GLENN COUNTY
BEHAVIORAL HEALTH

Mental Health Services Act
Three-Year Plan
FY 2014/2015 through FY 2016/2017

POSTED
May 28, 2014 through June 26, 2014

This MHSA Three-Year Plan (FY 2014/15- FY 2016/17) is available for public review and comment from May 28, 2014 through June 26, 2014. We welcome your feedback in writing, by phone, in person, or via email, or at the Public Hearing to be held on June 26, 2014.

Public Hearing Information:
Thursday, June 26, 2014 from 11:00 am to 12:00 pm
Glenn County Harmony House
343 Yolo Street, Orland, CA 95963
Phone 530-865-6725

Comments or Questions? Please contact:
Amy Lindsey, Deputy Director
Glenn County Behavioral Health
242 North Villa Street, Willows, CA 95988
Phone 530-934-6582; Fax 530-934-6592

Thank you!

Exhibit A

MHSA Community Program Planning and Local Review Process

County: GLENN **30-day Public Comment period dates:** 05/28/14-06/26/14

Date: 05/28/14 **Date of Public Hearing:** Thursday, June 26, 2014

COUNTY DEMOGRAPHICS AND DESCRIPTION

Describe the county, including size and location, threshold languages, unique characteristics, age, gender, and race/ethnicity.

Glenn County is located in Northern California, approximately 100 miles north of the state capitol in Sacramento. Glenn County is 1,313 square miles and is considered a rural county with 21 persons per square mile. Glenn County's population is 27,940 (*American Community Survey, United States Census*). Population data shows that approximately 59% of residents are Caucasian, 38.7%% are Latino, 1.1%% are African American, 4% are Asian, 2.9% are Native American, and 7% are other race. There are four primary towns in the county: Willows, population 6,220; Orland, population 6,281; Hamilton City, population 1,903; and Elk Creek, population 586 (*United States Census 2010*). The remainder of our population lives in unincorporated areas of the county.

The residents of Hamilton City are predominately Latino, with 85% 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.

All services are sensitive to the client's cultural and linguistic background and delivered in the person's preferred language, which promote a welcoming environment that meets the needs of our population.

The census estimates that 34% 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 1,717 veterans, which represent 6% of the population.

Approximately 7.7% of the population is under 5 years of age, 27.6% are ages 6-17, 50.7% are ages 18-64, and 14% are over 65 years of age. Females represent 49.5% of the population.

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

1. ***Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2014-2017 Three Year Plan.***

The Community Program Planning (CPP) process for the development of the FY 2014/15-2017/18 Three-Year Plan builds upon the planning process that we utilized for the development of our past Three-Year Plan and our Annual Updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of over 1200 diverse stakeholders through focus groups, stakeholder meetings, and surveys.

For the planning process for the FY 2014/15-2017/18 Three-Year Plan, we conducted focus groups and stakeholder meetings at both our adult wellness center (Harmony House) the Transition Age Youth (TAY) Center in the spring of 2014, and the Transitions Learning Center (TLC). In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved. We also obtained information from a number of different stakeholders by asking them to complete a survey. We received surveys from 90 individuals. Of these individuals, 13% were Transition Age Youth (TAY); 33% were adults ages 18-40; 41% were ages 41-59; and 8% were older adults (60+).

With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the MHSA are still valid and provide an excellent guide for maintaining our MHSA services in FY 14/15-17/18.

In addition to these stakeholder groups and surveys, we routinely discuss and obtain input on the utilization of MHSA funds with our key stakeholders during our monthly System Improvement Committee (SIC) meetings, our MHSA consumer meetings, and the monthly Mental Health, Alcohol and Drug Commission. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Three Year Plan and the strategy to maintain and enhance services.

We have also analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. This outcome data includes analysis of the Risk/Resiliency measures, analysis of service utilization, reduction in inpatient services, and use of crisis services. Outcome and service utilization data is analyzed and reviewed by the SIC to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.

The proposed Three-Year Plan was developed and approved by the SIC after reviewing data on our current programs (including FSP data); analyzing community needs based on stakeholder input from the focus groups and surveys; and determining the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA Three-Year Plan planning, development, and evaluation activities were discussed with the Mental Health, Alcohol and Drug Advisory Board members; during SIC meetings; at Cultural Competence Committee meetings; to AB109 service recipients; during Katie A meetings; during inter-agency planning committees (Multi-Agency Planning Team); and at staff meetings to obtain input and strategies for improving our service delivery system.

2. ***Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.). Include how stakeholder involvement was meaningful.***

The MHSA Three-Year Plan community planning process included a wide representation from the community, AB 109 service participants, social service agencies, law enforcement, probation, education, and persons with lived experience and family members. This process also included involvement of our TAY and peer mentors. Each participant completed one of four surveys, designed for TAY, school personnel, adults, and family members. The results of each survey are shown in Attachment A.

The survey participants reflects the race/ethnicity of our community: 54% were Caucasian, 25.6% Hispanic, 3% Native American, and 2% Asian. There were 14% who did not report their race/ethnicity. 34% of the participants were male and 56% female. School personnel represented 42% of the respondents; 9% were family members; 33% were adults; and 13% were TAY. The adults included consumers; individuals from the Mental Health, Alcohol and Drug Advisory Board; and provider agency staff. We also conducted focus groups to obtain additional information from TAY and adults with lived experience.

LOCAL REVIEW PROCESS

1. ***Describe methods used to circulate, for the purpose of public comment, the proposed plan. Provide information on the public hearing held by the local mental health board after the close of the 30-day review.***

This proposed MHSA FY 2014/15-2017/18 Three-Year Plan has been posted for a 30-day public review and comment period from May 28, 2014 through June 26, 2014. An electronic copy has been posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The website posting provides contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. A hard copy of the Annual Update has been distributed to all members of the Mental Health, Alcohol and Drug Advisory Board; MHSA System Improvement Committee; consumer groups; and staff. Copies of the Annual Update have been placed at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center; with partner agencies; and at the local libraries. The Annual Update is also available to clients and family members at all of these sites, on the County website, and upon request.

A public hearing will be held on Thursday, June 26, 2014 at Harmony House, 343 Yolo Street, Orland, CA 95963, from 11:00 a.m. to 12:00 p.m.

2. ***Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the annual update that was circulated or indicate if no substantive comments were received.***

Input on the MHSA FY 2014/15-2017/18 Three-Year Plan will be reviewed and incorporated into the final document, as appropriate, prior to submission to the County Board of Supervisors for review.

Exhibit B

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS

1. ***Provide a program description (must include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.***

The Glenn County MHSA activities have been very successful. We created a strong foundation of programs with our two wellness centers, Harmony House for adults and older adults, and the Transition Age Youth (TAY) center for youth. These wellness centers have created an alternative to our mental health clinics for supporting individuals in their wellness and recovery.

FY 2013/14 continued to be very successful. We expanded our Full Service Partnership (FSP) program. Our Weekend Wellness Program, which is an MHSA Innovation program, helps support individuals to successfully live in the community, following discharge from an IMD, board and care and/or group home. This program also supports 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 week day programs. This program has had excellent outcomes, with less than 5% of the program participants returning to higher levels of care and placement. At the end of our third year, we are transitioning our Weekend Wellness program from Innovation funding to being sustained through CSS and Medi-Cal reimbursement for services. This program has been so successful that we will continue to offer the program to the highest need individuals in the county, to help them live successfully in the community.

Our CSS program is also enhanced by our continued successful implementation of our SAMHSA/HRSA Primary and Behavioral Health Care Integration grant: the Health Care Collaborative (HCC). We are now offering primary care services at our Behavioral Health facility in Orland, through a contract with Ampla Health Care, our local Federally Qualified Health Center (FQHC). In addition, we continue to expand the number of different wellness and healthy living support services that we offer at Harmony House and the TAY Center. These healthy support services include nutrition and cooking classes, yoga, exercise and fitness, smoking cessation, and meditation. We have worked closely with the Primary Care Physician Assistant at Ampla Health Care to support individuals to stop smoking, manage their chronic health conditions (diabetes, high blood pressure), and reduce their dependence on pain medications. Over 40% of our clients who smoked when they entered the program have stopped smoking while participating in the program. Others have learned how to manage their pain without the use of pain medication. We also offer a wellness support group in Spanish to our clients who are monolingual. This group has achieved excellent health outcomes and creates a supportive environment to help improve health outcomes for these individuals.

To ensure a recovery focus and to support consumer voice, we utilize up to four (4) part-time Youth Peer Mentors and four (4) part-time Adult Coaches to help deliver appropriate services and navigate the mental health system. Peer Mentors and Coaches have 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. Our Peer Mentors and Coaches are involved with our 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.

Youth often access services at our TAY Center in Orland, which provides individuals ages 15-25 with a safe, comfortable place to receive services and participate in age-appropriate activities. The TAY Center offers a youth-driven, youth-friendly environment offering peer support, communication skills, expressive arts, mentoring, and counseling. The TAY Center is located in a comfortable house that welcomes youth to participate in healthy activities. Youth are involved in activities to reduce stigma, reduce depression and suicidal behavior, and develop strength-based skills. Youth are also involved in reducing stigma for youth who are LGBTQ, and have successfully implemented programs in the high schools.

The Adult and Older Adult programs, including the FSP component, include the adult wellness center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House allows adults and older adults to come together, participate in a number of different groups and classes, practice cooking skills in the fully equipped kitchen, and socialize in the living room and/or family room. This consumer-driven program is designed to promote health, recovery, and wellness for adults and older adults. It provides an opportunity for individuals to develop Wellness and Recovery Action Plans (WRAP) and receive comprehensive mental health services.

We continue to provide Outreach and Engagement activities to persons in the community who are at-risk of needing mental health services. We also offer outreach to the homeless population in the county. When available, individuals utilize our washing machine and dryer, as well as take showers, and enjoy a warm meal when they visit the center. They are encouraged to access other services, after they have developed trusting relationships with the Harmony House staff and clients.

Services are also available at our two mental health clinics: the outpatient clinic located in Willows; and the Community, Recovery and Wellness Center (CRWC). The CRWC is the location where we offer primary care services. This year, we are in the process of creating a Transitions Learning Center (TLC) for individuals in the AB109 program and other community members to help individuals linked to needed services. These individuals can receive several of their services at the TLC. These services may include primary care, mental health, psychiatry, substance use treatment, employment skills, and linkage to benefits. In the future, we plan to co-locate a child welfare social worker and an eligibility work at TLC for a few hours each week, to help meet the needs of these individuals as they transition into the community. This center creates a welcoming environment to help improve outcomes and support individuals to successfully remain in the community, with reduced involvement with law enforcement.

The tables below show the number of CSS clients served, by age and race/ethnicity. They also show the total dollars and dollars per client.

CSS Clients by Age
FY 2013/14

	0 - 15 years	16 - 25 years	26 - 59 years	60+ years	Total
# Clients	211	135	358	65	769
% Clients	27.4%	17.6%	46.6%	8.5%	100.0%

CSS Clients by Race/Ethnicity
FY 2013/14

	Caucasian	Hispanic	Black/ African American	Asian/ Pacific Islander	American Indian/ Alaskan Native	Other/ Unknown	Total
# Clients	469	201	16	27	28	28	769
% Clients	61.0%	26.1%	2.1%	3.5%	3.6%	3.6%	100.0%

CSS Clients by Gender
FY 2013/14

	Male	Female	Total
# Clients	317	452	769
% Clients	41.2%	58.8%	100.0%

CSS
Dollars per Client by
Service Type
FY 2013/14

	Total
# Dollars	$ 2,436,590
# Clients	769
Avg. Hrs/Clt	$ 3,169

2. ***Describe any challenges or barriers, and strategies to mitigate.***

The most significant challenge is a personnel shortage in Glenn County. We have plans to locate Medi-Cal Outreach Intake staff at the Transitions Learning Center to collect eligibility information. The jail has also lost several staff to positions in other counties, creating a shortage for developing interagency services and supporting individuals to become linked to resources.

As we design groups of services at the Transitions Learning Center, we are cognizant of individuals with different gang affiliations. We develop different groups to ensure that we are creating a safe environment for these individuals.

We are also in the process of expanding our mental health staffing to meeting the needs of our expanding Medi-Cal population and to expand services to serve persons with mental health conditions referred from our local managed care organization.

3. List any significant changes in Three-Year Plan, if applicable.

We are not making significant changes in our Three-Year Plan. While we will continue to offer the full range of services, including FSP services for individuals in our CSS programs, we will expand services to enhance family voice and expand family activities and relationships. Our MHSA surveys were completed by a number of different individuals from the community, and they clearly identified the need to enhance family relationships and activities, for all age groups.

Based upon feedback from these surveys, we will improve our programs to enhance family relationships across all age groups; increase family activities to promote wellness and improved outcomes; expand our services for persons with co-occurring mental health and substance use disorders; and reduce depression and suicidal behavior. We have collaborated with our Child Welfare program and hired a Child Welfare Case Manager to work as a Parent Partner, supporting families in the Katie A program, as well as other families involved with our programs.

We will continue to expand our programs and collaborate with our partner agencies, including schools, law enforcement, social services, and probation. We will continue expanding our services for children enrolled in the Katie A program. In addition, we will expand efforts to reduce bullying and improve anger management skills in school age children and youth.

We will also expand our services to support early recognition of depression, suicide, and help reduce the stigma of accessing mental health services. We will offer training in the community to 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 Applied Suicide Intervention Skills Training (ASIST), SAFETALK, and Mental Health First Aid training for partner agencies in our community.

Following three successful years of implementing our Weekend Wellness Innovation program, we are transitioning the program from Innovation funding to being sustained through CSS and Medi-Cal reimbursement for services. This program has been so successful that we will continue to offer the program to the highest need individuals in the county, to help them live successfully in the community.

Exhibit C

MHSA Program Component
PREVENTION AND EARLY INTERVENTION

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

PEI funds four (4) projects: 1) The Welcoming Line 2) Transportation Services, 3) Parent Child Interactive Therapy (PCIT), and 4) Suicide Prevention.

1) The Welcoming Line is 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 to talk with. Currently, the line is open from 1:00 pm – 5:00 pm, Monday through Friday. The Welcoming Line is located at our MHSA Adult Wellness Center, Harmony House, and is staffed by trained individuals 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 persons to call each week, which provides them with a weekly supportive connection.

   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 transition age youth, individuals and family members experiencing stress; lesbian, gay, bisexual, transsexual, questioning (LGBTQ) individuals; and older adults. 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.

   The Welcoming Line averages six calls per day, with a range of 1 to 17 calls. Approximately 60% of the callers are female, and only a small percentage require an interpreter. The majority of 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.

2) We utilize PEI funds to offer Transportation Services to help clients to access services, promote health and wellness, and provide outreach services. These transportation outreach services link clients to needed community services, including mental health, health, substance abuse treatment, physical health care, and other community-based programs. Transportation services ensure that clients receive the support and care needed to remain stable and living in the community. In addition, transportation services help link hard-to-reach individuals at our local food bank and other community centers with needed mental health services. Transportation services were added in the FY 12/13 Annual Update in response to stakeholder feedback that additional transportation services were needed to meet the needs of the clients and to outreach to the community.

3) 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, coaches the development of relationship enhancement 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 very strong outcomes for both parents and children. Case Managers may provide in-home support to generalize the skills learned in the home setting, including replacement skills.

   PCIT is utilized for parents of children 0-8 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.

   We utilize existing clinical staff, who have been certified as PCIT trainers, for training other staff to utilize this evidence-based practice. This strategy includes training bilingual, bicultural staff to implement PCIT for our Spanish-speaking families. This training continues to expand our capacity to offer these exemplary services to our Hispanic population.

4) The Suicide Prevention Program works to provide a number of suicide prevention activities in the county. These activities include training of staff and first responders to recognize the warning signs of suicidal behavior; developing and disseminating techniques to improve community response to situations involving suicide threat; and developing resources and linkages across agencies and within the community for individuals in crisis. Coaches/Peer Mentors, Case Managers, and clinicians are all involved in outreach and training activities.

   Staff work closely with CalMHSA to develop and expand our suicide prevention activities. We conduct outreach activities to both youth in the community and to the general adult and older adult population throughout the county. The youth outreach activities include handing out flyers and brochures; developing posters; and dispersing tangible items (such as wristbands) at the local high schools. Outreach to adults and older adults occur at community events, such as health fairs, churches, and other venues, and include educational materials and informational meetings.

   We also conduct a number of suicide prevention trainings through the year at the local high schools and with other community agencies (e.g., law enforcement, Child Welfare Services, Adult Protective Services, etc.). We will utilize evidence-based practices including ASIST, SAFETALK, and Mental Health First Aid. 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.

We also participate in a Tri-County consortium with Butte and Tehama County called "Care Enough To Act." The three counties meet quarterly to discuss suicide prevention activities, and share materials and ideas for strengthening our community's skills in suicide prevention.

