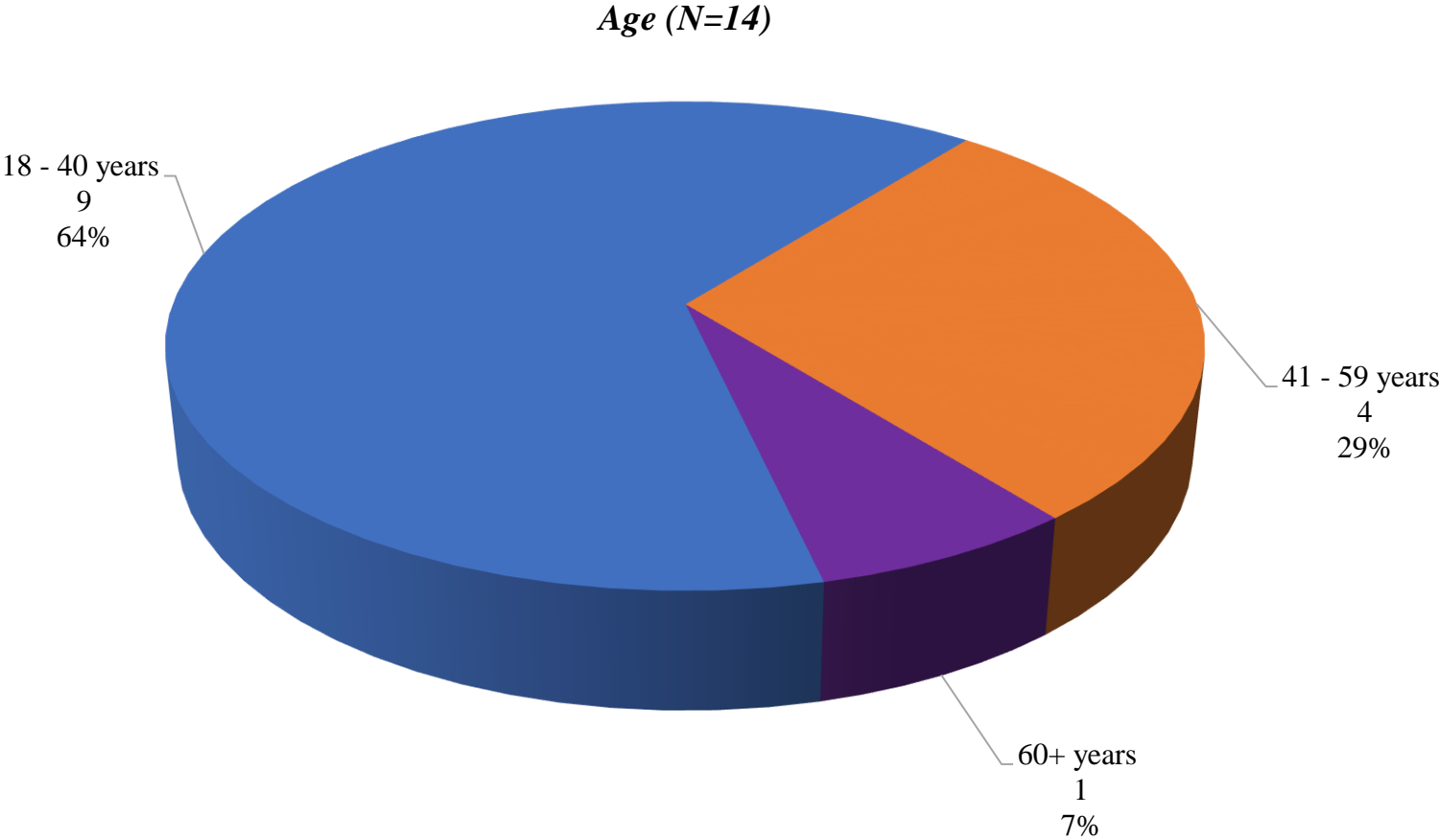


**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
Adult Issues: Part 3
2019**



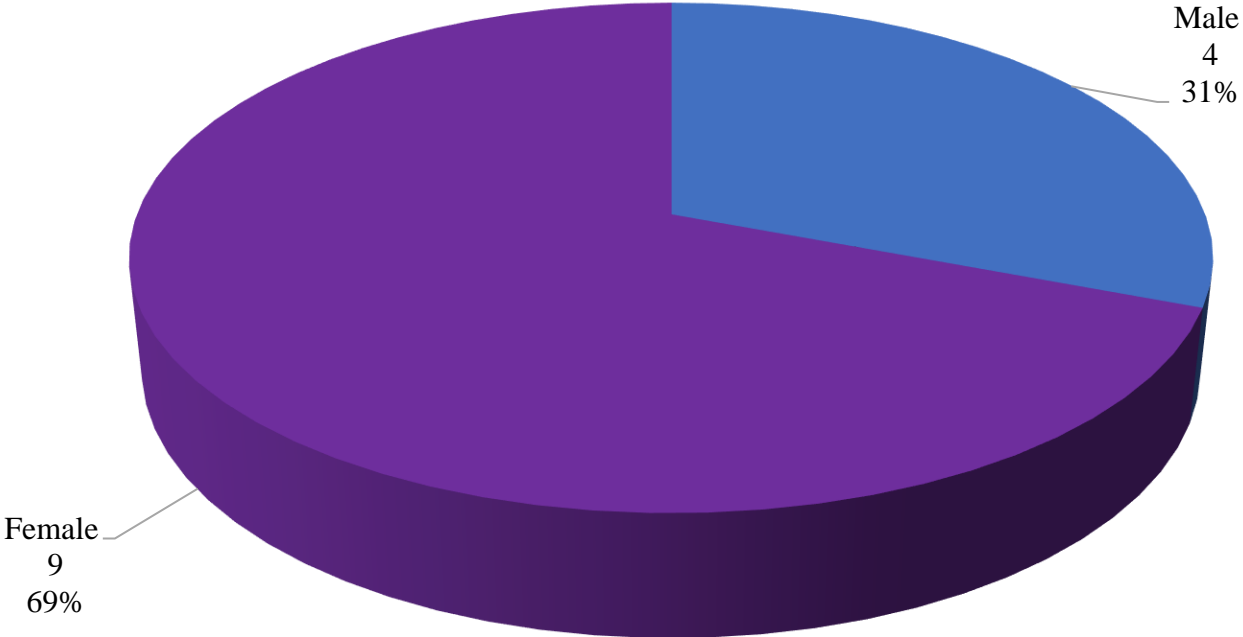
Note: "Other" respondent did not