PLUMAS COUNTY MHSA Three-Year Program and Expenditure Plan 2017-2020

Photo Courtesy of Joanne Burgueno

Incorporating MHSA's Five Guiding Principles: Consumer and Family Involvement, Culturally Responsive, Community Collaboration, Integrated Service Delivery, and Wellness, Recovery & Resiliency

100 Lakes, 1000 Rivers, and a Million Acres of National Forest

Nestled in the eastern slope of the Sierra Nevada in Northern California, Plumas County is a bucolic wonder! Founded as a mining community in 1854, Plumas County has a long history of logging and milling. Plumas is the Spanish word for feather and the County is home to the Feather River Canyon - with clean air, abundant water and scenic mountains. The County is one of the fifteen "frontier counties" of California. The majority of the 18,409 (2015 est.) residents live in or near the four small communities of Portola, the county's only incorporated city, Quincy, the county seat, Greenville, and Chester.

People Quick Facts

White 90.6%
Black or African American 1.1%
American Indian/Alaska Native 3.2%
Asian 1.2%
Native Hawaiian/Pacific Island 0.1%
Two or More Races 3.7%
Hispanic or Latino 8.3%
White, not Hispanic/Latino 83.9%

Population, 2016 est: 18,627
Population, 2010: 20,007
Persons under 5 years: 4.4%
Persons under 18 years: 17.1%
Persons 18 – 64 years: 52.8%
Persons 65 years and over: 25.7%
Veterans, 2015: 2,134

Households, 2010-2014: 8,529
Persons per household: 2.21
Per capita income: $29,167
Median household income: $48,032
Persons in poverty: 14.0%

Land area: 2,553 square miles
Persons per square mile: 7.2

PLUMAS COUNTY BEHAVIORAL HEALTH
Mental Health Services Act
Three-Year Program and Expenditure Plan
2017-2020

POSTED FOR PUBLIC COMMENT
July 3, 2017 through August 28, 2017

The MHSA FY 17/18-19/20 Three-Year Plan is available for public review and comment from July 3, 2017 through August 28, 2017. We welcome your feedback via phone, in person, or in writing/e-mail. Comments may also be made during the Public Hearing to be held on Monday, August 28, 2017.

Rescheduled Public Hearing Information:
Monday, August 28, 2017, 3:00 pm
Behavioral Health Commission Special Meeting
Plumas County Library Meeting Room
445 Jackson Street, Quincy, CA 95971

Comments or Questions? Please contact:
Aimee Heaney, MHSA Coordinator
MHSA Three-Year Plan Feedback
Plumas County Behavioral Health
270 County Hospital Rd., Suite 109, Quincy, CA 95971
Phone: (530) 283-6307; Fax: (530) 283-6045
aheaney@pcbh.services

Thank you!

Table of Contents

MHSA Community Program Planning and Local Review Process

County: PLUMAS 30-day Public Comment period: 07/03/17 – 08/28/17

Date: 09/11/17 Date of Public Hearing: Monday, August 28, 2017

COUNTY DESCRIPTION

County Demographics and Description

Plumas County is a small, rural county that lies in the far northern end of the Sierra Nevada range. The region's rugged terrain marks the transition point between the northern Sierra Nevada Mountains and the southern end of the Cascade Range. More than 75% of the county's 2,058 square miles is National Forest. The Feather River, with its several forks, flows through the county. Quincy, the unincorporated county seat, is about 80 miles northeast from Oroville, California, and about 85 miles from Lake Tahoe and Reno, Nevada. State highways 70 and 89 traverse the county. The county's communities are nestled in different geographic areas, such as Chester in the Almanor basin, the communities of Greenville and Taylorsville in Indian Valley, the town of Quincy in American Valley, Blairsden, Graeagle, and Clio in Mohawk Valley, and the town of Portola, which lies west of Sierra Valley on Highway 70.

The county's population is approximately 18,627 (US Census - 2016, Population Estimates Program). Plumas County's largest town is Portola, home to approximately 1,957 residents (US Census 2010, Population Estimates Program). The town of Quincy's, the county seat, population is 1,728, with the Quincy area population approximately 7,000. The County's population is comprised of 90.6 Caucasian/White – of that number, approximately 8.3% identify as Hispanic or Latino – 3.2% Native American, and the balance from Other race/ethnicity groups.

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 US Census estimates that 8.8% of the population of Plumas County speaks a language other than English at home, with the predominate language being Spanish. However, Plumas County has no threshold language, per the Department of Health Care Services

(DHCS) formula, but strives to offer services and materials in Spanish and English whenever possible.

There are approximately 2,700 veterans, which represent close to 15% of the County population. Approximately 4.4% of the population is under 5 years of age; 17% are 6-17 years; 52.8% are ages 18-64; and 27.5% are over 65 years of age. Females represent 50% of the population.

Plumas County Public Health's 2016 Community Health Assessment collected data on what factors affect overall health of a community; key factors for Plumas County include:

Socio-economic factors

- Plumas County has a population that continues to increase in age – the percentage of residents age 60 and up living in Plumas County rose nearly 15% between 2010 and 2014 and is 85% higher than the CA average; most seniors living largely on social security
- High unemployment and lower wages influence socio-economic conditions
- Employment in Plumas County is timber-based and seasonal in nature. As a result, the unemployment rate ranges from about 8.5% to 12.4% during winter months. This has a major impact on the social and economic landscape
- Single female-headed households with children under 18 comprise almost 36% of those in the county
- Plumas County has a smaller proportion of children compared to the rest of California but the percentage of children living in poverty (24%) has steadily increased and exceeds the state rate.
- Food insecurities rates among the population have increased, with child food insecurity rates higher than for adults (28.6% vs.18.6%).
- CalFresh benefit enrollment has almost doubled since 2010, and average monthly caseloads increased by 27.5% between 2013 and 2016
- Median household income in Plumas County is below state and national levels ($48,032 compared to California's of $61,489)
- Demand for affordable housing – families compete for rentals

Health Behaviors and Mental Wellbeing

- Plumas County alcohol, tobacco and substance use rates are higher than state averages, as evidenced from 2016 Community Health Assessment data and the California Healthy Kids Survey.
- 18.7% of adults are current smokers, compared to 10.3% across the State. 35% of the 88 PUSD 11th graders who responded to the survey had at one time tried a tobacco product, while 43% have used alcohol or other drugs within the past 12 months. 42% of 11th graders had reported using alcohol within 30 days prior to the survey.
- The percentage of Jr. High and High School respondents who reported experiencing chronic sadness/hopelessness within the past 12 months: 33% of 7th graders, 43% of 9th graders, and 42% of 11th graders.
- The percentage of 9th grade students in Plumas County who felt so sad or hopeless every day for 2 weeks or more that they stopped doing usual activities increased 42% from 2011 to 2015.

- Plumas County's suicide rate is 113% higher than that of California (22.2 suicides per 100,000 vs. 10.4 for California)
- Plumas County is experiencing an opioid epidemic, with death rates from drug overdose, prescription opioid and heroin overdoses exceeding the State's rates (25.7 deaths per 100,000 compared to California's rate of 3.7 deaths per 100,000)
- Plumas County's prescription opioid death rate per 100,000 is almost 7 times that of the State's.
- Cancer, coronary heart disease, and respiratory disease are the leading causes of death in Plumas County.

Local Health and Human Services System Infrastructure

- The County's three critical access hospitals are fiscally vulnerable and challenged to meet the requirements of upgrading infrastructure and updating hospital sites, as well as to meet challenges implementing ACA and possible changes to Medi-Cal and Medicare
- Health reform will require system improvements to broaden and deepen the involvement of multiple stakeholders on policy, service and assessment issues.

Additional areas of need and concern to Community Health Assessment participants ***gathered at focus groups, community forums, and interviews with key informants include:***

the need for

- improved senior care in communities
- cultural sensitivity training for healthcare staff across agencies and a need for increased translation services for non-English speaking patients
- stronger connections and increased opportunities for social interactions
- increased access to adult education and basic life skills classes and for increased access to healthy food options that are affordable
- strong social supports; transportation is crucial and a barrier to accessing services
- sober community environments that are safe and clean
- affordable and ongoing activities for all community members

areas of concern

- helping others can improve quality of life
- stress and alcohol & drug use have negative impacts on adolescents
- transportation barriers are significant
- lack of awareness of existing resources – difficulty navigating available resources
- access to health services, such as too few primary care providers

One of the top three goals of the *2016 County Health Improvement Plan* was to improve health behaviors and to address mental health issues by focusing on adolescent early identification and reducing suicide, depression, and feelings of hopelessness among high school students.

MHSA SUMMARY

In November of 2004, California voters passed Proposition 63, creating the Mental Health Services Act (MHSA). The Act created an additional one percent tax on any California resident making more than $1 million dollars. Annually, the tax is levied on every dollar (over $1 million) a resident makes. The revenue is distributed to counties to accomplish an enhanced system of care for mental health services. A portion of the MHSA revenue is distributed to agencies at the state level. The passing of Proposition 63 provided an opportunity to expand county mental health programs for all populations: children, transition-age youth (TAY), adults, older adults, families, and unserved and underserved county populations. There are five MHSA guiding principles that drive local planning and programming:

1) Community Collaboration
2) Cultural Competency
3) Individual- and Family-Driven Services Focused on Wellness, Recovery and Resiliency
4) Access to Underserved Communities
5) Integrated Service Delivery

MHSA is made up of five program and funding components:

- Community Services and Supports (CSS) – 80% of 95% after Innovation
- Prevention and Early Intervention (PEI) – 20% of 95% after Innovation
- Innovation (INN) – 5% of total allocation
- Capital Facilities and Technological Needs (CFTN) – funding allocation by County plan
- Workforce, Education, and Training (WET) – funding allocation by County plan

CFTN and WET and Prudent Reserve allocations are chosen at the local level based on a rule that the county can use up to 20% each year of the previous 3-year CSS average of funds.

These components were designed to create expansion of services to underserved and unserved individuals under the County's local Mental Health Plan, providing comprehensive delivery to targeted populations, such as children, transition-age youth, seniors and other targeted populations, such as Native Americans and veterans.

State Mental Health Service funds are allocated to each county based on population size with allocations for the new fiscal year beginning in August and ending in July. In 2016, Plumas County's allocation of MHSA funds was 0.0128% of the total monies available to California's 58 counties. This translates to funding of approximately $2.2 to $2.8 million dollars each year, depending on income tax revenues. Typically, there is a two-year lag in revenue adjustments from what is projected to be funded and final allocations. MHSA revenue is ongoing yet can be volatile. This makes budget planning more difficult, especially for small, rural counties like Plumas.

DEPARTMENT OVERVIEW

Since 2013, Plumas County Behavioral Health has experienced several changes in leadership, resulting in multiple interim directors since the previous plan developed in FY14/15. Prior to June, 2016, when a permanent director was hired, the department was run by a management team of clinical supervisors, administrators, and multiple interim directors. The lack of consistent leadership caused delays in plan implementation. In spring of FY15-16, PCBH, at the time Plumas County Mental Health (PCMH), hired a full-time MHSA coordinator and a permanent Director. As documented in the PCBH External Quality Review Organization (EQRO) report for FY16-17, the following significant department changes occurred:

- Hiring of a permanent Director, Deputy Director, and Administrative Services Officer.
- Department reorganization including formal integration with the Alcohol and Other Drugs department to become Plumas County Behavioral.
- Review and update of all job descriptions and salaries, and additional FTEs approved.
- Department added criminal justice and access units, in addition to reorganizing other clinical units.
- MHSA-funded Wellness Centers were opened in several communities.
- Tele-psychiatry expanded including services in the Plumas County Jail.
- Increased assistance to SMI population, including emergency and transitional housing, transportation, and medication assistance.
- Improved timeliness of services by eliminating a call-back system and allowing front desk responders to scheduled intake appointments.
- Implemented Whole Person Care through whole health screenings and use of standardized intake tools.

Additional ongoing initiatives include:

- Reduction in time to first clinical appointment.
- Maintain access to Katie A Child Welfare clients and provide assessments and coordinated services for all children who meet Katie A criteria.
- Expansion of group therapy options.
- Expanded utilization review and service authorization process.
- Increased services in the jail.
- MHSA approval and implementation of expanded services to TAY population at Feather River College through opening of the FRC Student Mental Wellness Center.

The Plumas County Behavioral Health Wellness Centers have opened in three communities, including Chester, Greenville, and Portola. Quincy's Wellness Center is located at the PCBH Drop-in Center. These centers were originally designed to be wholly county-run locations where clients could receive therapy and case management services in their home communities, as well as wellness and recovery focused activities and peer support. After the approval of the MHSA 14-17 3-Year Program and Expenditure Plan, county leadership chose to partner with a community-based organization, Plumas Crisis Intervention and Resource Center, to open three centers with co-located staff to provide services under one roof.

Between August, 2015, and June 30, 2017, PCIRC completed a major renovation of the Greenville location, with its grand opening occurring on May 17, 2017. Chester's Wellness and Family Resource Center's smaller renovation was completed and its grand opening occurred on May 11, 2017.

Portola's separate Wellness and Family Resource Center campuses saw the renovation of the clinical space completed and its grand opening on May 25, 2017. The Wellness and Family Resource Center location at 165 Ridge Street in Portola, underwent renovations through community block grant funding with the City of Portola. Work is expected to be completed by September, 2017. The block grant enabled PCIRC to update its parking and entrance to be ADA compliant, as well as improving the reception/front office area, and building out two back clinical offices. Finally, the funding allowed the construction of a new ADA bathroom and laundry and shower facilities, per the Family Resource Center model.

Staff at the Wellness and Family resource centers consist of PCIRC family advocates, PCBH site coordinators, and PCBH peer advocates. Additional part-time and volunteer staff will be hired to greet and assist community members.

After the end of the contract period, on June 30, 2017, PCBH will investigate alternate means of sustaining and operating the Wellness Centers, either through shifting to a County-run model or contracting with another community-based organization.

Through community-focused delivery of services, we are confident that we will be able to continue this consumer- and family-driven system of care for meeting the behavioral health needs of persons who are unserved and underserved in Plumas County.

COMMUNITY PROGRAM PLANNING PROCESS

California Code of Regulations Title 9 (CCR) and Welfare and Institutions Code Section (WIC) 5847 state that county mental health programs shall prepare and submit Three-Year Plans and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures. Plans and Annual Updates must be developed with the participation of stakeholders, and the description of the local stakeholder process must be included in that plan or update. The county is to conduct a 30-day public review period of the draft Annual Update and the Mental Health board shall conduct a public hearing at the close of a 30-day comment period. Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the county Board of Supervisors.

The Plumas County Behavioral Health (PCBH) MHSA Community Program Planning (CPP) process for the development of the FY 2017/18 – 2019/20 Three-Year Program and Expenditure Plan builds upon the initial planning process that started several years ago for the development of the FY14/15-16/17 Three-Year Plan and for the subsequent Annual Updates. Over the past several years, this planning process has developed into obtaining input of diverse stakeholders through focus groups, stakeholder meetings, and surveys results. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, PCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

In addition to reviewing stakeholder input, we analyzed data on our client service utilization to determine if clients are successfully achieving positive outcomes. Outcome and service utilization data is regularly analyzed and reviewed by management to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client access, and has been instrumental in our planning process to continually improve mental health services.

A primary goal of this 3-Year Plan includes a focus on funding for continuing programming that offers expanded services to underserved and unserved populations, with program changes to address stakeholder feedback obtained in the fall and spring sessions of the planning process.

Stakeholder feedback from the Fall, 2016 and Spring, 2017 meetings, as well as funded programs quarterly meetings, 20,000 Lives meetings, using survey data, focus group input, and subsequent discussions with individual stakeholders, consumers and staff, includes a desire to:

1) Provide group support to adult and TAY populations of LGBTQ stakeholders;
2) Identify and implement support for groups of caregivers taking care of their adult and chronically severely mentally ill family members;

3) Provide anger management training to clients, including clients involved in the criminal justice system;
4) In an effort to streamline trainings and to reduce costs associated with redundant trainings and travel, develop a comprehensive behavioral health countywide training plan to support multiple modalities of trainings offered to PCBH staff, funded partners, staff of other agencies, consumers and family members, and countywide stakeholders, including suicide prevention and peer advocacy and support.
5) In partnership with community stakeholders, develop, based on community input and need, wellness activities (e.g. – healthy cooking on a budget, budget planning, restorative yoga, art and music, and other wellness activities) for community members at local Wellness Centers that will help to combat social isolation and will promote connection and overall individual and community wellness.
6) Maintain and continue to fund the school-based MHSA Innovation project and other CSS and PEI programming that addresses individual and community wellness in MHSA-targeted populations and to those unserved and underserved.

For the planning process for the FY 2017/18-2019/20 Three-Year Plan, we conducted ten (10) community forums at various locations in the community, including Quincy, Portola, Greenville, Graeagle, and Chester during Fall, 2016 and Spring, 2017. PCBH hosted four focus groups targeted to specific populations, including clients who live with chronic mental illness, adult consumers, family members, and TAY. Regular updates and request for feedback were sought and contributed by the Behavioral Health Commission and representatives of the Board of Supervisors. These forums occurred during September 21-28 and October 4-5, 2016, as well as May 15-25, 2017.

Additionally, the MHSA Coordinator held quarterly funded-program stakeholder meetings to provide updates as well as to receive program partner feedback, and participated in the 20,000 Lives Initiative meetings, including Youth Prevention and Senior workgroups.

In addition, Plumas County Behavioral Health obtained input from community stakeholders and conducted outreach to the unserved and underserved through the collection of MHSA survey data. These surveys were distributed to school personnel, countywide to community members, adult consumers, family members, and allied agencies. The surveys were also posted on Survey Monkey, with advertisements in all four community newspapers, which generated a large response. Surveys were also distributed through flash e-mails to stakeholders who subscribe to the County's 20,000 Lives group and by Community Connections; surveys were available online and at the County's Wellness Centers and schools. PCBH administered three (3) unique surveys to capture perceptions of need concerning mental health issues and wellness and in the community: one survey was geared toward TAY/Adults; one targeted Parents and Families; and one survey was for School Personnel. Across all stakeholder groups, including consumers, we received 342 completed surveys. Included in these stakeholder groups were veterans and persons with lived experience. Survey results are attached at the end of this Plan.

With this information and input, we were able to determine additional needs in the community that have not been resolved through previous Three-Year Plans and Annual Updates. The overall goals of the MHSA are still appropriate and provide an excellent guide for maintaining and enhancing our MHSA services in FY 17/18-19/20.

We also analyzed data on our clients to assess issues regarding access and quality of services, and measure if clients are successfully achieving positive outcomes. Outcome and service utilization data is an important indicator of access to services and helps us to understand service utilization and evaluate client progress. Data will also be instrumental in our continued planning process as we implement the new Three-Year Plan.

The proposed Three-Year Plan integrates stakeholder, focus group, and survey input, as well as service utilization data to analyze community needs and determine the most effective way to utilize our MHSA funding to expand services, improve access, and meet the needs of our unserved/underserved populations. The MHSA Three-Year Plan planning, development, and evaluation activities were also discussed with the Behavioral Health Commission members to obtain input on continuing with the ongoing programming from the previous Three-Year Plan. In addition to Commission members, a number of community members, consumers, and allied agency staff attended these meetings. There was strong support of the vision and goals for this Three-Year Plan and support of the budget details. This support provides an excellent foundation for developing and implementing the plan. It also provides an important stakeholder commitment to working together to quickly and fully implement this ambitious plan.

In addition to the listed stakeholders, others involved in the CPP process include Behavioral Health Commission and Board of Supervisors representatives, as well as parents of adults living with a chronic severe mental illness, school district personnel, parents of students, community-based organizations, and allied agencies. In addition, MHSA staff, consumers, family members, the Behavioral Health Director, clinical supervisors, fiscal staff, quality improvement staff, and others involved in the delivery of MHSA services provided input into the planning process.

A total of 342 surveys were completed by consumers, family members, stakeholders, staff, providers, partner agencies, and school personnel. The surveys helped to enhance input from multiple perspectives in our county and directed our planning process. The participants who completed the survey reflect the race/ethnicity of our community: 80% were Caucasian, 10% declined to state, with the last 10% as Hispanic, Native American, and more than one race/ethnicity. Twenty-five percent (25%) of the participants were male, 74% female, and 1% other. School personnel represented 40% of the respondents; 20% were family members; 84% were adults; 28% were TAY, and 50% were other community members.

Although the stakeholder process was extensive and countywide, feedback from stakeholders also demonstrated the work that Plumas County Behavioral Health still must do to broaden the scope in reaching the most vulnerable and isolated stakeholders. Stakeholders who missed the education and stakeholder input meetings have communicated to PCBH that not enough outreach and advertising was completed for the Spring, 2017 meetings. PCBH will work to resolve this by creating its own flash e-mail service for all previously contacted stakeholders and put forth consistent multi-media advertising and communications, so that all interested stakeholders will have the opportunity to participate in future planning events.

This level of participation clearly demonstrates that there is great interest from the community to support and improve mental health services in our county and that this input reflects persons living in all communities in the county.

LOCAL REVIEW PROCESS

This proposed MHSA FY 2017/18-2019/20 Three-Year Plan has been posted for a 30-day public review and comment period from July 3, 2017 through August 28, 2017. An electronic copy was available online at: www.countyofplumas.com. New postings to the county website were announced through group e-mails at 20,000 Lives, posted flyers throughout the county, on the county's website, by advertisement in all four local published newspapers, and through individual e-mails to stakeholders who have registered for updates from Plumas County Behavioral Health.

Hard copies of the document were available at the Behavioral Health clinics and Wellness Centers in Portola, Greenville, and Chester, and at the Quincy Drop-in Center, as well as in the lobbies of frequently-accessed public areas, including the courthouse, Plumas District Hospital (Quincy), Eastern Plumas Health Care (Portola), the county administration office, and the county library branches (Quincy, Chester, Greenville, and Portola). A copy of the proposed Plan was distributed to all members of the Behavioral Health Commission; to individual consumers, and to staff). In addition, individual stakeholders were provided a copy upon request.

A Public Hearing was held on Monday, August 28, 2017, from 3:00pm to 3:40pm, during a special meeting of the Behavioral Health Commission meeting at the Plumas County Library, Conference Room (445 Jackson Street, Quincy, CA). The Public Hearing included six Behavioral Health Commission members, two staff from an MHSA funded partner organization, and three staff from Plumas County Public Health. Prior to the August 28th meeting, written comments had been collected, as well as public comments from stakeholders who attended an earlier attempt at a public hearing on August 2, 2017, from noon to 2:00pm at the Plumas County Planning and Building Services Conference Room, (555 Main Street, Quincy, CA). Comments collected were recorded and have been included in this section. The Public Hearing was not officially opened, because the Behavioral Health Commission did not have a sufficient quorum to hold the August regular meeting and the Public Hearing.

Public input on the MHSA FY 2017/18-2019/20 Three-Year Plan was reviewed and has been incorporated into the final document, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The final plan will be submitted to MHSOAC no later than October 20, 2017.

Submitted Public Comments and Stakeholders' Written Statements

Written Statements

I. Local Clergy and BH Commission Member

Following are my concerns and questions regarding the Plumas County MHSA Three-Year Program and Expenditure Report 2017-2020.

1. On page 7, the first of five "guiding principles" that drives MHSA planning and programming is "Community Collaboration." However, in reading the document, only certain local non-profit agencies have been included, with a heavy emphasis on Plumas Rural Services (PRS). Plumas Crisis Intervention and Resource Center (PCIRC) is willing and able to participate in providing MHSA contracted services. In addition to Wellness Centers, PCIRC has experience with Crisis Intervention, Transitional Living (including for youth ages 15-24 through the Ohana House), Temporary and Emergency Housing for people of all ages and for those with MH and AODA diagnoses. PRS has been given a contract (pg. 23) for Transitional Housing, so why not PCIRC? To fulfill the "guiding principle" of Community Collaboration, all partners should be included, not just a select few.

2. Related to #1 above, it appears that PCIRC has been completely written-out of the Wellness Center contracts. On page 9, it states that these will either be county-run or shifted to "another" community-based organization. There is no justification for this change. PCIRC was instrumental in getting these Wellness Centers established and they are willing to take on a larger and continuing role in the running of these centers. What is the justification for not allowing them these contracts?

3. The second of the "guiding principles" is "Cultural Competency." There is no definition of what "Cultural Competency" means. Furthermore, the only place I found this mentioned (perhaps I missed something?) is on pg. 63 under the Plumas Unified School District section. In speaking with a Quincy Elementary school teacher this Spring I was surprised to learn that she did not understand how "White Privilege" applies to her and others. In my opinion, all agencies under the MHSA program/plan, including Behavioral Health itself, need to have comprehensive anti-racism and cultural competency training (which includes training on systematic "White Privilege").

4. Another concern I have that is not addressed in the MHSA program/plan is the impact of recent hiring practices by Behavioral Health on other county agencies, specifically on Social Services and Child Protective Services. When Behavioral Health got approval to increase salaries for its Social Workers, it did not take into consideration how this might impact these other agencies. There is currently a Social Worker shortage at CPS which impacts the number and quality of services they can provide. Vulnerable children who have been affected by abuse and/or neglect are not being served well. As the CASA Program Manager, I am seeing this first-hand in how CPS is not able to get back to our volunteer CASA workers in a timely manner or in referring cases to the CASA program in the first place.

5. Related to #4 above, has the administration of Behavioral Health had any discussions with the administration of Social Services, Public Health, County Supervisors, etc. in merging related programs together to become a comprehensive Health and Human Services agency? This would eliminate the issue of these agencies competing for the same workers because of higher salaries in one department compared to another. I have worked for a Health and Human Services agency in previous employment in Wisconsin and have seen the benefits of putting all of these services under one administration.

6. Finally, while I appreciate the concept of "No Place Like Home," I am concerned that the initial "1 to 4-unit permanent supportive housing" (pg. 75) will not meet the immediate needs of our community. Even though the resident numbers at the Sierra House have been reduced in recent months, there are others in the community who could use this type of housing who are not currently in "permanent placements." I'm also concerned that putting certain SMI clients in their own apartments with minimal staffing may not be enough support for them. Some of these clients need 24/7 care and need the "social interaction" found at Group-Home type facilities.