We are also training staff to implement a Bullying Prevention program called "See It, Speak It, Change It." Bullying was identified as a significant issue in our community by youth, schools, and our adult clients, who experienced bullying as children and as adults. This program helps to identify bullying behavior and develops skills and strategies for changing the behavior. We will utilize our Peer Mentors using a Say It Straight model to help stop bullying. This program will be designed and delivered to freshmen at the high schools, during Freshmen Orientation week, and throughout the year. We will also give teachers the skills to address bullying and help to change it.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

The PEI programs address many of the key issues identified in our surveys. The community is very supportive of our plans to deliver training in identifying depression, suicide, and bullying. Offering training to help develop skills to identify and address these key issues will be well received by our allied partners. We need to identify additional staff to be trained as trainers. We plan to send at least two additional staff to "Train-the-Trainer" trainings to increase the number of staff who can provide training in these evidence-based practices. We have not identified any major challenges or barriers to our successful implementation.

3. ***List any significant changes in Three-Year Plan, if applicable.***

As noted above, we are expanding services to address the key issues identified in our surveys and during focus groups. We will continue to implement the four planned PEI programs, with expanded emphasis on bullying and development of family activities and family relationships. Our ASIST trainings and SAFETALK program will support these goals.

Exhibit D

MHSA Program Component
INNOVATION

☒ **Completely New Program**
☐ **Revised Previously Approved Program**

Program Number/Name:

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

☒ Increase access to underserved groups
☒ Increase the quality of services, including better outcomes
☒ Promote interagency collaboration
☒ Increase access to services

1. *Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.*
We are starting a new Innovation project: developing a System-wide Mental Health Assessment Response Treatment (SMART) Team. The SMART Team will utilize evidence-based practices that provide a comprehensive, innovative, mentoring program to address the need for a comprehensive threat prevention and management program in our county. The SMART Team will bring together law enforcement, probation, schools, mental health, and co-occurring treatment programs to train, screen, intervene, and provide case management and monitoring to identify and manage any potential threats to our schools and/or community. In addition, the SMART Team will provide community-wide crisis response, clinical case management, and follow-up services. This comprehensive team will also utilize evidence-based practices to offer suicide assessment and prevention, train school staff on bullying prevention, and provide the clinical services needed to address any identified issues.
2. *Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; <u>or</u> introduces to the mental health system a community defined approach that has been successful in a non-mental health context.*
The SMART Team will be available throughout the county to address many of the key issues identified on our MHSA surveys and in our focus groups. The SMART Team will respond to all community crisis situations, conduct school threat assessments, identify situations of bullying, and provide follow-up treatment, brief therapy, and case management services, as needed. If an individual and/or family needs ongoing treatment, they will be linked to appropriate services and/or behavioral health services through a warm handoff, when appropriate. This program is a comprehensive, innovation approach to addressing crisis situations, school threats, bullying, suicide prevention, and treatment to achieve positive outcomes. The SMART Team will be available to triage each situation, provide the needed services (medications, housing, food, mental health treatment), and link the individual and/or family to ongoing supportive services, as needed. We will utilize mental health staff, health care, adult Consumer

Coaches, and Youth Peer Mentors to create a safe environment for schools and our communities. The team will collaborate with law enforcement, probation, the schools, social services, and eligibility to address key issues for children, youth, families, and adults in our community. The SMART Team will also address issues of domestic violence and development of positive family relationships, to promote healthy homes and schools.

Each individual and/or family that needs ongoing follow-up and services will be enrolled in our evaluation activities. This will provide the needed information to track individual outcomes over time to assess the outcomes of the program.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.
The SMART Team utilizes evidence-based tools to support and are consistent with the MHSA General standards. We selected this Innovation program to promote and create safe environment and meet the needs of unserved and underserved individuals in our community. We are collaborating with our primary allied agencies to create a comprehensive prevention, intervention, and monitoring program to reduce depression, suicide, bullying, and school threat situations. We are supporting law enforcement, mental health, schools, healthcare, and substance use treatment staff to provide timely crisis response, ongoing intervention, and training to reduce the impact of suicide, violence, and bullying on our schools and communities, and threat assessment.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.
We anticipate that we will serve 25 children (ages 5-15); 20 Transition Age Youth (ages 16-25); and 30 adults (ages 26-59); and 5 older adults (ages 60+). It is expected that we will serve approximately 25% Hispanic, 70% Caucasian, and 5% other race/ethnicity groups. Approximately 50% will be females. The majority of youth will speak English. We anticipate that approximately 5% of the individuals utilizing the SMART Team will have Spanish as their primary language.

3. *Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.*
We will implement the SMART Team across the three- year time period. This will allow ample time to hire staff, train staff in the evidence-based practice models, engage community members to participate in training activities, and fully implement the program. We anticipate that we will start to implement components of this program within the first three months of funding. However, full implementation and coordination of services will occur at the end of the first year. This strategy will allow two additional years to fully implement and expand the program across the county.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.
We will collect data on key indicators. The number of children, TAY, and adults referred, number of crisis response situations, outcome of the crisis. Number of individuals receiving ongoing case management, and numbers referred for ongoing services will be measured. In addition, key events such as the number of suicide attempts, school threats, referrals for bullying, and crisis response situations will be measured. Our evaluation activities will be developed and implemented with guidance from our System Improvement Committee and oversight by the Mental Health, Alcohol and Drug Commission.

5. If applicable, provide a list of resources to be leveraged.
In addition to MHSA funding, we will utilize Medi-Cal revenue whenever possible, to support the crisis response and ongoing mental health treatment services.

6. Please provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Project – SMART Team

- Year 1: $341,964
- Year 2: $234,624
- Year 3: $239,756

This Innovation Project utilizes evidence-based practices that provide a comprehensive, innovative, mentoring program to address the need for a comprehensive threat prevention and management program in our county. The SMART Team will respond to all community crisis situations, conduct school threat assessments, identify situations of bullying, and provide follow-up treatment, brief therapy, and case management services, as needed. If an individual and/or family needs ongoing treatment, they will be linked to appropriate services and/or behavioral health services through a warm handoff, when appropriate. Expenditures will support this model; ensure that we are able to fully implement the project; and allow us to conduct supervision, evaluation, and reporting activities.

A detailed budget for Year 1 is included below.

INNOVATION PROJECT – YEAR 1 NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Personnel	249,855			249,855
2.	Operating Expenditures	51,729			51,729
3.	Non-recurring Expenditures	0			0
4.	Contracts (Training, Consultant, Contracts)	24,098			24,098
5.	Work Plan Management	0			0
6.	Other Expenditures (Admin)	16,282			16,282
	Operating Reserve	**0**			**0**
	Total Proposed Expenditures	**341,964**			**341,964**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	137,135			137,135
	b. State General Funds	0			0
	c. Other Revenues	298			298
	Total Revenues	137,433			137,433
C. TOTAL FUNDING REQUESTED		**204,531**			**204,531**

D. BUDGET NARRATIVE – INNOVATION PROJECT – YEAR 1

A. Expenditures

1. **Personnel** – This line item includes salaries and benefits for the following positions: a) 0.10 FTE Coordinator; b) 1.0 FTE Mental Health Case Manager; c) 1.0 FTE Sr. Mental Health Counselor; d) 0.5 FTE Adult Coach; e) 1.0 FTE Peer Mentor; and 0.25 FTE Sheriff. Expenditures in this category are based on current County Personnel Salary tables.

2. **Operating Expenditures** – This line item includes facility costs, such as rent, and other operating expenses including communications, office supplies, utilities, IT, and janitorial costs. Expenses also include ongoing client supports, medications, food, housing, etc. Expenditures are based on historical costs.

3. **Non-recurring Expenditures** – No expenditures are included in this category.

4. **Contracts (Training, Consultant, Other Contracts)** – This line item includes the project's portion of general mental health contracts, such as project evaluation.

5. **Work Plan Management** – No expenditures are included in this category.

6. **Other Expenditures** – This line item includes administration costs associated with the project.

B. Revenues

1. **New Revenues** – Revenue is estimated from Medi-Cal and other funding sources.

Exhibit E

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING

1. Provide a program description. Include achievements.

Full implementation of the WET Plan was completed in 09/10. We contract with Relias Learning (formerly Essential Learning) for multi-year access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. Consumer employees also have access to this system and find it valuable for general mental health training and information.

As written in our original WET Plan, we offer both on-site and off-site training opportunities to staff and allied agency partner staff, as appropriate. This fiscal year, we anticipate sending staff and partner agency staff to regional training, including PCIT, ASIST, SAFETALK, SMART, and Mental Health First Aid training. We are also identifying additional evidence-based practices that we can use to enhance services. Specifically, we are enhancing our services to include more family support and services. Through our partnerships with other agencies, we have identified the need to train staff and partner agency staff in Evidence-Based Practices. We will utilize WET funds to support staff and partner agencies in attending these identified trainings. We will also continue to collaborate with partner agencies to provide training to staff on CHAT, the Child Welfare system, and other relevant topics.

Through the WET Program, we also offer a stipend to MSW and/or MFT interns each semester who are working at the Mental Health Clinic to help pay for mileage and other expenses. This program allows us to recruit individuals from California State University, Chico, and other institutional organizations, who might otherwise be unable to intern in our county due to commuting costs.

2. Describe any challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any.

We have successfully implemented the WET component and have not encountered any significant challenges or barriers. We will continue to develop opportunities to expand our training capacity for both staff and consumers.

3. List any significant changes in Three-Year Plan, if applicable.

No significant changes to the WET Program are anticipated in this fiscal year.

Exhibit F

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. ***Provide a program description (must include number of clients served, age, race/ethnicity). Include achievements.***

The Capital Facilities funds provided the opportunity to expand our existing facilities to better meet the service needs of our clients. With these funds, we purchased a modular building for service provision and office space in Orland. This Capital Facilities Project fully supports our MHSA goals and objectives to improve access for unserved and underserved clients, make services more welcoming to promote wellness and recovery, and achieve optimal outcomes. The building was fully completed and operational in September 2013.

The Technological Needs funds supported our implementation of an electronic client record through the purchase of a new server, expanded IT network, and clinical desktop software. This Technological Needs Project enhanced our MSHA activities by creating a secure network which ensures client confidentiality and creates the capacity for an electronic clinical record. This project minimizes paperwork and maximizes staff time for service delivery to our clients, promoting resiliency, wellness, and recovery so that clients achieve positive outcomes.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

The main barrier to the installation of the modular building was waiting for approval of all the necessary permits. In this small, rural, agricultural community, the canals which carry water are closely protected. As a component of the building installation, we had to dig under a canal to install water and sewer pipes. As a result, we had to obtain the proper permits and wait to dig at the appropriate time of year (to avoid disrupting the flow of water). We have successfully completed this process, the modular has been installed, ramps built, and utilities completed. We received all final approvals and needed fire clearance. We have been utilizing this building since September 2013.

3. ***Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.***

The Capital Facilities project has been implemented through adjusted timelines. The Technological Needs project has been successfully completed.

4. ***List any significant changes in Three-Year Plan, if applicable.***

No significant changes to the CFTN Programs are anticipated in this fiscal year.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: GLENN Date: 5/28/14

	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 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,140,141	370,611	104,508	376,240	10,000	
2. Estimated New FY2014/15 Funding	2,061,481	515,370	135,624			
3. Transfer in FY2014/15[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	3,201,622	885,981	240,132	376,240	10,000	
B. Estimated FY2014/15 MHSA Expenditures	2,046,694	515,370	204,531	68,932	6,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,154,928	370,611	35,601	307,308	4,000	
2. Estimated New FY2015/16 Funding	1,783,137	445,784	117,312			
3. Transfer in FY2015/16[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	2,938,065	816,395	152,913	307,308	4,000	
D. Estimated FY2015/16 Expenditures	1,783,137	445,784	117,312	68,932	2,000	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,154,928	370,611	35,601	238,376	2,000	
2. Estimated New FY2016/17 Funding	1,822,136	455,534	119,877			
3. Transfer in FY2016/17[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2016/17	0	0				0
5. Estimated Available Funding for FY2016/17	2,977,064	826,145	155,478	238,376	2,000	
F. Estimated FY2016/17 Expenditures	1,822,135	455,534	119,878	68,932	2,000	
G. Estimated FY2016/17 Unspent Fund Balance	1,154,929	370,611	35,600	169,444	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	88,510
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	88,510
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	88,510
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	88,510

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 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. MHSA CSS Comprehensive Service Plan	1,043,814	517,556	379,092		105,867	41,299
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. MHSA CSS Comprehensive Service Plan	2,755,524	1,366,276	1,000,750		279,473	109,025
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	239,503	162,862	67,061			9,580
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,038,841	2,046,694	1,446,903	0	385,340	159,904
FSP Programs as Percent of Total	51.0%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. MHSA CSS Comprehensive Service Plan	909,400	417,621	354,453		98,673	38,653
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. MHSA CSS Comprehensive Service Plan	2,642,010	1,213,282	1,029,765		286,667	112,296
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	223,874	152,234	62,685			8,955
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,775,284	1,783,137	1,446,903	0	385,340	159,904
FSP Programs as Percent of Total	51.0%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: GLENN | Date: 5/28/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. MHSA CSS Comprehensive Service Plan	929,289	432,084	358,334		99,800	39,071
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. MHSA CSS Comprehensive Service Plan	2,658,806	1,236,244	1,025,236		285,540	111,786
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	226,187	153,807	63,332			9,048
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,814,282	1,822,135	1,446,902	0	385,340	159,905
FSP Programs as Percent of Total	51.0%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Welcoming Line	60,876	60,876				
2. Suicide Prevention	162,232	162,232				
3. Transportation	27,955	27,955				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Bullying	61,923	61,923				
12. PCIT	178,748	171,386	6,935			427
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	30,998	30,998				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	522,732	515,370	6,935	0	0	427

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Welcoming Line	57,663	57,663				
2. Suicide Prevention	153,671	153,671				
3. Transportation	26,480	26,480				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Bullying	58,655	58,655				
12. PCIT	141,694	121,694	15,000		5,000	
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	27,621	27,621				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	465,784	445,784	15,000	0	5,000	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Welcoming Line	58,870	58,870				
2. Suicide Prevention	156,887	156,887				
3. Transportation	27,034	27,034				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Bullying	59,883	59,883				
12. PCIT	144,660	124,660	15,000		5,000	
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	28,200	28,200				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	475,534	455,534	15,000	0	5,000	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. SMART	325,771	196,488	129,003			280
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	16,193	8,043	8,132			18
Total INN Program Estimated Expenditures	341,964	204,531	137,135	0	0	298

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. SMART	220,710	110,355	110,355			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	13,914	6,957	6,957			
Total INN Program Estimated Expenditures	234,624	117,312	117,312	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: GLENN　　　　Date: 5/28/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. SMART	225,538	112,769	112,769			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	14,218	7,109	7,109			
Total INN Program Estimated Expenditures	239,756	119,878	119,878	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	17,500	17,500				
2. Training and Technical Assistance	37,884	37,884				
3. Mental Health Consumer Pathways	4,000	4,000				
4. Internships	3,000	3,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,548	6,548				
Total WET Program Estimated Expenditures	68,932	68,932	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	17,500	17,500				
2. Training and Technical Assistance	37,884	37,884				
3. Mental Health Consumer Pathways	4,000	4,000				
4. Internships	3,000	3,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,548	6,548				
Total WET Program Estimated Expenditures	68,932	68,932	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	17,500	17,500				
2. Training and Technical Assistance	37,884	37,884				
3. Mental Health Consumer Pathways	4,000	4,000				
4. Internships	3,000	3,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	6,548	6,548				
Total WET Program Estimated Expenditures	68,932	68,932	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: GLENN Date: 5/28/14

	Fiscal Year 2014/15					
	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 - Capital Facilities Projects						
1. Orland Facility	6,000	6,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,000	6,000	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: GLENN

Date: 5/28/14

	Fiscal Year 2015/16					
	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 - Capital Facilities Projects						
1. Orland Facility	2,000	2,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,000	2,000	0	0	0	0