indicate their other concern.

**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
2019**



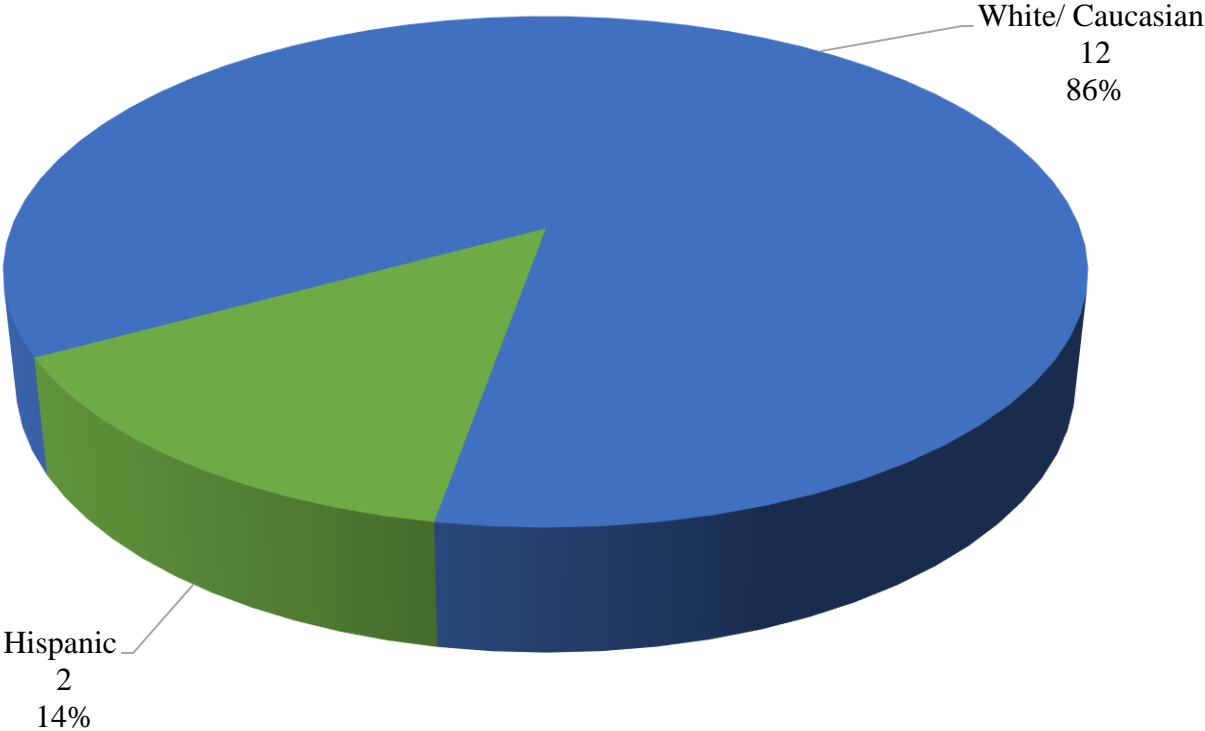
**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
2019**