II. Parent of Adult Consumer

- Page 5, under the "Health Behaviors and Mental Wellbeing," Mental wellbeing? Sadness is such a subjective feeling, what are the reasons for this? Have they been diagnosed with a mental illness (biologically based, not situationally based?). Sadness is a human emotion, we all feel, what is meant by "chronic" here? Was this defined to the respondents of the survey or self defined? I think these statistics could be interpreted in different ways and can be misleading.
- Definition of chronic(of an illness): persisting for a long time or constantly recurring. That is just one of many definitions I found when googling the term, so my point is that can be interpreted in many different ways by the person taking the survey and the folks reading the survey, thus, statistics can be helpful but should be ingested with caution. The same goes with the "suicide rate" in Plumas County. Given those numbers I came up with 5.4 suicides per our population stated as 18,409 (now don't get me wrong, ANY suicide that could be prevented (and all of them can't be) is of concern to me). I want to know more background and I think the report should include that so others get the full picture. Statistics can be used and interpreted in many different ways. was this statistic pulled out of one year (if so, which year?), two years, trend of multiple years, or etc.? My concerns are similar with the opioid statistics.
- Page 7, CSS is 80% of 95% after Innovation. Is that percentage of program funds going to those with SMI? "These components were designed to create expansion of services to underserved and unserved individuals…". I still feel like my chld is underserved and wonder how the CSS components are going to accomplish that?
- This stakeholder is concerned about the quality, consistency, lack of structure and follow through in case management services at PCBH. He will not complain. Medication assistance~insurance and pharmacy continue to be difficult to navigate.
- Stakeholder hopes to be notified concerning future support for caregivers taking care of their adult and chronically SMI family members

- .Page 15, stakeholder is concerned about lack of services for young adults in TAY programming who are out of the school system, yet still needing additional support to transition into school or work.
- Stakeholder is supportive of having behavioral health patient navigators at the primary care and hospital settings and asks isn't that what the case manager should be available to do on the behavioral health side at the current time?
- Page 26, Stakeholder is concerned that PCBH does not have adequate clinical staff to immediately respond to all mental health crisis situations in the field, as opposed to having law enforcement intervene and transport the individual to the area hospital for a crisis assessment. Stakeholder would like to see planning around increasing PCBH crisis intervention staff availability to allow a MH clinician to respond immediately to de-escalate the situation.
- Page 29 – Senior Connections – stakeholder notes that those with dementia are at times treated in a more humane way and with services provided that someone with chronic psychosis or delusions have a hard time accessing, because they don't think they are sick due to their mental illness (*Anosognosia*) and the families are not listened to or given the same consideration trying to get care for their adult child as they would for their elderly parent because of HIPAA and patient's rights issues.
- Stakeholder takes issue with use of the term "preventing mental illness" and "reducing the risk of mental illness," because at this point in time, it continues to be a brain disease that's not preventable.
- Stakeholder believes strongly that "SMI is a neurological brain disease, it's not a choice. I have been following a writer in NY (DJ Jaffe), who writes "There's no stigma to being mentally ill. There is discrimination and prejudice against people with mental illness." He argues we have to focus on elimination discrimination. I wonder how different the programs would look if the funds were used to that end vs. elimination of stigma."
- My child's chronic mental illness is not curable. The best treatment is to stay actively involved with counseling and stay on the prescribed medication. Sounds like this was written for those "worried well". All of our mental health can be improved. Mental Health and Mental Illness are different terms, different outcomes.
- Page 63: the stakeholder hopes the development of this model is working, it looks good on paper, but numerous bullying incidents are still being shared.

III. Executive Director of Funded Program Partner

Plumas Crisis Intervention & Resource Center
Public Comment on the MHSA Three-Year Program & Expenditure Plan

Plumas Crisis Intervention & Resource Center (PCIRC) is a non-profit organization that has been providing an array of programs and services to at-risk children, individuals and families in Plumas County since 1983. As such, PCIRC has served as the lead agency in offering access to a system of coordinated entry to homeless services, emergency and transitional shelter and rapid re-housing and homeless services countywide. The agency, along with multiple collaborative partners, provides intensive case management, direct service programs and resource and referral information designed to improve the quality of life for all residents.

PCIRC has operated Family Resource Centers in the communities of Quincy, Portola and Greenville for many years. During the development of the Mental Health Services Act Plan in 2015, Plumas County Mental Health was exploring the possibility of developing Community Wellness Centers countywide. It was suggested that a collaboration between Plumas County and PCIRC with its existing Family Resource Center sites was both a cost-effective measure and would provide a welcoming environment to access a plethora of services at one site. This model of co-location would further help reduce stigmatism around accessing mental health services. On June 30, 2015, Plumas County Mental Health saved local funding from reversion to Sacramento by contracting with the California Mental Health Services Authority (CalMHSA) in the sum of $1,000,000 to provide sub-contracts to PCIRC to develop, establish and operate a joint model of four family resource/community wellness centers in Plumas County. PCIRC accepted this mission in good faith and agreed to work collaboratively with CalMHSA. This work complimented an existing relationship established with Plumas County Mental Health in the provision and delivery of transitional housing services and behavioral health supports to mental health consumers.

CalMHSA and PCIRC signed contracts and budgets, and timelines and deliverables were developed. The agency worked very hard for the next two years to establish adequate long-term leases for sites for service delivery, participated in extensive renovations to said sites to meet Plumas County Mental Health needs (including the installation of a $58,000 phone system requiring a 5-year service contract) and the deletion of the Quincy site in the plan. Family Resource & Wellness Centers were completed and the opening of sites in Portola, Chester and Greenville occurred in May of 2017. Along this path, PCIRC experienced many road blocks, time delays for various reasons and ever-changing budget revisions designed to increase funds for capital improvements while decreasing staffing at each site to fully meet the vision of the proposed model. PCIRC invested in this long-term partnership in good faith, often requiring financial commitments beyond the timeline of the existing grant. Through all of this, PCIRC has maintained its mission and vision and a high level of direct services to a growing number of individuals and families in the community.

PCIRC believes it has fully delivered in its mission to develop and expand the family resource center model to integrate behavioral health services throughout Plumas County. The work was carried out despite budgetary uncertainty that lasted 12 out of 21 months during this journey. When the CalMHSA budget was revised in the middle of 2016, PCIRC employed 16 individuals. At the close of this contract, staff was reduced to 13 individuals and had been at 11 individuals the month before. The initial contract budget allowed for $78,005 for infrastructure costs. Actual infrastructure expenditures closed out at more than $322,000. Staffing at the initially desired levels became impossible due to this uncertainty and because of the need to fund infrastructure work. After such profound burdens have been borne, PCIRC has established the Family Resource & Wellness Center sites and remains uniquely capable of delivering a wide variety quality services keeping in line with those developed and sustained over the past 35 years.

With the conclusion of the CalMHSA contract June 30th, 2017, the distribution of MHSA dollars for this project will be managed by Plumas County Behavioral Health. The 2017-2020 Plumas County MHSA Three-Year Program and Expenditure Plan includes $738,096 to support the three Family Resource & Wellness Center sites over the next three years. This represents the sustainability component for these sites that was included in discussions at the outset of this journey when our initial contract was implemented. The Program Partner (contractor) for the 2017-2020 funding is listed as “to be determined” instead of being directed toward PCIRC.

Additional funding for transitional housing and behavioral health support services has also been reallocated to other community partners.

The services of PCIRC are designed to meet the needs of at-risk populations and address the gaps in services unique to each community across the county. PCIRC has maintained Family Resource Centers in Greenville, Quincy and Portola for many years and worked collaboratively in Chester through the Almanor Basin Community Center, and is a well-regarded agency among community partners. It would be detrimental to the sustainability and success of individuals and families to remove PCIRC services from wellness center sites. These services compliment the work of Plumas County Behavioral Health in offering comprehensive whole-person care and intensive case management support to our most vulnerable populations.

PCIRC believes that continuing the Wellness Center contract with our agency will be beneficial to each community in continuing to provide access to PCIRC programming and will complete the vision and investment which began in 2015. The interest of the clients should come before all other considerations.

IV. Plumas County District Attorney

1. The process seems different than in years past. My understanding was community meetings and comment come first and form the basis for the MHSA Plan. This year it seems as though the Plan was put forth by BH then the community meetings and comment occurred. Is there some rule/statute/etc setting forth how the Plan is to be created and whether the public serves in a creation or comment role.

   Coordinator response:

   We did a series of community meetings last fall and this spring, in addition to focus groups and community surveys to identify gaps in services and overall perception of programming with the ongoing MHSA programs, many of which are newer programs that began in or after summer and fall of 2015. These activities were advertised in the paper, through 20,000 Lives, and on the County BH website, to engage as many interested stakeholders as possible.

   Additionally, the 3-Year Plan is revisable, so that each year we have the ability to refine and amend the plan through the Annual Update process. The next community meetings will be held in October. I'll be happy to put you on the e-mail announcement list when I have the dates confirmed.

   With the expansion of programming by funded partners in Year 1 of the last MHSA 3-Year plan (2014-17), we have given these programs time to become fully implemented, and we plan to complete a full MHSA program evaluation, contracting with an outside evaluating consultant, during years 2-3 of this new 3-year plan (July 1, 2017 through June 30, 2020). MHSA program evaluation regulations for PEI programs were adopted and promulgated in October, 2015, but very small counties were given additional time to begin reporting program outcomes through the State Data Collection and Reporting (DCR) program.

2. Is there a prohibition in using the MHSA funding to supplant services in existence and currently being funded?

Coordinator response:

Can you please rephrase the supplantation question and give me an example of what you mean by "supplant services in existence and currently being funded?" MHSA falls under a hierarchy of department spending of state funds to cover internal and funded partner programming costs, meaning we use Medi-Cal revenue first, then State realignment dollars, and MHSA funds last. Most of our funded-program partners only qualify for funding through MHSA, for example the Full-Service Partnership program with Environmental Alternatives provides services that are not reimbursable through Medi-Cal.

For PCBH client therapeutic services, the clinical and case management services are first billed to Medi-Cal, but client support costs associated with the client's treatment plan that are not reimbursable through Medi-Cal may be covered by realignment, and if that's not allowable, MHSA funds may be used to cover these costs. A more specific example would be for a client who has been re-hospitalized or re-incarcerated and meets criteria for a severe mental illness diagnosis (SMI). Once discharged/released, and s/he has been assessed for treatment and meets MHSA Full-Service Partnership criteria (in most cases SMI and at risk for homelessness or is homeless, or other risk factors), then therapy and case management costs may be covered by Medi-Cal, but parts of client transportation services, and housing, utilities, and other supports are not reimbursable using other BH funding streams, these costs may be covered by MHSA Community Services and Supports (CSS) monies through our Full Service Partnership programs.

3. Is Mountain Visions Program a new program? Is there any information concerning MVP being an evidence-based program?

Coordinator response:

Mountain Visions is an early intervention program for PCBH Child and Transitional Age Youth clients (14-18). It was initially run for many years as an internal program, but PCBH staff determined that it is a valuable program that should be funded via MHSA Prevention and Early Intervention funds and not run internally using PCBH clinicians and case managers whose services are needed elsewhere. As of October 1, 2017, Mountain Visions will be implemented through a non-profit community partner, dramaworks.

4. What rule/statute/etc sets forth the authority for the WET Mental Health Loan Assumption program (page 71)? How does a three-year plan have a component lasting six years? How are recipients selected. Is the loan assumption for current education or is it anticipated it will repay past loans? If the latter, please provide the authority for such an approach that places such repayment outside the scope of the gifting of public funds.

Coordinator Response:

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8, Subsection 3850,

which states, “Workforce, Education, and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level …” We want to encourage BH staff to obtain licensure and higher degrees in areas where we struggle to meet staffing needs, specifically but not wholly limited to clinical areas, such as LMFTs, LCSWs, and MSWs. I believe we have 3 or 4 unfilled positions which require licensure. Our intention is to provide a local resource for these candidates through MHSA WET funds. The maximum allowed under the law is $10,000 per year for consecutive full-time employment, meaning PCBH would assume up to $10,000 of student loans per year of completed employment (equivalent of 2,080 consecutive work hours) up to a lifetime limit of $60,000, and contingent on availability of funds.

Public Comments – Given August 2 , 2017

I. Speaker 1 – Local Clergy

1. Native American population numbers were not reported in the plan.
2. It seems that there is little effort to recruit Native American behavioral health practitioners, when the Maidu population at one point was over 23,000; speaker is concerned that almost all now are gone. Actual services unknown. Amounts of money allocated to different groups (seems short). People still being excluded due to lack of housing.
3. There is no mention of Community Connections Board or members in the Plan. Worried about Community Connections being included in plan and then becoming part of PCBH.
4. Stakeholder is worried that Behavioral Health clients and criminal justice clients may not be safe to work with older adults in Community Connections. Seniors are worried about crime – doesn’t want CC to be too closely associated with Plumas County Behavioral Health.
5. Stakeholder knows a man who didn’t get housing – if you don’t have the housing, don’t start a program that will provide that is going to pay for it. A community member ended up helping him with housing. He needed BH services and didn’t get the help he needed.

II. Speaker 2 - Consumer

1. Liked the plan; good suggestion on fund distribution.
2. Some programs should be funded other ways and money be used for critical needs. Speaker is concerned that MHSA money is used for general BH issues, and not for SMI clients, more money needs to be set aside for critical needs.
3. Round house council should be given 3 to 4 more thousand dollars to fund a large community event. Schools on site support groups, suicide, LGBTQ. Speaker supports Community Communications. Transportation, employment, peer advocates paid services.
4. There should be a dedicated after hours line for callers and the Wellness centers should have a dedicated phone lines and answering machines. Communities need boys social

programs. There needs to be an improved response system to field after hours critical needs – this is reported to not be done well with the current PCBH system. Wellness Centers have a written mandate for group support for clients, but there is nothing written to offer support to families of clients. PCBH $60,000 listed for each year for cars. Is that correct? She is concerned about replacing qualified and competent professionals with volunteers who may not help clients; regarding WET funds for peer employment programs; many SMI BH clients have skills that would be helpful, such as an advisor/Case manager who could clients to navigate SSDI and SSI system. [Response – schools have Boys Council through Probation dept., there is transportation for clients and in-school counseling and social work support. RC's budget has been increased this year, and if they want to hold a community event, they are able to move money around; car budget is just for the first year – we will correct that]

III. Speaker 3 – Parent of School-age Child

1. Supports having care giver support groups and boys social clubs in the schools – a companion program to Girls' Rite.

IV. Speaker 4 – Funded-partner Staff

1. Would like to see more positive verbiage: for example use wellness vs. illness; reduce stigma
2. Stakeholder has concerns with 24-hour line; it goes to an answering service.
3. A person who was in crisis that she was advocating for was not treated properly. Stakeholder had used the 530-283-6307 number to seek crisis help. She stepped in as an advocate and it was difficult to connect with PCBH to help this person in crisis.
4. FRC is creating a coordinated response tool for students and those helping them when there is a crisis.

V. Speaker 5 – Chief Probation Officer

1. Chief Probation Officer clarifies that Probation Department facilitates the Boys' Council, which is represented in the schools and provide opportunities for group discussions. Boys' Council promotes positive social and cultural norms and activities.

VI. Speaker 6 – Director of Behavioral Health

1. Thanks participants for taking part in the meeting and begins discussion to clarify stakeholder misperceptions on service delivery and crisis intervention.
2. Introduces Wellness Center supervising site coordinator. all for being here. Intro Elizabeth Brunton; please contact her concerning Wellness Centers' specific needs and feedback.
3. Native American population – Roundhouse Council program has allowed PCBH to have better coordination with tribes.
4. Community Connections staying independent.
5. Clarifies that peers are paid employees, other mental health clients are paid employees.
6. We have a trained answering service, which does 24/7 on call service. Having a clinical unit staff crisis intervention during business hours allows for clinical staff to be on call less frequently. Specialized phone numbers to handle referral issues. The after-hours

call service's mission is to determine immediate help, like 5150 etc. The response time goal is 5 minutes, which is a normal amount of time.

VII. Speaker 7 – MHSA Coordinator

1. Coordinator clarifies difficulty in recruiting any licensed clinician, especially a Native American clinician; if it were possible, PCBH would have them on staff.
2. Grievance process and feedback process is available at the Annex main office and at the Wellness Centers.
3. There are written mandates for clinical operations at the Wellness Centers.
4. There will be support groups specific to each center, including consumer's family members support groups and peer to peer support.
5. The vehicle budget is included only if needed – doesn't mean PCBH will buy all vehicles that are budgeted for – it's just a projection in case expansion requires more vehicles sometime within the next three years.
6. The Coordinator states that the MHSA 3-Year Plan is a living document and there is opportunity each year to amend and update the plan to allow for newly identified needs and new/updated programming and costs.

PLUMAS COUNTY BEHAVIORAL HEALTH COMMISSION

Interim-Chair: Michael Sanchez, MHA

Vice Chairperson: Estres Wellings

Secretary/Treasurer: Maria Rock-Strong

Clerk to the Commission: John Posch

DRAFT SPECIAL MEETING MINUTES of the Behavioral Health Commission and Public Hearing on the Mental Health Services Act Draft 3-Year Program and Expenditure Plan, 2017-20

Held on August 28, 2017 at 3:00 PM

Plumas County Library Meeting Room (445 Jackson Street)

QUINCY, CALIFORNIA

www.countyofplumas.com

1. **Special meeting** of the Behavioral Health Commission and a MHSA 3-Year Plan Public Hearing

   a.) Call to order/Roll Call
   Commission members: Henry Eisenman, Reverend Kendrah Fredricksen, Maria Rock-Strong, Michael Sanchez, Valerie Sheldon, Estres Wellings
   Staff: Elizabeth Brunton, Eric Emery, Aimee Heaney, John Posch, Louise Steenkamp
   Guests: Scott Corey, Johanna Downey
   b.) Additions to or deletions from the Agenda: none
   c.) Public Comment Opportunity: No public comments were heard.

2. **Public Hearing**

Open Public Hearing. There exists a quorum of six Commission members. This public hearing began at 3:04 p.m.

Johanna Downey, Executive Director of PCIRC, read a 1 ½ page letter noting the contribution PCIRC with CalMHSA have made establishing the Plumas County Wellness Centers. PCIRC states that they are providing services at the Wellness Centers, paying rent and utilities, and

continue to provide services. Coordination of services between PCBH and PCIRC is currently at a stop. Behavioral Health Dept. provides staff, and the Wellness Centers remain open.

There is further discussion by the Commission concerning the Wellness Centers contract and an alleged HIPAA breach at PCIRC. A PCIRC employee is alleged to have breached HIPAA compliance regulations. This alleged breach was reported by the client to PCBH. According to the Deputy Director of PCBH, PCIRC failed to report the alleged breach to PCBH at the time it occurred. Prompt disclosure is crucial and the requirement is spelled out in the County's service agreement. There is a statute requiring revealing the alleged HIPAA breach occurrence in a timely manner. PCBH reported the event to the Department of Health and Human Services. PCBH has terminated employees for a known breach of HIPAA.

The Deputy Director of PCBH disagrees with PCIRC's assertion that it is an alleged HIPAA breach, and further stated that the State will not allow moving forward with any contract until the issue is resolved. This has resulted in Plumas County Behavioral Health's legal counsel to recommend pausing services with PCIRC until a determination from the State of California Department of Health & Human Services has been made. PCBH is following specific guidance.

A new three-year Wellness Center service agreement was approved to form by County Counsel, effective July 1, 2017, prior to the disclosure of this event, and PCBH has set aside the pending contract until a determination has been made. As of today at the August 28th public hearing, no new information has been disclosed for PCBH to move forward with partnering with PCIRC; the State has not communicated further with PCBH.

PCIRC stated they have hired an attorney, and the Plumas County Sheriff's Office is investigating the allegation. PCIRC is waiting for information. PCIRC stated they have never received any correspondence from PCBH. PCIRC reports that the State has not communicated with them. There is disagreement between PCBH and PCIRC concerning the timeline of events and written communication.

The MHSA Coordinator clarified that PCBH sent two separate letters requesting information regarding the alleged breach, and asked why PCIRC never responded to PCBH's multiple requests for that information. The Deputy Director stated that PCBH will follow the lead of the State and legal counsel, and there has been a lack of communication and lack of response by PCIRC.

The Deputy Director of PCBH states that Plumas County and PCBH take the privacy of people's health care info very seriously. County Counsel is aware of this issue. The State Dept. of Health & Human Services is overseeing and providing the lead in proceeding. The Interim Chair requested of PCBH to provide the names of the State officials who took the report, and he requested to receive a copy of the letter from the State of California regarding a determination of this matter.

The above mentioned 1 ½ page letter as public comment from PCIRC will be included in the MHSA Plan 2017-2020 draft as submitted. Also included are earlier public comments and communications that were received in regards to the MHSA Plan 2017-2020 draft.

The Commission discussed the stakeholder process, noting that the meetings in Spring, 2017 were not well attended. The scheduled August 2nd public hearing had about ten persons from the

public at large. The draft MHSA Program and Expenditure Plan, 2017-2020 has approximately sixteen contracts accompanying it. The Commission asks that the PCIRC Wellness Center service agreement be addressed by the Board of Supervisors as a separate discussion agenda item. Legal counsel would be reviewing this. PCBH presently has the staffing and resources to run the Wellness Centers, if it is determined that the new PCIRC contract is not approved. No further comment ensued and the Public Hearing discussion ended at 3:46 p.m.

3. <u>Action Agenda</u>

1. Behavioral Health Commission

a.) July 5, 2017 Plumas County Behavioral Health Commission meeting minutes, page two CORRECTION: 3. A. AOD Update. Beginning of the Fiscal Year. SAMHSA Grant funding was recently reviewed and is reviewed annually. The department's efforts are in good standing except for a few clarifications…The Whole Person Care grant for three years is for $3.2 million, is for those attended with Medi-Cal but is also for those not presently reimbursed for services under Medi-Cal. With the above correction, Reverend Kendrah Fredricksen moved for approval of the July 5th meeting minutes. Maria Rock-Strong seconded.

b.) Recommend to the Plumas County Board of Supervisors the draft MHSA three-year 2017-2020 Plan for approval. Discussion followed. A quorum of Commission members is present today. Reverend Kendrah Fredricksen who is an employee with PCIRC abstained from voting; Henry Eisenman recused himself, as he is a Board member of PCIRC; and Maria Rock-Strong abstained. If this Commission does not recommend the above MHSA Plan draft, contracts will be delayed and finances would suffer. Still the above MHSA Plan draft can be submitted to the Board of Supervisors. This Commission could recommend the above MHSA Plan draft with exception to the contract in consideration—an outlier in the agreement. Maria Rock-Strong offered to write a letter to the Board of Supervisors. Commission member Estres Wellings moved to recommend the Plumas County MHSA Three-Year Plan, 2017-20 to the Plumas County Board of Supervisors. Commission member Valerie Sheldon seconded. The motion was adopted with three members abstaining, 0 nayes, and 3 ayes. The final draft of the 3-Year Plan is tentatively scheduled for the Board of Supervisors agenda on September 12th, 2017.

c.) Determine location of future Behavioral Health Commission meetings. Suggestions were of the Quincy public library, Quincy Mountain View residence (the resident parking lot cannot be used, but the streets nearby are available); [suggestion: moving Commission meeting date(s) to the second Wednesday of the month would require reviewing revising the Bylaws]; Quincy Planning Dept. meeting room. The Health & Human Services, Annex, meeting room is also an option, but is not within walking distance. Since the next scheduled monthly meeting would occur in just a week, Estres Wellings moved to cancel the scheduled September, 2017 Commission meeting. Reverend Kendrah Fredricksen seconded. The next regularly scheduled BH Commission meeting will be held on **October 4, 2017 from noon to 2:00pm**, at the Plumas County *Planning Dept.* meeting room, 555 Main Street, Quincy.

d.) To continue publishing recruitment advertisement for new Commission membership? The State statute requires a minimum of five Commission members. The statute requires a minimum of 50% of Commission members be either family or consumer(s), with 20% undesignated. It was requested that the by-laws be reviewed and that the BH Commission consider changing the required number of Commission members to a minimum of five, thus making it easier for the Commission to reach a quorum to complete be able to hold meetings and complete business. A member this be placed on the Agenda for the October 4th meeting. Reverend Donna Wood and Heidi Wakefield have expressed an interest in becoming Commission members. They should communicate with Nancy DaForno at the Board of Supervisors office since Board of Supervisor approval of new Commission members is necessary. Reverend Kendrah Fredricksen moved to discontinue the recruitment advertisement in the newspaper for new Commission members, for the present, and to post recruitment announcements through 20,000 Lives and Community Connections, as well as in each community's Wellness Center. Estres Wellings seconded. The MHSA Coordinator will facilitate getting flyers out to these partners and locations.

2. Behavioral Health Department

a.) AOD Administrator report. Louise Steenkamp is busily involved with reporting and contracts for the Whole Person Care Pilot program that works with those who are homeless or who are at risk of being homeless. The department is receiving furnishings for the homes of clients in need of homes. The Whole Person Care Pilot program does not cover rent but does provide case management services and housing navigation, behavioral health needs, physical care needs (enrolls in Medi-Cal; emphasizes prevention to reduce the need for recurring emergency care.)

b.) MHSA Coordinator report. On August 29th, the Coordinator is scheduled to attend a meeting of the Redding-Shasta Housing Continuum of Care. There is a lack of adequate housing available in Plumas County. Much of available housing is either unaffordable or substandard. Mentioned at earlier meetings was a development for a housing plan to be funded by $75,000 in technical assistance funds under MHSA No Place like Home. The first non-competitive phase would allow small counties like Plumas to submit a plan requesting up to $500,000 to develop permanent supportive housing for severely mentally ill residents. To the coordinator's knowledge, no Plumas County housing plan presently exists. Sierra County is in a similar situation. Both MHSA coordinators are asking if Plumas and Sierra counties may pool their technical assistance funds ($150,000) to hire a consultant to develop two separate, yet similar housing plans, using an MOU between the two counties. The community action funds through the CAA are Federal funds. Once the State receives the county plan Plumas County receives the $500 thousand. The Mill Creek, Quincy housing cabins are earmarked for Full-Service Partner clients, through the Environmental Alternatives Plumas Commons FSP program, those chronically ill, frequently incarcerated, etc.

c.) Behavioral Health Director's Update. Recruiting for more department staff and sustaining staff has been a primary concern. Recruitment efforts have been redoubled. Present local staff are encouraged to further their education in hard to fill licensed

positions. Plumas County Behavioral Health has been networking for recruiting purposes with CSU Chico, as well as University of Nevada—Reno, in efforts to "grow our own" of licensed therapists. The Department currently has four candidates enrolled. What can be done? What can be afforded?

d.) Patient's Rights Advocate. Henry Eisenman offered a copy of the current NAMI newsletter: www.NAMI.org And a Xerox of an August 7, 2017 TIME article, page 40-45, "The *Anti* Antidepressant, Depression afflicts sixteen million Americans. One-third don't respond to treatment. A surprising new drug may change that" By Mandy Oaklander. The article was followed by several drug-free treatments backed by science: Exercise (regular physical activity), Cognitive-Behavioral Therapy (changing negative thought patterns), Behavioral Activation Therapy (helping people identify activities that add meaning to their life, like reading, volunteering or visiting friends), Mindfulness Training (to be aware of the present moment), and Transcranial Magnetic Stimulation. Could NAMI be re-established in Plumas County? Some family members in Chester are interested. But many family members prefer anonymity. NAMI has membership dues. MHSA has family support funds that could pay for group dues. A decision on how to approach Sierra House is still pending, awaiting the budget to be approved. The department does not know what funding is available without an approved budget.