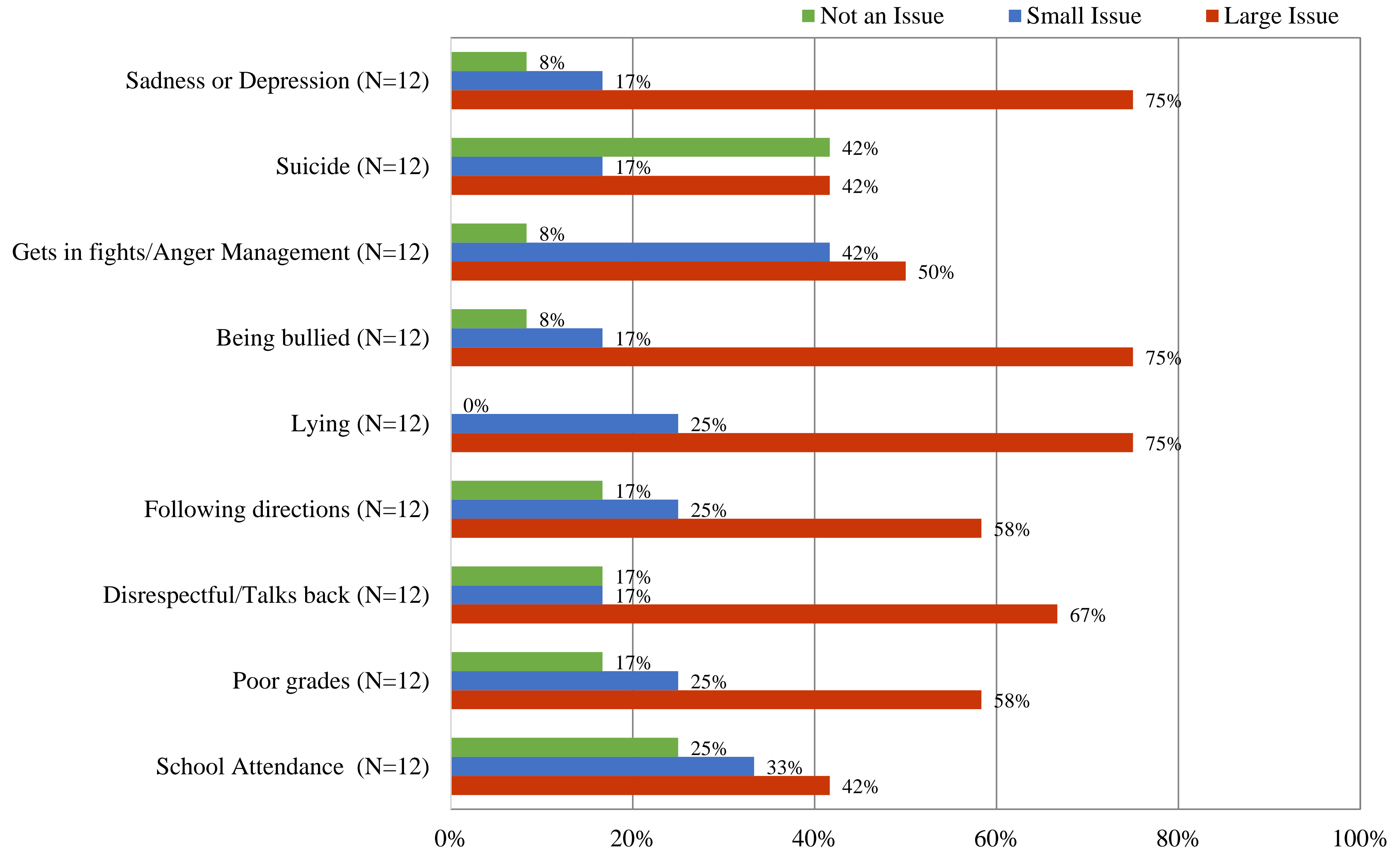
FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

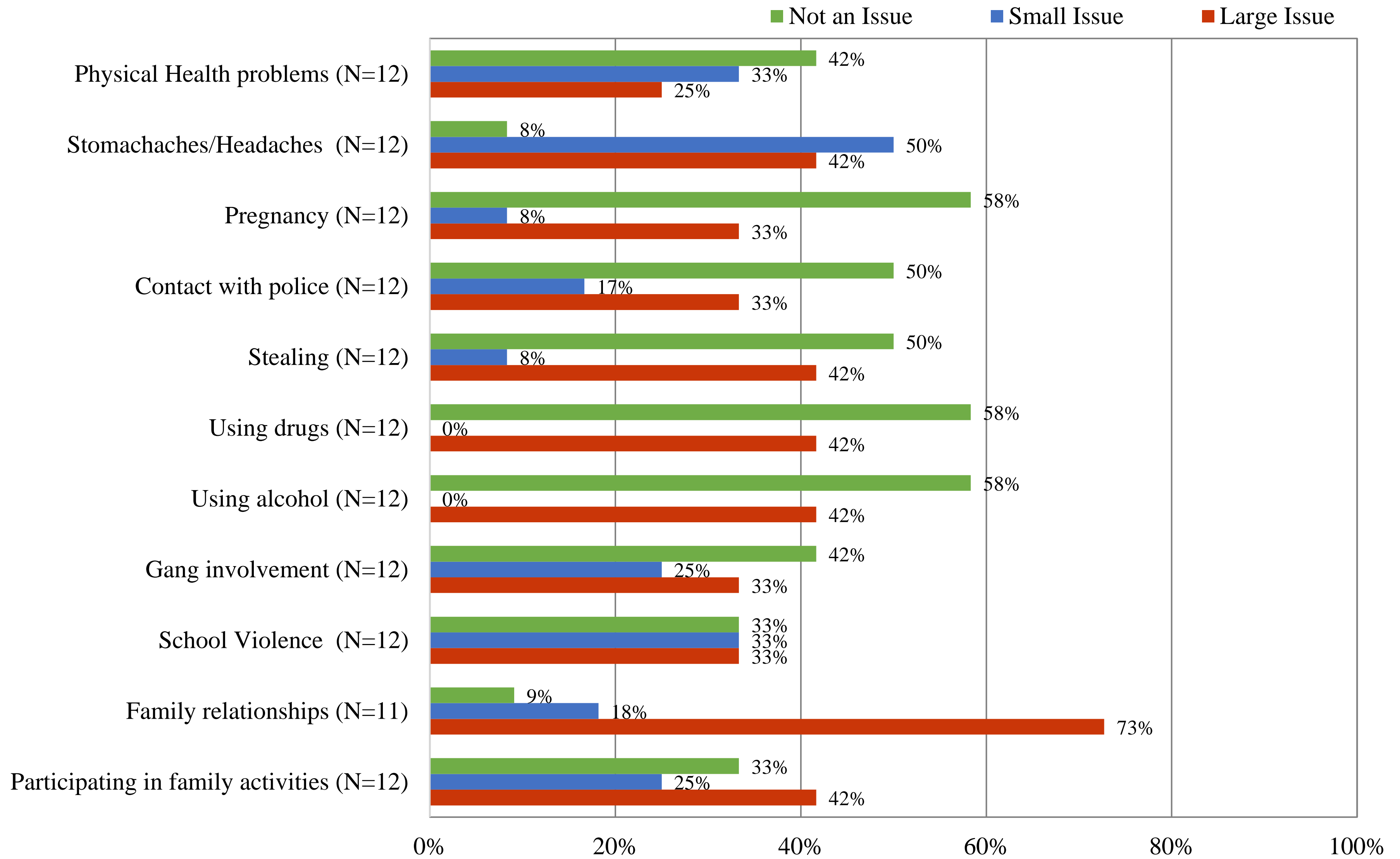
County: GLENN

Date: 5/28/14

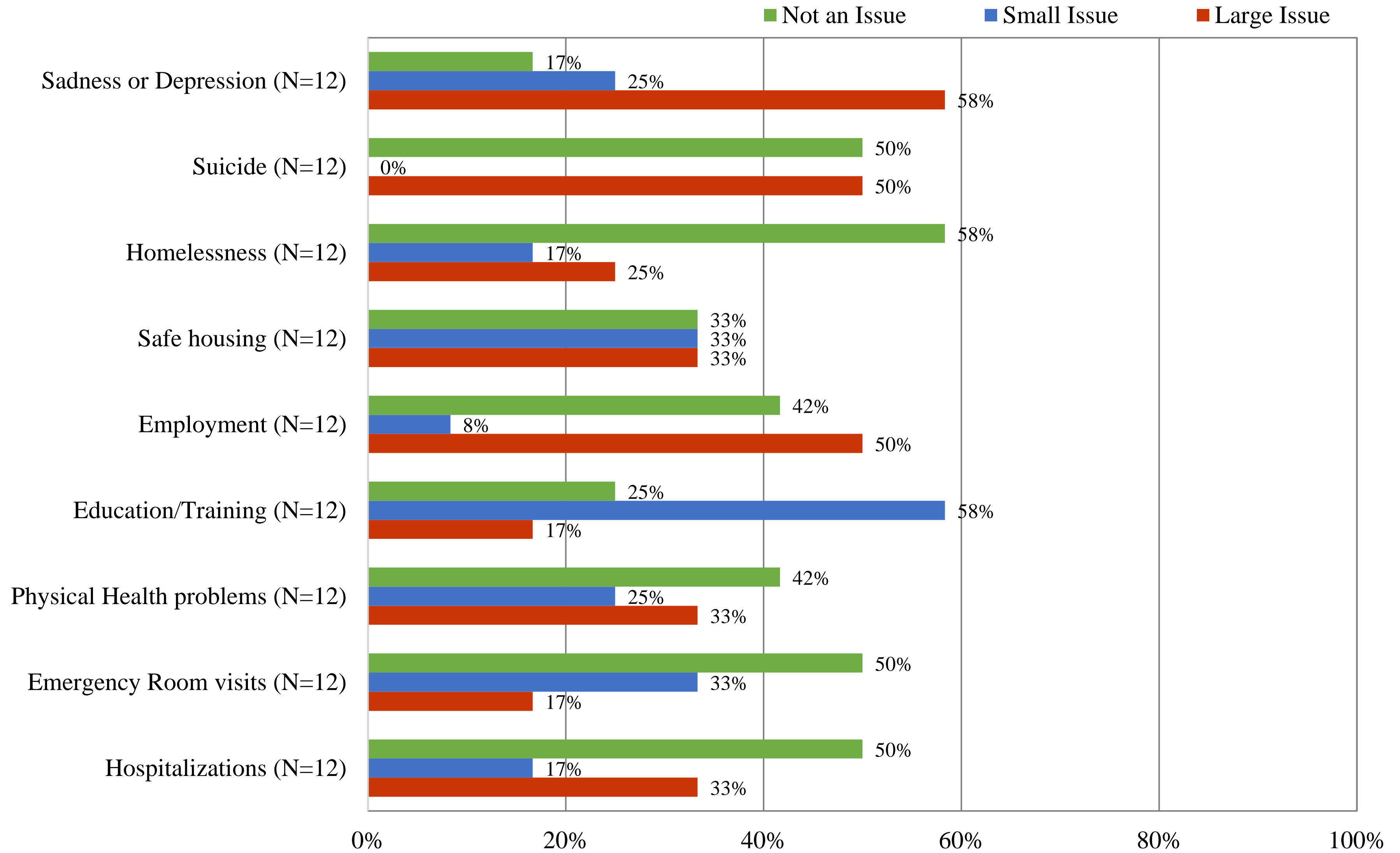
	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Orland Facility	2,000	2,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,000	2,000	0	0	0	0

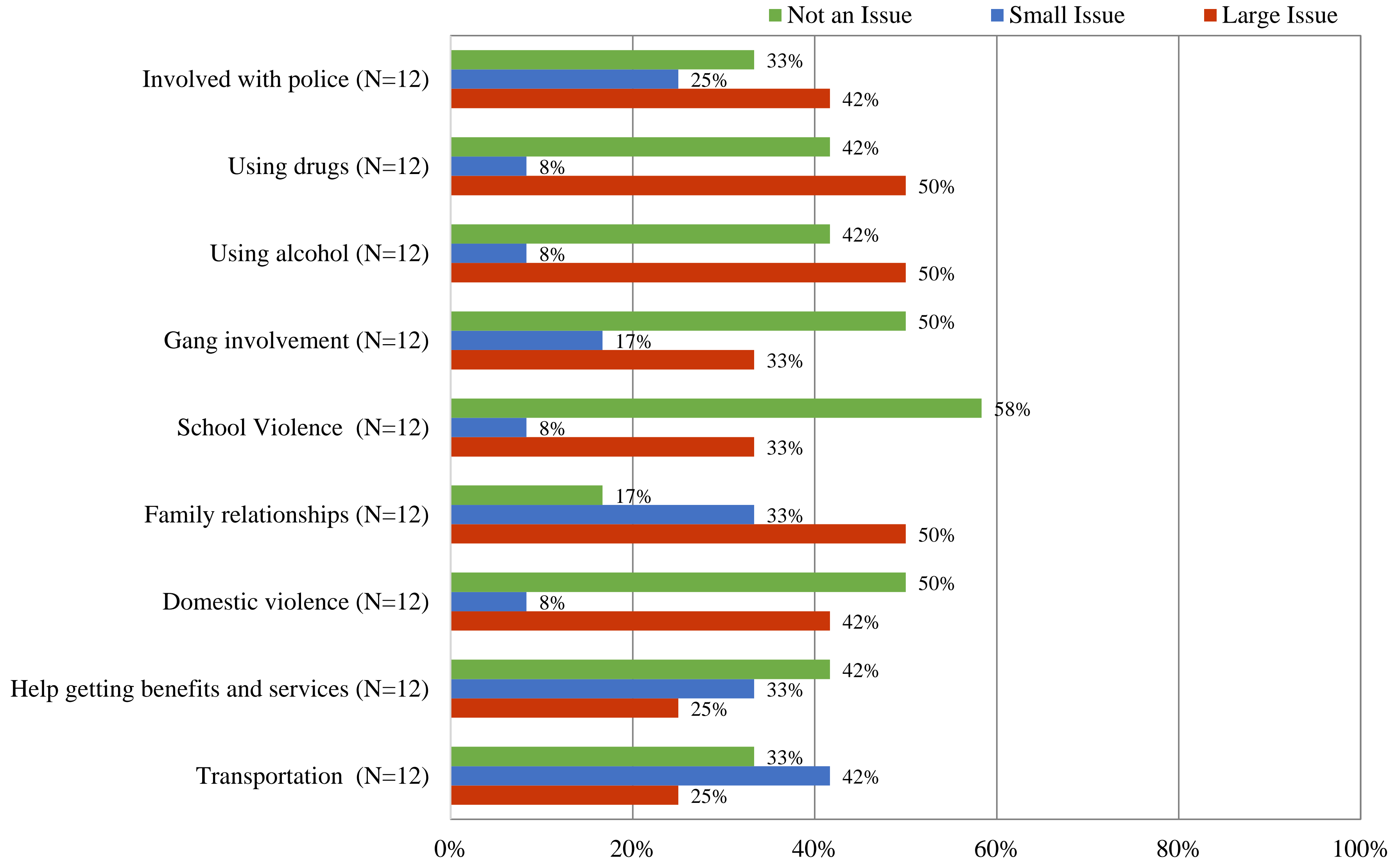
Glenn County Behavioral Health
MHSA Children and Youth Survey Results
Child and Youth Issues
2014



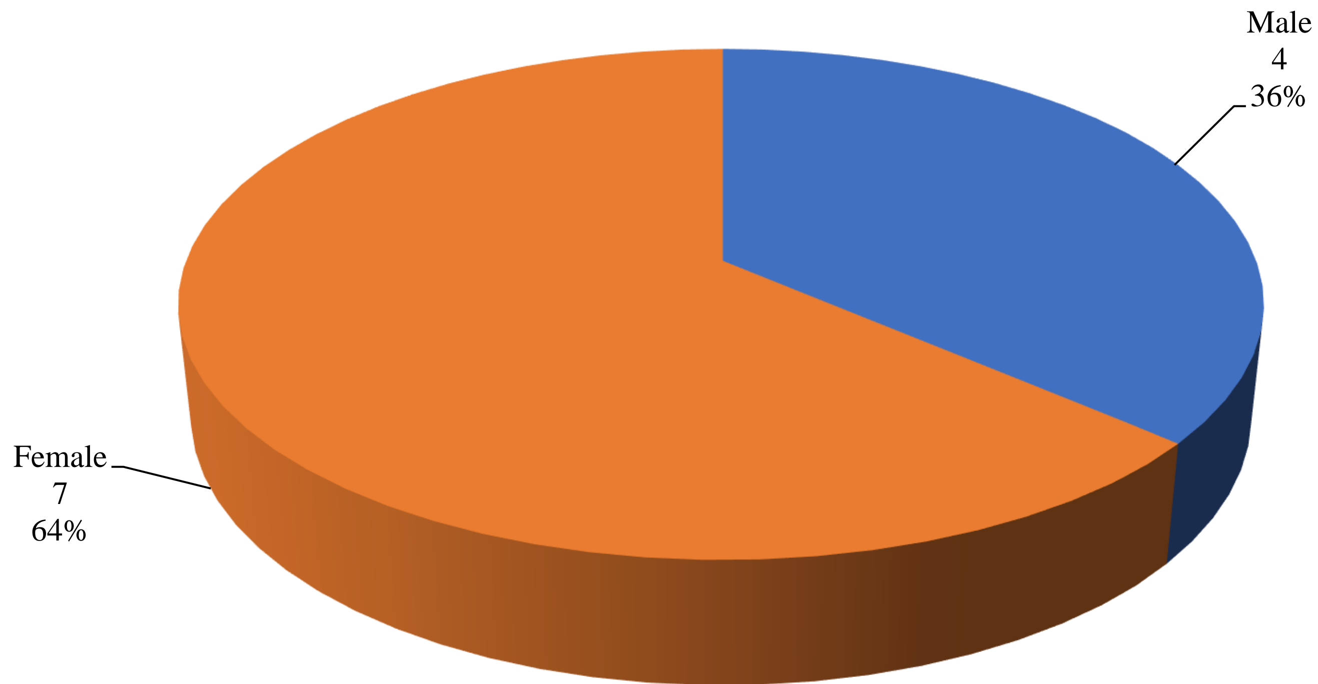

Glenn County Behavioral Health
MHSA Children and Youth Survey Results
Child and Youth Issues
2014
Not an Issue
Small Issue
Large Issue
Physical Health problems (N=12)
42%
33%
25%
Stomachaches/Headaches (N=12)
8%
50%
42%
Pregnancy (N=12)
58%
8%
33%
Contact with police (N=12)
50%
17%
33%
Stealing (N=12)
50%
8%
42%
Using drugs (N=12)
58%
0%
42%
Using alcohol (N=12)
58%
0%
42%
Gang involvement (N=12)
42%
25%
33%
School Violence (N=12)
33%
33%
33%
Family relationships (N=11)
9%
18%
73%
Participating in family activities (N=12)
33%
25%
42%
0%
20%
40%
60%
80%
100%