Gender (N=13)



**Glenn County Behavioral Health
MHSA Stakeholder Survey: County Personnel Survey Results
2019**

Race/Ethnicity (N=14)





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

Tuesday, July 7, 2020

The Chairman of the Board of Supervisors of the County of Glenn, State of California, called the meeting to order at 9:03 a.m.

THE PLEDGE OF ALLEGIANCE WAS RECITED

1. ROLL CALL

Proceedings: Roll Call of Supervisors was taken, attendance as follows:
Supervisors Present: Supervisors Barr, Viegas, Corum, Minto and McDaniel
Supervisors Absent: None
Also Present: Scott H. De Moss, County Administrative Officer
William J. Vanasek, County Counsel
Tina Brothers, Deputy Clerk

2. UNSCHEDULED MATTERS

Matter: Receive comments from the audience, staff and Board Members. Unless the matter qualifies for an exemption under the provisions of Government Code Section 54954.2(b), action or Board discussion cannot be taken on "Unscheduled Matters". (Ralph M. Brown Act)

Proceedings: a. Supervisor McDaniel asked if there was any comments received prior to the start of the meeting, whereby the Clerk stated there were none;
b. Supervisor McDaniel presented an emergency item in accordance with Government Code, Section 54954.2 (b), whereby the Board is being asked to approve sending a proposed letter to Governor Newsom that was provided by Assemblyman Gallagher's staff over the weekend requesting actions regarding COVID-19 remain at the County Level;
c. A motion was made by Supervisor McDaniel that the Board make a finding that there is a need to take immediate action due to this item coming before the Board after the agenda being posted and requested this item be put on the agenda under Legislation for discussion and possible action, seconded by Supervisor Viegas, it was unanimously ordered to approve the aforesaid matter;
d. Supervisor McDaniel announced there is several public hearings on the agenda and due to the limitations of COVID-19 pandemic, the Board is taking additional measures to ensure that the public has the ability to participate and requested the public to submit their comments via email or fax during the five minute recess for public comment during each Public Hearing.

3. CONSENT CALENDAR

Matter: Review and take actions related to the Consent Calendar as follows:

a. **COMMUNITY ACTION DEPARTMENT - RESOLUTION / 2020 DEPARTMENT OF ENERGY WEATHERIZATION ASSISTANCE PROGRAM**
Adopt 2020-044 "A Resolution of the Glenn County Board of Supervisors Authorizing Glenn County, through its Community Action Department, to Execute All Agreements and Certifications With The State of California Department of Community Services and Development for the Department of Energy Weatherization Assistance Program", and amendments are contingent upon review and approval of County Administrative Officer, County Counsel, and Director of Finance.

b. **COMMUNITY ACTION DEPARTMENT - RESOLUTION / EMERGENCY SOLUTIONS GRANT - CORONA VIRUS (ESG-CV)**
Adopt 2020-045 "A Resolution of the Glenn County Board of Supervisors authorizing Glenn County, through its Community Action Department, to execute all agreements and certifications with the California Department of Housing and Community Development

for the Emergency Solutions Grant - coronavirus aid, relief, and economic stimulus funding (ESG-CV)".

c. **HEALTH AND HUMAN SERVICES AGENCY - AGREEMENT / COMMUNITY ACTION DEPARTMENT - HOUSING SUPPORT SERVICES**

Authorize the Health and Human Services Agency Director, or designee, to execute Amendment #4 to the Agreement with the Glenn County Community Action Department for fiscal years 18-21, for CalWORKs Housing Support Services; and to modify or amend the Agreement contingent upon the review and approval of County Counsel, the County Administrative Officer, and the Department of Finance, for an amount not to exceed \$244,000 for fiscal year 19-20 and \$189,000 for fiscal year 20-21.