Public Comment Opportunity. Plumas County Behavioral Health Dept. Director Bob Brunson is leaving. A specific date has not been mentioned, but may be as early as November, 2017. The Board of Supervisors will recruit for his successor. There was brief discussion of talk of re-establishing the CAO position. Elliott Smart, the current Director of Plumas County Department of Social Services will head the development of a transition to a Plumas County Department of Health and Human Services, which the Board of Supervisors approved this summer.

Adjourn This meeting and public hearing adjourned at 4:36 p.m.

The next scheduled Commission meeting is October 4, 2017, noon at the Planning Dept. meeting room, 555 Main Street, Quincy, a block west of the Plumas County Courthouse.

COMMUNITY SERVICES AND SUPPORTS (CSS)

The PCBH MHSA Community Supports and Services (CSS) program will continue to provide ongoing services to all ages [children (ages 0-15); transition age youth (TAY, ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities.

The CSS Program includes Full Service Partnerships, which embrace a "whatever it takes" service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address the individual's mental health needs. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of the individual.

Outreach and Engagement activities address hard-to-reach populations, such as seniors, individuals who abuse substances, and those released from incarceration. Outreach activities that focus on Native American and veteran populations improve access to needed mental health services and improve overall community wellness.

Additionally, clinical and case management services will continue to be available in each of the four communities, at the schools, and at Wellness Centers. There will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients.

Service Utilization

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; medication vouchers; education and employment support; training and anti-stigma events; linkages to needed services; and emergency lodging and transitional housing support for Full-Service Partnership and outreach & engagement clients.

To understand service utilization for our existing behavioral health services, data was analyzed to show the number of CSS clients served in Calendar Years 2016 and 2017 by age and race/ethnicity.

As a reference, Plumas County Mental Health, now Behavioral Health, served 593 clients in Fiscal Year 2013/14. 28.7% were children (ages 0-15); 14.5% were TAY (ages 16-25); 48.7% were adults (ages 26-59), and 8.1% were older adults (ages 60+). Looking at Table 1 for Calendar Year 2016, the demographics of those served have shifted to an older population. This reflects Plumas County's aging population.

Table 1

CSS Clients (CY16) By Age

0 - 15 years	163	17.4%
16 - 25 years	188	20.0%
26 - 59 years	494	52.6%
60+ years	94	10.0%
Total	939	100.0%

CSS Clients (CY17 To Date – 6 months) By Age

0 - 15 years	132	17.2%
16 - 25 years	130	17.0%
26 - 59 years	420	54.8%
60+ years	84	11.0%
Total	766	100%

Table 2 shows Race/Ethnicity for CSS clients for Calendar Years 2016 and 6 months of 2017: 82.4% were Caucasian, 9.7% were Hispanic/Latino, and 7.9% identified as Other. During FY2013/14, 76.1% were Caucasian, 7.9% were Hispanic/Latino; 4.4% Native American; and 11.6% were from all other races.

Table 2

CSS Clients (CY16) By Race/Ethnicity

Caucasian	774	82.4%
Hispanic	91	9.7%
African American	NR	0%
Asian/Pacific Islander	NR	0%
American Indian	NR	0%
Other	74	7.9%
Total	939	100%

NR = not reported – captured in "Other"

CSS Clients (CY17 To Date) By Race/Ethnicity

Caucasian	665	86.8%
Hispanic	67	8.7%
African American	NR	0%
Asian/Pacific Islander	NR	0%

American Indian	NR	0%
Other	34	4.5%
Total	766	100%

NR= not reported – captured in "Other"

The Plumas County MHSA Three-Year Plan, 2017-20, brings many exciting opportunities to Plumas County. This comprehensive plan has utilized a strong Systems of Care model to improve behavioral health services in all communities. When implemented, it will continue to improve access to services, providing high-quality and expanded services in the schools and communities, and developing employment opportunities for community members with lived experience.

Addressing Barriers and Challenges

One of the challenges concerning implementation of expanding services is the difficulty PCBH experiences in hiring and retaining licensed clinical and nursing staff in this small, rural, and remote county. It has been challenging as well to hire bilingual staff. PCBH currently has four clinical staff vacancies, but case management specialists are fully staffed.

PCBH has struggled to fill licensed positions when the Plumas County pay scale was lower than in equivalent areas. In the past, PCBH found it difficult to recruit qualified clinicians and nurses, when surrounding counties were offering the same positions for more money. In October of 2016, the Board of Supervisors approved a reorganization and merging with Plumas County Alcohol and Other Drugs and the reclassification of licensed positions to increase pay for professional and paraprofessional clinical positions.

Additionally, PCBH is currently identifying, training, and hiring two state-certified (through OSHPD's and NorCal MHA WISE University's 70-hour certification program) peer advocates for each community to offer client and family peer to peer support and facilitation of peer-oriented wellness programming, such as restorative yoga, art and music, walking/hiking groups, financial planning/budgeting classes, smoking cessation, and other identified wellness activities. To date, PCBH has identified, trained or registered for training three of the eight available advocate positions.

We feel confident in our plan's goals and objectives, and with strong consultation and leadership will fully implement these new and expanded services. In addition, the strong, positive community support will help PCBH to deliver culturally-sensitive services to our community.

In the Three-Year Plan, 2017-20, in an effort to "grow our own," PCBH is including a new county-level loan assumption program using Workforce, Education, and Training (WET) monies to incentivize PCBH licensed staff to stay in Plumas County by paying up to $10,000 per year in student loans for a maximum of six (6) years for each year of equivalent full-time employment that the employee works at PCBH. See the full description in the Workforce, Education, and Training section of this plan.

CSS Programs

A. Full Service Partnerships

Plumas County's current Full-Service Partnership program enrolls from fifteen (15) to thirty (30) clients with the highest need for supports and services, based on criteria including a diagnosis of severe mental illness, or severe emotional disturbance in a minor, and other risk factors, including but not limited to being homeless or at risk for homelessness, hospitalization, or incarceration. Since the last 3-Year Plan, PCBH has made significant progress in developing a comprehensive Full-Service Partnership program. A formalized procedure has been established to enroll full-service partners, with quarterly re-assessment and status updates.

Plumas County Behavioral Health has identified a need for greater oversight, case management and housing stability for our Full-Service Partner clients. In an effort to improve outcomes for full-service partners, PCBH has contracted with Environmental Alternatives, Inc. (EA) for a one-year pilot project to outsource FSP supports and resources, including housing and intensive case management services for up to fifteen partners. Participants will be identified by PCBH, and a service plan will be created by PCBH clinical staff and EA to best meet the participant's need and treatment goals, while the partner lives in a safe, stable environment and receives a scaffolded "whatever it takes" system of support and resources. If the pilot project indicates improved outcomes and a successful model for this targeted population, PCBH will extend the program in Years 2 and 3.

Program Name	Full-Service Partnership Program Pilot Project			
Program Partner	Environmental Alternatives, Inc.			
FY17/18 Cost	Up to $500,000			
Program Status	x	New		Continuing
Emphasis		General (Non-FSP)	x	Full-Service Partnership (FSP)
Age Groups Served		Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

Program Deliverables

Bundled Services

The variety and changing nature of service expectations provided to participants makes detailed accountability unnecessarily burdensome and costly for both parties. Therefore, the intent is to bundle an inclusive service package and determine a rate of reimbursement based on estimated costs per participant. That practice has long been in use by the State Department of Social Services for foster care clients.

A comprehensive list of bundled services are as follows:

- finding and securing a residence
- assistance with move in and move out of residence
- payment for rent and utilities
- renting or leasing a one-bedroom or studio for individuals and a 2-bedroom unit for families
- financial assistance for security deposit and advance rent payment
- a TV, if needed, and programming access, where feasible
- internet service, when feasible, but not the loan or gift of a computer
- assistance with upkeep for normal wear and tear to the residence and furnishings
- payment of utilities (water, power, sewer, gas, and garbage)
- payment of utility deposits
- all necessary furniture, cooking equipment and utensils
- participant ownership of supplied furniture and TV after two (2) years of enrollment
- assistance in obtaining a phone and phone service
- emergency and occasional financial assistance for needed food
- emergency and occasional financial assistance for needed clothing
- emergency and occasional financial assistance for needed living incidentals and toiletries
- transportation assistance and/or transportation for ordinary program obligations
- a monthly county transportation bus pass
- liability insurance, as needed, for agency and County protection
- temporary storage of participant property at discharge, as requested by the County, and in accordance with State law
- intensive case management and coordination services, including interfacing with the community
- crisis intervention assistance and referral
- phone and/or in-person crisis response availability on a 24/7 basis
- independent living skills training, including budgeting and banking assistance
- employment-readiness training
- referral and assistance with appointments (job, financial, medical, legal, educational, etc.)

The plan is to offer three levels of service, depending upon needs mutually identified by the County and by EA. The County and EA will jointly consult on program offerings, with ultimate authority for service level determined by the County. Movement between the three levels shall be fluid and subject to change at any time. Moreover, services should not be delayed based on service level assignment. For example, a participant assigned to a lower service level may undergo an unanticipated crisis and immediately need a higher level of service. The higher level of service will be promptly provided, with formal service level determinations made later or retroactively. An emphasis on flexibility and prompt service provision is consistent with rapidly changing conditions best met by a quick response.

When applicable, a participant's ability to cost share with EA to meet basic needs based on his/her benefits will be identified during the enrollment process, allowing for the participant to contribute to his/her own autonomy and independence. For example, a client participant may have a representative payee; EA will work with the participant and the representative payee to develop a budget that will enable the participant to move toward greater self-sufficiency.

Service Level – Tier I

This is the highest level of service, with participants eligible for all bundled offerings. Many participants will enter the program at this level and subsequently transition to lower service levels when appropriate. There is no minimum or maximum duration of care at this level, but the intent is for participants to stabilize within about six (6) months.

Service Level – Tier II

The first stepdown in services maintains most of Service Level Tier I offerings, but at less intense levels. For example, Tier II is associated with fewer staff hours, fewer transportation costs, less emergency interventions, and less need for transitioning. Many of the training and physical health needs have been met and therefore require less attention. However, the same level of housing and utilities are expected to continue. The mix of offerings may fluctuate, depending upon the participant's stability. That means, service needs may vary between all three Service Level Tiers, but on average, requires a moderate level of care.

Service Level – Tier III

This maintenance level of service continues the process of reduced staffing, transportation and transitioning services. Participants will receive basic housing and utility assistance, but fewer ancillary benefits. A basic level of stability is achieved, with few fluctuations in service needs. Upon occasion and temporarily, participants may receive more intense services, but predominantly function well while receiving minimal support.

Outcomes

- Maintain housing stability – plan to move to permanent housing
- Improve functioning and self sufficiency
- Improve health and well being
- Decrease in hospitalizations and incarcerations
- Plan for and engage in employment, volunteering, and/or education
- Increase engagement in treatment and case management services
- Establish positive support system
- Evidence-based practice standard
- Unduplicated number of individuals served

B. Wellness and Family Resource Centers

In order to improve access, quality, and timeliness of services, the CSS Program Plan expands services and opens Wellness Centers in each of the distinct regions in Plumas County: Chester, Greenville, Portola, and Quincy. The Wellness Center model offers a

community-based alternative to the traditional clinic atmosphere, and provides a more casual and friendly environment. Each center is open and in three of the four locations, clinical services have been provided under one roof alongside PCIRC's Family Resource Center services.

Program Name	Plumas County Wellness Centers			
Program Partner	To Be Determined			
FY17/18 Cost	Up to $270,999			
Program Status		New	x	Continuing
Emphasis	x	General (Non-FSP)	x	Full-Service Partnership (FSP)
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

The centers are located in each community, and they will provide peer to peer support from certified peer advocates for clients and family members in need; the peer advocates will also help the Wellness Center site coordinator to identify community needs for developing wellness programming, and when possible, they may facilitate peer-run groups/activities. Each of the four centers will offer a range of services that are consumer-focused and recovery-based, helping PCBH to enhance and to improve access to our mental health services system. These services will include wellness and recovery focused programs such as nutrition, smoking cessation; individual and group services; as well as consumer-run activities (art, yoga), walking, and other activities that focus on engagement and wellness.

Each center will have both clinical and case management staff, a site coordinator, and a four-wheel drive vehicle, and other transportation options. Additionally, community and agency partners are able to meet additional community needs by using "flex" space to provide one on one counseling and support. Examples of this partnership include Veterans Services case management and outreach, as well as Plumas Rural Services child and family clinical programs.

Program staff will assist clients in developing strategies to learn how to manage their chronic health conditions, learn skills in cooking on a limited budget, and become more involved in walking and other wellness activities.

Outcomes

- Improve access, timeliness and linkage to services
- Improve outreach and engagement to community members
- Improve community well-being and connections
- Increase access to services by targeted populations through funded-partner direct service delivery (TAY, Seniors, Children and Families, and Veterans)
- Improve social isolation and access to peer-certified advocacy, support, and wellness activities facilitation
- Increase engagement in treatment and case management services
- Expand workability by offering peer employment opportunities to those with lived experience

C. Behavioral Health Integration at Plumas County Area Hospitals

With increased focus on SAMHSA's integrated and comprehensive wellness model and from stakeholder feedback concerning accessing mental health services at the primary care setting, Plumas County has identified a need to improve behavioral health integration and continuity of whole-person care by supporting these efforts at local area hospitals: Eastern Plumas Health Care, Plumas District Hospital, and Seneca Hospital District.

Program Name	Behavioral Health Integration			
Program Partners	Eastern Plumas Health Care, Plumas District Hospital, Seneca Hospital District			
FY17/18 Cost	Up to $300,000 ($100,000 each)			
Program Status	x	New		Continuing
Emphasis	x	General (Non-FSP)	x	Full-Service Partnership (FSP)
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

Each of the organizations has received federal PRIME funding for five years, choosing specific areas to focus improving service delivery. MHSA funding will allow these health care organizations the ability to offset loss of income due to Medi-Cal reimbursement per visit they incur due to much-needed tele-psychiatry services in the primary care setting, as well as contributing to a hospital and primary care behavioral health navigator position; the patient navigator will work to best facilitate integration of behavioral health

for clients and primary care staff, and will work to link clients to services and supports with partner organizations and Plumas County Behavioral Health.

Outcome s

- Improve whole-person care
- Improve primary care services and continuity of care for Behavioral Health clients
- Increase collaboration between hospitals and Plumas County Behavioral Health
- Sustain expanded tele-psychiatry services at primary care clinics
- Deliver consistent training in behavioral health to primary care and emergency department staff
- Unduplicated number of individuals served
- Evidence-based practice standard

D. Plumas Rural Services - Client Ancillary Services and Transitional Housing Program

As part of Plumas County Behavioral Health's MHP, consumers may be identified for enrollment in the MHSA Full-Service Partnership if they meet eligibility criteria. As part of the FSP program, PCBH works with the partner and clinical team to identify strengths and needs and any barriers that may limit client's progress and success.

Whether through FSP or General Systems Development, PCBH is committed to meeting behavioral health consumers where they are. PCBH will continue to partner with a community-based organization to provide timely access to resources through this program. PCBH spends an average of $10,000 per year on full-service partnerships in housing and ancillary resources, while a threshold has been established for non-FSP consumers of approximately $1,500 (Outreach and Engagement funds) per year when clinically indicated.

Progra m Name	Client Ancillary Services and Transitional Housing Program			
Progra m Partner s	Plumas Rural Services			
FY17/18 Cost	Up to $302,766			
Progra m Status	x	New		Continuing
Empha sis	x	General (Non-FSP)	x	Full-Service Partnership (FSP)
Age Groups Serv ed	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

Partnering with Plumas Rural Services, PCBH will continue to meet the needs of its consumers by offering stabilizing resources and supports when clinically indicated. As a new program partner providing these services, PRS has asked for up-front implementation funds in the amount of $33,250 to be used during the first quarter for program start-up activities of this CSS program to provide client services and supports to PCBH clients in need of emergency lodging, transitional housing, and ancillary supports, such as prescription drug assistance, utility, and rental assistance, and other means of support, as identified.

PRS will provide PCBH clients with access to emergency lodging services, transitional housing, rental assistance services, move-in assistance, prescription drug assistance, and other ancillary supports upon referral and approval by Plumas County Behavioral Health staff.

This program shall be categorized into the following components of client services:

1) Emergency lodging – short-term housing that is provided from 1-30 days, typically provided in a motel or similar dwelling;

2) Transitional housing - transitional housing services, meaning greater than 30 days and less than one year, may be in a single-occupancy, or when indicated, in a multiple-occupancy furnished unit, unless prior written approval for an alternative has been approved by PCBH;

3) Rental and utility assistance – rental assistance may include move-in deposits and monthly rental payments, approved by PCBH to encompass whole or subsidized amounts.

4) Prescription drug assistance – prescription or over-the-counter medications which are prescribed or recommended by the client's primary care physician or psychiatrist may be paid for through medication assistance.

5) Patient's Rights Advocate stipend – PRS will provide a quarterly stipend to the Plumas County Behavioral Health Patient's Rights (client) Advocate.

6) Behavioral Health Commission expenses/reimbursement – MHSA funds are utilized to pay for the Plumas County Behavioral Health Commission meetings and activities, including reimbursement to BH Commission members for internet usage relating to BH Commission business.

PRS staff will work in close collaboration with the Plumas County Behavioral Health Housing Case Manager to ensure the needs of all program participants are met. PRS will provide clients with those services that have been approved in writing by the PCBH Housing Case Manager, MHSA Coordinator, or clinical unit supervisors. Expected enrollment for services is 75-100 consumers.

Program staff will include a transitional housing coordinator and maintenance coordinator, who will work closely with the PCBH Housing Case Manager through referral and approval of services. PRS will hire contractors for cleaning and major repairs for transitional housing units.

Outcome s

- Unduplicated number of individuals served
- Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- Maintain housing stability – plan to move to permanent housing
- Improve functioning and self-sufficiency
- Improve health and well being
- Improve timely access to services for unserved and underserved populations
- Increase engagement in treatment and case management services
- Establish positive support system

E. Whole-Person Care – Wellness Center Service Delivery

In June, 2017, the California Department of Health Care Services (DHCS) announced that the **Small-County Whole Person Care (WPC) Collaborative** (consisting of the counties of Plumas, Mariposa and San Benito) had been approved and selected to receive second round total funds in the amount of $10,362,176 to implement its local WPC Pilot program. The Centers of Medicare and Medicaid (CMS) and DHCS awarded California's first and only Small County Collaborative for its unique and innovative approach to ensure the most vulnerable Medi-Cal beneficiaries have resources and supports they need to thrive. Over the next three and a half years, Plumas County will receive $3.15 million to bring together health and social service programs across the County in a more client and community-centered system of care and develop the infrastructure necessary to deliver seamless, coordinated services to Medi-Cal populations.

Plumas County's new Wellness Centers located in Chester, Greenville, Quincy and Portola will be the portal for outreach and engagement of individuals who are homeless or at risk of homelessness and are high-utilizers of acute care services due to mental illness, substance use disorders or co-occurring disorders. Using a "no wrong door" approach, the WPC initiative includes referral and coordination funds for three Plumas County hospitals - Plumas District Hospital in Quincy, Eastern Plumas Health Care in Portola, and Seneca Hospital District in Chester. Plumas Rural Services, the local non-profit organization based in Quincy, will receive funding to provide housing navigation and support services.

F. Young Child/Children and Families Mental Health Services

Specialized services for children ages 0-15 and their siblings and families will continue to be offered through therapy and case management by PCBH Children's Clinical Unit and through Plumas Rural Services' home-based Young Child Mental Health Program, as well as services through the PRS evidence-based practice involving Parent Child

Interactive Therapy (PCIT). This approach involves training parents of young children to manage behavior and learn important parenting skills, in a supportive environment. The Children's Unit will continue to provide coordinated services by working with Katie A-eligible participants and with the Department of Social Services, as well as TAY juvenile justice partners and Probation.

See the Prevention and Early Intervention section of this plan for a description of the Plumas Rural Services' Young Child Mental Health Program. Approximately 25% of its funding is attributed to Community Services and Supports due to Behavioral Health consumer family referrals.

G. Crisis Intervention and Response

Although Plumas County does not have a stand-alone Crisis Intervention Unit, Plumas County Behavioral Health responds immediately or as soon as possible by on call clinical staff to all persons reporting a mental health crisis situation. Assessments for placements in inpatient psychiatric units are completed on medically-cleared individuals at any of the three area hospitals, Eastern Plumas Health Care, Plumas District Hospital, and Seneca Hospital. Supervision and transportation is provided by Plumas County Behavioral Health when indicated.

Acute care placements are tracked and coordinated by an access team, and follow-up outpatient plans and appointments are coordinated prior to discharge. All acute care responses are reviewed by the management team or QI manager. Clients returning from acute are facilities are promptly scheduled with an assigned clinician.

PCBH works closely with law enforcement to de-escalate a crisis situation; PCBH leadership have worked directly with law enforcement agencies to create appropriate response protocols in the event of interventions. PCBH will continue to work closely with all allied agencies, including Probation and Sheriff's Office personnel to provide continued trainings and cross-agency collaboration.

H. Plumas Rural Service - Community Connections

Community Connections (CC) is a Time Bank program where members exchange services with each other and earn time. One hour of service earns one time-credit—all services are considered equal. When a member requests a service, they receive a referral to members who are available. The member providing the service earns and the member receiving the service pays in time credits. CC is founded on four core values:

- Everybody Matters - We all have skills and talents. The real wealth of a community is its people. Every person, regardless of age, income level, or education is valuable and has something to offer to others.
- Giving is Receiving - When everyone has an opportunity to serve and in turn can accept service from others, "you need me" becomes "we need each other."
- Volunteers Make Communities Work - Sharing in the responsibility of raising healthy children, strengthening families, supporting vital businesses and

service organizations, and caring for our elders creates a connected community.

- People Need People - We are unique, but equal. Sometimes the greatest gift we can give others is to allow them to serve so they can feel needed and appreciated.

Program Name	Community Connections			
Program Partner	Plumas Rural Services			
FY17/18 Cost	$89,782			
Program Status		New	x	Continuing
Emphasis	x	General (Non-FSP): OE	x	Full-Service Partnership (FSP)
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

Community Connections has a robust network of members (more than 300 county-wide), and offers more than 400 distinct services through its membership. At its core, CC is about inclusion, connection, and identifying and valuing the unique strengths individuals have. These core values are driving forces behind efforts to engage Behavioral Health consumers in their community and recognize their value as individuals separate from their mental or behavioral health issue(s). The mental health focus within the CC program promotes anti-stigma efforts for those living with mental illness while linking mentally ill individuals with needed services.

Community Connections is an outreach and engagement program; CC has worked with Behavioral Health (PCBH) since 2015-16 to more intentionally incorporate PCBH consumers into the CC network of members. Referral forms have been developed for PCBH staff to refer consumers to CC for membership. CC has updated its policies and database to better identify known PCBH consumers so that output and outcome data related to their participation in CC can be identified and reported back to PCBH. As a result of this work, CC now has 22 referred/self-identified PCBH consumers as members; this represents just over 7% of the total individual membership.

Under this contract, CC will provide a robust network of members from whom PCBH consumers who are members can request services. These include basic needs such as transportation, meal preparation or grocery shopping, or higher level needs such as meal planning, budget preparation, handyman jobs, etc. CC also provides ample

opportunity for members to participate in volunteer work within their community, either for individuals or for community Sponsor organizations. (CC has 65 Sponsors across all of Plumas County representing nonprofits, businesses, county departments/agencies, and more.) CC provides opportunities for members to conduct one-on-one volunteering, or group SWAT efforts (Serving, Working Achieving Together) to encourage greater social connection.

Under this contract, CC will work to develop orientation workshops to which PCBH can refer consumers to address topics including safety, social skills, personal satisfaction from volunteering, identifying opportunities that match skill sets, and other topics to encourage engagement and assist members with getting the most from their experience.

Another activity under this contract will be the offering of a variety of small workshops geared towards the specific needs of PCBH consumers, which may be relevant to other members as well. Themes may range from independent living to 'how to' workshops on recreational topics. CC members would deliver these workshops, many of which could be hosted at Wellness Centers throughout the County.

These efforts are consistent with the approved Three-Year MHSA Plan, 2014-17, as well as with the CSS funding which is intended to expand programming to include volunteer services for and by persons with mental illness. Under the Annual Update 2016-17 to the Three-Year MHSA Plan, stakeholders identified as problematic a chronic lack of purpose/sense of usefulness for many community members living in isolation, home-bound seniors and clients living with mental and behavioral health issues. The opportunities to serve CC offers addresses this problem directly. The Annual Update also included stakeholder suggestions to provide free and low-cost social activities for all stakeholders to help prevent and minimize isolation, as well as increase offerings of social activities for stakeholders with dual-diagnosis and alcohol and other drug issues. The social activities offered by CC provide such opportunities in each community. To this end, CC serves on the Suicide Prevention subcommittee of the 20,000 Lives consortium under Public Health, with the aim of positioning CC as an activity that promotes feelings of connectedness, usefulness and resourcefulness as protective factors against suicidal ideation.

Finally, CC will work with PCBH to identify ways in which CC can be used as a resource for PCBH consumers during times of area emergencies. This may include services such as transportation, including escort to/from the door and other assistive services. CC will develop, in collaboration with PCBH, a protocol for identifying when such services are needed, making a referral, and fulfilling the service request.

<u>Outcome s</u>

- Increase BH client involvement and awareness of services and opportunities by holding member recruitment activities in each (minimum of six)
- Improve social connection by conducting membership engagement activities (minimum of five)
- Increase BH client community participation by holding SWAT group volunteer opportunities (minimum of 20)

- Engage BH clients by providing outreach through development and piloting of volunteer orientation workshops (minimum of twelve)
- Increase engagement and outreach to BH clients by assisting consumers to develop and pilot volunteer-driven workshops around common consumer concerns/interests (minimum of three)
- Improve BH client connections linking them to solve emergency transportation needs through CC by identifying and creating protocols with PCBH.
- Unduplicated numbers of clients served

I. Senior Connections

Plumas County Public Health Agency's outreach and engagement program provides a public health nurse and a Health Educator to provide home visits and train Senior Nutrition and Transportation staff in screening and early identification of seniors for depression and other mental health symptoms. This approach provides an excellent opportunity to quickly identify individuals who might need mental health services. The program also connects seniors to the greater community in an effort to combat isolation and to improve whole health through social connection and education.

Stakeholder feedback supports the continued need for services to older adults to reduce stigma and help identify individuals who need mental health screening and services. Many seniors report isolation as a significant factor in lack of emotional wellbeing. Over 400 individuals have meals delivered to their homes by volunteers on a daily basis. This prevention program trains staff to screen the home bound individual for depression and other mental health symptoms. This approach provides an excellent opportunity to quickly identify individuals who might need mental health services. It is estimated that more than 100 older adults will be served each year.

Program Name	Senior Connections			
Program Partner	Plumas County Public Health Agency			
FY17/18 Cost	$184,231			
Program Status		New	x	Continuing
Emphasis	x	General: (Non-FSP) OE/AL		Full-Service Partnership (FSP)
Age Groups Served		Children (0-15)		
		Transitional Age Youth (16-25)		
		Adult (26-59)		
	x	Older Adult (60+)		

Outcome 1

Relieve isolation and encourage connection by improving and maintaining home visiting and community outreach programs that connect homebound individuals with community and services.