Glenn County Behavioral Health
MHSA Children and Youth Survey Results
Parent and Family Issues
2014

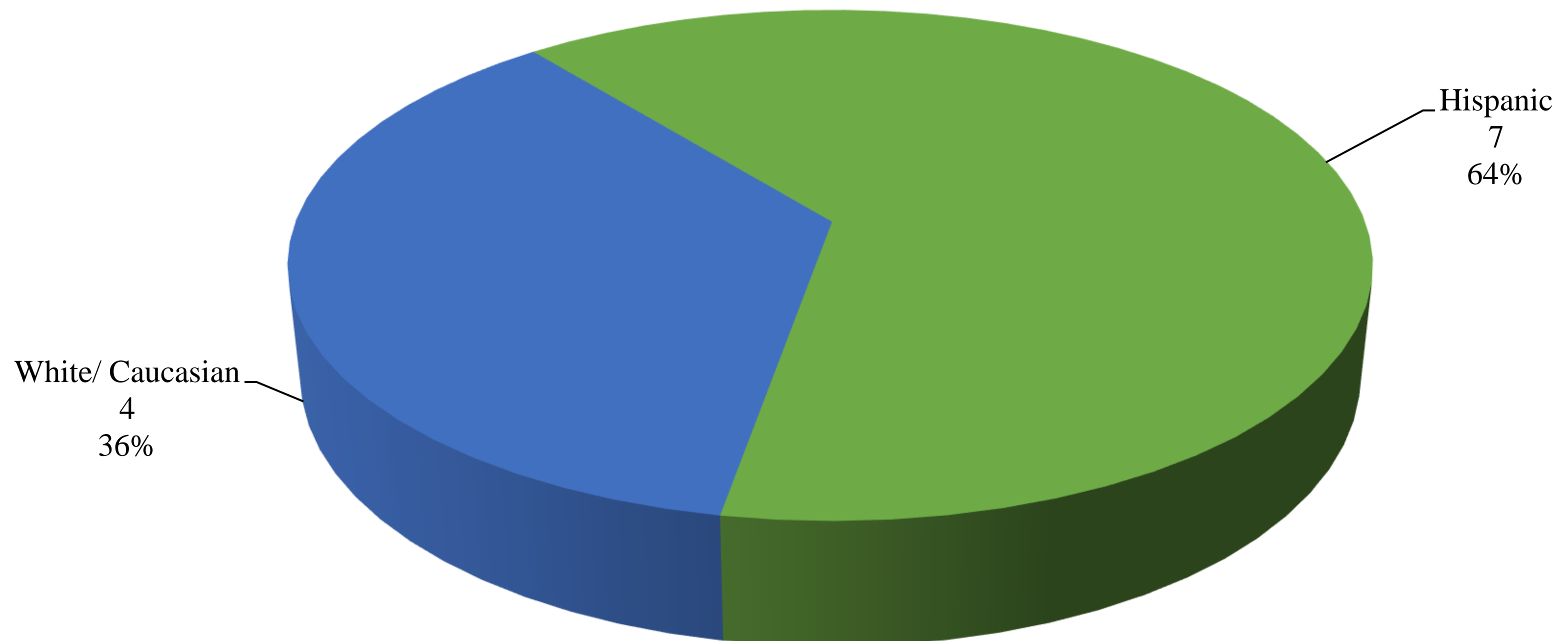


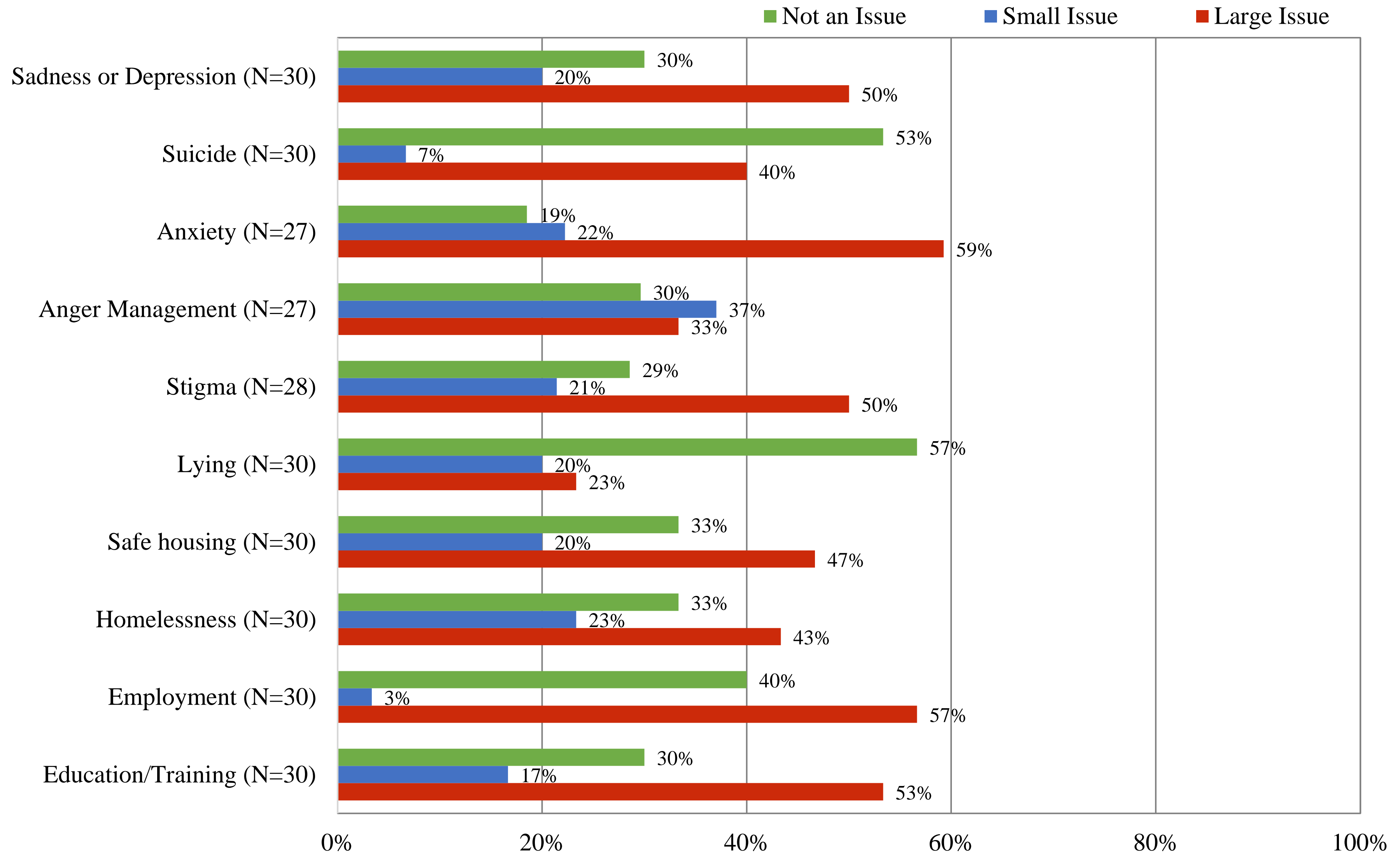

Glenn County Behavioral Health
MHSA Children and Youth Survey Results
Parent and Family Issues
2014
Not an Issue
Small Issue
Large Issue
Involved with police (N=12)
33%
25%
42%
Using drugs (N=12)
42%
8%
50%
Using alcohol (N=12)
42%
8%
50%
Gang involvement (N=12)
50%
17%
33%
School Violence (N=12)
58%
8%
33%
Family relationships (N=12)
17%
33%
50%
Domestic violence (N=12)
50%
8%
42%
Help getting benefits and services (N=12)
42%
33%
25%
Transportation (N=12)
33%
42%
25%
0%
20%
40%
60%
80%
100%

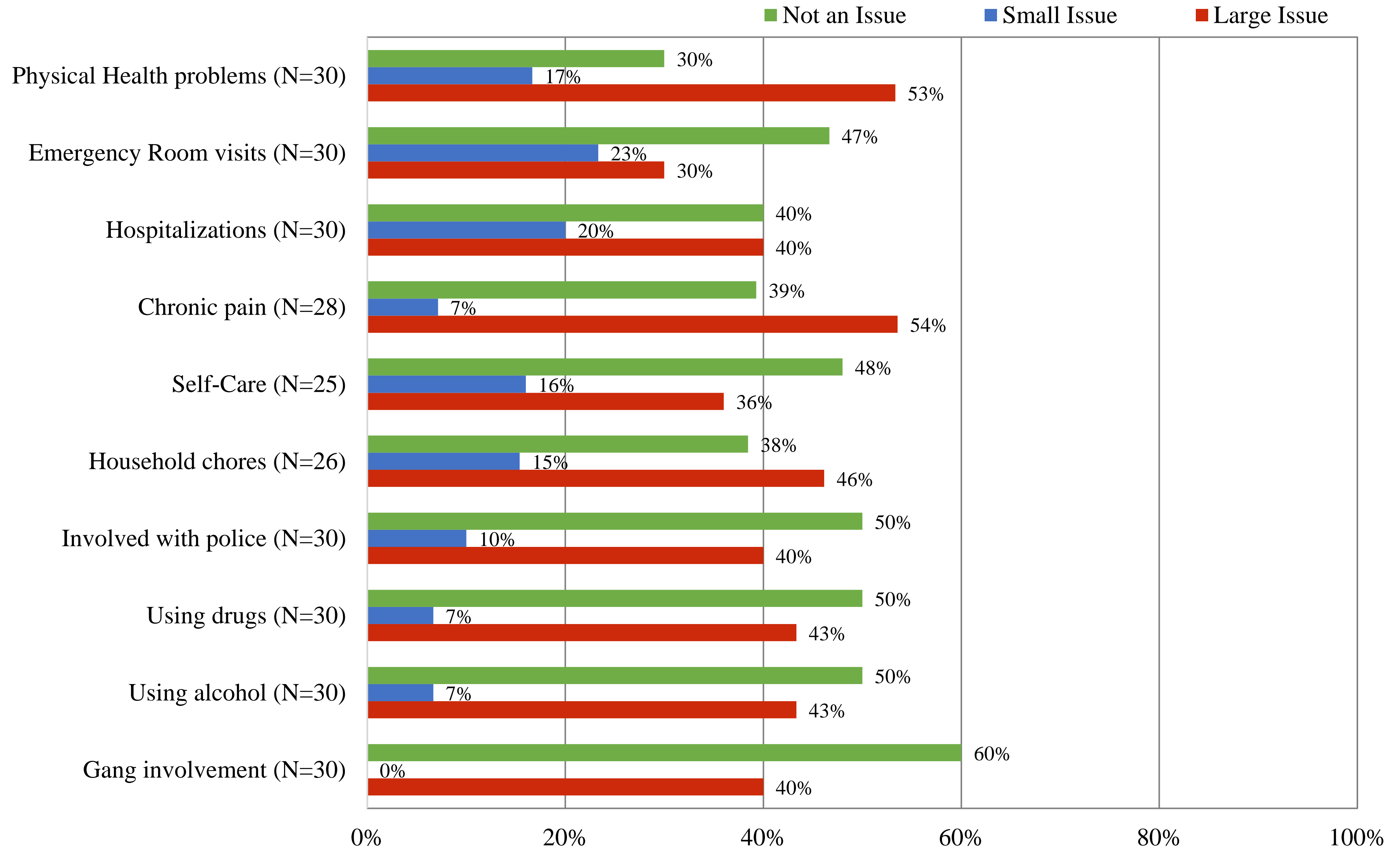
Glenn County Behavioral Health
MHSA Children and Youth Survey Results
2014
Gender (N=11)



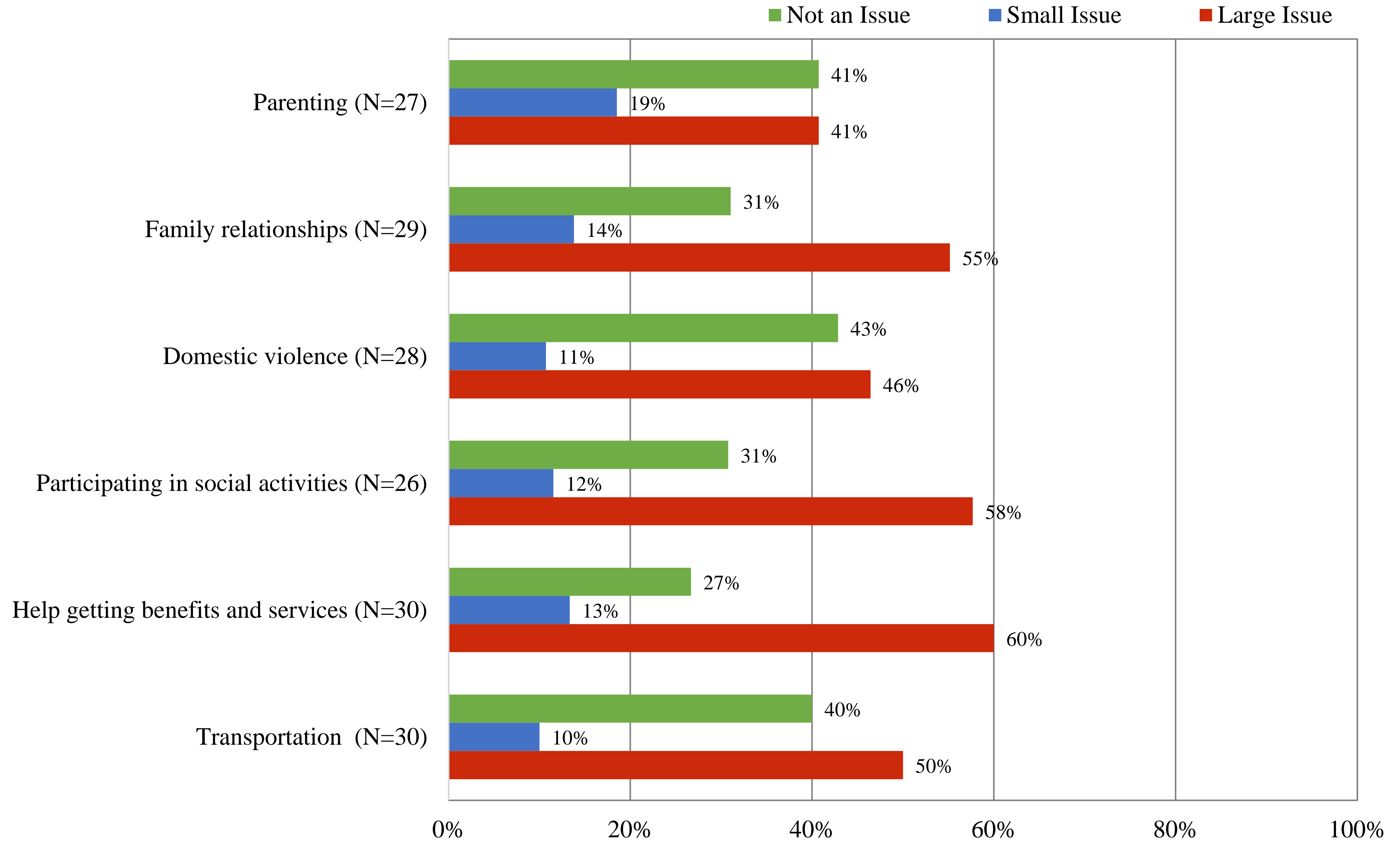
Glenn County Behavioral Health
MHSA Children and Youth Survey Results
2014
Race/Ethnicity (N=11)