d. **HEALTH AND HUMAN SERVICES AGENCY / AGREEMENT - COMMUNITY ACTION DEPARTMENT**

1. Authorize the Health and Human Services Agency (HHS) Director, or designee, to execute the Memorandum of Understanding (MOU) with the Community Action Department (CAD), and to modify or amend the MOU contingent upon review and approval of County Counsel, the Director of Finance, and the County Administrative Officer, for an amount not to exceed \$6,726 for Fiscal Year 2019-2020, and not to exceed \$180,254 for Fiscal Year 2020-2021.

2. Approve budget appropriation request (require 4/5th vote).

e. **HEALTH AND HUMAN SERVICES AGENCY - AGREEMENT / PUBLIC SAFETY REALIGNMENT**

Authorize the Health and Human Services Agency (HHS) Director, or designee, to execute the Memorandum of Understanding for Fiscal Year 2020-2021 with Glenn County Probation Department for the provision of services under Assembly Bill 109, and to modify or amend the Agreement contingent upon review and approval of County Counsel, the Director of Finance, and the County Administrative Officer, for an amount not to exceed \$319,714.00.

f. **HEALTH AND HUMAN SERVICES AGENCY / AGREEMENT - NANCY M. CALLAHAN DBA I.D.E.A. CONSULTING**

Authorize the Health and Human Services Agency (HHS) Director, or designee, to execute the Agreement with Nancy M. Callahan dba I.D.E.A. Consulting, and to modify or amend the Agreement contingent upon review and approval of County Counsel, the Director of Finance, and the County Administrative Officer, for an amount not to exceed \$397,000 for Fiscal Years 2020-2023.

g. **HEALTH AND HUMAN SERVICES AGENCY - AGREEMENT AMENDMENT #4 / GLENN COUNTY OFFICE OF EDUCATION - EMERGENCY CHILD CARE BRIDGE PROGRAM**

Authorize the Health & Human Services Agency Director, or designee, to execute Amendment #4 to the Agreement with the Glenn County Office of Education for the Emergency Child Care Bridge Program for foster children, for fiscal year 2019-2020, and to modify or amend the Agreement contingent upon the review and approval of County Counsel, the Director of Finance, and the County Administrative Officer, for an amount not to exceed \$96,004 for fiscal year 2019-2020.

h. **PERSONNEL - RESOLUTION TO AMEND COUNTY-WIDE POSITION ALLOCATION LIST**

Adopt 2020-046 "A Resolution to Amend the County-wide Position Allocation List", Public Works Department, to delete one (1) Airport Maintenance Worker and add one (1) Airport Site Worker.

i. **CITY OF WILLOWS - CONSOLIDATED ELECTION REQUEST**

Pursuant to Section 10002 of the Elections Code of the State of California, the City of Willows hereby requests the Glenn County Board of Supervisors to permit the Glenn County Clerk-Recorder to render the City of Willows services relating to the conduct of the election for open seats on the Willows City Council on November 3, 2020.

Motion/Second: Supervisor Corum/Supervisor Minto

Order: Approve the Consent Calendar.

Vote: Unanimous.

4. **BUDGET CHANGES**

Matter: Approve County Administrative Officer recommended Budget Changes for fiscal year 2019/2020. Items listed by Department/Budget, Amount and Description (Requires 4/5 vote):

- a. **#205126 HEALTH AND HUMAN SERVICES AGENCY - \$361,732 PUBLIC HEALTH**
- b. **#205128 HEALTH AND HUMAN SERVICES AGENCY / \$264,653 1991 SALES TAX GROWTH FUNDS**
- c. **#205125 PUBLIC WORKS AGENCY / \$3,871.50 NORTH WILLOWS COUNTY SERVICE AREA**
- d. **#205122 SHERIFF / \$18,939.30 BOAT PATROL**

Motion/Second: Supervisor Minto/Supervisor Barr

Order: Approve Budget Transfers #205126, #205128, #205125 and #205122.

Vote: Unanimous.