Staff Responsible: Registered Nurse, Health Education Specialist, Senior Site Manager

Activities:

A. Complete brief screening tool (PHQ-2) annually for depression and ask each home-bound meal recipient (75-100 participating in the Senior Nutrition Program or other referred older adults) if they are receiving mental health services. As needed to determine the need for referral, additional questions and/or a PHQ-9 will also be administered. (Deliverable: Home Visit Count)

B. Complete more frequent check-ins and case management, as needed, for home-bound seniors in need of additional intensive services or deemed at risk or who are likely to experience a major life change. (Deliverable: Home Visit Count)

C. Provide referrals and information to individuals identified as needing additional services and case manage as needed. (Deliverable: Referral Counts)

D. Provide training to Senior Services staff on identifying seniors at risk of depression or suicide and educate on appropriate responses and resources. (Deliverable: Training Sign-In)

E. Promote health maintenance, restorative care, illness prevention, education of chronic illnesses, and functional/self-care independence through newsletter articles, handouts delivered with home visits or meals, wellness events (i.e. screening events, health education events), and promoting/coordinating senior activities in the county. (Deliverable: Promotion Materials)

F. Act as catalyst for, and engage directly in, resource coordination within Plumas County Public Health Agency, Plumas County organizations, and involved individuals to utilize and provide support services and resources to target population. (Deliverable: List of partners/resources accessed)

Outcome 2

Decrease isolation and improve whole health through social connections and information dissemination/education by improving and maintaining outreach programs that connect seniors with each other and the community.

Staff Responsible: Registered Nurse, Health Education Coordinator, Health Education Specialist, Senior Site Manager, Driver

A. Annually conduct 3-6 wellness sessions at each population center throughout the county. Examples: vision resources, nutrition for seniors, exercise and balance, blood pressure screenings, supplement interaction with medications, etc. (Deliverable: Attendee Count, Event Flyer)

B. Annually host a Senior Summit, where seniors come together to learn of support services available to them in Plumas County and offer feedback to providers. (Deliverable: Agenda, Sign-In)

C. Connect seniors and senior support services through local and relevant quarterly newsletters and monthly e-blasts. Examples: Available events, programs and services, and health blurbs. (Deliverable: Materials Distributed)

D. Provide assistance for weekly support groups or services, gatherings, activities, or workshops designed to bring seniors together, increasing connections and mental and physical health. Examples: Tai Chi balance or exercise groups, craft or art projects, workshops or support groups, quilting groups, book sharing, etc. (Deliverable: Attendee Count, Calendar of Events)

E. Drivers will pick up and drop off older adults who needed transportation to and from events, wellness activities, and community events to ensure all seniors who need to attend them are able. (Deliverable: Count of Clients Transported for SOW activities)

J. Plumas County Public Health Agency – Veterans Services Outreach, Referral, and Access to Care

This Plumas County Veterans Services Office outreach and engagement and access and linkage program provides connection and support within the community to improve the overall wellness of veterans in Plumas County. Veterans' services representatives and case managers provide advocacy, care coordination and referrals for at-risk veterans due to identified high-risk key indicators, such as substance abuse, incarceration, homelessness, unemployment, etc. The program also provides mental health screening to all Plumas County veterans and referrals to Plumas County Behavioral Health. The program enhances ongoing collaboration and partnerships with Behavioral Health and key community partners to increase access to services and to reduce mental illness stigma and discrimination.

Program Name	Veterans Services Outreach, Referral, and Access to Care			
Program Partner	Plumas County Public Health Agency			
FY17/18 Cost	$80,665 ($40,332 CSS)			
Program Status		New	x	Continuing
Emphasis	x	General: (Non-FSP) OE/AL		Full-Service Partnership (FSP)
Age Groups Served		Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

Services/Activities	x	Access & Linkage		Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?	50%	PEI	50%	CSS

The MHSA planning process has identified the need to continue outreach to veterans in our county. Veterans have a higher incidence of mental health symptoms compared to the general population. It is estimated that this prevention program will serve a minimum of 30 veterans each year.

Outcomes:

- Evidence-based practice standard
- Unduplicated number of individuals served
- Number of referrals to PCBH for access to services
- Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- Improving timely access to services for underserved populations

Outcome 1: Increased veterans' connectedness and support within the community and improved utilization of benefits, direct services, and supportive services that enhance overall wellness and quality life by ongoing outreach, information and education to the Plumas County veteran population.

Activities:

A. Meet 6-10 times per year with organizations serving Plumas County veterans, target veterans in each community, such as the Veterans of Foreign Wars/American Legion to inform veterans of various benefits, supports, and programs available to assist them with basic services such as housing, health and behavioral health care, care coordination, transportation, supportive services, and organized events to meet other veterans.
B. Conduct community based outreach three days a week, with regular hours and locations, to Plumas County communities with the intent of connecting veterans to eligible benefits and services that enhance their health, stability, and overall wellness. Once enrolled, veterans will have access to health, behavioral health case management education, job training, and other services available through federal state, and nonprofit veterans' services.
C. Develop standard presentations on veterans' benefits, the enrollment process in the VA Health Care System through VAMC Reno, increased compensation benefits such as targeting all veterans that are 30% Service Connected, including adding dependents on veterans' awards, and descriptions and contact information for local mental health, substance use disorder and other services.

D. Host community outreach dinners in Chester, Greenville, Portola and Quincy with one dinner/BBQ being accomplished in one of the above communities at least monthly with sign-in sheets and presentation topics documented for reporting purposes.

Outcome 2: Increase access to services by providing ongoing mental health screening, assessment, and referral for every veteran served by Plumas County Veterans Services Office.

A. Ensure that the PCVSO Information and Benefits Evaluation Form is utilized at the first point of contact with every veteran served. The form will identify self-reported indicators that would trigger referrals to Plumas County Behavioral Health and other services and supports.
B. All Veterans Services Division employees and related Public Health support staff will obtain Mental Health First Aid or other related training to increase their capacity to identify, manage and assist veterans with mental illness and/or in crisis.
C. Provide comprehensive screening utilizing documented interview process and trained interviewing to connect veterans with access to timely services and supports.

Outcome 3: Improve behavioral health functioning of every veteran touched by PCVSO who is identified at risk of or experiencing mental illness, substance abuse, suicide, unemployment, incarceration, school failure, homelessness, loss of children, or any prolonged suffering by providing advocacy and care coordination.

A. Participate in an annual joint staff meeting/training of Veterans Services staff with Plumas County Behavior Health to learn department's protocols and procedures for referring veterans to the Behavior Health Department for services, obtaining services, and coordinating shared case management and other services.
B. Provide access to covered care by coordinating and scheduling twice weekly transportation of Plumas County veterans to VA health care in Reno, maintaining volunteer driver pool and all requirements. While the van and fuel costs of the VA van service are covered by the VA, volunteer coordination, transport scheduling, and other operational activities are not funded.
C. Ensure all referrals to Plumas County Behavioral Health Department for veterans/veterans' family members will be accomplished through use of the Plumas County Behavior Health Department "Request for Services" form.
D. Implement targeted case management for veterans involved in the criminal justice system and/or incarcerated. Services will include: Reno VA Health Care enrollment; assistance with Drug/Alcohol Rehabilitation facility application in coordination with PCBH; communication between veteran and his/her lawyer; updates to his/her case; assistance to the family of veteran with possible VA/ County assistance; ensuring proper documentation of veteran status is filed with the court.
E. Provide ongoing care coordination, supportive services, and advocacy to overcome cultural, economic, geographic and other barriers to obtaining or

remaining in care/services to at-risk veterans. Work with assigned staff from Probation and Behavioral Health who are dedicated to the PCVSO shared clients. Activities to include periodic needs assessment, referral for clinical services and assistance with support services such as food, housing, clothing, transportation, and education to help them remain physically and emotionally stable.

Outcome 4: Increase access to services and reduce stigma and discrimination for Plumas County veterans by building and maintaining ongoing partnerships and collaborative relationships with community partners.

A. Coordinate with Plumas County Behavior Health to identify a licensed clinician and case management specialist assigned to providing support and counseling to veterans and family members that are experiencing challenges with behavioral health issues. This will be accomplished through use of Plumas County Behavior Health REQUEST FOR SERVICES form.

PREVENTION AND EARLY INTERVENTION

The community planning process provided feedback on a number of ongoing Prevention and Early Intervention activities in our communities, as outlined for each program below. Many of the programs are ongoing, having been introduced in FY15/16 as new programs to address service needs in targeted populations. In an effort to provide consistent and ongoing services, current Prevention and Early Intervention programming will continue to be offered through June, 2020, allowing full implementation and consistent service delivery and tracking/reporting of outcomes data to align with recently adopted State PEI regulations.

A new program, that had not been identified in FY15/16, was to fund and establish a Student Mental Wellness Center at Feather River College, to address prevention and early intervention services in response to concerns raised by county stakeholders that there were gaps in services for college-aged young adults, with above-average risk factors for anxiety, depression, suicidal ideation, abuse of drugs and alcohol, risk factors most prevalent in college-age populations and the Transitional Age Youth target population in Plumas County.

In December, 2016, the Plumas County Board of Supervisors approved the Plumas County MHSA Annual Update, 2016-17, which included approval and funding for the FRC Student Mental Wellness Center. FRC has hired a clinical director who worked to open doors to the center for the students during the Spring, 2017 semester.

Prevention and Early Intervention services will help extend mental health services into the community, across underserved age groups, including TAY and Older Adults. By offering training to community members, we will help promote healthy and safe communities and identify opportunities to link individuals to the appropriate level of services to meet their needs and achieve positive outcomes.

Prevention and Early Intervention activities provide an excellent opportunity to coordinate services across community providers, and strengthen partnerships with community-based organizations and other agencies. As we have developed this Three-Year Plan, we have identified opportunities to partner with community organizations to expand services across our communities.

This plan has developed a comprehensive, system of care that integrates all components of MHSA funding to improve access, identify unserved and underserved individuals, improve quality of services, and measure outcomes to continually meet the needs of our clients, our community, and partner agencies.

A. Young Child Mental Health Program

Program Name	Young Child Mental Health Program			
Program Partner	Plumas Rural Services			
FY17/18 Cost	$317,389 ($238,042 PEI)			
Program Status		New	x	Continuing
Emphasis		Prevention	x	Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		
Services/Activities	x	Access & Linkage	x	Early Intervention
	x	Outreach		Prevention
		Stigma & Discrimination		Other
Program Split?	75%	PEI	25%	CSS

Plumas Rural Services (PRS) has provided the Infant Mental Health program under a contract with the Plumas First 5 Commission since 2014. This proposal continues this successful program for Plumas County families of children age 0-5 and their siblings as the PRS Young Child Mental Health Program.

Children ages 0-5 are often identified as requiring intervention early on by child care providers and programs that serve them, primarily as a result of behavior issues. PRS has established a system of referrals throughout the County with child care providers, Head Start, local schools/preschools, county agencies/departments, medical professionals, and others. Professionals throughout the county who have concerns about a young child's behavioral or mental health (or that of a family member, which impacts the young child) can make a referral to PRS' Young Child Mental Health program. PRS provides timely access to behavioral health screening and assessment and behavioral/mental health services for the child and its family, as appropriate.

Clients are typically referred from CPS or other providers as identified above directly, though 27% of the referrals, on average, are Behavioral Health consumer families (hence the CSS percentage identified). To serve these clients in a timely fashion, PRS begins services based on the initial referral.

PRS' Program Manager will conduct a client intake and coordinate with a therapist, under guidance of the Clinical Manager, to set up a screening/assessment for the referred family. One of PRS' therapists will conduct the screening/assessment, develop a treatment plan, and begin delivery of therapy. Of note is that the program identifies the core issues in the family unit that need addressing, which can mean providing play therapy to the enrolled child, engaging in marriage/couples/family counseling for the parents, or providing therapeutic services to an older sibling. The treatment plan is designed to address the core of the family's dysfunction to achieve positive behavioral/mental health outcomes for the young child, rather than attempting to treat the child in a vacuum as though other family dynamics have no role.

Therapists provide services either in the counseling space at PRS' office in Quincy or in the family's home, depending on which setting is most effective for the client family. This proposal includes a therapist in the Chester area to meet with families from the Lake Almanor basin and in Indian Valley; this will mitigate some of the travel barriers therapists have faced in past years, particularly during winter months. PRS' Quincy-based therapists will serve clients in the eastern part of the county, though it is possible another therapist may be hired in the Portola area to that end, which would reduce other staff hours.

The therapists meet routinely with the Case Manager to ensure clients receive referrals for additional services (including, for example, to Behavioral Health if there is a need) and follow-up on treatment plans. The Case Manager assists families in dealing with supportive, non-therapy issues. This may include providing referrals for partners such as Family Court Services, coordinating or providing transportation, advocating with community partners, providing paraprofessional counseling, or any other services that support the client's and the family's treatment outcomes.

In addition to the direct therapy provided to clients, PRS collaborates closely with the contracted Early Childhood Development Specialist (a highly beneficial carryover from the existing First 5 contract) on home visiting services and supports. This specialist conducts the Ages & Stages Questionnaire (ASQ) screening for families to identify cognitive, developmental and emotional delays in children. Based on the outcomes of the screening, the specialist can provide referrals to other providers for early intervention, such as Far Northern Regional Center. She also provides support on infant attachment and bonding, offering instruction on infant massage, for example, to teach parents how to offer positive touch to the infant. The specialist helps parents to learn about their baby's cues in order to better respond to their infant's needs, which can cut down on infant crying and, as a result, parental stress. This also promotes positive bonding and attachment between parents and their infants, a major factor in the infant's mental wellness as it grows and develops. For verbal children, she provides instruction on appropriate touch, on the child's rights to his/her own body, and on their right to communicate to someone to stop touching them.

Therapists, the Case Manager and the Early Childhood Development Specialist also work closely with other professionals involved in client families' lives, as permitted by the client or required by law, to ensure treatment plans and service delivery strategies are aligned with other service providers' activities. This may range from multi-disciplinary team meetings with CPS staff to behavior consultations with child care providers or teachers.

Beyond traditional therapy sessions, this proposal also covers the delivery of Parent Child Interaction Therapy (PCIT) for Plumas families. The PCIT program startup phase was funded by MHSA over the past 3-year cycle. The room has been built and furnished; equipment is purchased and in place; and PRS staff will have completed the training and certification to deliver PCIT by September 2017. Families in Plumas County have begun to receive this therapeutic service in 2016-17, and this proposal continues that service delivery (for children age 2-7) as an additional therapy modality to guide parents in positive, developmentally appropriate interaction with their children as a means to heal their family.

Finally, the Young Child Mental Health program has a robust outreach and training component. Program staff reach out to teachers and other service providers to young children to deliver multiple trainings, workshops, and presentations each year. Topics covered may include meeting the needs of children with specific behavioral issues, challenging classroom behaviors, behavioral health/mental wellness, positive parenting approaches, and more. The aim is to increase the number of professionals in the community who are aware of the Young Child Mental Health program and its services, as well as promoting awareness and education across the community around child development, child behavioral issues, and how to best support the healthy development of our county's children. In line with this objective, PRS will work with PCBH and First 5 Plumas on the development of an Infant/Child Mental Health Collaborative to bring partners in this field to the table to identify common issues and direct coordinated strategies to address them.

In FY17/18, PRS will examine the feasibility of sustaining therapy costs associated with the Young Child Mental Health Program to establish private payer fee-for service contracts; if this is implemented, this Agreement will be amended to reflect the shift, and case management and other program costs will continue to be supported through MHSA funding.

Outcome s:

- Increase timely access to mental/behavioral health services to a minimum of 35 children age 0-5 and their family members
- Improved functioning and emotional wellbeing in children and families served
- Meet needs of children with specific behavioral issues by delivering a minimum of two (2) trainings for providers for young children
- Improve effectiveness of teacher interventions by offering a minimum of one (1) teacher in-service training on classroom behavior
- Improve access to available services to families by providing written outreach to teachers, medical professionals, preschools and child care providers annually to inform them of services available, consultations, hours, behaviors that raise flags, etc.

- Increase collaboration and community outreach by participating in a minimum of six (6) local meetings, forums and events (e.g., LCAP, Plumas Children's Council, First 5 Commission, etc.)
- Expand integrated service delivery through collaboration with partners, First 5 Plumas and PCBH, in initiating development and implementation of the Infant/Child Mental Health Collaborative.
- Unduplicated number of individuals served
- Evidence-based practice standard

B. Feather River College Student Mental Wellness Center

The new Student Mental Health and Wellness Center on the Feather River College campus is dedicated to mental illness/suicide prevention and education and support of mental health and wellness for Feather River College (FRC) students, including Transitional Age Youth (TAY). The center will provide individual and group counseling, crisis intervention, consultation, outreach, programming, workshops and referrals to community providers. The center will employ a full-time Behavioral Health Counselor and a part-time Care Case Manager.

Program Name	Student Mental Health and Wellness Center			
Program Partner	Feather River College			
FY17/18 Cost	$167,932 ($83,966 PEI)			
Program Status		New	x	Continuing
Emphasis		Prevention	x	Early Intervention
Age Groups Served		Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		
Services/Activities	x	Access & Linkage	x	Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?	50%	PEI	50%	CSS

Deliverables:

The main goal is to provide triage services for mental health issues on campus. Referrals and partnerships will be further developed for students needing more treatment and/or significant clinical services. Triage intervention for lower level needs and direct services will be provided to students at the appropriate level through the FRC Student Mental Health and Wellness Center. The Counselor of Behavioral Health will provide these services. The Counselor will also provide consultation support to faculty and staff members regarding student mental health concerns, and attend Student Incident Team committee meetings, Division meetings and other related campus community meetings.

Ongoing programming will continue with the emphasis on stigma reduction surrounding mental health issues. FRC collaborates with other campus programs, such as SAMHSA's - Substance Abuse and Mental Health Services Administration – campus suicide prevention program; MHSA support furthers this partnership.

The Care Case Manager will provide clerical as well as paraprofessional support to the Student Mental Health and Wellness Center. The Care Case Manager will perform program intake screening, data entry and maintenance of student and program files. The Care Case Manager will also provide information and assistance to students regarding available programs and resources, assist in the preparation and maintenance of program budgets, as well as complete required program reporting.

Existing partnerships with PCIRC, Plumas County Behavioral Health, Plumas District Hospital, Plumas Rural Services, and other agencies will continue. The FRC Student Mental Health and Wellness Center will refer more pronounced mental health issues and follow-up cases to community providers. The Center will provide prevention and intervention surrounding mental health issues at FRC, with the goal of reduction of the number and severity of mental health issues within the campus community.

Outcomes:

- Strategies:
  - Early Intervention Outreach for Increasing Recognition of Early Signs of Mental Illness
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
  - Suicide Prevention
  - Access and Linkage
- Evidence-based practice standard
- Reduction in high-risk behaviors and suicide
- Improve student well-being and academic success
- Reduce substance use/abuse and strengthen healthy coping skills
- Increase linkage to PCBH for recognition of early signs of mental illness
- Unduplicated number of individuals served

C. Plumas Rural Services – Youth Services Programs

Plumas Rural Services' Youth Services provides three programs for Plumas County youth to address diverse needs: SafeBase, LGBTQ Support Group, and Girl's Rite. These programs speak directly to the 2012 County Health Improvement Plan goal to improve health behaviors and address mental health issues by focusing on adolescent early identification and reducing suicide, depression, and feelings of hopelessness among high school students, a need prioritized by the Plumas MHSA FY2014-2017 Three Year Plan (MHSA Plan) and the Annual Update 2016-2017 to the MHSA Plan. The MSHA Plan highlights resiliency and providing a voice for client-driven treatment and services as key goals for high-risk youth. PRS' Youth Services program offers students a venue to access services when they need them (i.e., not mandated), giving them choices for how they can best utilize support for their needs. Students who participate in Youth Services activities choose to attend, and therefore are invested in achieving desired outcomes.

Program Name	Youth Services Programs			
Program Partner	Plumas Rural Services			
FY17/18 Cost	$177,341			
Program Status		New	x	Continuing - expanded
Emphasis	x	Prevention		Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
		Adult (26-59)		
		Older Adult (60+)		
Services/Activities		Access & Linkage		Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?		PEI		CSS

SafeBase provides individual and group counseling with a paraprofessional counselor at Plumas County Charter and Community Schools. SafeBase promotes wellness, resiliency and healthy relationship skills for at-risk youth. This model emphasizes

community-based services that 'promote wellness, resiliency, and leadership skills in our youth' – a goal under the Prevention and Early Intervention (PEI) Program Component of the MHSA Plan. Primary activities include provision of regular prevention programming related to developing healthy interpersonal relationships and weekly group counseling sessions on campus to provide both support and frequent screening for mental health issues among junior-high and senior-high youth. Students demonstrating immediate mild to moderate severity need can meet with the paraprofessional counselor one-on-one following group sessions.

SafeBase focuses heavily on the county's charter and community schools serving higher risk youth, many of whom are Transition Age Youth (TAY), a target population under the MHSA Plan PEI outcomes. SafeBase builds protective factors to assist teens and young adults with increasing their healthy coping skills and lower the incidence of mental health issues in this population.

Staff is at Quincy Charter School twice per week for a full day, at Indian Valley Academy once per week for a half day, at Chester Charter School once per week for a half day, and at Portola Community School once per week for a half day. Participants have access to the paraprofessional counselor at group sessions, by arranging individuals counseling sessions, or via text or phone call during business hours for mental and emotional health needs. Group sessions utilize evidence-based curricula such as the One Circle Foundation and the CAST model. The paraprofessional counselor refers participants to other resources in the community as necessary, including Behavioral Health. During Year 1, PRS will discuss with the new therapy and wellness staff at Feather River College whether a SafeBase group on campus would be desirable. If so, this group will launch during Year 1.

The LGBTQ Youth Support Group program is similar to the SafeBase approach (providing paraprofessional counseling, social connection and safe places to talk openly about personal challenges supports the mental health of at-risk youth), but targeted to a subset of the youth population that experiences greater risk factors. This need was specifically identified for the Annual Update 2016-2017 to the MHSA Plan. According to the CDC, the stresses experienced by LGBT youth put them at greater risk for experiences with violence, depression, suicidal thoughts & behaviors, suicide attempts, suicide, substance use, and sexual behaviors that place them at risk for HIV and other sexually transmitted diseases (https://www.cdc.gov/lgbthealth/youth.htm).

A youth LGBTQ Support Group will launch in Quincy that will include weekly group meetings with a paraprofessional counselor. Youth in need of individual counseling as well will be able to schedule time with the counselor either before or after the group session; outside of those times, the counselor will be available via text or voicemail/phone for youth needing additional intervention or support during business hours.

The Girl's Rite program is a prevention program for girls age 11-18. Grounded in research on girls' development, Girl's Rite provides an all-girl space that supports girls' capacity for self-confidence; physical and emotional resiliency; healthy relationships; and regular physical activity. According to a 2011 study in the Journal of Adventure Education and Outdoor Learning, "all-girls programs create a space for adolescent girls

to feel safe, increase their connection with others, and provide freedom from stereotypes." Furthermore, outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy and initiative, with positive results persisting for years.

Girl's Rite will be delivered in Quincy with afterschool meetings for 2 hours twice per month during the school year. During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication. Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Professional women in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the girls' community. Once per month during the school year, a longer activity is planned, such as bowling, cooking a meal, etc.

During the spring, interested youth will attend the annual Reach For the Future youth conference in Chico, CA. Hosted by the Butte County Department of Behavioral Health, the Reach Conference is based on a Youth Development framework, providing leadership skills, support, and opportunities for young people. The summer program meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

Deliverables:

- Weekly group paraprofessional counseling sessions for at-risk youth at schools in Chester, Indian Valley, Quincy and Portola.
- Onsite and remote individual paraprofessional counseling availability for at-risk youth from the above schools.
- Weekly LGBTQ youth support group sessions in Quincy.
- Individual paraprofessional counseling availability for LGBTQ youth attending group sessions.
- 3 monthly afterschool meetings of Girl's Rite program in Quincy.
- 7 full-day excursions of Girl's Rite program over the summer.
- 1 multi-day campout with Girl's Rite participants over the summer.
- Develop and implement evaluation plan with external evaluators to track impact of project activities on youth mental health, wellbeing, and protective factors.

Outcomes:

- Evidence-based practice standard
- Unduplicated number of individuals served
- Reporting self-assessments of healthy coping skills and emotional wellbeing
- Improved physical and emotional resiliency
- Establish systems of support and improve healthy relationships
- Number of referrals to PCBH for access to services
- Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory

D. Plumas County Public Health Agency – Youth Prevention Program

This Plumas County Public Health Youth Prevention Program uses the Club Live and Friday Night Live youth development program model to provide alcohol and other drug and high-risk behaviors prevention, as well as mental health stigma reduction campaigns and activities to public junior and senior high school students throughout Plumas County.

Program Name	Youth Prevention Program – Club Live/Friday Night Live			
Program Partner	Plumas County Public Health Agency			
FY17/18 Cost	$43,500			
Program Status		New	x	Continuing
Emphasis	x	Prevention		Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
		Adult (26-59)		
		Older Adult (60+)		
Services/Activities		Access & Linkage		Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?		PEI		CSS

The goals of this program are to reduce mental health stigma and discrimination and to reduce the risk of mental health-related problems through implementation of youth development peer-run programming (Friday Night Live and Club Live). Youth development has been proven to reduce the risk of mental illness by engaging young people as leaders and resources in the community. Youth Development provides opportunities to build skills which strengthens bonds to school and improves overall wellness. Youth Development programs such as Club Live and Friday Night Live reduce the risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relations and supportive adult relationships.

E. Roundhouse Council – Multigenerational Wellness and Prevention Program

Roundhouse Council provides multigenerational programming outreach and engagement and access and linkage to treatment, as well as suicide prevention and stigma and discrimination reduction components to all ages of local tribal youth and elders through culturally-focused activities.

Program Name	Multigenerational Wellness and Prevention Program			
Program Partners	Roundhouse Council			
FY17/18 Cost	$74,503 ($37,252 PEI)			
Program Status		New	x	Continuing
Emphasis	x	Prevention		Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		
Services/Activities		Access & Linkage		Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?	50%	PEI	50%	CSS

During the first year of MHSA funding, Roundhouse Council will introduce new facilitators. They will be Traditional Dancers from Grindstone Reservation and Elem Reservation. Both facilitators are trained as cultural mentors and life coaches, with certificates in White Bison, 12-step programs, Fatherhood and Motherhood Is Sacred and Sacred Native Institute's Healthy Relationships. The Men's facilitators will work with staff on traditional dance, hand-games, and a father and son group. All facilitators will work together with Roundhouse Council's teen wellness youth group. During the next three years, Roundhouse Council wants to continue our cultural programs that have already been implemented and plans to add additional classes to include younger children.