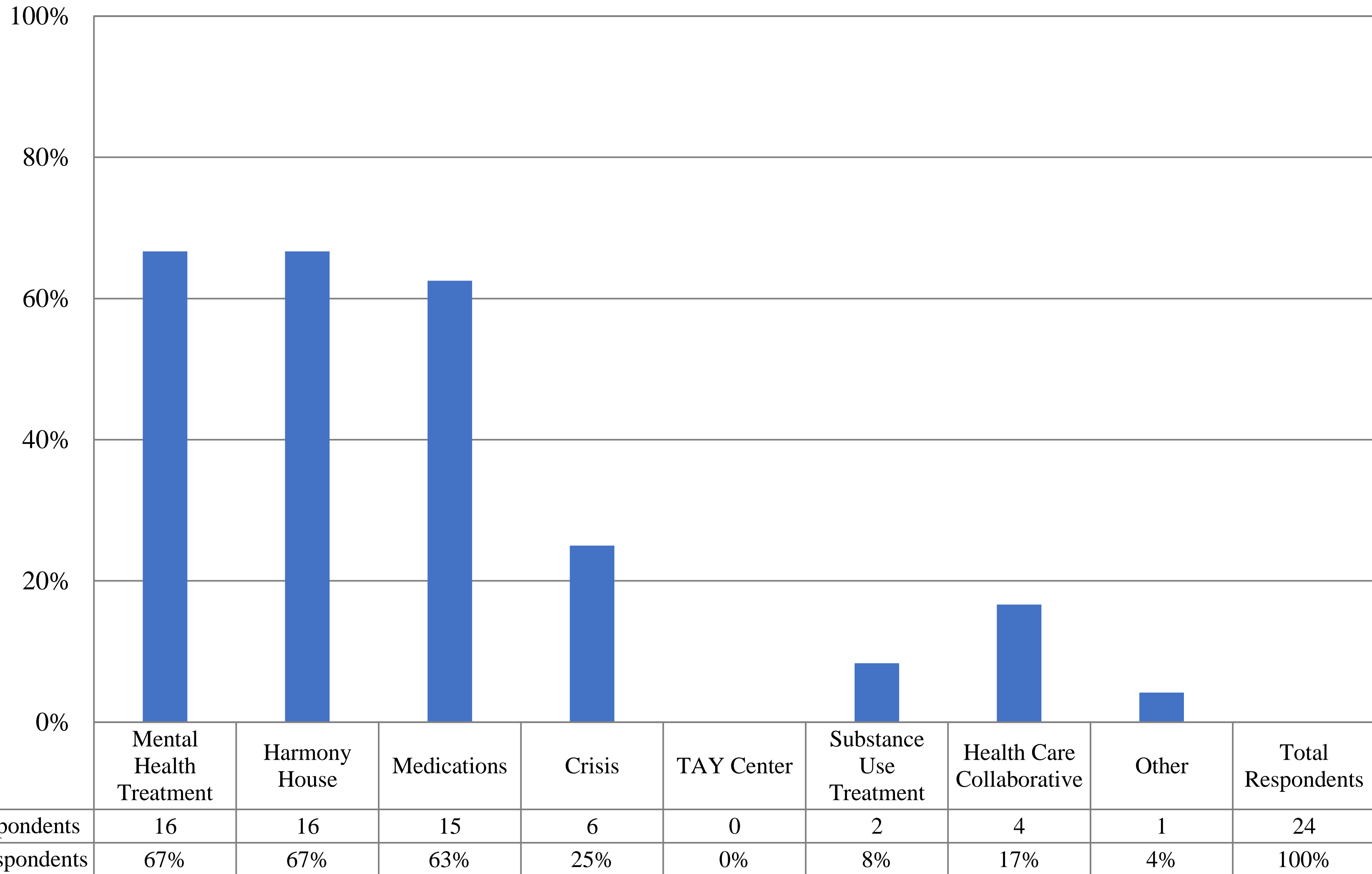

Glenn County Behavioral Health
MHSA Adult Survey Results
Adult Issues
2014
Not an Issue
Small Issue
Large Issue
Sadness or Depression (N=30)
30%
20%
50%
Suicide (N=30)
53%
7%
40%
Anxiety (N=27)
19%
22%
59%
Anger Management (N=27)
30%
37%
33%
Stigma (N=28)
29%
21%
50%
Lying (N=30)
57%
20%
23%
Safe housing (N=30)
33%
20%
47%
Homelessness (N=30)
33%
23%
43%
Employment (N=30)
40%
3%
57%
Education/Training (N=30)
30%
17%
53%
0%
20%
40%
60%
80%
100%


Glenn County Behavioral Health
MHSA Adult Survey Results
Adult Issues
2014
Not an Issue
Small Issue
Large Issue
Physical Health problems (N=30)
30%
17%
53%
Emergency Room visits (N=30)
47%
23%
30%
Hospitalizations (N=30)
40%
20%
40%
Chronic pain (N=28)
39%
7%
54%
Self-Care (N=25)
48%
16%
36%
Household chores (N=26)
38%
15%
46%
Involved with police (N=30)
50%
10%
40%
Using drugs (N=30)
50%
7%
43%
Using alcohol (N=30)
50%
7%
43%
Gang involvement (N=30)
60%
0%
40%
0%
20%
40%
60%
80%
100%

Glenn County Behavioral Health
MHSA Adult Survey Results
Adult Issues
2014

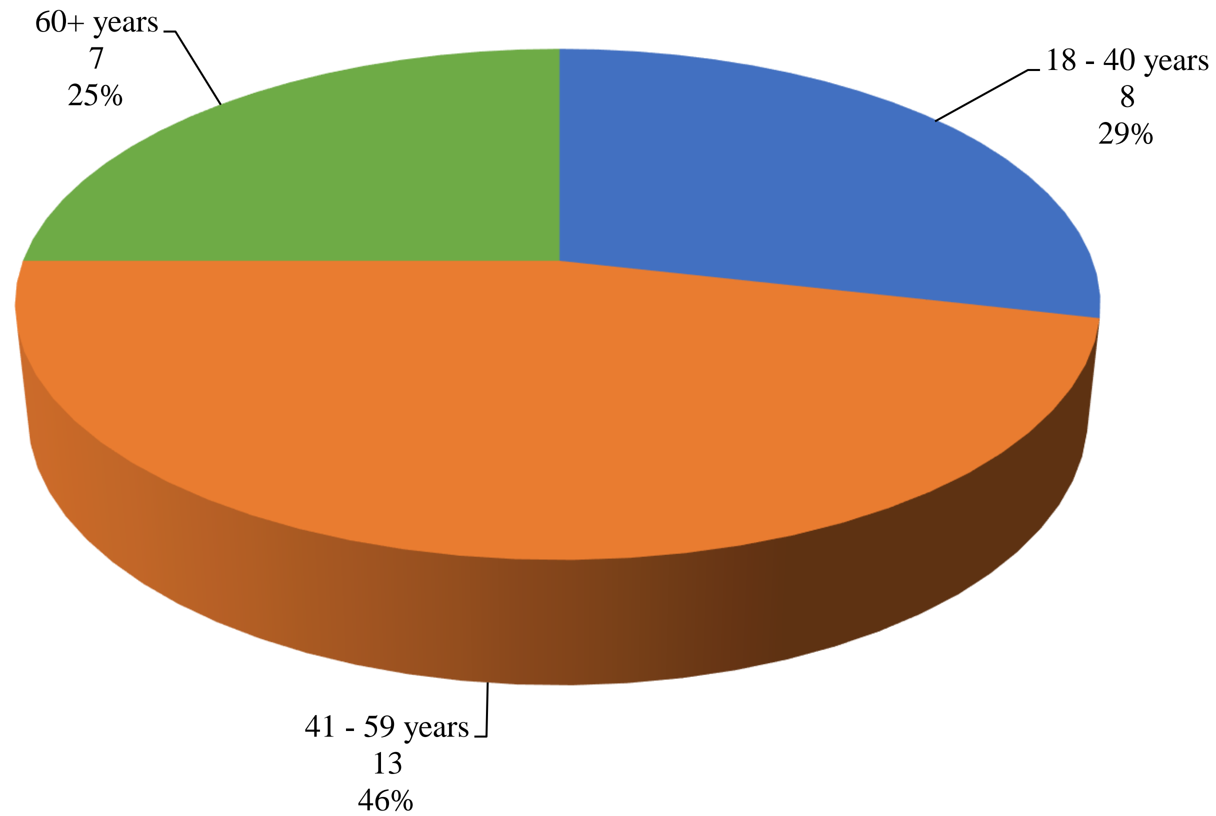


Glenn County Behavioral Health
MHSA Adult Survey Results
2014
What Behavioral Health services have you used in the past year?
(Respondents may choose multiple responses)

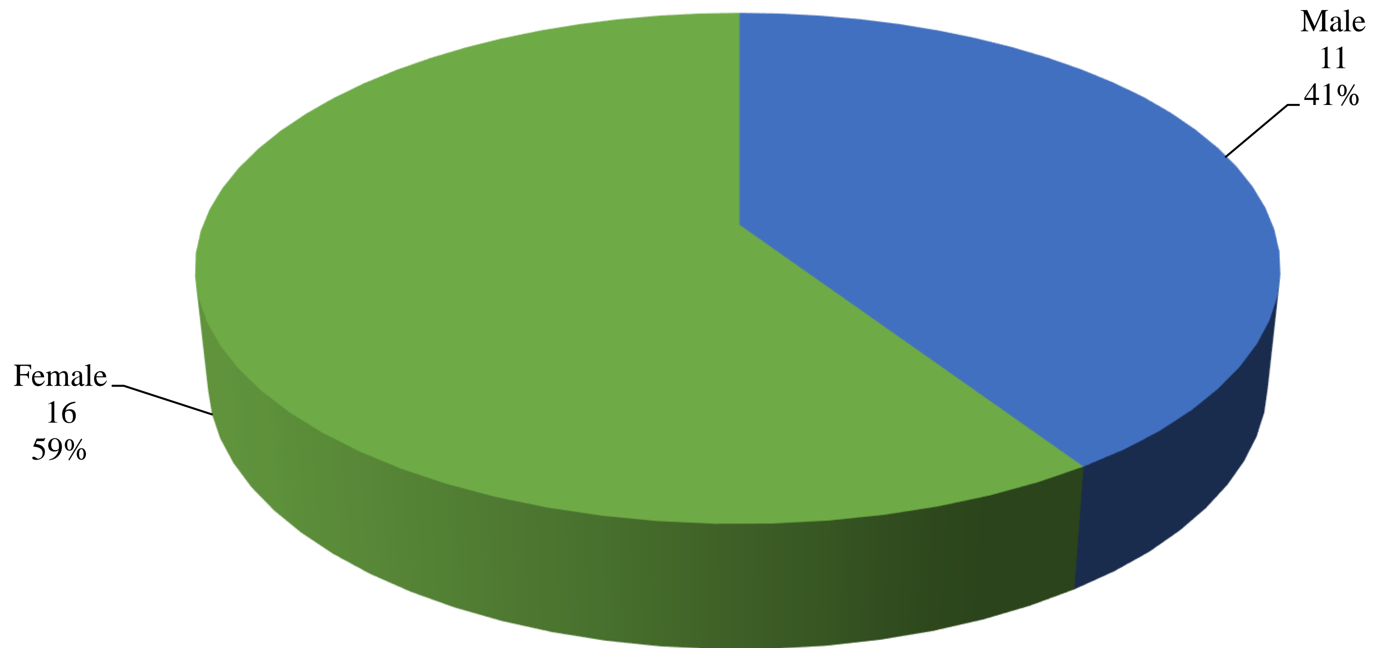


	Mental Health Treatment	Harmony House	Medications	Crisis	TAY Center	Substance Use Treatment	Health Care Collaborative	Other	Total Respondents
# Respondents	16	16	15	6	0	2	4	1	24
% Respondents	67%	67%	63%	25%	0%	8%	17%	4%	100%

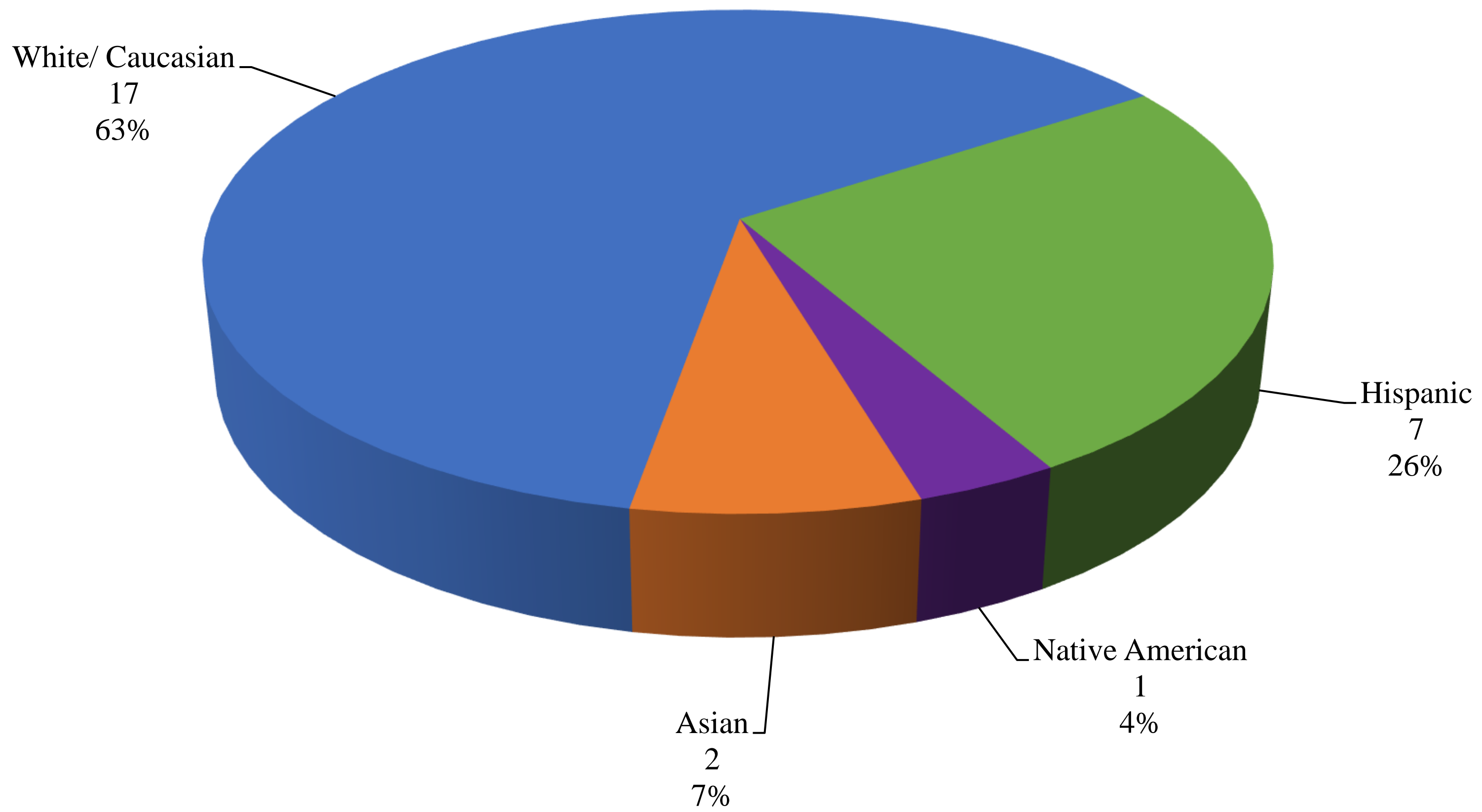
Glenn County Behavioral Health
MHSA Adult Survey Results
2014
Age (N=28)