5. **HEALTH AND HUMAN SERVICES AGENCY - RESOLUTION APPROVING MOSQUITO ABATEMENT ASSESSMENT FINAL REPORT AND PUBLIC HEARING**

Matter: Adopt Resolution 2020-047 "Accepting the Engineer's Final Report and Assessment Diagram and Ordering Levy of the Glenn County Valley-Wide Mosquito Abatement District assessments for FY 2020-2021."

- Proceedings:
- a. Health and Human Services Director, Christine Zoppi reviewed the aforesaid matter and announced the consultant, John Bliss was listening in via WebEx to answer questions;
 - b. Supervisor Barr stated there should be a policy developed outlining the use of the reserves;
 - c. Director of Finance, Humberto Medina stated at the June second meeting he was directed to work with the County Administrative Officer and Mosquito Abatement District Engineer with regards to fund balances. Research was conducted by staff to find any possible legal or statutory minimal fund balance requirements however staff only found what is considered best practices when it comes to setting the assessment rate per unit. Based on those best practices, Mr. Medina recommended a creation of a Minimal Fund Balance Policy, a Capital Expenditure Fund or sub account, a Contingency Fund or sub account, and an Access Fund balance spending plan;
 - d. Supervisor McDaniel asked Mr. Medina to prepare a report of the staff's recommendations and provide it to the engineer, whereby Mrs. Zoppi requested to concur with Mr. Bliss and make sure the recommendations do make sense based on best practice;
 - e. Supervisor McDaniel stated the consensus of the board is to move forward, whereby County Counsel William Vanesek stated he prepared a resolution adding paragraph thirteen to include the language of the recommendation;
 - f. The Chairman opened the public comment portion of the Hearing, and adjourned the meeting at 9:19 a.m. for a five-minute recess to allow for public comments;
 - g. The Chairman reconvened the meeting at 9:25 a.m., advised no public comments had been received, therefore closed the public comment portion of the Hearing;
 - h. Supervisor Viegas advised there will be an increase per household of two and half percentage, equaling \$28.77 per household;
 - i. The Chairman called for exhibits to be entered into the record, whereby the Clerk advised there were none;
 - j. On motion of Supervisor Corum, seconded by Supervisor Viegas, it was unanimously ordered to adopt the resolution with paragraph thirteen being added to include the best practice recommendation language as stated above in item (e).

6. **PUBLIC HEARING - MASTER FEE SCHEDULE / SOLID WASTE**

Matter: Conduct a public hearing and Adopt 2020-048 "A Resolution Amending Appendix A to Chapter 5.23 of the Glenn County Administrative Manual" to amend the Master Fee Schedule, updating new solid waste disposal site fees.

- Proceedings:
- a. Public Works Deputy Director, Talia Richardson reviewed the aforesaid matter;
 - b. Supervisor Viegas confirmed the tipping fees were not increased, rather eliminating some fees or items that are no longer allowed, whereby Mrs. Richardson stated there would be an increase in items that the cost has increased to handle or if the recyclers has increased to handle and for items that can no

- longer be accepted or have become more expensive to handle;
- c. Supervisor Corum asked if there will be a sign posted at the Transfer Station that will indicate what will no longer be accepted, whereby Mrs. Richardson confirmed any changes made will be updated on the Fee Schedule that is posted at the Transfer Station as well as the County Website;
- d. Supervisor Barr asked about the appliances, whereby Mrs. Richardson stated those items will still be accepted;
- e. Supervisor McDaniel asked about the restricted items or items not accepted from the Transfer Station to the Anderson site and inquired of a long term solution, whereby Mrs. Richardson stated as regards to dead animals, citizens can take them to the Butte County Landfill or make an appointment at the Anderson Landfill to be direct buried;
- f. The Chairman opened the public comment portion of the Hearing, and adjourned the meeting at 9:33 a.m. for a five-minute recess to allow for public comments;
- g. The Chairman reconvened the meeting at 9:41 a.m., advised no public comments had been received, therefore closed the public comment portion of the Hearing;
- h. The Chairman called for exhibits to be entered into the record, whereby the Clerk advised there were none;
- i. On motion of Supervisor Viegas, seconded by Supervisor Corum, it was unanimously ordered to approve the Solid Waste Fee Schedule and adopt Resolution as presented.