This community has a need for additional facilitators to work with adults as well as with the youth. Currently, the Council is reaching out to men in our local area, as well as men from surrounding areas to get a men's group under way. This group will enroll fathers and sons who will meet together, as well as separate. Roundhouse Council will also continue their women's group.

The Council has provided outreach to local women as well as women from surrounding areas. This group will be run by the women's facilitators. All facilitators have been trained in Fatherhood and Motherhood Is Sacred and Healthy Relationships. We want to make an impact on our parents. We work with our kids teaching them ways to take care of themselves mentally and spiritually, and the Council wants to impact the entire home. Teaching parents important coping skills and reminding our tribal mothers and fathers that they are raising mothers and fathers and wives and husbands, not just children.

This plan shows the topics for our youth and adult groups. Our prevention programs will meet on a monthly basis to do individual assessments, and they will meet to do group assessments twice per month. Roundhouse Council will use sign-in sheets to show participation, as well as monthly evaluations to be filled out by our facilitators to indicate their perceptions of group progress and if changes or adjustments are needed. There will also be check-ins with all participants on a quarterly basis to assess how they feel the groups are progressing and if there are changes they would like to see.

Roundhouse Council will continue with our Dance group, Regalia making, storytelling, hand-gaming and family nights. We would also like to implement a language class. Roundhouse Council's staff and hired language specialists will be putting together a digital language resource library for the children. Roundhouse Council students will take part in building the digital library. Roundhouse Council staff will take kids to Oroville to work on digitizing the language – everyone will have access to the language library once completed. Roundhouse Council's language specialist will include a youth participation piece, including them in the development of the language curriculum. Including the youth in the development of the language program will ensure that each participant will then take ownership and be more inclined to assist others with learning the language. The hope is that Roundhouse Council can create a big brother/big sister group and keep the kids interested, engaged and busy. Roundhouse Council staff, youth and Language specialist will input the language into a program and then install said program onto tablets for everyone to utilize. This project is another component in teaching tribal youth lost traditions while keeping them engaged in positive activities. Having our youth work with their family members, local community members, as well as surrounding community members preserving our culture will improve each participant's mental health, spiritual health, as well as quality of life. Roundhouse Council would like to encourage our youth to participate in learning their heritage while learning their

traditions in a safe and welcoming environment. All of our efforts will help to combat generational depression which can be tied to alcohol and drug abuse.

Roundhouse Council plans to take our adults and youth participants to different cultural events. The Council wants all interested participants to be able to go with us to hand-game tournaments, dances, and ceremonies. We want to encourage our parents to be involved in the activities their kids are interested in. Bringing everyone together is a Native tradition - bringing everyone together is called a “Big Time.” Roundhouse Council plans to encourage our Adult and Youth groups to start an annual Big Time. The hope is to involve our participants in as many activities as we can within the community as well as outside our community. Roundhouse Council wants to expose our families to other areas to see what they are doing and bring some of those positive activities back to our community. We believe in the old ways and we want to teach our families those ways as well.

All programming aspects of Roundhouse Council’s wellness and prevention program tie into mental wellness and prevention outcomes. Keeping our youth busy participating in activities in clean and sober environments teaches our youth they can have a good time without abusing drugs or alcohol. Our cultural activities have a life lesson attached to them. When we dance, work on regalia or hand-gaming, we remind everyone to participate in these activities with a positive attitude. If someone does not want to participate, that is an opportunity to talk one-on-one to check in and help where we can. Involving our elders and parents in the activities with our youth makes everyone feel good and feel important and included. Having adult and youth groups helps to turn uncomfortable activities into fun and safe activities that everyone wants to participate in. Through this prevention and Native American community engagement model, we hope to also prevent and reduce suicide rates in the Indian Valley while outreaching to underserved populations.

Outcome s:

Roundhouse Council anticipates serving a minimum of 20 youth and 20 adults each year during this three-year program. Proposed outcomes include the following:

- Unduplicated number of individuals served
- Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- Evidence-based practice standard
- 100% of those participating in Multi-Generational Wellness programs will have an increased knowledge of Native American culture, tradition, skills and language
- 100% of those participating will have increased connections to supports and linkages to services that help to identify early signs of a mental illness and reduce suicide rates among Native American families

- 100% of those participating will have timely access to supports, reduced stigma and reduced discrimination in receiving mental health services
- All participants will have an increased sense of family and community

Roundhouse Council will be responsible for collecting demographic and outcomes data for Plumas County Behavioral Health, including sexual orientation and gender identity information and will prepare required reports and submit upon the established timelines set by the State.

F. Dramaworks, Inc. – Mountain Visions Program

Mountain Visions Mission Statement

Through therapeutic wilderness activities and a Solution-Focused Therapy approach we provide positive learning experiences that improve the behavioral functioning of children with behavioral and emotional problems to enable them to function effectively in their community.

Introduction/Treatment Perspective

Mountain Visions Therapeutic Wilderness Program is an innovative alternative or supplement to traditional office based therapeutic interventions designed to change the behavior of children who have displayed moderate to severe behavioral problems. Wilderness based activities provide a vehicle by which a collaborative therapeutic relationship can be developed between children, families and staff. This activity based approach is inviting to children and families because the context de-stigmatizes their involvement in mental health services and promotes the positive personality and behavioral aspects of individual participants. It also introduces youth to healthy exercise and promotes skill development that encourages lifelong interest in wilderness based activities

A variety of engaging wilderness based activities are included that offer the opportunity for individual and group challenges to be explored and managed by participants and leaders. Over the course of a year of programming activities such as; day hikes, orienteering trips, multi-day camping trips, snowboarding, rock climbing, ropes courses, and other outdoor experiences are offered to participants. The program utilizes behavioral management, cognitive and solution focused therapies to promote change. Participants are encouraged to identify and develop goals that focus on what they will do differently to address maladaptive behavior patterns.

The program promotes environmental awareness while encouraging participants to explore their responsibility to contribute to the larger community. Activities are designed to promote teamwork, problem solving, conflict resolution, interpersonal and communication skills, wilderness survival skills, and personal growth. The program also engages participants in expressive and artistic activities such as music, poetry, creative art, dance, storytelling and drama to promote healthy ventilation of emotions as well as appropriate personal expression.

Many participants have experienced substance abuse, physical & emotional abuse and have resultant behavioral issues thus the program assures that participants have access to individualized therapeutic intervention each program day. Historically such contacts have averaged approximately two individual therapeutic contacts per day per participant. Additionally, participants are seen in a group process two times per day. The group process assures that individuals can practice new skill development in a controlled therapeutic environment. As participants improve within the program they are encouraged to discover how the skills they learn can be applied in their home, school and community environments. This therapeutic wilderness approach is designed to be easily integrated into the outpatient services for the child and family, increasing the depth and impact of the program on the participant's life.

In addition to therapy services delivered during activities, some participants necessitate family therapy sessions for a variety of reasons but primarily due to high levels of family conflict. The program is designed to provide time-limited family therapy in such cases. This service has often proved itself invaluable in resolving issues and as a result allows participants to better focus and benefit from the program. In a somewhat similar manner personal therapeutic contacts with parents via phone or individual contacts has proven very helpful in resolving parental anxiety that can interfere with the child's progress and development. The program is designed to be responsive to parents regarding their concerns.

Since the program works with participants that are transitioning to adulthood there is an emphasis on cooperative partnering between program staff and transitioning youth. This partnership is formalized in the leadership training program that is integrated into the treatment program. The leadership training program offers participants an opportunity to work directly with staff in a progressive manner that leads to a paid leadership experience. Historically some participants have progressed to full employee status through their participation in the leadership program.

Year 1 will consist of a 9-month startup process that includes creating the infrastructure for continuous program operation. This process will include office set up, vehicle purchase, insurance purchase, storage room set up, equipment transfer, vehicle transfer, staff interviewing/hiring, participant and family intake and interview and other assorted startup tasks. Years 2-3 are as indicated in our program description. (see deliverables)

Mountain Visions Goals & Objectives

The following is a list of goals and objectives that we strive to accomplish in our work with participants.

- To initiate within the group the formation of a cooperative/supportive community.
- To increase skills, which might help the program participants live successfully within their community.
- To increase communication, problem solving and decision making skills.
- To structure activities in a manner that insures success is attainable and probable, so that participants experience being and feeling competent.

- To teach individual risk assessment and safe outdoor living skills.
- To facilitate the transfer of skills and confidence learned to other aspects of the participant's life, specifically their home and school environments.
- To enable participants to accept responsibility for their choices and actions.
- To increase participants attitudes of respect for themselves and others.
- To create an atmosphere for individual self-reflection regarding who they are and who they want to become.
- To increase awareness of personal strengths while experiencing the courage to set personal goals and make positive changes.

Deliverables:

The deliverables are outlined as therapeutic services provided and as individual activities provided to participants. Numbers reflect estimates of 12 months of continuous operation.

Intake and assessments: 30-45
Individual sessions: 66
Group sessions: 66
Family sessions: 30
Leadership Training and work experience
Parent follow-up contacts: 450
Coordination efforts/schools/BH/Community providers: 220
Number of unduplicated individuals served: Youth (under 16) - 25, Transitional Youth (16 and up) - 25, Parents-45
Total number of unduplicated served: 95

The activities throughout the year are as follows: (Please note complete trip plans are available)
January: 2 resort snowboarding trips to Tahoe
February: 2 resort snowboarding trips to Tahoe
March: 1 resort snowboarding trips to Tahoe and 1 backcountry snow skills trip in Plumas or Lassen-1 day
April: 2-day backcountry snow skills and snow camping trip Plumas or Lassen
May: 2-day spring backpacking trip Rock or Smith Lake or Chips Creek and Tyrolean traverse at Spanish Creek-day trip
June: 1 overnight backpacking trip to Buck's Lake Wilderness
July: 3-day rock climbing trip and pack day to prep for 12-day backpacking trip to come in August
August: 12-day backpacking trip on the PCT
September: 1 day Slideshow to celebrate participants' accomplishments with friends, family, and community
October/November: 1 day orienteering day trip
December: 1 resort snowboarding trips to Tahoe

During all three years, participants and staff will engage in several therapeutic wilderness trips per year. Participants and their families will participate in an intake interview to ensure that each child and family are a suitable fit for the Mountain Visions program and to ensure that all liability issues and paperwork have been resolved. Participants will continue with the program attending each session until it is determined by participant, family, and staff that participant is ready to graduate from the program. If a participant reaches the age of 18 while in the program and is an active leader in the program, that participant will be considered for one of our adult leader positions.

- (It should be noted that due to weather and or other factors the location, date and type of activity may be modified to assure the safety and effectiveness of the activity.)

Program Name	Mountain Visions Program			
Program Partners	Drama Works, Inc.			
FY17/18 Cost	$158,362			
Program Status	x	New		Continuing
Emphasis		Prevention	x	Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
		Older Adult (60+)		
Services/Activities	x	Access & Linkage	x	Early Intervention
	x	Outreach		Prevention
	x	Stigma & Discrimination		Other
Program Split?		PEI		CSS

Outcomes:

- Evidence-based practice standard
- Unduplicated number of individuals served
- Improved physical and emotional resiliency
- Establish systems of support and improve healthy relationships
- Access and linkage - number of referrals to PCBH for integrated services

- Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- Improve timely access to services for underserved populations
- Outreach for increasing recognition of early signs of mental illness

Mt Visions Research and Supportive Data

The use of a Solution-Focused wilderness-based treatment approach such as the Mountain Visions Program, (MVP) is informed and supported by a wide body of research. The purpose of this section is to describe the rational for the approach used as well to provide a foundation of research that supports the approach. It should be pointed out that the Solution Focused, (SF) interventions used in the MVP treatment process are widely recognized as evidenced based with over 50 studies with, 4 randomized and 13 comparison studies. Solution Focused Approaches are specifically recognized as evidenced based by university's conducting research on SF approaches including premier universities such as "The Ohio State University." S F approaches have been applied across a wide range of problems and settings. Because research of SF approaches is extensive and widely accepted as evidenced based this summary will not focus on SF research as applied to the MVP. SF approaches are applied in the MVP just as they are applied in any other SF treatment program thus it is reasonable to assume the effectiveness would be similar as found in other studies.

As to the rational for the MVP one need only turn to research regarding mental health treatment and adolescents. Of primary importance in providing mental health services to consumers is that they actually come to treatment and that they continue to come to treatment once treatment has begun. There is a considerable body of research that indicates that the optimal number of sessions for successful treatment outcomes is a minimum of 8-12 sessions. Consumer Reports survey data suggests that people benefit from psychotherapy the longer they stay involved in treatment with a gradual decrease in the amount of benefit once treatment exceeds 12 sessions. In many, if not most cases adolescents who present at community mental health centers do not themselves initiate treatment and thus are at best reluctant customers for treatment. This is particularly true of adolescents from lower income families with the most difficult and most intractable mental health problems. They often have had previous unsuccessful treatment encounters and are guarded of or suspicious of treatment in general, thus it is not surprising that traditional mental health center approaches result in extremely high drop-out rates and very high no show rates for this population. Contrast this with the Mountain Visions Program that has very few no shows for treatment, averaging approximately 17% and has very low drop-out rates averaging less than 10% of participants leaving treatment prior to 12 sessions. This is in spite of the fact that the MVP works with some of the more challenging and resistant adolescents associated with the MHP. In fact, many MVP referrals are made because the referred adolescent is seen as not being a good candidate for traditional mental health treatment approaches. We believe that the success of the MVP is due to the fact that the MVP offers therapeutic services that adolescents need in a package that adolescent consumers are very interested in and as a result they become true voluntary consumers of mental health services. Additionally, parents support the adolescents in the MVP because they see their child as motivated and see the potential of the program to transform their child. The MVP respects that from a developmentally standpoint adolescents

are at a stage in life where they want to be around peers, they want to experience activities that offer some level of challenge and that help them feel more competent. They want to be with adults that can provide a structure that is safe yet not too constraining and they want to be accepted for who they are not for who others wish they would be. How do we know this? Because they have consistently told us directly and on consumer surveys that they want more MVP activities for the very reasons noted above.

In 2001 the MHP conducted research on the MVP to attain data on changes promoted by the project and to attain direct feedback from participants and parents regarding their experience with the MVP. The research consisted of a scientifically valid and reliable pre- and post-evaluation questionnaire completed by parents and participants. Twelve parent and child pre- and post-responses were attained and collated. The participant questionnaire contained 10 questions regarding the participant' self-worth and self-perception, 54 questions regarding behavioral/emotional control and sociability and 5 questions regarding personal satisfaction with parents, self-control and relationship with peers. In addition, the helpfulness of the MVP and goal accomplishment was evaluated.

The parental questionnaire included a parent rated list of 82 behavioral and emotional problems 8 questions rating satisfaction with the parent child relationship and social skill development. The last five questions asked the parent to note and rate changes related to the MVP. The results of the research were strongly supportive of the benefits of the program model with post evaluations indicating significant improvements in five specific areas including: 1) Feelings of self-worth and confidence, 2) Increased emotional control, 3) Improved social skills, 4) Increased willingness to ask for the assistance of an adult and 5) Increased satisfaction with personal relationships, both with family and peers. This last area of improvement showed the highest levels of transformation with mean post scores nearly double the reported pre-evaluation reports with particular improvement in the friendship sphere. In addition, when parents added comments regarding the program, most comments related to improvements in social skills and their child's increased friendships. Two parental respondents noted their child had friends for the first time. Other parental comments included: "My son matured a lot this Summer." "My child is breaking through barriers he didn't know existed." "He doesn't realize his positive changes but he will down the road" "I want to keep positive because she's doing better." "She's not so fearful about everything and wants to get out and do things with friends." "He still has trouble with his temper but he can get calmed down better than before." "I wish she would work harder in school but she is talking up more and seems more ok with herself." "She's not so down on herself and she is sassy with her friends but that is better than when she just did whatever they wanted." Of the twelve parental respondents, only one indicated no positive changes, reporting virtually identical pre- and post-behavioral results and disappointment in their child's lack of improvement. It's important to keep in mind that this research encompassed only a small portion of the now much expanded MVP but it does provide insight into the potential of this treatment format.

Other related research: Originally the MVP was developed primarily as a vehicle by which adolescents could be invited to be consumers for mental health service thus there was no expectation that the wilderness itself or that physical activity in the wilderness would offer any specific mental health benefits. There is now a growing body of research regarding the positive mental and physical impacts of exercise and more recently the positive mental health benefits of activities in nature. Maller, Townsend, Pryor, Brown and St Ledger in "Health nature healthy people: 'contact with nature' as an upstream health promotion intervention for populations,"

Health Promotion International Vol. 21 December 2005, present a review and summary of empirical, theoretical and anecdotal evidence for the human health benefits of contact with nature. After reviewing numerous studies, they concluded that there was significant anecdotal, theoretical and empirical evidence for the following assertions: 1) There are known beneficial physiological effects that occur when humans encounter, observe or otherwise positively interact with animals, plants, landscapes or wilderness. 2) Natural environments foster recovery from mental fatigue and are restorative. 3) There are established methods of nature-based therapy including wilderness therapy that have success in healing patients who previously had not responded to treatment. 4) Exposure to natural environments enhances the ability to cope with and recover from stress, cope with subsequent stress and recover from illness and injury, 5) Observing nature can restore concentration and improve productivity. *Note- see cited article for complete summary.

A more recent review by Rita Berto of 113 articles and associated studies in Behavioral Sciences 2014, Vol. 4 entitled, "The Role of Nature in Coping with Psycho-Physiological Stress: A Literature Review on Restorativeness" concludes that research has found strong evidence between exposure to natural environments and recovery from physiological stress and mental fatigue.

The findings of both of these extensive reviews are consistent with our observations of participants' progress associated with the MVP. Of particular importance is the finding that wilderness- based approaches can foster a healing process in patients who had previously not responded to treatment. This finding is also consistent with our observations with regard to the MVP.

In January, 2016, National Geographic dedicated a 22-page article, "This is Your Brain on Nature" to the recent research findings on the impact of nature on brain functioning. The noted research includes MRI and EEG studies as well as studies of stress hormones, heart rate, brain waves and protein markers. The article cites Dutch researchers who found that nature contact decreased the incidence of 15 diseases including depression, anxiety, heart disease, diabetes, asthma and migraines. Due to the strength of these and other findings there are now a number of countries that are implementing public policy to improve public health by increasing people's exposure to nature. The Dutch research underlines the interconnectedness of nature and health as well as the interconnectedness of physical health, nature and mental health. The MVP team strongly believes that treating adolescents effectively requires an approach that encompasses the whole person and that teaches one how to care for the whole person. These recent studies that support nature based treatments point to the importance of not only addressing the immediate symptoms that adolescents present with but more importantly helping adolescents attain skills that can keep them emotionally and physically healthy through their lifespan.

As a final note, it's important to share that the MVP actively promotes the whole health of MVP participants. In recent years, there has been an explosion of health problems that are behaviorally related and some of the largest increases have been associated with low-income families. Diabetes is one example of a disease process whose trajectory is dramatically impacted by behavioral choices. World Health Organization research indicates that diabetes has quadrupled in the past 40 years with 3.7 million diabetes-related deaths a year. The MV program integrates quality mental health interventions with physical activities that participants can actively participate in throughout their lifespan. Additionally, the program emphasizes the

importance of health eating and changes the eating choices of participants so they can experience a diet that supports emotional and physical well-being.

In summary, there is considerable research that either directly or indirectly supports the foundation and principles of the Mountain Visions Program. Research in Solution Focused treatment, research in the powerful impacts of nature, research regarding the emotional benefits of exercise and research directly related to treatment compliance and treatment outcome all point to the vitality and efficacy of this approach.

G. CalMHSA Statewide Prevention Programs

MHSA funding supports Plumas County's membership in CalMHSA's Joint Powers Agreement for participation in the Statewide Prevention and Early Intervention Phase III and the Each Mind Matters suicide prevention and mental wellness campaign.

Program Name	Statewide Prevention and Early Intervention Phase III			
Program Partner	Cal Mental Health Services Authority (CalMHSA)			
FY17/18 Cost	$25,000			
Program Status		New	x	Continuing
Emphasis	x	Prevention	x	Early Intervention
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		
Services/Activities		Access & Linkage		Early Intervention
	x	Outreach	x	Prevention
	x	Stigma & Discrimination		Other
Program Split?		PEI		CSS

Each Mind Matters provides a branded comprehensive campaign and recognized messaging across the state to support a movement in California to promote mental health and wellness and to reduce the likelihood of mental illness, substance abuse, and suicide among all

Californians. The initiative brings together three components of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.

Additionally, PCBH will receive augmented and targeted services from CalMHSA based on the county's needs, after an augmented services assessment is performed by CalMHSA staff and PCBH.

MHSA Program Component

INNOVATION

	_____ Completely New Program
	__X__ Revised, Previously Approved Program
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
	__X__ Promote interagency collaboration
	_____ Increase access to services

Program Number/Name: Plumas Unified School District School-Based Response Team

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.

Prior to the inception of this school-based response team project approved by the Mental Health Services Oversight and Accountability Commission in May, 2015, Plumas County had school threat situations in each of the previous three years. In addition, there had been a high incidence of suicidal ideation and cutting behavior amongst children and youth, and a high incidence of bullying in our schools. When these significant events occurred, the school staff felt helpless and did not have a specific plan of action to resolve the threat or have a systematic way to respond to the bullying behavior.

Previously, when an incident occurred at a local school, the school staff may call police, the mental health crisis line, or probation, depending upon the situation or the person's familiarity with one of the agencies. There was no standard protocol for collaboration, who to call and when to call. As a result, multiple agencies might respond to a situation. There was also no protocol for following up with the youth to ensure that the incident is resolved or that the youth is linked to needed services, including mental health services. There was no coordinated approach to ensure that the situation is not repeated.

This innovation project was approved for up to five years and $947,100. Plumas Unified School District is requesting an additional year (Year 4 of the project) of funding past the first three years, in the amount of $323,000, to finalize their work toward the learning goal of promoting interagency collaboration. In the fourth year of funding and last year of Innovation Project designation, Plumas Unified School District will continue its School-Based Response Team project with the intention of completing the school-based response crisis intervention document, as well as final Innovation program evaluation and reporting on PBIS, improving

school culture, as well as Student Services Coordinator interventions, contacts and student outcomes. In Years 2 and 3 of the 3-Year Plan, FY18/19 and FY19/20, the Innovation project will transition to a joint CSS and PEI program.

Learning Goal for Innovation Project: Promote Interagency Collaboration

The Innovation Project for Plumas County is to make a change to the evidence-based practice model in LA County by developing a collaborative response team to specifically address school and community crisis, for this rural county. The purpose of the School-Based Response Team is to respond to school 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 relevant services and/or mental health and/or co-occurring services through a warm handoff, when appropriate.

The learning goal of this project is to assess the effectiveness of this collaborative team approach, using limited resources. A proven model of response will be adopted to use in the schools to address school threats and bullying incidents. The expected learning outcomes will be to understand the collaborative process, training needs of all the team members and success in resolving crisis situations, school threats, bullying, suicide prevention and treatment strategies. School-Based Response Team members will be available to triage each situation, provide the needed services and link the individual and/or family to ongoing supportive services as needed. The School-Based Response Team will help promote collaboration and integrated services in the schools and with allied agencies.

Identified Barriers

Throughout the first years of implementation, several barriers have been identified that have impeded progress of the Innovation Project. The primary objectives were the development of the School Based Response Team and the development of an interagency protocol for response to potential school threats of suicidal ideation and bullying. Barriers were experienced within each objective.

- School-Based Response Team: During the period in which we have attempted to build a School-Based Response Team there have been extensive interagency staffing issues, both within administrations as well as service delivery staff positions. Since the approval of this project, there have been four different Directors appointed to Plumas County Behavioral Health, two different Superintendents appointed to Plumas Unified School District and two different Chief Probation Officers. Additionally, all but one principal within the school district has changed. There has been teacher, probation officer and mental health therapist shortages county-wide.

  These staffing shortages and changes in administration posed a problem both with identification of team members and training. In response, it has proved necessary to work within the school-based staff to identify team members as well as provide increased level of training to those school staff members to ensure an appropriate and safe response as well as minimize the use of outside agency support except when

necessary. Outside agency support and collaboration will be defined within the protocol (see below).

- Protocol Development: In developing a protocol, there were several barriers that impeded progress as well. The initial drafts of the protocol were not responded to by some of the agencies in the process of attempting to develop cross agency agreement. This was attributed more to the staff turnover and shortages happening within agencies and not due to lack of investment for cross-agency agreement. In addition to the above staffing changes and shortages, there were some legislative developments and discoveries that impeded progress in the development of the interagency protocol.

  During research and development of the protocol, it was identified that the Plumas Unified School District needed to complete work to address compliance with Seth's Law (AB 9) – the Bullying, Intimidation and Harassment law. Additionally, the passing of AB2246 in September, 2016 required school districts across the state to develop protocols specific to Suicide Prevention. It was decided that the initial drafts of the protocol should be redrafted to include a more comprehensive protocol, encompassing the learning outcomes of the Innovation Project as well as the legislative elements above.

Due to these barriers, a request to extend the project an additional year is being submitted by Plumas County Behavioral Health to the MHS Oversight and Accountability Commission.

It has been identified that that School-Based Response Team should include trained school based staff and utilize outside agency resource only when a threat becomes imminent to reduce the impact on the outside agency professional staff. This is a result of on-going staff shortages/fluctuations and the challenge that poses to a functional team.

Additionally, a Youth Prevention Handbook encompassing all the necessary elements of the protocol has been drafted and approved by the Plumas Unified School District Governing Board, however time is still needed to get feedback and make any necessary edits from outside agency partners.

It has been identified through the project's development, that more school site prevention-based services are necessary to decrease risk along with improving communication across agencies. Following are the deliverables to be coordinated with and reported out to the Plumas County Behavioral Health Department for the year extension with the budget allocations to match.

Year 1 Deliverables (Year 4 of Project funding) :

Cross-Agency Deliverables

- The Youth Prevention Handbook, containing protocols, will be shared across agencies for feedback and appropriate editing necessary for more effective cross collaboration and communication with agencies in times of student crisis.

Staffing Deliverables

- Plumas Unified School District will maintain one Student Services Coordinator per community within the district and provide all the necessary space and supports required to maintain the positions.

Suicide Prevention Deliverables

- All site principals, grades 7-12, will complete Applied Suicide Intervention Skills (ASIST) Training. Applied Suicide Intervention and Skills Training is an evidence-based training for the prevention of suicide.
- Certificated staff will participate in mental health awareness training for vulnerable populations to help assist teachers in identifying students in need of further support. Eliminating Barriers to Learning is an evidence based training for teachers.
- All staff will be provided with Plumas Unified School District policy on Suicide Prevention and Postvention to establish baseline knowledge of staff expectations when risk to students is identified- policy addresses scope of practice protocol within staff.
- Site Principals will ensure compliance with Suicide Prevention and Postvention Protocol.
- Student Services Coordinators will provide site based suicide prevention awareness activities/programming for grades 7-12 during September Suicide Prevention Awareness Month.