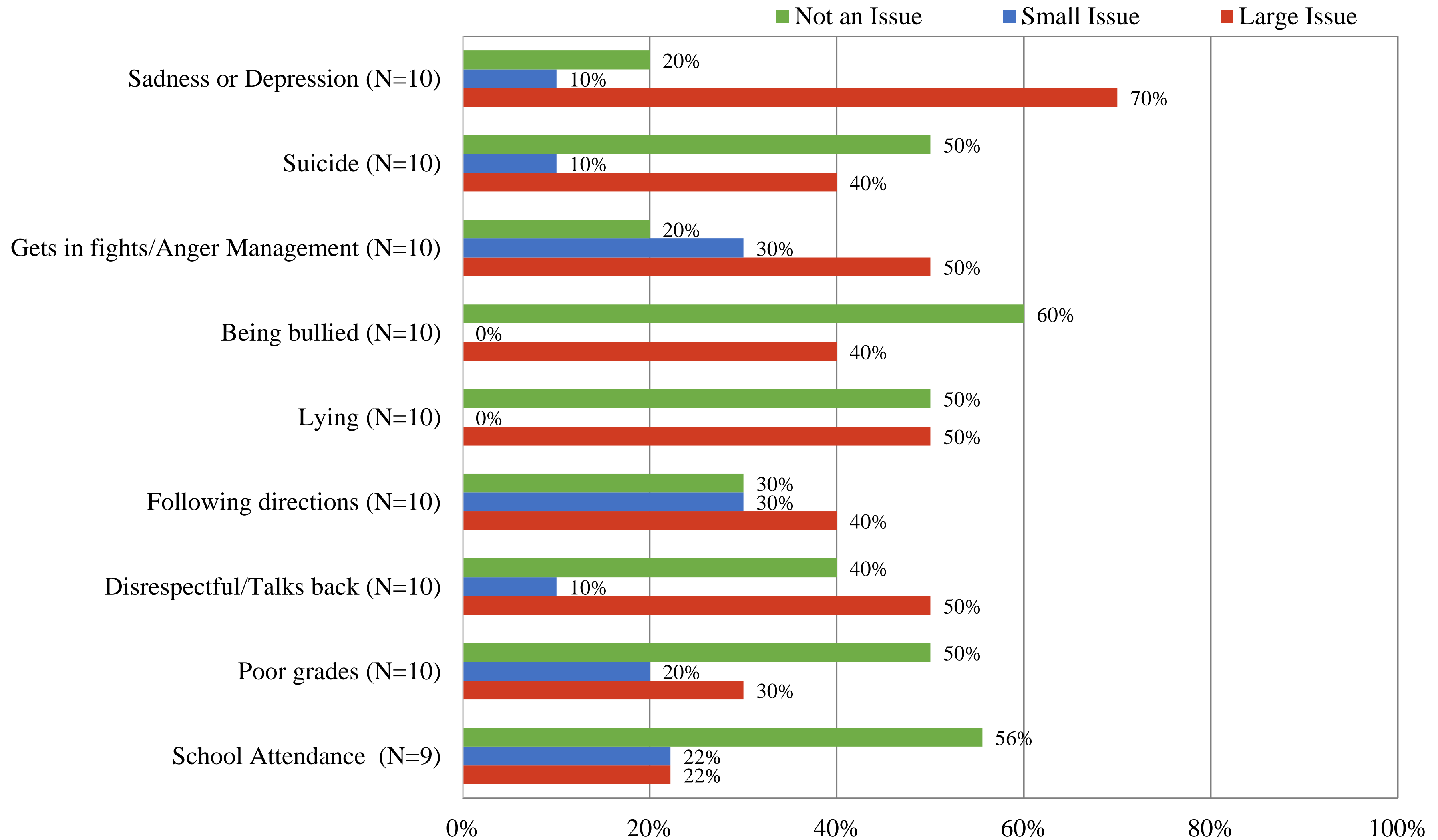
Glenn County Behavioral Health
MHSA Adult Survey Results
2014
Gender (N=27)



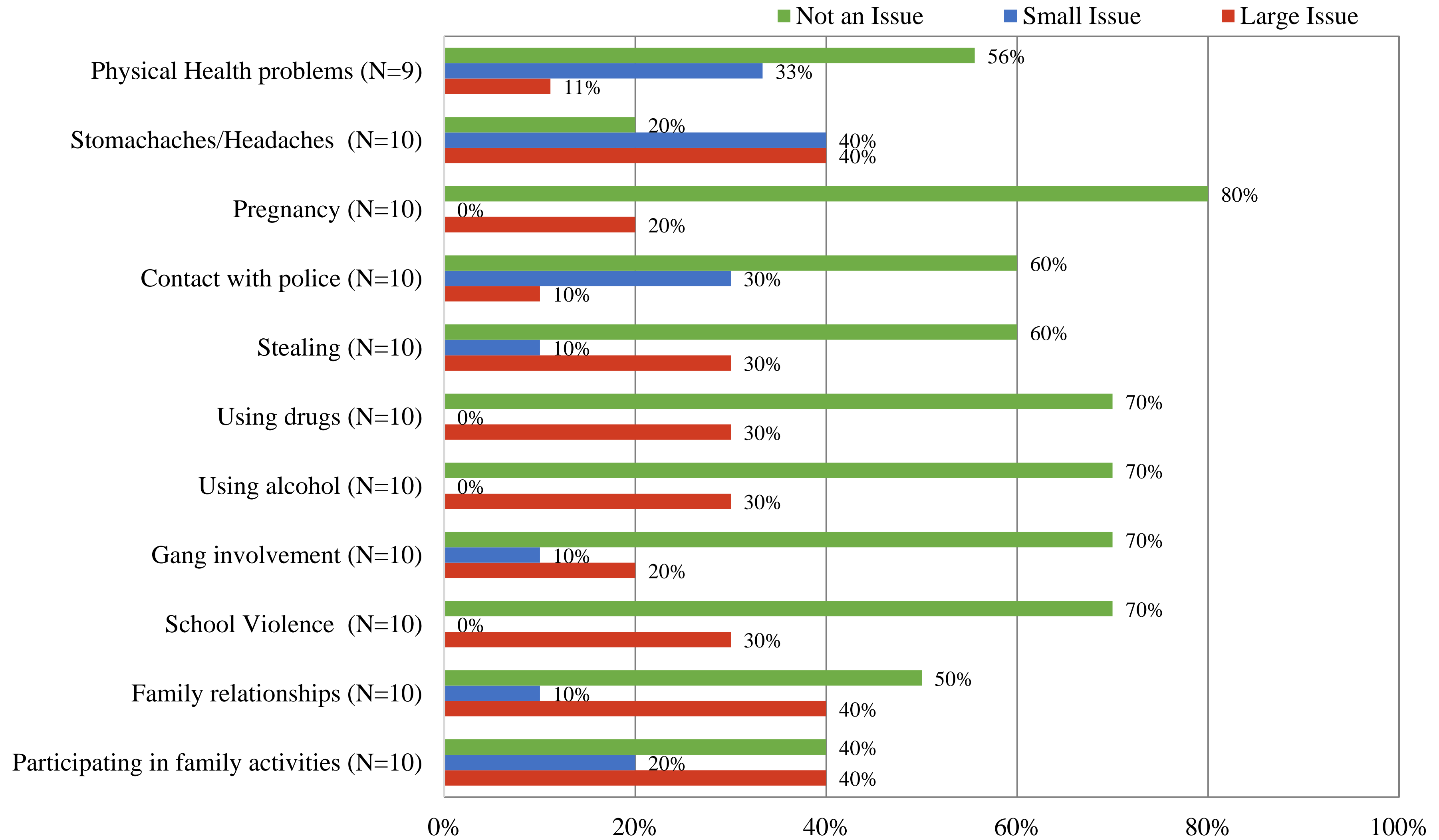
Glenn County Behavioral Health
MHSA Adult Survey Results
2014
Race/Ethnicity (N=27)



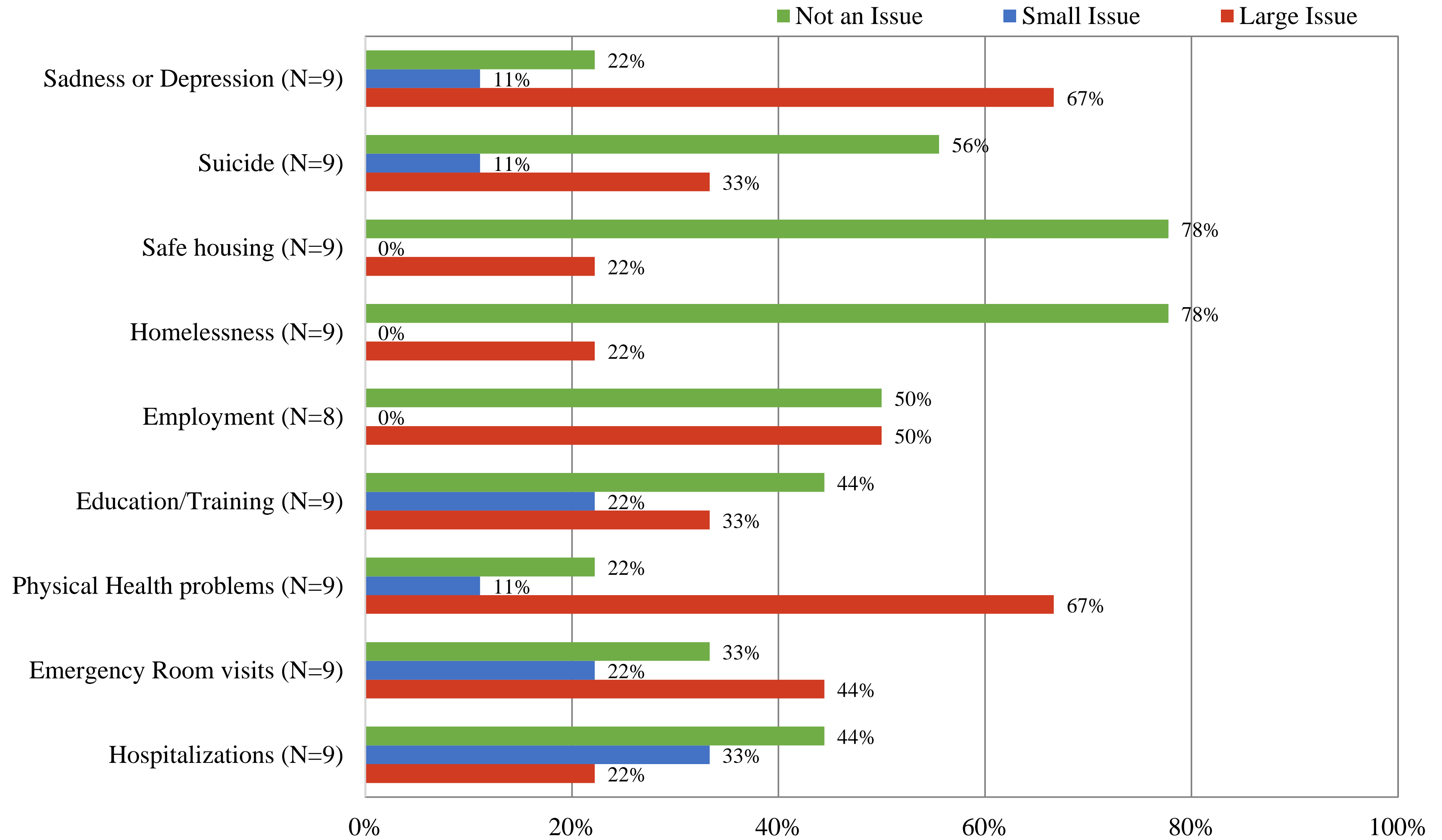
Glenn County Behavioral Health
MHSA Family Survey Results
Child and Youth Issues
2014



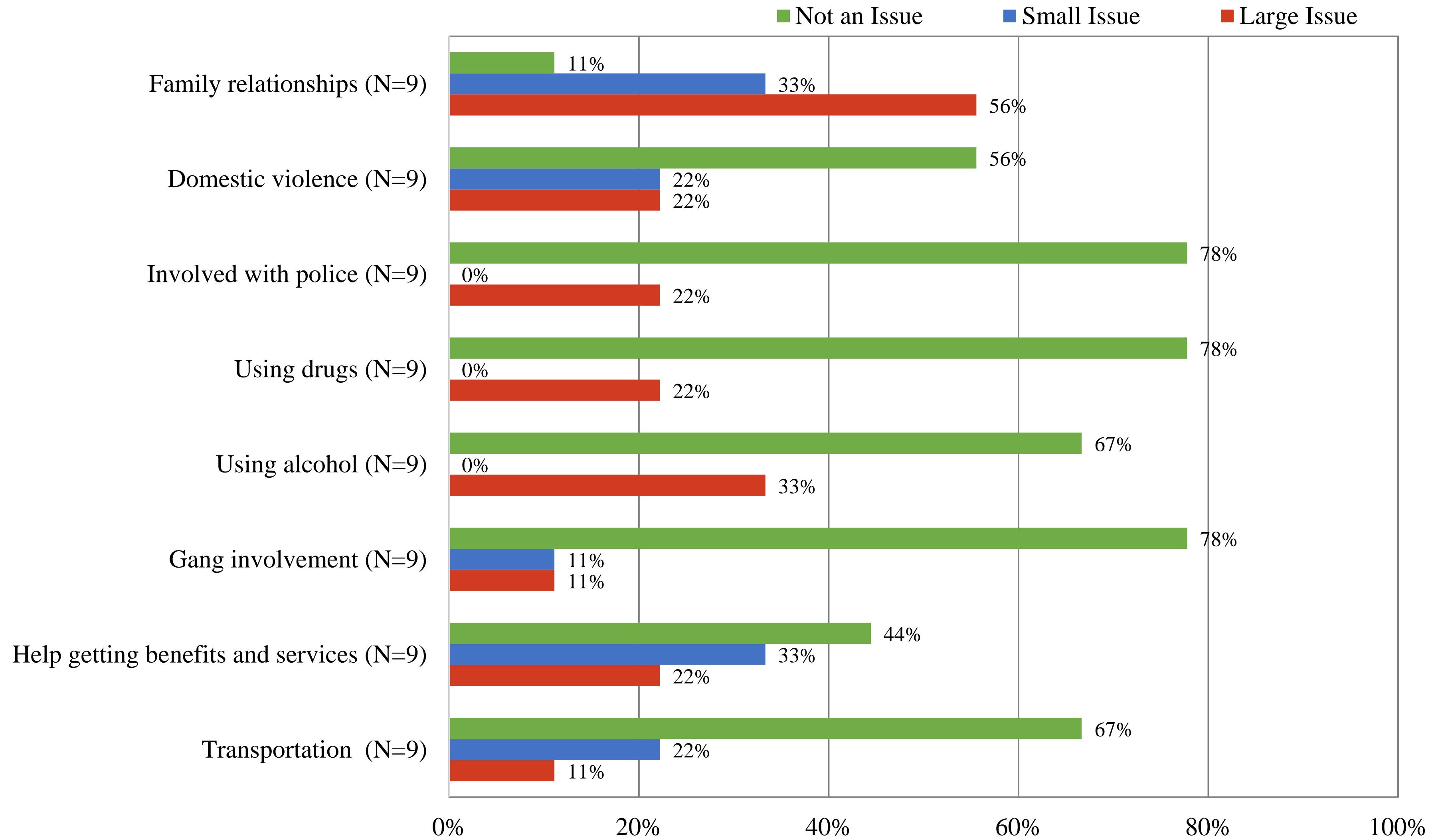
Glenn County Behavioral Health
MHSA Family Survey Results
Child and Youth Issues
2014



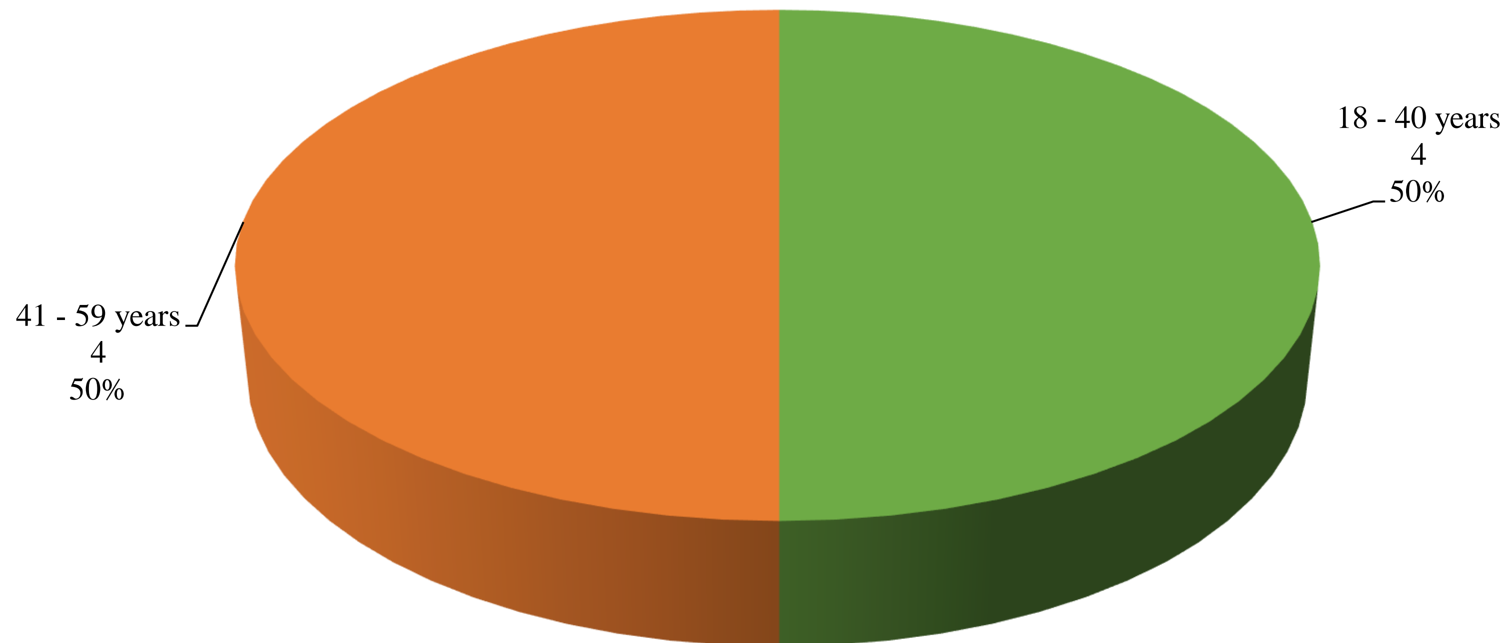
Glenn County Behavioral Health
MHSA Family Survey Results
Parent and Family Issues
2014