7. **COMMUNITY ACTION DEPARTMENT - JOINT PARTICIPATION AGREEMENT AND RESOLUTION / PERMANENT LOCAL HOUSING ALLOCATION (PLHA) GRANT**

- Matter:
- 1. Authorize the Community Action Department Director, or designee, to execute an Agreement with the City of Willows and City of Orland for Joint Participation in the Permanent Local Housing Allocation Funding Program, and to modify or amend the Agreement contingent upon review and approval of the County Administrative Officer, County Counsel, and/ or the County Director of Finance, for an amount not to exceed the formula allocation provided by the State of California Department of Housing and Community Development for fiscal years 2020-2025; and
 - 2. Adopt Resolution "*Authorizing Application for, and Receipt of, Permanent Local Housing Allocation Program Funds,*" subject to the approval of the County Administrative Officer, County Counsel, and/ or the County Director of Finance.
- Proceedings:
- a. HHSA Director, Christine Zoppi reviewed the aforesaid matter and introduced Housing Tool Consultant, Sherry Mercado who presented a report on the program;
 - b. Supervisor Viegas referenced item number six under the Eligible Uses of the Formula Funds section and asked if the Westside Domestic Violence Shelter fell under this umbrella to provide emergency funding for victims transitioning to other housing, whereby Ms. Mercado stated she believes it does, however she would need to clarify that with the state;
 - c. Supervisor McDaniel asked who is responsible for paying off the loans, whereby Ms. Mercado stated because these are grant funds received from the state, the County would never have to pay back the funds. If the County put any funds into development of Affordable Housing, the County would execute a deferred loan agreement with the developer and therefore the developer would be required overtime to pay back the loan including interest;
 - d. Supervisor McDaniel asked if there are any polices that can be established now that will have long term benefit to the County, whereby Ms. Mercado stated the agreement as drafted does not include any type of revenue sharing in terms of taxes, however it specifically addresses the receipt of the funds, the criteria about how decisions would be made in terms of locations of projects and it acknowledges anticipated construction within both cities limits and the County receives credit from the state for fulfilling the Regional Housing Needs Allocation progress;
 - e. Supervisor McDaniel asked if there is a way to write policy to make it more tangible, whereby Ms. Mercado advised to defer to administrative staff and have a conversation with both cities;
 - f. Supervisor McDaniel asked what the deadline was to submit for funding, whereby Ms. Mercado stated the first opportunity deadline is July 27, 2020 and the second opportunity will be in 2021;
 - g. Supervisor Minto encouraged those distributing the funds to keep in mind the

Artois and Hamilton City areas;

h. On motion of Supervisor Minto, seconded by Supervisor Barr, it was unanimously ordered to execute the agreement and adopt Resolution 2020-049 as presented.

8. **GENERAL SERVICES - BOAT LAUNCH CHANNEL MAINTENANCE REQUEST FOR PROPOSALS**

Matter: Authorize General Services Director or designee to advertise a request for proposals for a public project allowing channel maintenance at Ord Bend and Butte City Boat Launches to improve access to the Sacramento River. Successful proposal(s) will be brought forward to Board for approval.

Proceedings: a. County Administrative Officer, Scott De Moss reviewed the aforesaid matter;
b. On motion of Supervisor Barr, Seconded by Supervisor Corum, it was unanimously ordered to approve the aforesaid matter.

9. **HEALTH AND HUMAN SERVICES AGENCY / REPORT - MENTAL HEALTH SERVICES ACT PLAN AND COMPLIANCE CERTIFICATION**

Matter: 1. Review and approve the Mental Health Services Act (MHSA) FY 2020-2021 Three-Year Plan & Annual Prevention and Early Intervention Evaluation Report (PEI) and Innovation Evaluation Report (INN); and authorize the Glenn County Mental Health Director, or designee, to sign and submit to the California Mental Health Services Oversight and Accountability Commission (MHSAOC) and the California Department of Health Care Services (DHCS); and
2. Authorize the Glenn County Mental Health Director, or designee, to sign the MHSA County Compliance Certification and submit it to the MHSAOC and DHCS; and
3. Authorize the Glenn County Mental Health Director, or designee, and the Glenn County Director of Finance, or designee, to sign the Fiscal Accountability Certification and submit it to the MHSAOC and DHCS.

Motion/Second: Supervisor Minto/Supervisor Barr

Order: Approve the aforesaid matter.

Vote: Unanimous.

10. **PERSONNEL - APPROVE ONE (1) PUBLIC SERVICE EMPLOYEE TO WORK IN EXCESS OF 25 HOURS PER WEEK**

Matter: Requesting Board of Supervisors approval, pursuant to Book of Administrative Policies and Procedures 10.09.02 .9, to allow one (1) Public Service Employee, Kylie Paulos, to work more than 25 hours per week for fiscal year 2020/2021 to meet the needs of Public Health during this difficult time of the COVID-19 Pandemic.