Pro-social Skills, Training and Mentoring including Increasing Resiliency and Protective Factors Deliverables

- Assistant Superintendent and Site Principals, with the support of Student Service Coordinators, will ensure PBIS implementation and fidelity monitoring at each site for Tier I and II progress.
- Student Service Coordinators will facilitate and track referrals to outside providers for Behavioral Health Services.
- Student Service Coordinators will facilitate and track communication with outside agencies providing specialized services to students and ensure communication necessary for educators and school staff to be aware of is shared as determined necessary to increase students' resiliency and protective factors through coordinated care.
- Student Service Coordinators will support, coordinate and/or participate in PBIS Tier II interventions such as Check-In Check-Out which is an evidence based behavioral intervention known for outcomes in improving social skills, resiliency and protective factors.
- Student Service Coordinators will perform reteaching of PBIS behavior expectations as determined by Site Principal.
- Student Service Coordinators will track data on students' participation in PBIS reteaching of expectations to assist with determination of outcomes.

- Student Service Coordinators will facilitate Mental Wellness Awareness programming during the month of May.

Bullying Prevention Deliverables

- Staff will be provided with the Plumas Unified School District's Bullying, Harassment and Intimidation protocols.
- Site Principals will ensure compliance with Bullying, Intimidation and Harassment reporting/investigation protocols.
- Student Service Coordinators will provide site based Anti-Bullying Awareness programming during the month of October (Anti-Bullying Awareness month/Unity Day October 21).
- Student Service Coordinators will perform reteaching of PBIS behavior expectations as determined by site Principal.
- Student Service Coordinators will track data on students' participation in PBIS reteaching of expectations to assist with determination of outcomes.

Plumas Unified School District will work in collaboration with Placer County Office of Education to provide necessary reports within the quarterly time line to the Plumas County Behavioral Health Department.

The Plumas Unified School District Superintendent is committed to exploring sustainable service and ongoing revenue over time. As these next three years progress, program costs should decrease in the area of external PBIS training and coaching. The Plumas Unified Superintendent will work towards PBIS oversight and coaching being completed within existing district resources. However, the Plumas Unified School District Superintendent does not anticipate this capacity to be available over the course of the next three years.

Additionally, the Plumas Unified School District Superintendent is interested in these supports and prevention efforts continuing for the mental wellness of our student population and committed to further planning efforts to determine how to most efficiently share resources for the purposes of suicide prevention, resiliency and bullying prevention. This partnership born out of the Innovation Project between Plumas County Behavioral Health and Plumas Unified School District has been beneficial to the overall health of our school communities.

Oversight and Accountability

Plumas Unified School District will continue to subcontract with Placer County Office of Education to provide an outside agency evaluation of programs and deliverables. Placer County Office of Education has an excellent reputation across the state for their expertise in PBIS implementation training and coaching, PBIS evaluation and general Mental Wellness programming at schools. Additionally, they are also experienced in partnerships between school districts and behavioral health departments utilizing Mental Health Service Act funding.

This continuing Innovation project adapts an existing evidence–based practice utilized by Los Angeles County and others to meet the needs our small, rural county, and evaluates whether this modification obtains desired outcomes. The Innovation project focuses on developing a collaborative process and team to respond systematically to these critical incidents, including school threats, suicidal behavior, and/or bullying. This model has been effective in Los Angeles and other large cities, but these models need to be modified to meet the needs of a small rural community. In this county, there are only a few staff at each agency who perform several different functions. We have limited resources and long distances a between towns with very limited public transportation. As a result, the small number of staff at our partner agencies creates a need to expand collaboration across the agencies. For example, different people may participate for any give incident, depending on who is working that day, or that shift. In the LA model, there is a dedicated team of individuals who only respond to incidents – that is their full-time job! Our modification of this LA model evaluates the result of expanding the team and collaborative efforts to respond in a timely, consistent manner to incidents.

In an effort to further improve outcomes for the children and youth involved in these incidents, the School-Based Response Team will also follow-up with each student, classroom, teacher, and/or family member, to deliver brief therapy and assess the need for additional follow-up services. When a student needs ongoing treatment, the School-Based Response Team will link the individual to ongoing mental health, co-occurring treatment, or probation services to ensure the incident is fully resolved.

Collaboration across agencies is difficult to measure and fluctuates, depending upon management, funding resources, key events, and individual incidents. With this understanding, we will measure collaboration across our agencies using a tool used by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the University of South Florida to evaluate collaboration in Children's System of Care agencies and other federal grant projects. This Interagency Collaboration Activities Scale (IACAS) will be distributed to partner agency staff at the beginning of the project and annually. This survey asks the question: "To what extent does your organization SHARE with other child serving agencies?" A number of variables are measured, including funding, services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

The collaboration between team members will be measured by using the IACAS to survey partner agency staff at the beginning of the project and annually. By asking agency staff to describe how their organization shares different indicators with other child serving agencies, we will have information from both managers and staff on a number of variables including funding, purchasing of services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

We will also evaluate individual outcomes for youth and family, to assess the effectiveness of ongoing follow-up, treatment, and recidivism. Each individual and/or family who needs ongoing follow-up services will be enrolled in our evaluation activities. These activities will provide the needed information to track individual outcomes over time to assess the effectiveness of the program.

On a system level, we will evaluate the effectiveness of a rural collaborative model, using more people with few resources, and determine what works, and how our learning can be applied to other small county programs.

The School-Based Response Team model of collaboration and timely response to critical incidents supports and is consistent with the MHSA General standards. PUSD has developed, measured, and tested an approach to small county collaboration that works in a rural county, adopting a proven model to use in the schools to address school threats and bullying incidents. This community collaboration will strengthen our multi-agency partnerships, develop opportunities to share funding, service planning, evaluation, and celebrate positive outcomes.

Our services are culturally-competent and available in English and Spanish, whenever possible (Plumas County does not have a threshold language). We work closely with the schools in their efforts to reduce school threats and bullying, we will also offer supportive services to high-risk youth and their families. If the family is monolingual Spanish, we have bilingual, bicultural clinicians available to offer services in their primary language, whenever possible.

We are developing a mental health service delivery system that focuses on wellness, recovery, and resilience. Our Wellness Centers are based on and modeled after Transition Age Youth Centers in other rural counties. We will utilize staff to support families to be active participants in their services and enhance resiliency skills for both the youth and the family, while reducing risk factors.

The School-Based Response Team will help promote collaboration and integrated services in the schools and with allied agencies.

We initiated the development of the School-Based Response Team to develop and test an enhanced collaboration across multiple agencies in our community to systematically respond to crisis and critical mental health events in the schools, and promote and create safe environments to meet the needs of unserved and underserved individuals in our community. The enhanced collaboration with our primary allied agencies will offer a full range of services and develop a comprehensive prevention, intervention, and evaluation program to reduce depression, suicide, bullying, and school threat situations. The evaluation activities will test the effectiveness of this collaboration using the modified School-Based Response Team approach to resolve school threats and reduce the impact of suicide, violence, and bullying on our schools and communities.

The total student population served is approximately 1,840. Estimated number of TAY and families served is 140 to 175 students. All race and ethnic backgrounds within the existing population will be served, as well as vulnerable populations. It is expected that we will serve

approximately 10% Hispanic, 80% Caucasian, and 10% other race/ethnicity groups. Approximately 50% will be females. The majority of youth will speak English. We anticipate that approximately 3% of the individuals or family members utilizing the School-Based Response Team will identify Spanish as their primary language.

We will continue to evaluate the effectiveness of the modified School-Based Response Team's collaboration across in the fourth year.

Evaluation activities have been developed and data is collected and analyzed monthly. Evaluation outcomes and lessons learned will be shared with the School-Based Response Team and at the Mental Health Quality Improvement Committee, MHSA Committee, and management meetings. In addition, we will share our experience of collaboration in a rural county, so other counties will be able to implement similar strategies, within their limited resources.

After the requested year extension, the success of the project will be determined through the evaluation activities and stakeholder input. If deemed successful, the project will be transitioned it to another category of MHSA funding, such as PEI and CSS.

We will collect data on both client level outcomes and measure the effectiveness of the Innovation Project and sources of collaboration. Client level outcomes will include the number of children and TAY referred; number served; number of crisis response situations and school threat assessments; outcomes of each critical incident; and ongoing need for follow-up services. The 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. Program effectiveness will measure the collaboration activities of the allied agencies prior to development of the School-Based Response Team, and ongoing collaborative activities as the School-Based Response Team is implemented.

The collaboration between team members will be measured by using the IACAS to survey partner agency staff at the beginning of the project and annually. By asking agency staff to describe how their organization shares different indicators with other child serving agencies, we will have information from both managers and staff on a number of variables including funding, purchasing of services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

Our evaluation activities will be developed and implemented with guidance from our Quality Improvement Committee and oversight by the Plumas County Behavioral Health Commission. Outcomes and lessons learned will be shared with the School-Based Response Team and at the Quality Improvement Committee, MHSA Committee, management meetings, and at regional and/or statewide meetings that involve other small, rural counties.

Project: School-Based Response Team Estimated Project Costs (Total per Year):

Year 1	FY 14/15	$116,000
Year 2	FY 15/16	$223,500
Year 3	FY 16/17	$269,500
Year 4	FY 17/18	$323,000
Project Total		$932,000

The School-Based Response 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. Extensive evaluation activities will provide an assessment of project effectiveness and client-level outcomes achieved as a result; outcomes and lessons learned will be shared through established staff and stakeholder meetings. Expenditures will support this model; ensure that we are able to fully implement the project; and allow us to conduct supervision, evaluation, reporting, and dissemination activities.

After the three-year timeframe, the success of the project will be determined through the evaluation activities and stakeholder input. If deemed successful, the project will be transitioned to another category of MHSA funding, such as PEI.

A detailed budget for the Innovation Project in Year 4 is included below.

Budget Detail – Year 1 (Year 4 of Innovation Project)

	Type of Expenditure	County MHSA	Other Funding Sources	Total
1.	Personnel	265,000	0	265,000
2.	Training (PBIS)	33,000	0	33,000
3.	Evaluation	13,000	0	13,000
4.	Supplies/Materials/Incentives	12,000	0	12,000
5.	Other Expenditures (Admin)		0	
6.	Total Proposed Expenditures	323,000	0	323,000
C. TOTAL FUNDING REQUESTED		323,000	0	323,000

Budget Narrative

A. EXPENDITURES

1. Personnel – This line item includes salaries and benefits for the following positions: a) Student Services Coordinators (4.0 FTE); extra-duty for lead student services coordinator supervision

2. Training – This line item includes Positive Behavior Intervention and Supports district and site-based training and coaching

3. Evaluation – This line items covers project evaluation, which will provide an assessment of project effectiveness and client-level outcomes achieved as a result.

4. Supplies, Materials and Incentive – This line item includes the costs for K-12 student engagement

B. REVENUE – Innovation revenues typically run between $110,000 and $130,000 per year.

C. TOTAL FUNDING – Total funding for this project under for Year 1 under the Innovation component is $323,000. This program will fall under CSS and PEI during Years 2 and 3.

D. TOTAL IN-KIND CONTRIBUTIONS – $169,687 has been identified by Plumas Unified School District as District in-kind contributions for Year 1.

Proposed Innovation Project for FY 17/18 – Under Development

Given Plumas County's opioid overdose rates and higher than the State average for abuse, Plumas County Behavioral Health MHSA program is researching and developing a novel Innovation Project proposal that will address treatment for opiate addiction through a rural model using a Medically Assisted Treatment (MAT) protocol. An identified partnering agency will include the Plumas County Public Health Agency. The purpose will be to increase access to underserved groups. The learning outcome may include the question: Can a medical treatment model for opioid addiction successfully used on a large scale be replicated at a rural county level with limited resources?

Medication Assisted Treatment Overview

The current epidemic of opioid addiction in the United States has been a vexing one for those struggling with addiction, their families, the legal system and the courts, as well as for treatment providers. This epidemic has spanned the country, across class, racial, and cultural boundaries. This epidemic has been fueled by the over prescribing of opiates intended for pain relief, as well as the ready availability of cheap heroin, and has spread throughout urban and rural communities.

The use of Medicated Assisted Treatment has been a central tenet of the Harm Reduction model, in recent years, as it offers a "step-down" approach while using medications in assisting the person who is struggling with addiction a less painful path both physically and emotionally to stability in recovery. These medications are generally of two types; one Buprenorphine, which research has shown to have efficacy in treating IV Heroin addiction and Naltrexone which neurologically cancels the craving for opiates and alcohol. It is noteworthy to mention Methadone which has a long history as an MAT treatment option however, it is our belief that the newer MAT medications mentioned above are offering treatment with fewer dangers and better overall treatment outcomes.

As noted by the American Society of Addiction Medicine, drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is the leader in this category with 20,101 deaths related to opioid pain relievers and 12,990 related to heroin in 2015. In the last few years this issue has increasingly made itself known in communities throughout Plumas County as the legal system, the hospitals, and public, behavioral health, social services, and probation have all been directly affected.

In 2016 Dr. Mark Satterfield initiated a MAT pilot program to begin exploring a pathway to recovery for patients addicted to opiates in Plumas County. This program has demonstrated the need in Plumas County for MAT treatment to address this issue. Dr. Satterfield's pilot program which offered treatment to an initial group of ten patients has led to an innovative partnership with behavioral health in providing counseling and therapeutic case-management to those seeking a path to recovery from opiate addiction. The initial success of the pilot program has resulted in the identification of at least ten additional patients who have expressed interest in finding a path to recovery from addiction.

It is the intention of behavioral health to partner with Public Health in 2017 in an effort to offer expanded MAT services to fit the needs of the community with the additional substance abuse clinical addiction treatment groups and individual drug counseling to help stem the growth of opioid addiction in Plumas County.

This plan will propose a three to five-year project, with an implementation budget for Year 1, approximately six months at $80,000, and subsequent project costs of $160,000 each year. PCBH will work with the assistance of the MHSOAC Technical Team to design the plan for proposal to the Oversight and Accountability Commission by Spring 2018, after submitting the plan to county stakeholders and the Behavioral Health Commission, holding a public hearing after a 30-day public review process, and after submitting to the County Board of Supervisors for approval.

WORKFORCE EDUCATION AND TRAINING

PCBH WET funding provides staff and consumer training and development, including onsite and regional training across an array of topics, including wellness, recovery, resiliency, and cultural and linguistic skills; specialized topics such as autism and crisis intervention; and mental health first aid and ASIST train-the trainer modules. This funding also provides staff and volunteers access to online training courses. CSS program under Wellness Center funding may provide additional consumer training once classes are identified for each regional Wellness Center (Chester, Indian Valley, Portola, and Quincy) in mental health topics that are relevant to the local population.

The PCBH Workforce Education and Training (WET) programs were started in the previous 3-Year Plan to address peer/consumer employment, peer advocacy, Behavioral Health Services licensed staffing shortages, and behavioral health training needs within the department, across agencies, and countywide. Furthermore, PCBH does not have a designated training coordinator, and it has been identified that a more coordinated effort and an integrated plan are needed.

In this plan, we will work to create an integrated, coordinated, and comprehensive plan by articulating the following necessary components to a fully realized WET plan. These components include:

1. Countywide Behavioral Health Training Program – Plumas Rural Services

   PCBH has identified a community-based organization that has the expertise to develop an integrated, comprehensive training plan for PCBH staff and countywide agencies and stakeholders. Plumas Rural Services' training manager will partner with PCBH staff and allied agency staff to develop an integrated and comprehensive Countywide Behavioral Health Training Plan.

   Plumas Rural Services (PRS) will implement and coordinate a comprehensive Countywide Behavioral Health Training Program on behalf of Plumas County Behavioral Health (PCBH).

   During the first six (6) months, PRS' Community Training Manager will conduct a training needs assessment both within PCBH and with outside agencies across the county. The Community Training Manager will hold meetings in Chester, Quincy, Greenville and Portola to gather input for this assessment. During this assessment, the Training Manager will identify common training needs across county agencies, so that multiple agencies may better collaborate, and when possible, leverage funds to share training costs. The Training Manager will analyze the data collected during these meetings and develop a report to review with PCBH, creating a 3-year countywide training plan and program timeline.

   After the initial six-month assessment and planning period, the Community Training Manager will enroll PCBH staff, peer advocates, and approved clients and family

members with an online training portal, Relias Learning. PCBH staff will be provided with training schedules for staff and consumers and will be provided monthly usage reports to PCBH based on the status of staff, peer advocate and consumer training through this system.

The manager will coordinate PCBH staff in-house trainings based on identified needs and availability of relevant trainings. Additionally, the Community Training Manager will coordinate, attend, and evaluate behavioral health-related community trainings in Chester, Greenville, Quincy and Portola for public agencies, community-based agencies, and individual community stakeholders. PRS will contract with appropriate professionals to deliver trainings on topics such as cultural competency, staff safety, suicide prevention, Mental Health First Aid for adults and youth, ASIST, crisis intervention response, and other relevant behavioral health clinical trainings.

Coordination includes identifying and reserving training space, event planning and implementation, and advertising for cross agency and countywide trainings. Specific training topics will be identified based on the assessment in the first six months. Project staff will conduct follow-up surveys with attendees to evaluate training efficacy.

Throughout the year, the Community Training Manager will attend PCBH staff trainings and will assess and evaluate these trainings based upon attendance, attentiveness, participation, etc. The manager will provide this feedback to PCBH to help determine future training investments and to provide quality improvement strategies for the countywide training program.

In Years 2 and 3 of this proposal, PRS' Community Training Manager will continue to coordinate Relias and other online/webinar trainings, coordinate trainings in each community of the county, and coordinate BH staff trainings. The manager will continue to provide monthly reports on trainings completed, follow-up surveys of trainings, and evaluations completed by staff attending trainings.

Program Name	Countywide Behavioral Health Training Program			
Program Partners	Plumas Rural Services			
FY17/18 Cost	Up to $104,762			
Program Status	x	New		Continuing
Age Groups Served	x	Children (0-15)		
	x	Transitional Age Youth (16-25)		
	x	Adult (26-59)		
	x	Older Adult (60+)		

2. WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there is an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County has identified a need for greater local incentives in an effort to "grow our own" behavioral health staff for hard-to-fill clinical and other positions. While it was mentioned in the previous plan, staff shortages and leadership changes made it difficult to implement a local MHSA Loan Assumption Program. During Year 1 of this plan, the MHSA Coordinator will work with PCBH leadership, County Counsel and Human Resources, and the BH Commission and Board of Supervisors to finalize this process. PCBH currently has four full-time employees who are interested in applying for this scholarship.

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8 – Workforce Education and Training, Subsection 3850, which states, "Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level."

The program will enroll up to six PCBH full-time employees, with a projected allocation to this program each year of $60,000 for up to $10,000/per year loan assumption for each full-time employee with twelve continuous months of employment working for Plumas County Behavioral Health. The mandated MHSA maximum per employee is $60,000 whether they apply for local WET funds or through the statewide competitive OSHPD program. Having a local loan assumption program, allows for PCBH to offer this incentive regardless of the state funding and volatility available with the statewide OSHPD program. See Attachment G.

3. Adult and TAY Employment Program and Peer Advocacy Certification

Through WET and other department funding, we plan to address the shortage of consumer staff through expansion of the Adult and TAY Employment Program, as well as enrolling consumers in the state certification program, WISE U, to become certified peer advocates. We will utilize WET funds to offer training on WRAP, wellness and recovery, Motivational Interviewing, development of consumer-run services, and other promising practices, to staff, peer advocates and consumers. Additionally, we plan to train staff in the principles of MHSA; consumer culture; consumer empowerment; and how to integrate consumer staff into the system of care. Individuals from other community and partner agencies will also have access to these trainings, whenever possible.

PCBH will utilize WET funds to support the development of peer advocacy in each community. Peer advocates may provide wellness activity leadership and peer to peer support at the Wellness Centers. In order to provide these services, PCBH will work to identify eight consumers with lived experience, who are highly motivated to

complete the WISE U 70-hour peer certification program. Enrollment in the courses is free, and PCBH will use WET fund to support the peer advocates by paying for out of county travel, per diem food allowance, as well as transportation expenses. The cost for these supports is approximately $1,200 per advocate.

Stakeholders identified the need to develop healthy activities for youth in each community. Over the past two summers and school years, a lead Senior Case Management Specialist has developed the Transitional Age Youth (TAY) Employment Program. This program, sponsored by Plumas County Behavioral Health, allows consumers ages 14-24 to gain practical and useful vocational skills while reinforcing coping, communication and emotional regulation skills learned in treatment. Participants gain professional skills in a wide variety of arenas, ranging from maintenance and clerical work to conservation and resource management.

During Summer, 2016, the program lead expanded the TAY program by adding an adult unit. Working with the enrolled consumers' case managers and under the supervision of the program lead, both TAY and Adult units have worked up to 16 hours per week, based on self-identified need, clinical indication, the permission of the program lead, and program supervision and funding limitations. Typical weekly work-hour maximums are ten hours for adults and 16 hours in the summer months and fewer, afterschool hours (up to six per week) during the school year for TAY participants.

In FY17/18, PCBH plans to expand the program to hire a full-time program coordinator and one full-time case management specialist, so that both employment groups may be supervised in different areas of the county. The maximum program enrollment will be limited to eighteen months (18), unless otherwise approved by the program coordinator and the consumer's clinician.

WET funds cannot fully support a program of this size and scope. Additional department funds will be leveraged to support the program coordinator, full-time case manager, and a majority (55%) of the payroll expenses. WET funds will pay to support a portion (45%) of the projected payroll expenses as well as the program budget for equipment, supplies and training.

Once staff is hired in FY17/18, they will continue to work with the consumer's case manager, clinician, and in the case of under 18 years of age TAY participants, the parents, to define work hours, schedules and employment goals. This WET program's case manager will work with the program coordinator to provide leadership in developing youth-friendly activities, organizing outdoor activities, and developing leadership skills for youth. This individual will work closely with schools and community organizations to promote wellness, resiliency, and leadership skills in our youth.

Enrollment is open to Adult consumers who are actively engaged in services, and for TAY consumers, they must be engaged in services and attending school. The last six months of enrollment in this employment program, with the help of the program coordinator and the case manager, participants' focus will shift to developing resumes, practicing interviewing techniques, and searching for outside employment.

Furthermore, the program coordinator will connect consumer employees with potential employers offering opportunities for job shadowing.

The TAY and Adult Employment Program of Plumas County Behavioral Health envisions that this program is a first step toward, for most consumer participants, further employment opportunities. The program coordinator will work closely with other County departments, allied agencies, and local employers to transition motivated participants into employment with these organizations. Additionally, this program will partner with local organizations to supply workforce hours for specific public works and other community projects.

During Summer, 2017, the program has expanded to enroll 16 TAY participants and is partnering with Sierra Buttes Trail Stewardship, Plumas County Facilities, Plumas Crisis Intervention and Resource Center, Plumas County Senior Nutrition Program, Plumas County Fairgrounds, Plumas Unified School District, and Central Plumas Recreation and Parks District.

Sierra Buttes Trail Stewardship: In partnering with SBTS, participants will gain knowledge about what happens "behind the scenes" to maintain our pristine forests and public trails. Consumers work collaboratively to identify "problem areas" and create plans focusing on how best to repair and maintain hiking, biking and off-road vehicle trails. Practical skills gained are basic trail maintenance, identification and creation of appropriate drainage areas, and identification and closure of "social spaces" to keep visitors on the trails and preserve our forests. In addition to these practical skills, participants fine-tune their communication and critical thinking skills, and develop confidence in their abilities.

Plumas County Facilities: In partnering with PCF, participants will gain general knowledge of a wide variety of facilities including but not limited to: custodial work at county buildings, yard maintenance at county owned properties, and grounds maintenance at county operated campgrounds. Participants 18 and over will learn how to operate machinery required for basic upkeep.

Plumas Crisis Intervention and Resource Center: In partnering with PCIRC, participants learn the basics of general building maintenance, engaging in custodial and clerical duties when needed at the local wellness centers. Consumer's also practice planning and implementing a variety of groups, gaining supervisory and management skills. A community dance group will begin in the summer.

Plumas County Senior Nutrition: In partnering with PCSN, participants will learn the basics of food safety and preparation, and gain a basic understanding of the functioning of community supported programs. Participants will also practice and strengthen their empathy and listening skills through the required socialization time with elderly recipients of meals.

Plumas County Fairgrounds: In partnering with the fairgrounds, participants are given exposure to other contacts within the community which allows consumers to develop the skills that will help them to strengthen coping skills and enhance and expand the

range of their experiences which helps consumer to be better aware of expectations in the work force environment.

Plumas Unified School District: In partnering with the Plumas unified School district consumers are given a chance to recognize the importance of working to improve the community. Consumers will be exposed to other contacts and are encouraged to build other relationships where they can practice working on collaborative skills and symptom management in different scenarios. Consumers will get a chance to see what it takes to prepare for them to return to a safe and clean learning environment which emphasizes the importance of respecting property and the understanding of why rules are in place.

Central Plumas Recreation and Parks District: In Partnering with CPRPD, program participants will undertake a park beautification project, which will help participants build skills in landscape design and maintenance, as well as general facilities maintenance. This project is teaching participants to engage in, care for, and take pride in their community spaces while building interpersonal skills such as collaboration and effective group communication.

CAPITAL FACILITIES/TECHNOLOGY

No Place Like Home – A state initiative to address homelessness of consumers living with severe mental illness

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home (NPLH) Program to dedicate $2 billion in bond proceeds to invest in the development of permanent supporting housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at-risk for chronic homelessness. Welfare and Institutions Code Section 5849.10 appropriates $6.2 million from the Mental Health Services Fund to provide technical assistance to counties related to the NPLH Program. The bonds are repaid by funding from the Mental Health Services Act (MHSA) Fund. (HCD NPLH Framework document)

NPLH Program TA Grants will be awarded to counties to fund eligible activities that support planning, design and implementation of Coordinated Entry Systems, permanent supportive housing and the accompanying supportive services for individuals suffering from serious mental illness (SMI).

Upon submission of an application and approval by the California Housing and Community Development (HCD), HCD shall award funds in the form of a grant in the amount of $75,000 to small counties (population less than 200,000). The deadline for application is September 30, 2017. The TA application must meet threshold requirements, including:

1) a completed and signed original application and
2) a resolution from the County Board of Supervisors with specific permission to apply for and receive NPLH Program Technical Assistance Grant funds. See Attachment E.

Working with interested community stakeholders, community-based partner organizations, Plumas County Housing Authority leadership, Plumas County Planning and Zoning Department officials, as well as the Behavioral Health Commission and County Supervisors, and other County departments, Plumas County Behavioral Health will hold a series of feasibility workgroups and stakeholder meetings to develop a preliminary plan to address homelessness in the population of severely mental ill consumers of Plumas County through the No Place Like Home housing initiative.

After submission of the Technical Assistance application, Plumas County Behavioral Health and interested partners will create a preliminary NPLH initial plan for technical assistance, hold a housing work group and stakeholder meeting for public input to identify a plan of action, including the potential of hiring a consultant vs. leaving the funds at HCD and using their in-house expertise to develop a plan.