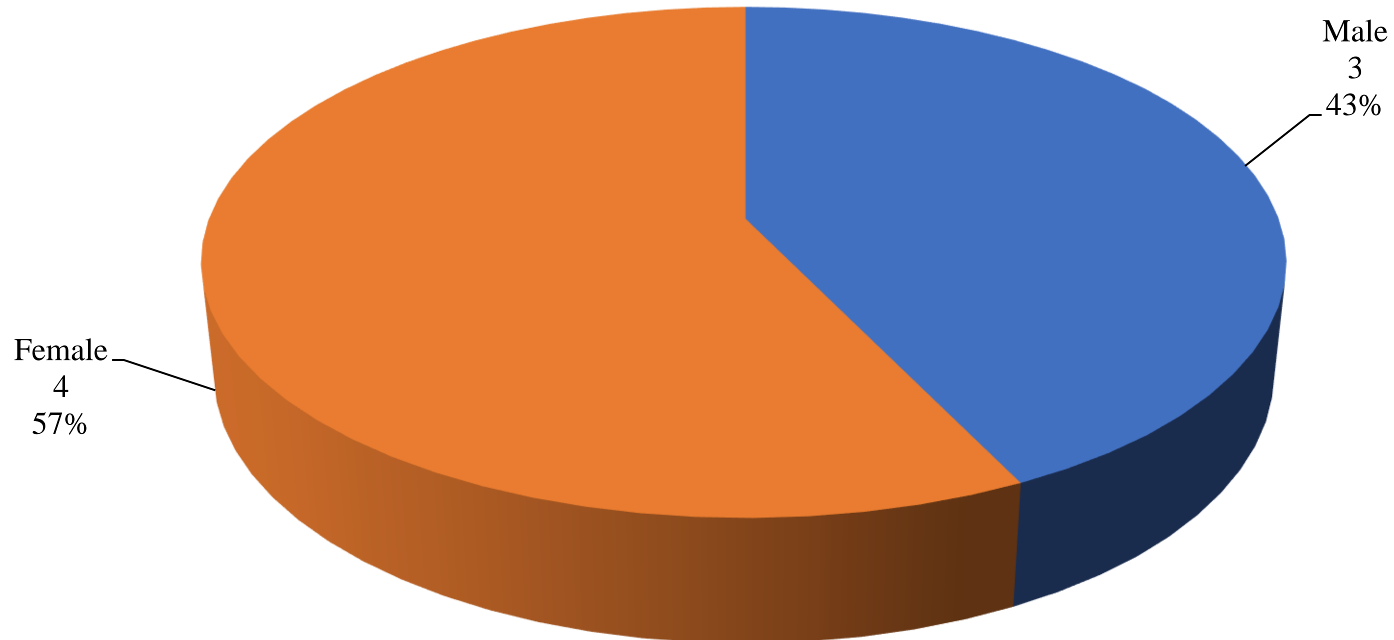
Glenn County Behavioral Health
MHSA Family Survey Results
Parent and Family Issues
2014



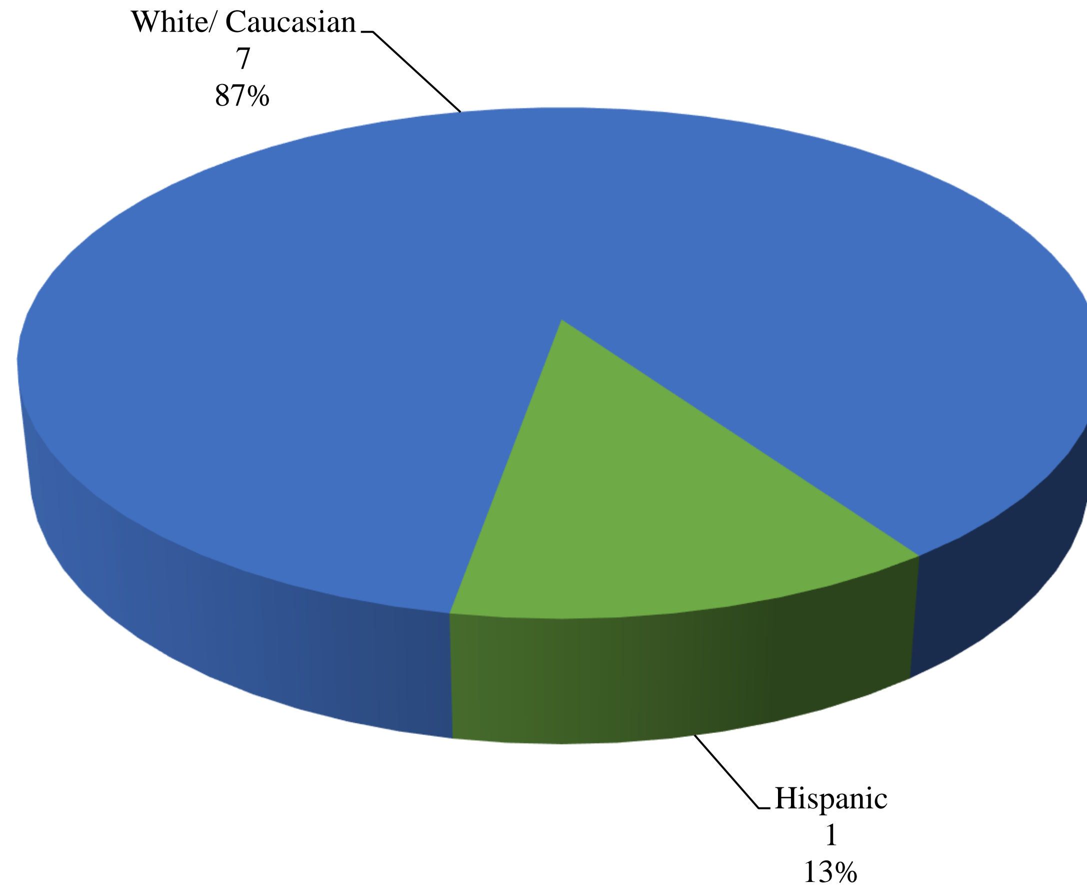
Glenn County Behavioral Health
MHSA Family Survey Results
2014
Age (N=8)



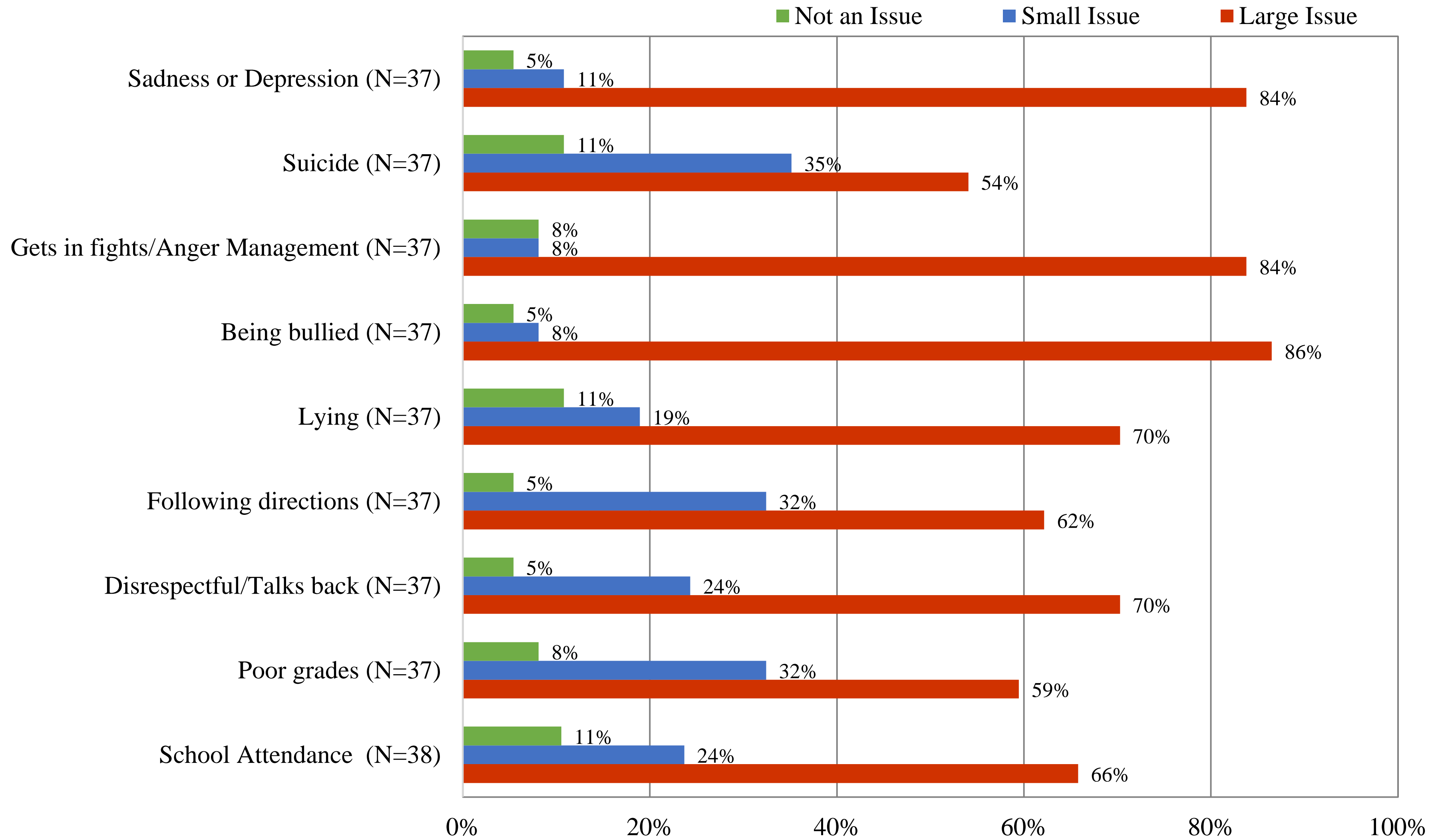
Glenn County Behavioral Health
MHSA Family Survey Results
2014
Gender (N=7)



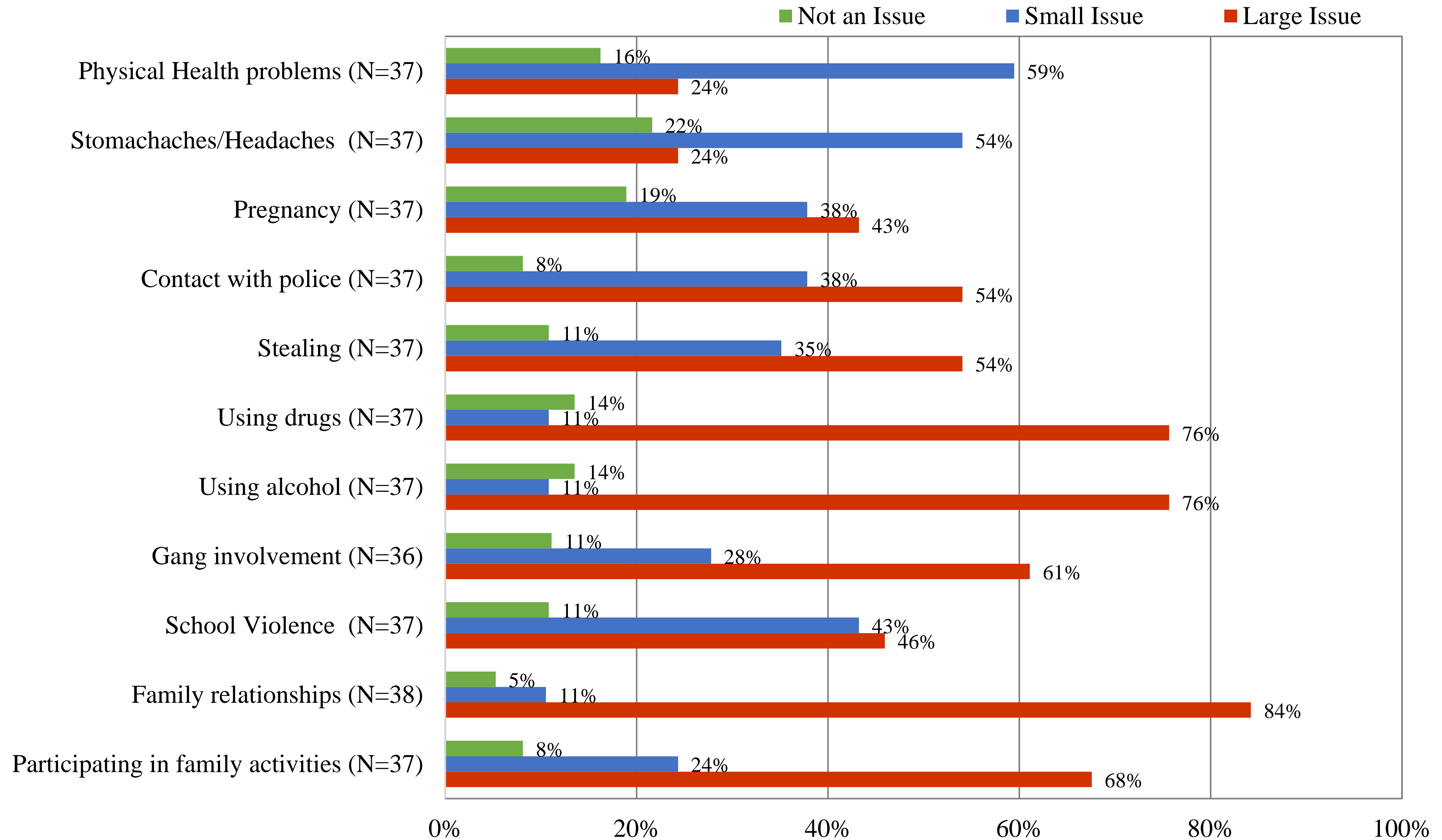
Glenn County Behavioral Health
MHSA Family Survey Results
2014
Race/Ethnicity (N=8)



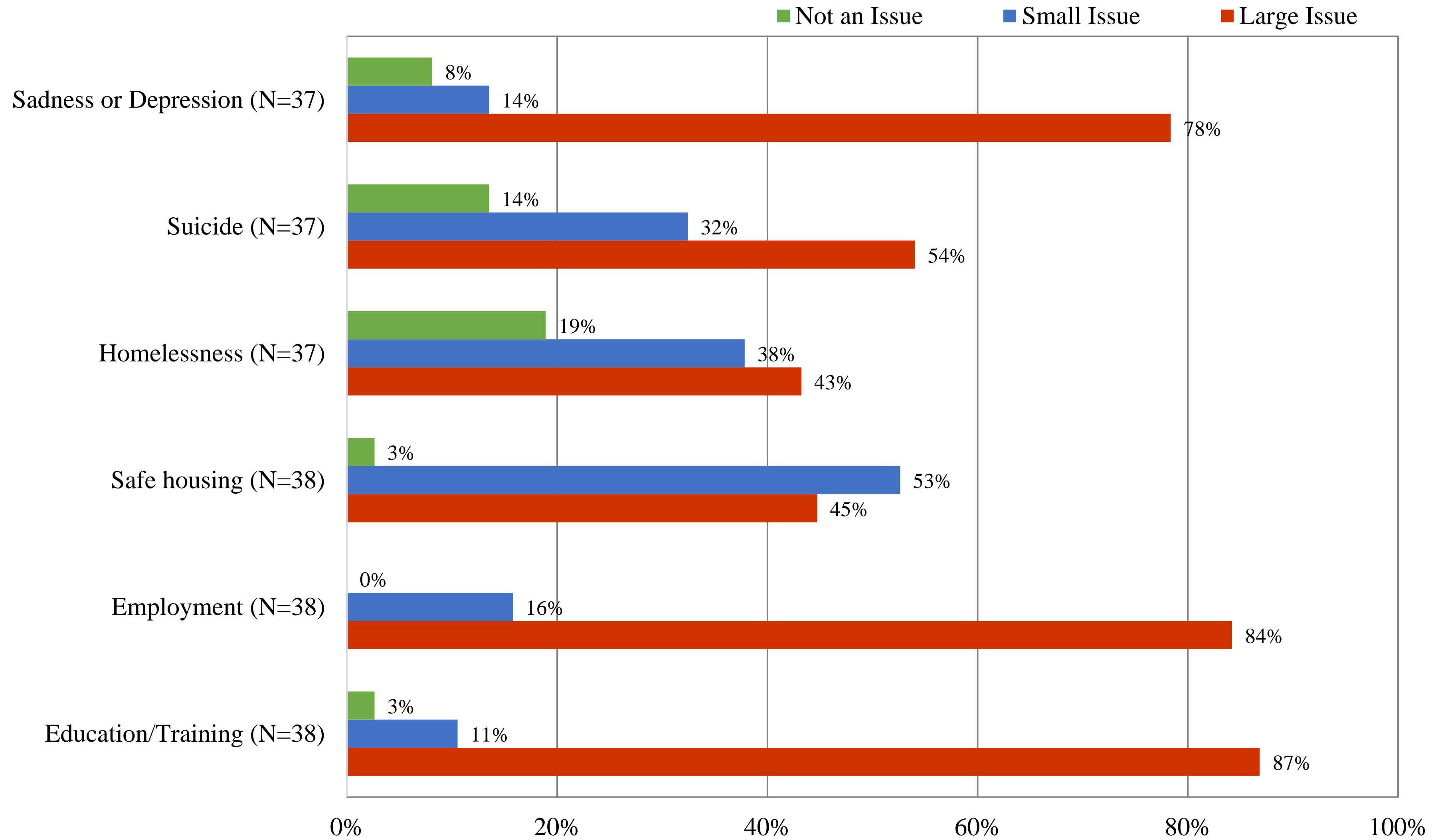
Glenn County Behavioral Health
MHSA School Personnel Survey Results
Child and Youth Issues
2014