Motion/Second: Supervisor Viegas/Supervisor Corum

Order: Approve the aforesaid matter.

Vote: Unanimous.

11. **PUBLIC WORKS - AWARD PAVEMENT DIGOUT SERVICES AGREEMENT**

Matter: Direct the Public Works Director to return Northwest Pavement, Inc's bid bond, award the Pavement Digout Services contract to Knife River Construction, and authorize the Public Works Director, or designee, to execute the contract with a not-to-exceed amount of \$182,500. Upon review and approval of County Counsel, authorize the Public Works Director, or designee, to execute change orders in an amount not to exceed \$17,500.

Motion/Second: Supervisor Viegas/Supervisor Barr

Order: Approve the aforesaid matter.

Vote: Unanimous.

12. **PUBLIC WORKS - AGREEMENT / LAND LEASE WILLOWS AIRPORT**

Matter: Authorize the Public Works Director, or designee, to execute a land lease with Benchmark Farm Management, Inc. at the Willows-Glenn County Airport for land lease site PAP3.

Motion/Second: Supervisor Barr/Supervisor Corum

Order: Approve the aforesaid matter.

Vote: Unanimous.

13. **PUBLIC WORKS - COUNTY ROAD 35 AT WALKER CREEK RIGHT OF WAY ACQUISITION**
 Matter: Authorize the Public Works Director, or designee, to offer just compensation to Maben Farms, LLC for a TCE within a portion of Assessor's Parcel Number 020-150-008; and
 Authorize the Public Works Director, or designee, to offer just compensation to John and Tracy Marin for a TCE within a portion of Assessor's Parcel Number 020-350-030; and
 Authorize the Public Works Director, or designee, to offer just compensation to Pete B. Parker for a TCE within a portion of Assessor's Parcel Number 020-350-031; and
 Authorize the Public Works Director, or designee, to offer just compensation to Estate of Owen Rocksvold and Harriet Hunt for a TCE within a portion of Assessor's Parcel Number 020-150-002; and
 Authorize the Public Works Director, or designee, to offer just compensation to Matthew Turckel Jr. And Roxana Turckel for a TCE within a portion of Assessor's Parcel Number 020-350-028.
 Motion/Second: Supervisor Minto/Supervisor Corum
 Order: Approve the aforesaid matter.
 Vote: Unanimous.
14. **COUNTY ADMINISTRATIVE OFFICER - CORONAVIRUS RELIEF FUND**
 Matter: Adopt 2020-050 "Resolution Approving of the Conditions for Receipt of Funds Under the Budget Act of 2020 and Authorizing the County Administrative Officer to Sign the Associated Certifications."
 Proceedings: a. County Administrative Officer, Scott De Moss advised the Board that the California State Association of Counties (CSAC) announced a distribution of \$750,000,000 dollars for Realignment Back Fill and Glenn County has been allotted an amount of \$936,703 dollars. This Realignment Back Fill is related to the loss of \$3,000,000,000 dollars of sale tax for Realignment to the counties for the services the state has realigned the counties to perform on their behalf;
 b. Supervisor McDaniel asked if this makes the County partially whole with respect to the losses that the county was anticipating, whereby Mr. De Moss stated it restores basically one third of our losses;
 c. Supervisor McDaniel asked if this figure was used for the County's Budget calculations, whereby Mr. De Moss stated the budget calculations are based on last year's base amounts of realignment so there will be reductions as part of the final budget;
 d. On motion of Supervisor Viegas, seconded by Supervisor Barr, it was unanimously ordered to approve the aforesaid matter.
15. **BOARDS, COMMISSIONS, COMMITTEES & DISTRICTS**
 Matter: Boards, Committees, Commissions and Districts which are to be filled by appointment of the Board of Supervisors, will be made to comply with the requirements of the Local Appointments List Law, pursuant to Government Code Section 54970 et seq.
 Proceedings: No items were presented at this time.
16. **LEGISLATION**
 Matter: Reports from Broad Members and staff regarding new, revised and/or upcoming legislation, as well as future legislative items.
 Proceedings: a. County Administrative Officer, Scott De Moss stated the recent items of importance was the California State Association of Counties (CSAC) Realignment Back Fill and the conversation staff had with Feinstein's office;
 b. Supervisor McDaniel stated Assemblyman Gallagher scheduled a teleconferencing meeting with all the Counties and discussed the blanket mandates that the Governor has required of local Counties who have failed to meet some of the matrix analyses of the raise of COVID-19 cases such as Glenn County.