During FY17/18, PCBH plans complete to complete the consultant and planning project to be able to apply for the No Place Like Home small project Over the Counter (OTC) funds. These funds are available to small counties in the amount of $500,000 of non-competitive funds to develop a 1 to 4-unit permanent supportive housing project for SMI consumers. It is expected

that in Years 2 and 3 of this plan, with local partners and County leadership, agencies, planning, zoning, and housing officials, and interested stakeholders, Plumas County Behavioral Health will identify a community location, developer, and plan to submit to California Housing and Community Development for an award of these OTC funds.

Finally, in subsequent plan years, and over the next three to five years, Plumas County Behavioral Health, County leaders, and community partners will develop further long-terms plans to apply for the competitive small-county No Place Like Home funds in the form of long-term (50-year) development loans to create one or more larger, permanent supportive housing projects for consumers living with severe mental illness.

Planning updates, awards, and changes to this timeline will be discussed in MHSA Annual Updates FY17/18 and FY18/19.

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Proposed Funding Summary

County: PLUMAS Date: 06/30/17

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,246,590	561,647	570,547	0	0	
2. Estimated New FY2017/18 Funding	2,286,574	571,643	158,350			
3. Transfer in FY2017/18[a/]	(266,792)			266,792	75,000	
4. Access Local Prudent Reserve in FY2017/18	0	0				0
5. Estimated Available Funding for FY2017/18	4,266,372	1,133,290	728,897	266,792	0	
B. Estimated FY2017/18 MHSA Expenditures	(2,925,977)	(855,421)	(443,300)	(266,792)	(75,000)	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,340,395	277,869	285,597	0	0	
2. Estimated New FY2018/19 Funding	2,200,000	500,000	150,000			
3. Transfer in FY2018/19[a/]	(257,834)			257,834		0
4. Access Local Prudent Reserve in FY2018/19		0				0
5. Estimated Available Funding for FY2018/19	3,274,356	777,869	435,597	0	0	
D. Estimated FY2018/19 Expenditures	(2,523,435)	(666,924)	(176,000)	(257,834)	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	750,921	110,945	259,597	0		
2. Estimated New FY2019/20 Funding	2,400,000	500,000	115,000			
3. Transfer in FY2019/20[a/]	(273,015)			273,015		0
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	2,877,906	610,945	374,597			
F. Estimated FY2019/20 Expenditures	(2,463,940)	(666,924)	(176,000)	(273,015)		
G. Estimated FY2019/20 Unspent Fund Balance	413,966	(55,979)	198,597	0		

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	1,372,728
2. 2645327)Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	1,372,728
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	1,372,728
7. Estimated Local Prudent Reserve Balance on June 30, 2019	0
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS General Systems Development	909,163	909,163				
2. Environmental Alternatives	500,000	500,000				
Non-FSP Programs						
1. Eastern Plumas Health Care – Behavioral Health Integration	100,000	100,000				
2. Feather River College – Student Mental Wellness Center (50% CSS)	83,966	83,966				
3. Plumas County Public Health - Senior Connections	184,231	184,231				
4. Plumas County Public Health - Veterans Services (50% CSS)	40,333	40,333				
5. Plumas District Hospital – Behavioral Health Integration	100,000	100,000				
6. Plumas Rural Services – Client Services and Transitional Housing Program	302,766	302,766				
7. Plumas Rural Services – Community Connections	89,782	89,782				
8. Plumas Rural Services – Young Child Mental Health Program (50% CSS)	158,695	158,695				
9. Roundhouse Council (50% CSS)	37, 252	37, 252				
10. Seneca Hospital District – Behavioral Health Integration	100,000	100,000				
11. Wellness Centers	200,000	200,000				
CSS Administration	90,916	90,916				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	2,859,852	2,859,852				
FSP Programs as Percent Total	51.0%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS General Systems Development	919,934	919,934				
2. Environmental Alternatives	350,000	350,000				
Non FSP Programs						
1. Eastern Plumas Health Care – Behavioral Health Integration	70,000	70,000				
2. Feather River College – Student Mental Wellness Center (50% CSS)	58,776	58,776				
3. Plumas County Public Health - Senior Connections	128,961	128,961				
4. Plumas County Public Health - Veterans Services (50% CSS)	28,233	28,233				
5. Plumas District Hospital – Behavioral Health Integration	70,000	70,000				
6. Plumas Rural Services – Client Services and Transitional Housing Program	258,224	258,224				
7. Plumas Rural Services – Community Connections	62,847	62,847				
8. Plumas Rural Services – Young Child Mental Health Program (50% CSS)	67,325	67,325				
9. Roundhouse Council (50% CSS)	26,076	26,076				
10. Seneca Hospital District – Behavioral Health Integration	70,000	70,000				
11. Wellness Centers	200,000	200,000				
12. PUSD – PBIS School-Based Response Team (50%)	121,125	121,125				
CSS Administration	91,934	91,934				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	2,523,435	2,523,435				
FSP Programs as Percent Total	51.0%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS General Systems Development	897,804	897,804				
2. Environmental Alternatives	350,000	350,000				
Non FSP Programs						
1. Eastern Plumas Health Care – Behavioral Health Integration	70,000	70,000				
2. Feather River College – Student Mental Wellness Center (50% CSS)	58,776	58,776				
3. Plumas County Public Health - Senior Connections	128,961	128,961				
4. Plumas County Public Health - Veterans Services (50% CSS)	28,233	28,233				
5. Wellness Centers	200,000	200,000				
6. Plumas District Hospital – Behavioral Health Integration	70,000	70,000				
7. Plumas Rural Services – Client Services and Transitional Housing Program	258,224	258,224				
8. Plumas Rural Services – Community Connections	62,847	62,847				
9. Plumas Rural Services – Young Child Mental Health Program (50% CSS)	67,325	67,325				
10. Roundhouse Council (50% CSS)	26,076	26,076				
11. Seneca Hospital District – Behavioral Health Integration	70,000	70,000				
12. PUSD – PBIS School-Based Response Team (50%)	121,125	121,125				
CSS Administration	89,780	89,780				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	2,499,151	2,499,151				
FSP Programs as Percent Total	51.0%					

CSS Worksheet FY 17/18

Personnel				
Position Description (County Job Title)	Location	Annual Salary	FTE	Total with Benefits (composite @ 30%)
MHSA Coordinator	Quincy	$ 63,000	1.0	$ 84,300
Admin Support (Office Assistant II) – Extra Help	Quincy	$ 31,200	0.5	$ 18,900
Housing/Whole Person Care Case Manager (Case Management Specialist)		$ 52,000	0.5	$ 33,800
Wellness Center Supervising Site Coordinator	All	$ 54,920	1.0	$ 64,896
Wellness Center Site Coordinator	Chester	$ 41,600	1.0	$ 58,040
Wellness Center Site Coordinator	Greenville	$ 41,600	1.0	$ 58,040
Wellness Center Site Coordinator	Quincy	$ 41,600	1.0	$ 58,040
Wellness Center Site Coordinator	Portola	$ 41,600	1.0	$ 58,040
Wellness Center Site Coordinator	Flex/Special Programs	$ 41,600	1.0	$ 58,040
Vehicle Driver (0.5 FTE) - (Client Services Coordinator)	All	$ 37,440	0.5	$ 24,711
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$ 17,778
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$ 17,778
Personnel Total				$ 552,363
PCBH Operations				
Client Resources (gift cards, petty cash, and incentives)				$ 30,000
Client Water 2 – sites @ $500/year				$ 1,000
MHSA Advertising				$ 8,000
MHSA Stakeholder Meetings and Planning				$ 30,000
PCBH Computers (laptops and desktops)				$ 10,000
Furnishings/Improvements				$ 20,000
Client Transport Vehicles	Two at $30,000			$ 60,000
Transportation (Fuel and maintenance)				$ 15,000
Office Supplies/Equipment				$ 20,000
Telecom Contribution to PCBH				$ 10,000
Tay/Adult Work Program Costs				$ 30,000
Behavioral Health Commission	Computers, ads food for meetings			$ 6,800
PCBH Operations Total				$ 240,800
Wellness Centers				
Programming Costs (stipends and events x 4 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$ 10,000		$ 40,000
Materials and Supplies x 4 sites		$ 5,000		$ 20,000
Office Supplies		$ 5,000		$ 20,000
Furnishings		$, 2,000		$ 8,000
Consumables Chester, Greenville, Quincy		$ 5,000		$ 15,000
Janitorial and other site costs		$2,000		$8,000
Wellness Centers Total				$ 111,000
Total MHSA Program Costs				$ 909,163
Administrative Costs @ 10%				$ 90,916
CSS Total				$999,079

CSS Worksheet FY 18/19

Personnel				
Position Description (County Job Title)	Location	Annual Salary	FTE	Total with Benefits (composite @ 30%)
MHSA Coordinator	Quincy	$ 63,000	1.0	$86,829
Admin Support (Office Assistant II) – Extra Help	Quincy	$ 31,200	0.5	$19,467
Housing/Whole Person Care Case Manager (Case Management Specialist)		$ 52,000	0.5	$34,814
Wellness Center Supervising Site Coordinator	All	$ 54,920	1.0	$66,843
Wellness Center Site Coordinator	Chester	$ 41,600	1.0	$59,781
Wellness Center Site Coordinator	Greenville	$ 41,600	1.0	$59,781
Wellness Center Site Coordinator	Quincy	$ 41,600	1.0	$59,781
Wellness Center Site Coordinator	Portola	$ 41,600	1.0	$59,781
Wellness Center Site Coordinator	Flex/Special Programs	$ 41,600	1.0	$59,781
Vehicle Driver (0.5 FTE) - (Client Services Coordinator)	All	$ 37,440	0.5	$25,452
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$18,311
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$18,311
Personnel Total				$568,934
PCBH Operations				
Client Resources (gift cards, petty cash, and incentives)				$ 30,000
Client Water 2 – sites @ $500/year				$ 1,000
MHSA Advertising				$ 8,000
MHSA Stakeholder Meetings and Planning				$ 30,000
PCBH Computers (laptops and desktops)				$ 10,000
Furnishings/Improvements				$ 20,000
Client Transport Vehicles	Two at $30,000			$ 60,000
Transportation (Fuel and maintenance)				$ 15,000
Office Supplies/Equipment				$ 20,000
Telecom Contribution to PCBH				$ 10,000
Tay/Adult Work Program Costs				$ 30,000
Behavioral Health Commission	Computers, ads food for meetings			$ 6,800
PCBH Operations Total				$ 240,800
Wellness Centers				
Programming Costs (stipends and events x 4 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$ 10,000		$ 40,000
Materials and Supplies x 4 sites		$ 5,000		$ 20,000
Office Supplies		$ 5,000		$ 20,000
Furnishings		$, 2,000		$ 8,000
Consumables Chester, Greenville, Quincy		$ 5,000		$ 15,000
Janitorial and other site costs		$2,000		$8,000
Wellness Centers Total				$ 111,000
Total MHSA Program Costs				$ 919,934
Administrative Costs @ 10%				$ 91,993
CSS Total				$1,011,924

CSS Worksheet FY 19/20

Personnel				
Position Description (County Job Title)	Location	Annual Salary	FTE	Total with Benefits (composite @ 30%)
MHSA Coordinator	Quincy	$ 63,000	1.0	$89,434
Admin Support (Office Assistant II) – Extra Help	Quincy	$ 31,200	0.5	$20,051
Housing/Whole Person Care Case Manager (Case Management Specialist)		$ 52,000	0.5	$35,858
Wellness Center Supervising Site Coordinator	All	$ 54,920	1.0	$68,848
Wellness Center Site Coordinator	Chester	$ 41,600	1.0	$61,575
Wellness Center Site Coordinator	Greenville	$ 41,600	1.0	$61,575
Wellness Center Site Coordinator	Quincy	$ 41,600	1.0	$61,575
Wellness Center Site Coordinator	Portola	$ 41,600	1.0	$61,575
Wellness Center Site Coordinator	Flex/Special Programs	$ 41,600	1.0	$61,575
Vehicle Driver (0.5 FTE) - (Client Services Coordinator)	All	$ 37,440	0.5	$26,216
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$18,861
Vehicle Driver (0.5 FTE) – (Client Services Tech)	All	$ 26,936	0.5	$18,861
Personnel Total				$586,002
PCBH Operations				
Client Resources (gift cards, petty cash, and incentives)				$ 30,000
Client Water 2 – sites @ $500/year				$ 1,000
MHSA Advertising				$ 8,000
MHSA Stakeholder Meetings and Planning				$ 30,000
PCBH Computers (laptops and desktops)				$ 10,000
Furnishings/Improvements				$ 20,000
Transportation (Fuel and maintenance)				$ 15,000
Office Supplies/Equipment				$ 20,000
Telecom Contribution to PCBH				$ 10,000
Tay/Adult Work Program Costs				$ 50,000
Behavioral Health Commission	Computers, ads food for meetings			$ 6,800
PCBH Operations Total				$ 200,800
Wellness Centers				
Programming Costs (stipends and events x 4 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$ 10,000		$ 40,000
Materials and Supplies x 4 sites		$ 5,000		$ 20,000
Office Supplies		$ 5,000		$ 20,000
Furnishings		$, 2,000		$ 8,000
Consumables Chester, Greenville, Quincy		$ 5,000		$ 15,000
Janitorial and other site costs		$2,000		$8,000
Wellness Centers Total				$ 111,000
Total MHSA Program Costs				$ 897,804
Administrative Costs @ 10%				$ 89,780
CSS Total				$987,584

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2017/18					
	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. PRS – Young Child Mental Health Program	238,042	238,042				
2. PRS – Youth Services Programs	177,341	177,341				
3. Public Health – Youth Prevention Program: Club Live/Friday Night Live	43,500	43,500				
4. Roundhouse Council – Multigenerational Wellness	37,252	37,252				
PEI Programs – Early Intervention						
1. FRC – Student Mental Health and Wellness Center	83,966	83,966				
2. Dramaworks – Mountain Visions	158,362	158,362				
PEI Administration	91,958	91,958				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated Expenditures	855,421	855,421				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2018/19					
	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. PRS – Young Child Mental Health Program	67,325	67,325				
2. PRS – Youth Services Programs	124,139	124,139				
3. Public Health – Youth Prevention Program: Club Live/Friday Night Live	30,450	30,450				
4. Roundhouse Council – Multigenerational Wellness	26,076	26,076				
5. PUSD – PBIS and School-Based Response Team (50%)	121,125	121,125				
PEI Programs – Early Intervention						
1. FRC – Student Mental Health and Wellness Center	58,776	58,776				
2. Dramaworks – Mountain Visions	110,853	110,853				
PEI Administration	60,629	60,629				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated Expenditures	624,373	624,373				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2019/20					
	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. PRS – Young Child Mental Health Program	67,325	67,325				
2. PRS – Youth Services Programs	124,139	124,139				
3. Public Health – Youth Prevention Program: Club Live/Friday Night Live	30,450	30,450				
4. Roundhouse Council – Multigenerational Wellness	26,076	26,076				
5. PUSD – PBIS and School-Based Response Team (50%)	121,125	121,125				
PEI Programs – Early Intervention						
1. FRC – Student Mental Health and Wellness Center	58,776	58,776				
2. Dramaworks – Mountain Visions	110,853	110,853				
PEI Administration	60,629	60,629				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated Expenditures	624,373	624,373				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2017/18					
	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. School-Based Response Team	323,000	323,000				
2. Medically Assisted Treatment (Proposed)	80,000	80,000				
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	40,300	40,300				
Total INN Program Estimated Expenditures	443,300	443,300	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2018/19					
	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. Medically Assisted Treatment	160,000	160,000				
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	16,000	16,000				
Total INN Program Estimated Expenditures	176,000	176,000	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2019/20					
	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. Medically Assisted Treatment	160,000	160,000				
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	16,000	16,000				
Total INN Program Estimated Expenditures	176,000	176,000	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2017/18					
	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
WET Programs						
1. MH Loan Assumption – Up to $10,000 per year for six years per participant	60,000	60,000				
2. TAY Work Program	25,000	25,000				
3. Adult Work Program	25,000	25,000				
4. WISE/WRAP Training Costs – travel, lodging, per diem (8 peer advocates)	12,000	12,000				
5. Countywide BH Training Program (Plan, MH 1st Aid, specialized local trainings, multi-agency)	104,762	104,762				
6. Staff Development - Out-of-County Training and Travel	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	266,762	266,762				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2018/19					
	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
WET Programs						
1. MH Loan Assumption – Up to $10,000 per year for six years per participant	60,000	60,000				
2. TAY Work Program	25,000	25,000				
3. Adult Work Program	25,000	25,000				
4. WISE/WRAP Training Costs – travel, lodging, per diem (8 peer advocates)	12,000	12,000				
5. Countywide BH Training Program (Plan, MH 1st Aid, specialized local trainings, multi-agency)	95,834	95,834				
6. Staff Development - Out-of-County Training and Travel	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	257,834	257,834				

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2019/20					
	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
WET Programs						
1. MH Loan Assumption – Up to $10,000 per year for six years per participant	60,000	60,000				
2. TAY Work Program	25,000	25,000				
3. Adult Work Program	25,000	25,000				
4. WISE/WRAP Training Costs – travel, lodging, per diem (8 peer advocates)	12,000	12,000				
5. Countywide BH Training Program (Plan, MH 1st Aid, specialized local trainings, multi-agency)	111,015	111,015				
6. Staff Development - Out-of-County Training and Travel	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	273,015	273,015				

FY 2017/18 Through FY 2019/20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2017/18					
	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. No Place Like Home Technical Assistance	75,000	75,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *Not applicable*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	75,000	75,000	0	0	0	0

Year 1 – proposal to apply by Sept. 30, 2017 for technical assistance funds

FY 2017/18 Through FY 2019/20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2018/19					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
CFTN Programs - Technological Needs Projects						
10. *Not applicable*	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures			0	0	0	0

FY 2017/18 Through FY 2019/20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: PLUMAS Date: 06/30/17

	Fiscal Year 2019/20					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
CFTN Programs - Technological Needs Projects						
10. *Not applicable*	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures			0	0	0	0

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Plumas

☐ Three-Year Program and Expenditure Plan

☐ Annual Update

Behavioral Health Director	**Program Lead**
Name: W. Robert Brunson, LMFT Telephone: (530) 283-6307 E-mail: bbrunson@pcbh.services	Name: Aimee Heaney Telephone: (530) 283-6307, ext. 1016 E-mail: aheaney@pcbh.services
Local Mental Health Mailing Address: Plumas County Department of Behavioral Health 270 County Hospital Road, Suite 109 Quincy, CA 95971	

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

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA 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 3-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on **[DATE TO BE COMPLETED AFTER THE BOARD OF SUPERVISORS ADOPTS THE PLAN RESOLUTION].**

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 annual update are true and correct.

W. Robert Brunson, LMFT
Mental Health Director

_____
Signature

_____
Date

County: Plumas
Date:

ATTACHMENT A

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Plumas

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

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: W. Robert Brunson, LMFT Telephone: (530) 283-6307 E-mail: bbrunson@pcbh.services	Name: Roberta M. Allen, CPA Telephone: (530) 283-6246 E-mail: RobertaAllen@countyofplumas.com
Local Mental Health Mailing Address: Plumas County Behavioral Health Department 270 County Hospital Road, Suite 109 Quincy, CA 95971	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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 or update 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 update/revenue and expenditure report is true and correct to the best of my knowledge.

Local Mental Health Director (PRINT) _____ Signature _____ Date _____

I hereby certify that for the fiscal year ended June 30, 2017 the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City 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.

County Auditor Controller / City Financial Officer (PRINT) _____ Signature _____ Date _____

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

ATTACHMENT B

[THIS PAGE LEFT INTENTIONALLY BLANK FOR PLUMAS COUNTY BOARD OF SUPERVISORS MEETING MINUTES FROM SEPTEMBER 19, 2017.]

ATTACHMENT C

RESOLUTION NO. 2017-_____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF PLUMAS COUNTY

APPROVING BEHAVIORAL HEALTH DEPARTMENT'S MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM AND EXPENDITURE PLAN, 2017-2020, AND AUTHORIZE THE DIRECTOR OF THE BEHAVIORAL HEALTH DEPARTMENT TO SUBMIT THE PLAN TO THE STATE AND SIGNATURE AUTHORITY FOR IMPLEMENTATION OF THE MENTAL HEALTH SERVICES ACT PROGRAM AND EXPENDITURE PLAN, 2017-2020.

WHEREAS, Plumas County wants to assure the continuation of Mental Health Services Act (MHSA) funding to provide necessary services for individuals with a mental illness and emotional disorders;

WHEREAS, approving a Program and Expenditure Plan for Plumas County Mental Health Services Act (MHSA) is necessary to assure continued MHSA funding;

WHEREAS, California Statute requires the County Board of Supervisors approve the MHSA Program and Expenditure Plan;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Plumas, State of California, hereby approves the Plumas County Mental Health Services Act Program and Expenditure Plan, 2017-2020; designates the Plumas County Behavioral Health Department as the county's administrator of this MHSA Plan; and authorizes the Director of Behavioral Health to submit the plan and sign related documents for implementation, reporting, and acquisition of funds for MHSA.

Passed and ADOPTED by the County Board of Supervisors of the County of Plumas, State of California, at a regular meeting of said board on the 19th Day of September, 2017, by the following vote:

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors
ABSTAIN: Supervisors

_____
Lori Simpson, Chairperson
Board of Supervisors

ATTEST:

_____
Nancy L. DaForno, Clerk of the Board

ATTACHMENT D

RESOLUTION NO. 2017-_____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF PLUMAS COUNTY

AUTHORIZING APPLICATION FOR, AND RECEIPT OF, NO PLACE LIKE HOME PROGRAM TECHNICAL ASSISTANCE GRANT FUNDS

WHEREAS, the State of California, Department of Housing and Community Development (Department) has issued a Notice of Funding Availability dated April 10, 2017 (NOFA), for its No Place Like Home (NPLH) Program Technical Assistance Grants; and

WHEREAS, the County of PLUMAS desires to submit a project application for the NPLH Program and will submit a 2017 Technical Assistance Grant Application as described in the NPLH Program Technical Assistance Grants NOFA and NPLH Program Technical Assistance Grant Guidelines released by the Department for the NPLH Program; and

WHEREAS, the Department is authorized to provide up to $6.2 million from the Mental Health Services Act Fund for technical assistance and application preparation assistance to Counties (as described in Welfare and Institutions Code §5849.10) related to the NPLH Program.

NOW, THEREFORE, THE COUNTY OF PLUMAS RESOLVES AS FOLLOWS:

SECTION 1. The County is hereby authorized and directed to apply for and submit to the Department the 2017 NPLH Program Technical Assistance Grant Application released April 10, 2017 in the amount of $ 75,000.00.

SECTION 2. In connection with the NPLH Program Technical Assistance Grant, if the application is approved by the Department, the County is authorized to enter into, execute, and deliver a State of California Standard Agreement (Standard Agreement) for the amount of $ 75,000.00, and any and all other documents required or deemed necessary or appropriate to evidence and secure the NPLH Program Technical Assistance Grant, the County's obligations related thereto, and all amendments thereto (collectively, the "NPLH Technical Assistance Grant Documents").

SECTION 3. The County shall be subject to the terms and conditions as specified in the Standard Agreement, the NPLH Program Technical Assistance Guidelines, the NPLH statute (Welfare and Institutions Code §5849.1 et. Seq.), and any applicable NPLH Program guidelines published by the Department. Funds are to be used for allowable project expenditures as specifically identified in the Standard Agreement. The application in full is incorporated as part of the Standard Agreement. Any and all activities funded, information provided, and timelines represented in the application will be enforceable through the executed Standard Agreement. The County hereby agrees to use the funds for eligible uses in the manner presented in the application as approved by the Department and in accordance with the NPLH Program Technical Assistance Grant NOFA, the NPLH Program Technical Assistance Guidelines, and 2017 NPLH Program Technical Assistance Grant Application.

SECTION 4. The County Executive or designee is authorized and directed to execute the County of PLUMAS NPLH Program Technical Assistance Grant Application, the NPLH Program Technical Assistance Grant Documents, and any amendments thereto, on behalf of the County as required by the Department for receipt of the NPLH Program Technical Assistance Grant.

ADOPTED September 19, 2017, by the County Board of Supervisors of the County of Plumas by the following vote:

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors
ABSTAIN: Supervisors

_____
Lori Simpson, Chairperson
Board of Supervisors

ATTEST:

_____
Nancy L. DaForno, Clerk of the Board

Chester Elementary School

The Future Begins Here!

May 15th, 2017

Dear MHSA Coordinator,

I am writing this letter in support of the Student Services Coordinator at Chester Elementary School. I am unable to attend the community meeting in Chester but feel it is imperative to show my support. This is a position that is so valuable to our site and absolutely necessary for the students and parents at our school. Here are a few of the many things that our Student Services Coordinator does at our site.

1. Bridge between kids and parents and the school.
2. An advocate for kids and parents.
3. An everyday "guardian angel"
4. Dedicated to help students experience success every day.
5. Dedicated to improving the school climate by helping kids feel like they are cared for and belong to the school community.
6. The "go to person" to minimize the effects of crisis in the lives of kids.
7. A model of calm and stability.
8. The embodiment of Tier I Intervention for behavior.
9. A member of the CES team: attends Leadership, Student Study Team, and Section 504 Meetings.
10. Constructs outcomes and artifacts for kids.
11. Does not take on the role of the disciplinarian.

I can't imagine what our school would be like without our Student Services Coordinator. She is an asset to our school, students, and our community.

Please feel free to contact me if you have any questions.

Erin Mongiello

Principal, Chester Elementary School

158 Aspen Street | P.O. Box 826 | Chester CA 96020 | Phone: (530)258-3194 Fax: (530)258-3195

§ 3850. Mental Health Loan Assumption Program.
9 CA ADC § 3850
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
Barclays Official California Code of Regulations Currentness
Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 14. Mental Health Services Act
Article 8. Workforce Education and Training

9 CCR § 3850

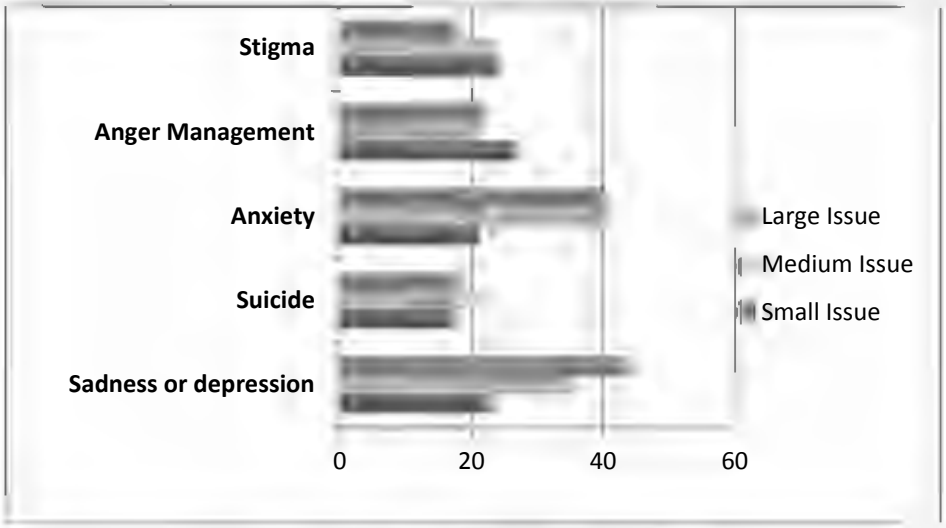
§ 3850. Mental Health Loan Assumption Program.