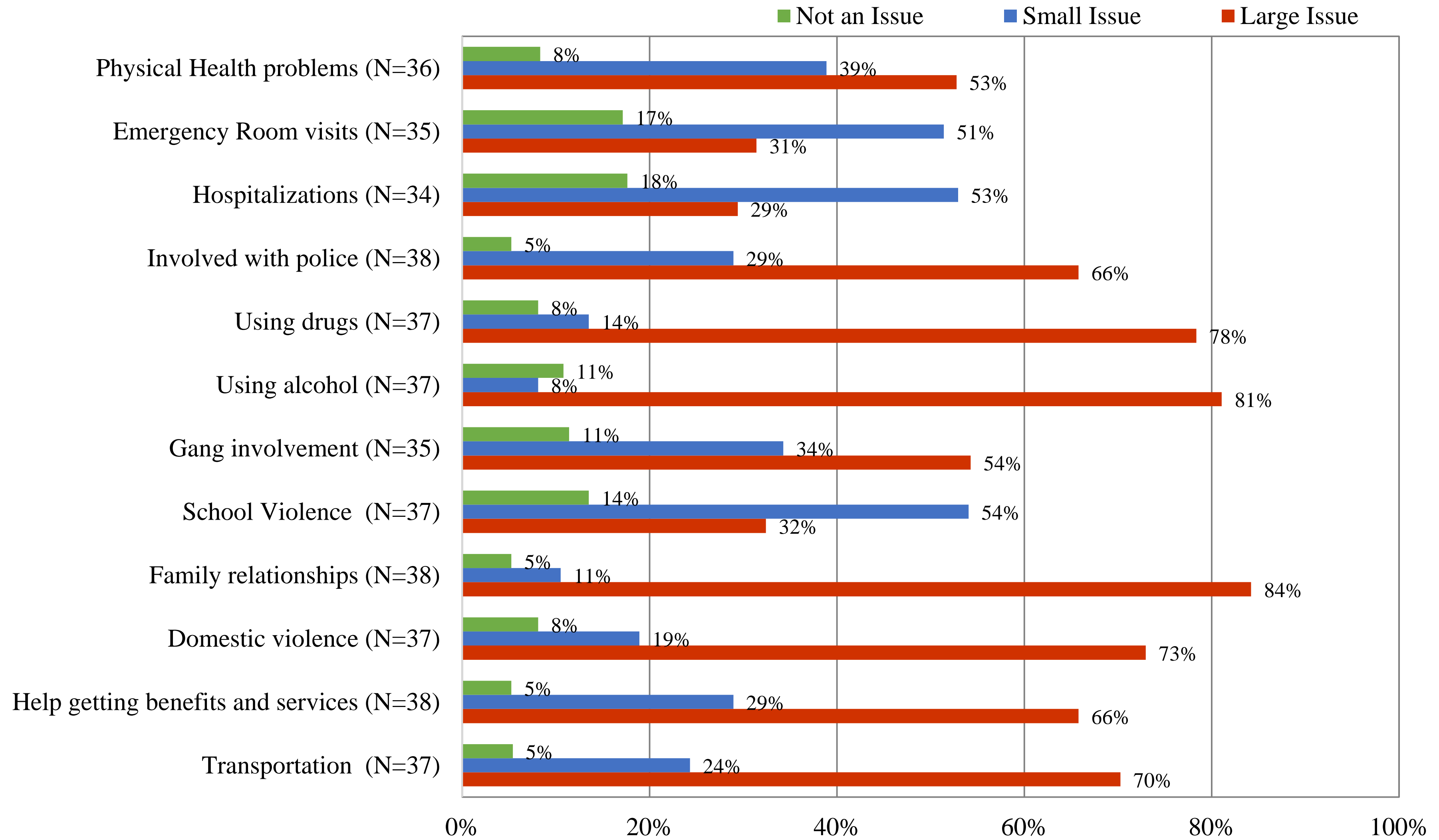
Glenn County Behavioral Health
MHSA School Personnel Survey Results
Child and Youth Issues
2014



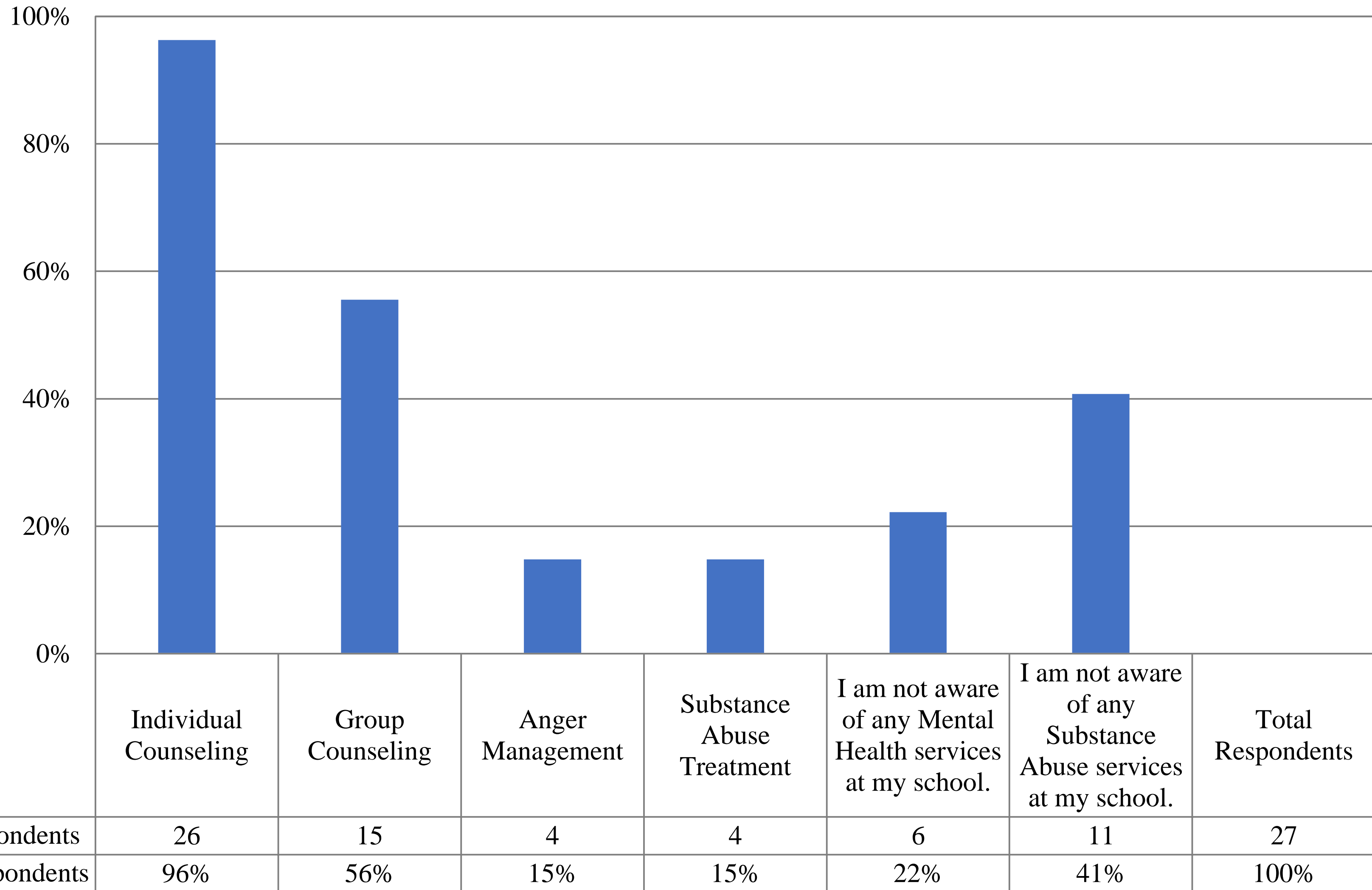
Glenn County Behavioral Health
MHSA School Personnel Survey Results
Parent and Family Issues
2014



Glenn County Behavioral Health
MHSA School Personnel Survey Results
Parent and Family Issues
2014

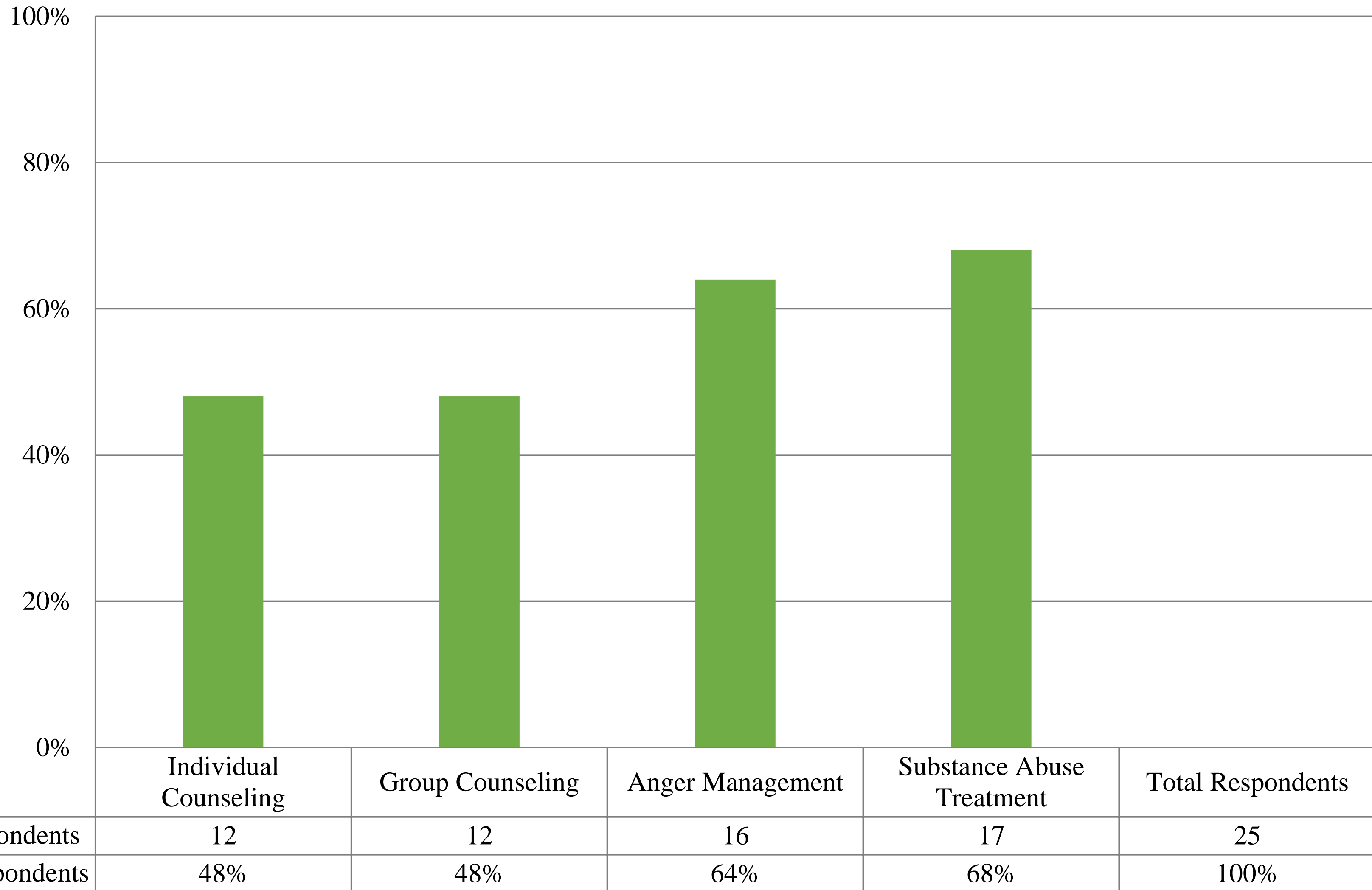


Glenn County Behavioral Health
MHSA School Personnel Survey Results
2014
What Behavioral Health services are currently available at your school?
(Respondents may choose multiple responses)



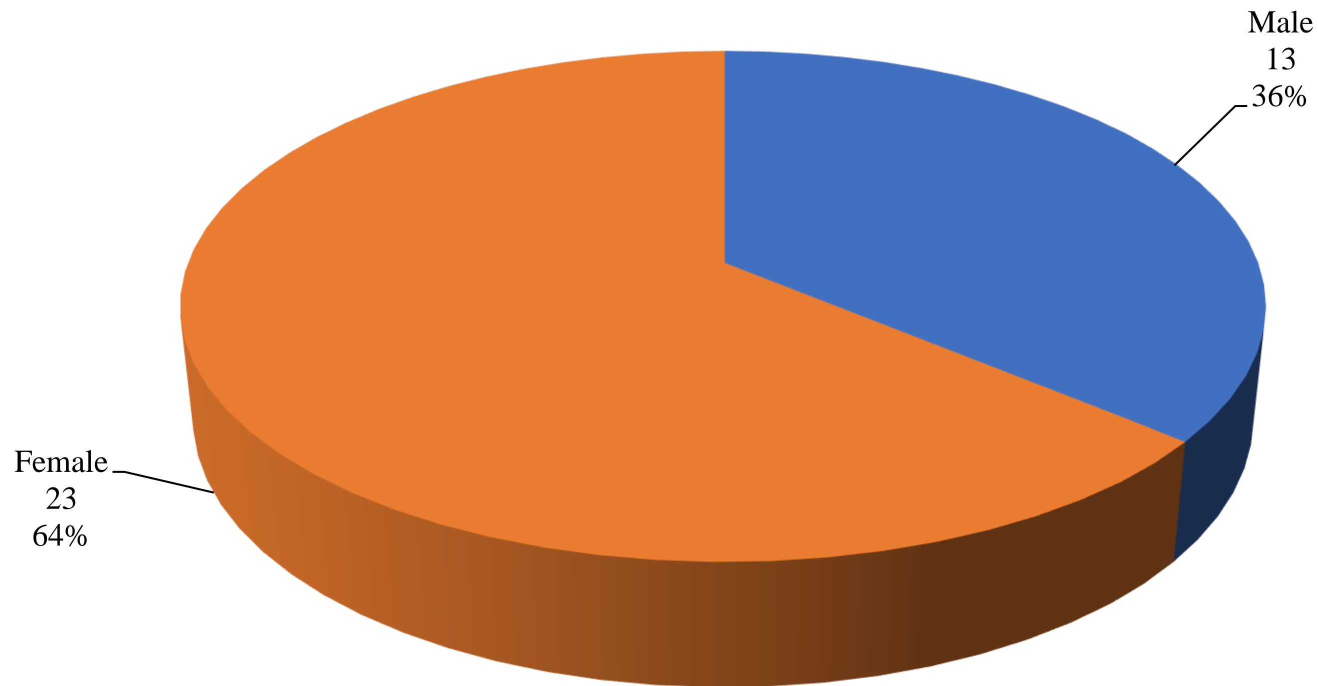
	Individual Counseling	Group Counseling	Anger Management	Substance Abuse Treatment	I am not aware of any Mental Health services at my school.	I am not aware of any Substance Abuse services at my school.	Total Respondents
# Respondents	26	15	4	4	6	11	27
% Respondents	96%	56%	15%	15%	22%	41%	100%

Glenn County Behavioral Health
MHSA <u>School Personnel</u> Survey Results
2014
Are there other Behavioral Health services needed at your school?
(Respondents may choose multiple responses)



	Individual Counseling	Group Counseling	Anger Management	Substance Abuse Treatment	Total Respondents
# Respondents	12	12	16	17	25
% Respondents	48%	48%	64%	68%	100%

Glenn County Behavioral Health
MHSA <u>School Personnel</u> Survey Results
2014
Gender (N=36)



Glenn County Behavioral Health
MHSA School Personnel Survey Results
2014
Race/Ethnicity (N=31)