There was concern to whether the Rural Counties disregard state orders and move forward on their best practices based on local health officer advisors or should the counties work with the state and request that the state allow the issues be addressed locally rather than statewide. The final decision was that counties should send letters to encourage the Governor to reconsider some of the blanket mandates and to allow more local control specifically regarding the closure of restaurants and other public businesses that he mandated last week. Supervisor McDaniel stated in Glenn County eighty percent of the infection rate is due to social gatherings not businesses. The letter presented before the Board explains the County's concern and requests that the Governor authorize Glenn County to maintain local control and a statement has been included regarding the CARES Act funding, requesting the Governor to take immediate action to release such funds to the rural counties;

c. Supervisor McDaniel called the meeting to recess at 10:31 a.m. in order for the board members to review proposed letter;

d. Supervisor McDaniel reconvened the meeting 10:42 a.m.;

e. Supervisor Viegas stated he received a public comment from Bryon Denton requesting the Board to include Congressman Garamendi if this item is approved;

f. Supervisor Barr stated the number of counties in paragraph two is incorrect and it should be twenty-three, whereby Supervisor McDaniel advised checking online for the correct total;

g. Supervisor Barr stated he felt the letter was in conflict with the Local Public Health Order and Governor's mandate, whereby Supervisor McDaniel stated the intent of the letter is to acknowledge the County is being mandated and complying with the State, however if the County was given local control we would be able to resend the order much faster than three weeks, whereby County Counsel William Vanesek clarified the order the Public Health Officer issued was recommended from the State and in the event that circumstances change, he could withdraw the order however because the State taken that position they would put it back in place so the purpose of the letter is to give the County local control.

h. On motion of Supervisor Viegas, seconded by Supervisor Corum, it was unanimously ordered to authorize the Chairman to sign the letter after corrections are made.

17. **PUBLIC NOTICE - MENDOCINO NATIONAL FOREST INCREASES ACCESS TO RECREATION**

Matter: Information Only, no action required.

Proceeding: This item was read into record with no action taken.

18. **BOARD MEMBER REPORTS AND FUTURE AGENDA ITEMS**

Matter: Reports from Board Members and suggestions relative to potential topics for future meetings.

a. Supervisors gave reports on activities and various meetings they participated in via telecommuting;

b. County Administrative Officer, Scott De Moss gave an update on the latest COVID-19 statistics for Glenn County, staff informed him that the state granted an Optum Serve Testing site and will be located at the Orland Memorial Hall. The Public Health Officer issued an order to the closure of bars and modify to outdoor or take out for restaurants, museums and family entertainment. Mr. De Moss also mentioned that he was contacted by 3 CORE due to being contacted by State GO BIZ requesting assistance to distribute masks, gloves and hand sanitizers to all the businesses in the North State. The materials will be arriving today and he is working with Orland City Manager, Pete Carr and Willows City Manager, Wayne Peabody on how to distribute the items;

c. Supervisor Viegas confirmed it was only for small businesses with twenty five or less employees who are eligible, whereby Mr. De Moss stated that was correct and they would be eligible for enough supplies to last 30 days;

d. Supervisor Viegas asked if businesses want to send employees to be tested, they still have to come to Willows, whereby Mr. De Moss stated we currently have testing at the Public Health Department, the Glenn Medical Center, an Optum Serve Site in Butte County and Shasta County;

- e. Supervisor Viegas asked if there is a cost, whereby Mr. De Moss stated the Optum test site works with health insurances and the Governor made certain tests mandated as preventive care;
- f. Supervisor McDaniel asked if the GO BIZ masks were in addition to the masks the Agricultural Commissioner's office is distributing to all agricultural workers and agricultural businesses, whereby Mr. De Moss stated that is correct;
- g. There were no items added to the Future Agenda Item List.

19. The Chairman adjourned the meeting at 10:58 a.m.

LEIGH W. McDANIEL, Chairman

ATTEST:

Di Aulabaugh
Clerk of the Board of Supervisors

BY: _____
TINA BROTHERS, ASA II - Deputy Clerk