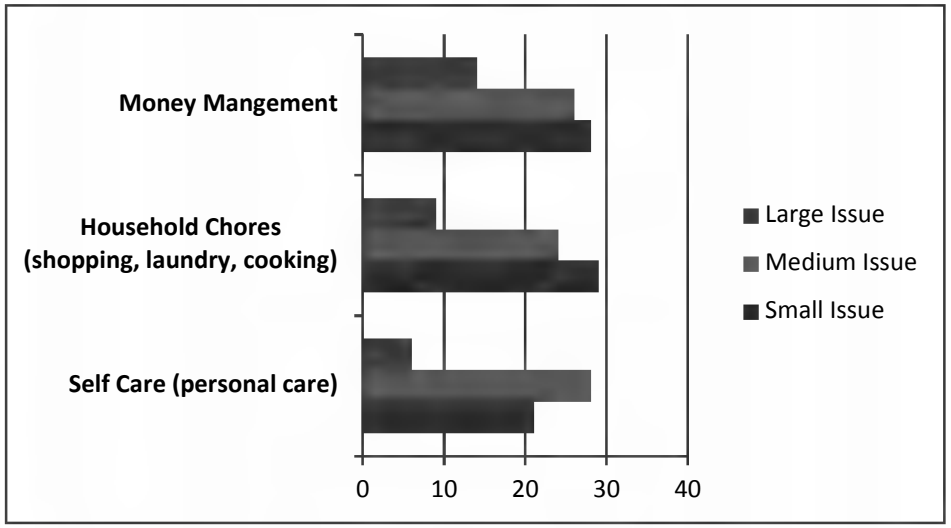
(a) Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational loans of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level.
(b) The educational loan liability shall be assumed after the participant has completed employment as follows:
(1) A loan assumption payment shall be made on behalf of the participant after each twelve (12) months of employment in a position as specified in (a) above.
(2) Months of employment shall be consecutive unless one of the exceptions in Section 3850(d) is met.
(3) Unless one of the exceptions in Section 3850(d) is met, no individual may participate in the Mental Health Loan Assumption program for more than seventy-two (72) consecutive months.
(c) Payments.
(1) Payments of up to ten thousand (10,000) dollars shall be made on the participant's behalf after each consecutive twelve (12) months of employment.
(2) Payments shall be made directly to the lending institution and shall be applied to the principal balance, if not otherwise prohibited by law or by the terms of the loan agreement between the participant and the educational lending institution.
(3) No more than a total of sixty thousand (60,000) dollars of any participant's educational loan liability shall be assumed in a participant's lifetime.
(d) No individual may participate in the Mental Health Loan Assumption Program for more than seventy-two (72) consecutive months unless granted an exemption from this requirement due to pregnancy, serious illness or other cause deemed appropriate by the County.
Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5820 and 5822, Welfare and Institutions Code.

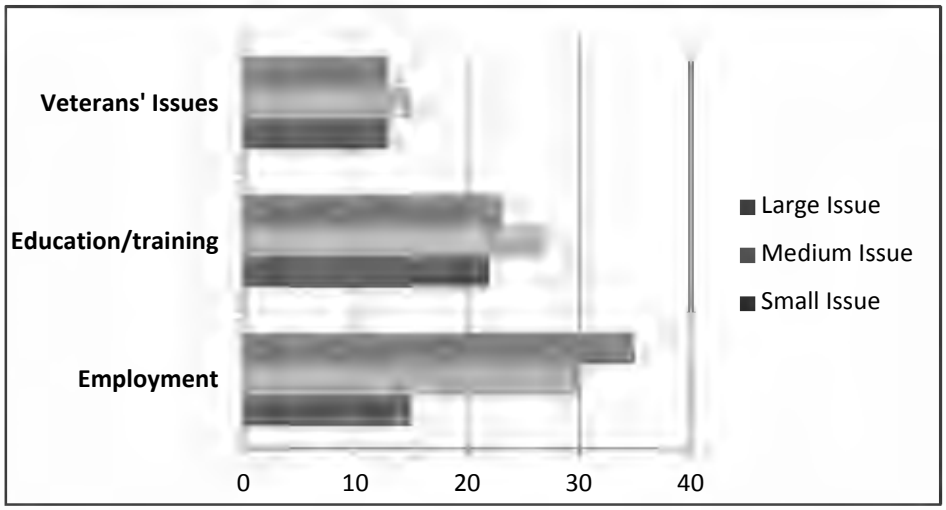
HISTORY

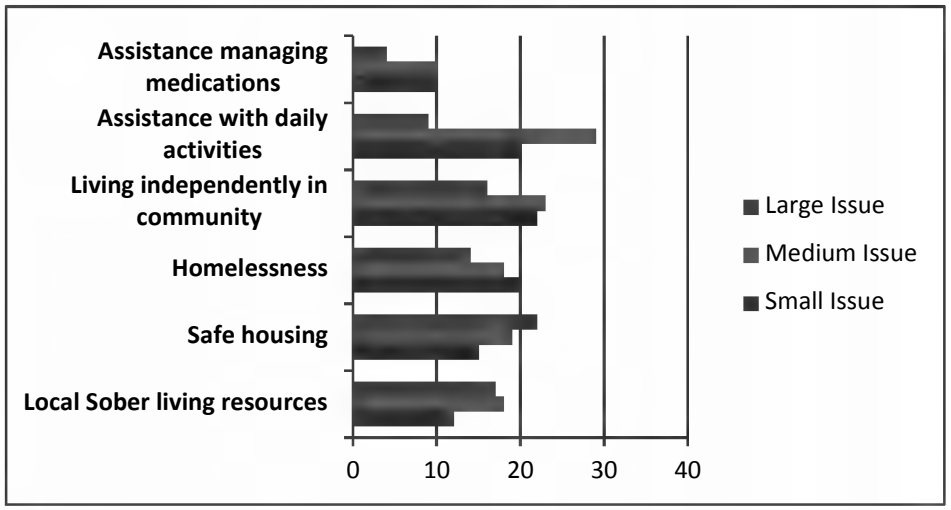
1. New section filed 11-4-2009; operative 12-4-2009 (Register 2009, No. 45).
This database is current through 9/1/17 Register 2017, No. 35
9 CCR § 3850, 9 CA ADC § 3850

Plumas County Behavioral Health
MHSA Adult Survey Results
Adult Issues
2017
N = 135*

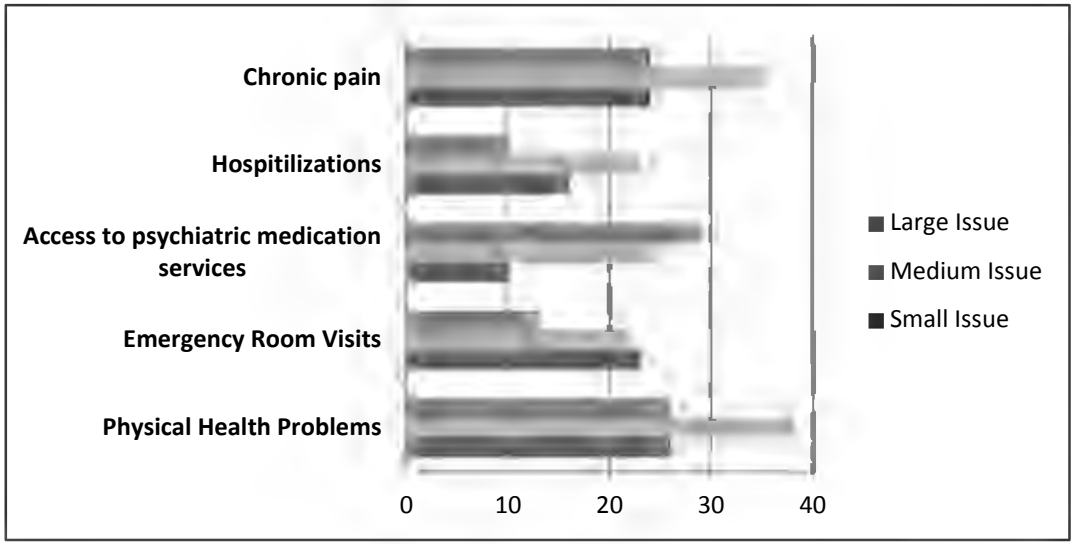






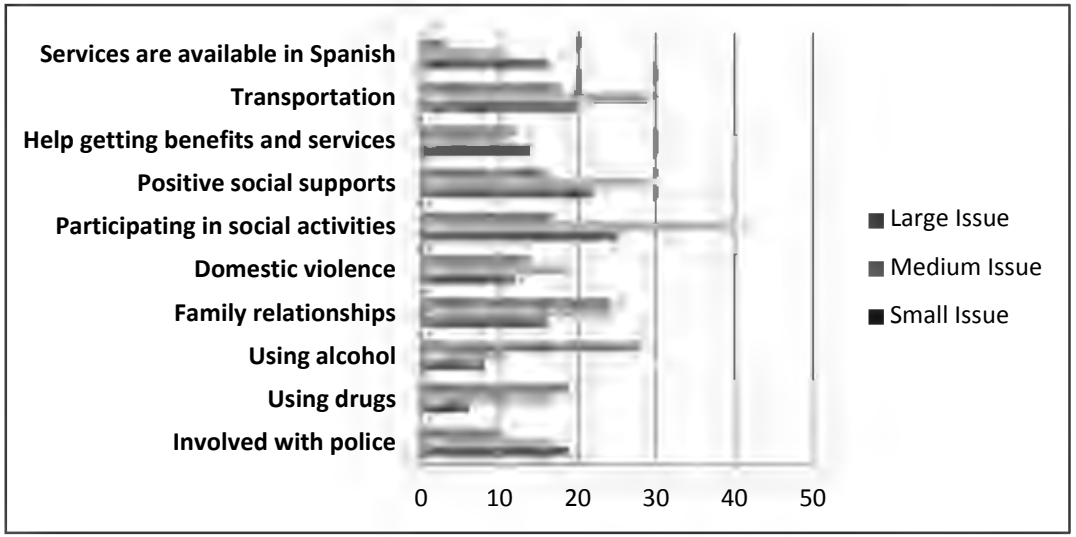


Plumas County Behavioral Health
MHSA Adult Survey Results
Adult Issues
2017



N = 135

Other Issues With Which Respondents Are Concerned:



Note: For adult surveys, we removed the level "Not an issue" because for all indicators, it was overwhelmingly the level most often selected by respondents, detracting from those indicators that are large, medium, and small issues.

Plumas County Behavioral Health
MHSA Adult Survey Results
2017

Additional Concerns

Affordable housing for working families and the general population is needed.
It would be nice if there were more resources to help people break free from meth addiction.
Having a variety of things to do for youth in the community.
More social activities -- I am single and a senior.
Dealing with mentally ill family member.
The need for Senior housing/nursing home.
Maternity and postpartum care.
Case Management is practically non-existent.
I do not know about domestic violence in this community or involvement with police or services available in Spanish
I answered on perceived ideas as I don't struggle myself but my daughter does and I hear her frustrations about limited help here
The lack of affordable, habitable housing is a huge concern. Also, the lack of justice for victims in our county (rape, domestic violence, and child abuse) is a primary concern. We see the same perpetrators victimize (particularly women and children) over and over with no repercussions. Meanwhile, victim blaming is common and trauma informed services are lacking.

My friend says senior services of all sorts have been taken away from Greenville. Is that true?

I am fine, but I am really happy to see that the Wellness Center is going to open in Greenville in May. That will be very beneficial to the people in our town.
More After Incident Support could be used for people with substance problems who go through the system with long term sober living and transitional housing.

I'm very nervous and have anxiety issues as well as depressed.

I am too embarrassed to get services in my and do not want to run into people in my town. I need Gas cards to afford to drive to Quincy.

I believe this county needs more inner social education and help with what is available within our community and to follow through with all who need it and who don't know they need help. A lot of people have issues they don't get help for or even know they can get help with.

I am currently homeless.

There is no Psychiatry doctor in Portola.

Additional Concerns (continued):

The concerns I have is for the elderly and unable to provide the proper care, support and assisted living. The elderly have no other option than IHSS and/or Private care 24hrs; the hospital is limited care and a limitation on how many residents. There are many elderly that only need a small amount of care, but Alzheimer's and dementia clients have no help or experienced providers for their care. This is crucial to the county of Plumas.
Although local sober living resources is not an issue with me I happen to know for a fact that it is an issue with many Plumas County residents that are in need of this resource.

Would like to see more vocational training here in Eastern Plumas County. Example: I would love to see computer classes in the evenings.

Schools Staying open

I do not think the staff at mental health is well enough trained. I know of at least one client that they think is well enough to take care of herself, but she has shown that she is not. I do not think they look at the whole picture or gather enough information that someone is going to be gravely hurt. The person that I am thinking of wandered from her home and spent the whole night outside. If she had not been found when she did, I am sure she would not be here today. She has shown that she will not take her pills on her own and since she is elderly there seems to be no place for her in this county. My fear is that she will be allowed to go home and we will find her dead next time she wanders off on her own. She is not even taking her pills when she is in a facility.

I see a severe lack of professionals in the mental health office. We have too many young adult parents with no parenting skills and no desire to parent well. Too many young adults in town are using marijuana and pain reducing drugs.

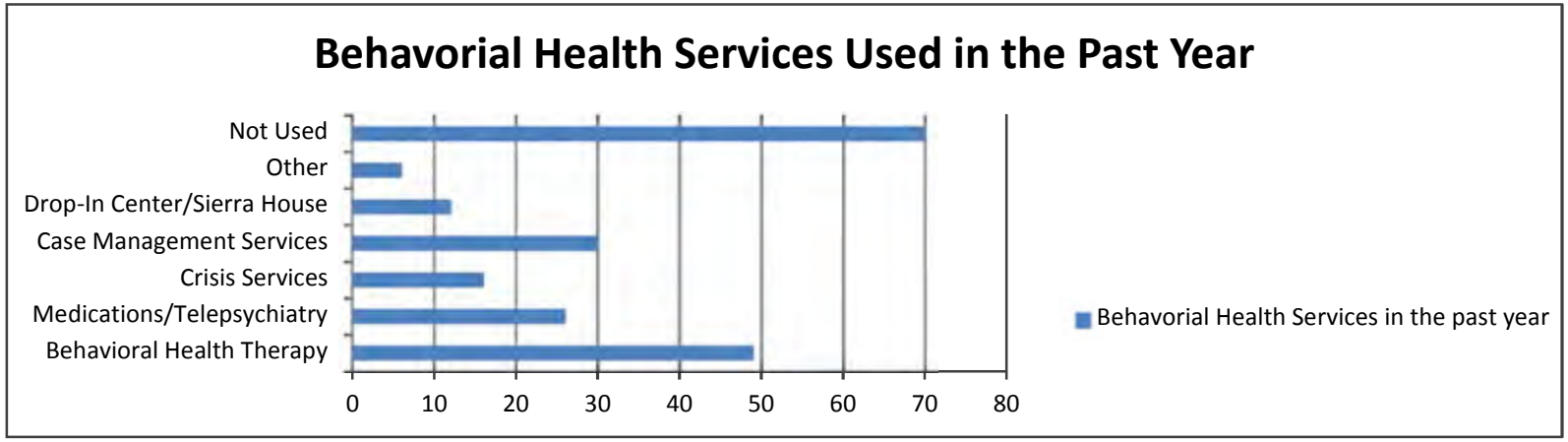
None of the above touch me personally now, but as I age, positive social supports could become an issue. The main issue in the county that causes so many problems is probably the lack of jobs that pay well and have benefits. Health insurance being primary too.

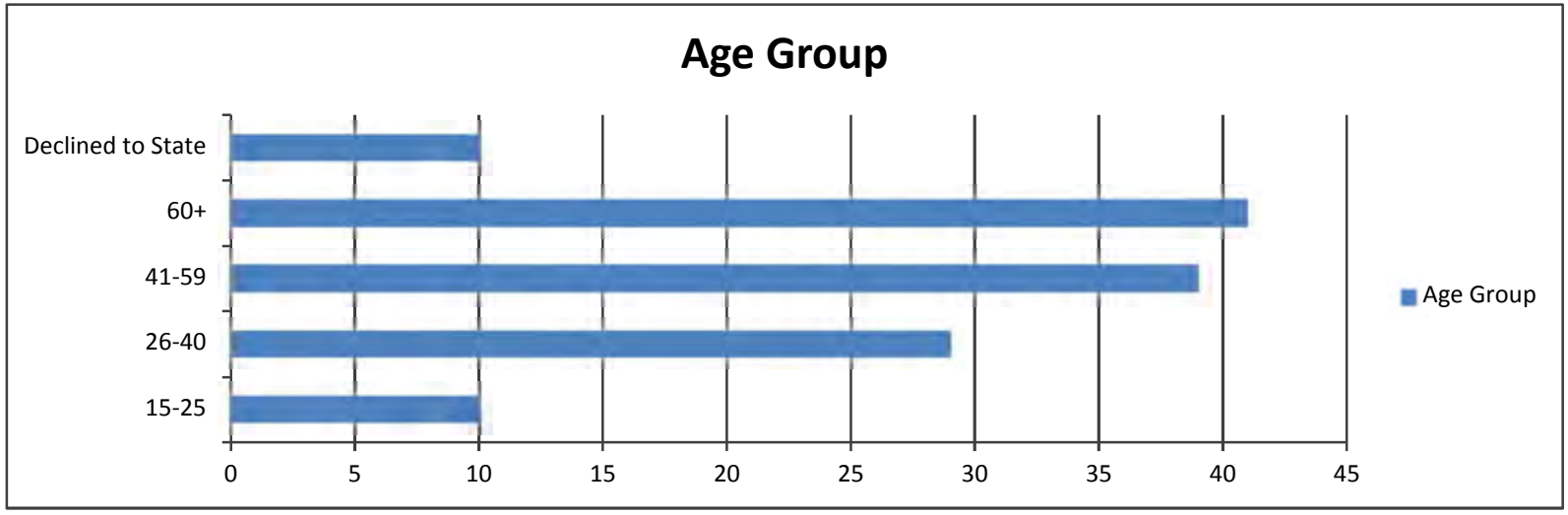
I am looking forward to the opening in Greenville. A local family resource center to have group support meetings and staff from the county behavioral health and their services. It is very isolating when winter weather and poor roads interfere with commuting to Quincy for services. It will be great to share help with the local community as it is hard to sustain relationships in Quincy or Chester while disabled.

Recently paroled after 17 1/2 years in the state prison. No money, homeless, transferred to Plumas county, was locked out of house and evicted. Broken arm no funds many needs.

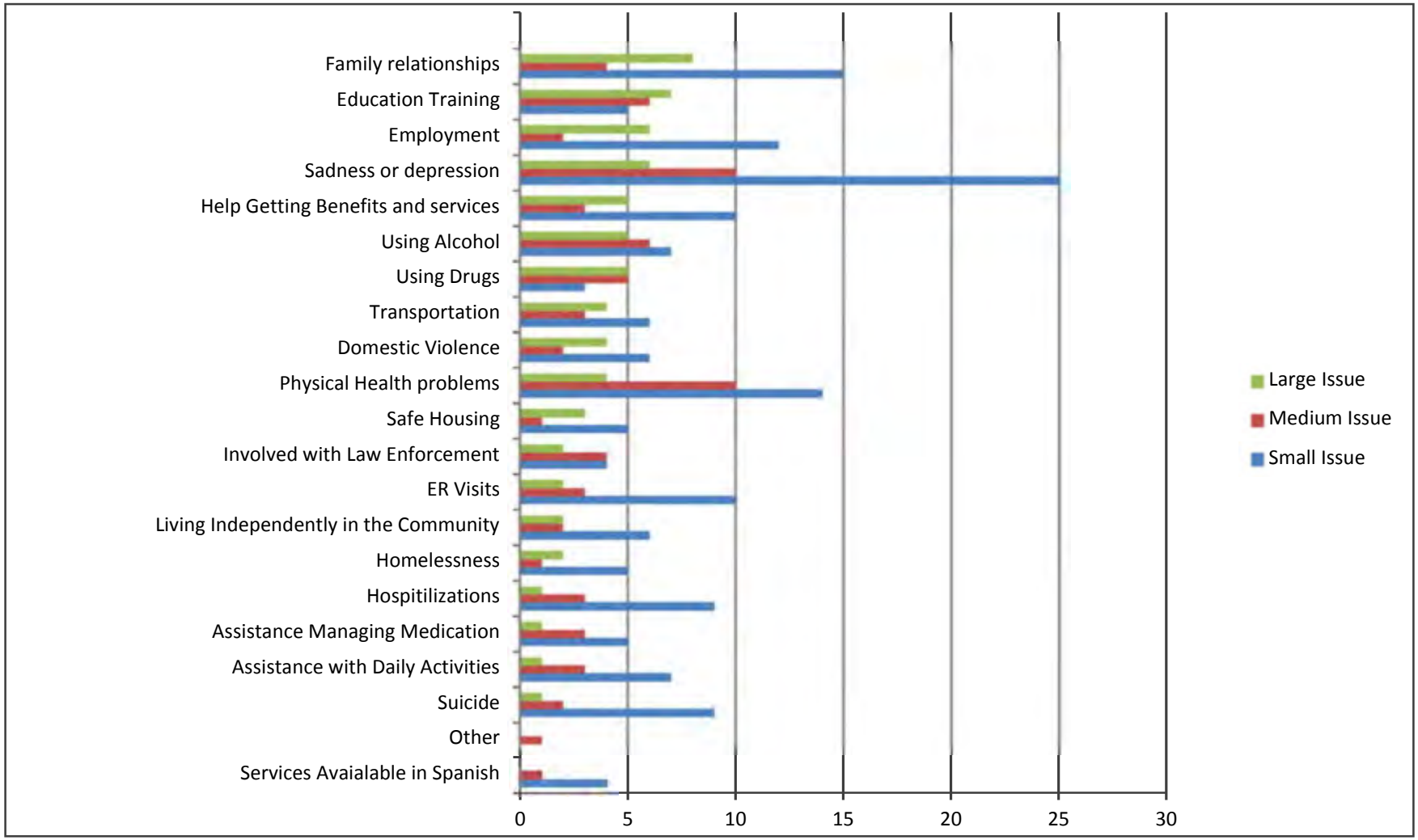
Plumas County Mental Health
MHSA Adult Survey Results
2017

Which Behavioral Health services have you used in the past year?
(Respondents may choose multiple responses) N = 135

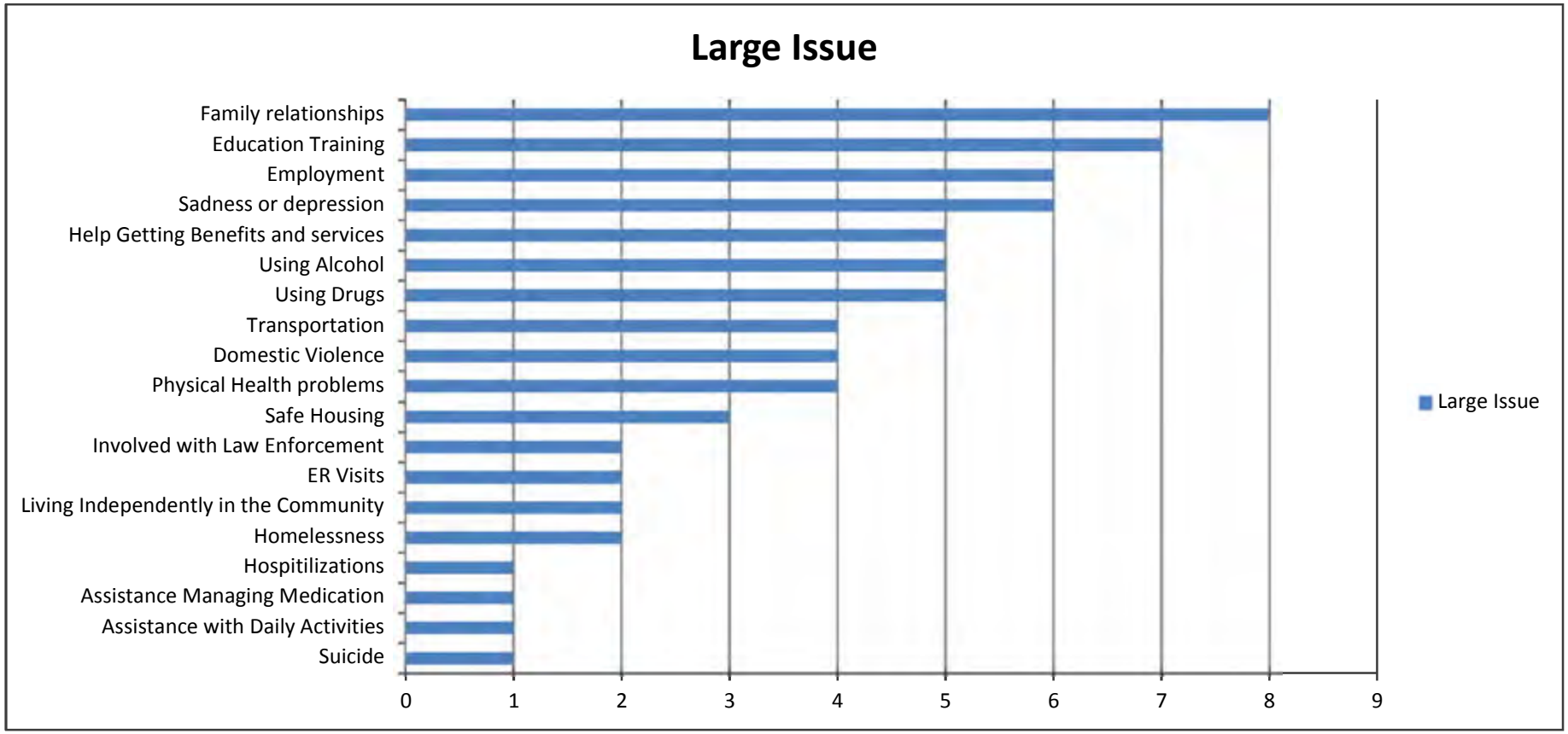




Plumas County Behavioral Health
MHSA Family Survey Results
Parent /Family Issues (Parent/Caregiver Responses)
N = 68



Plumas County Behavioral Health
MHSA Family Survey Results
Parent /Family Issues (Parent/Caregiver Responses) N = 68
2017



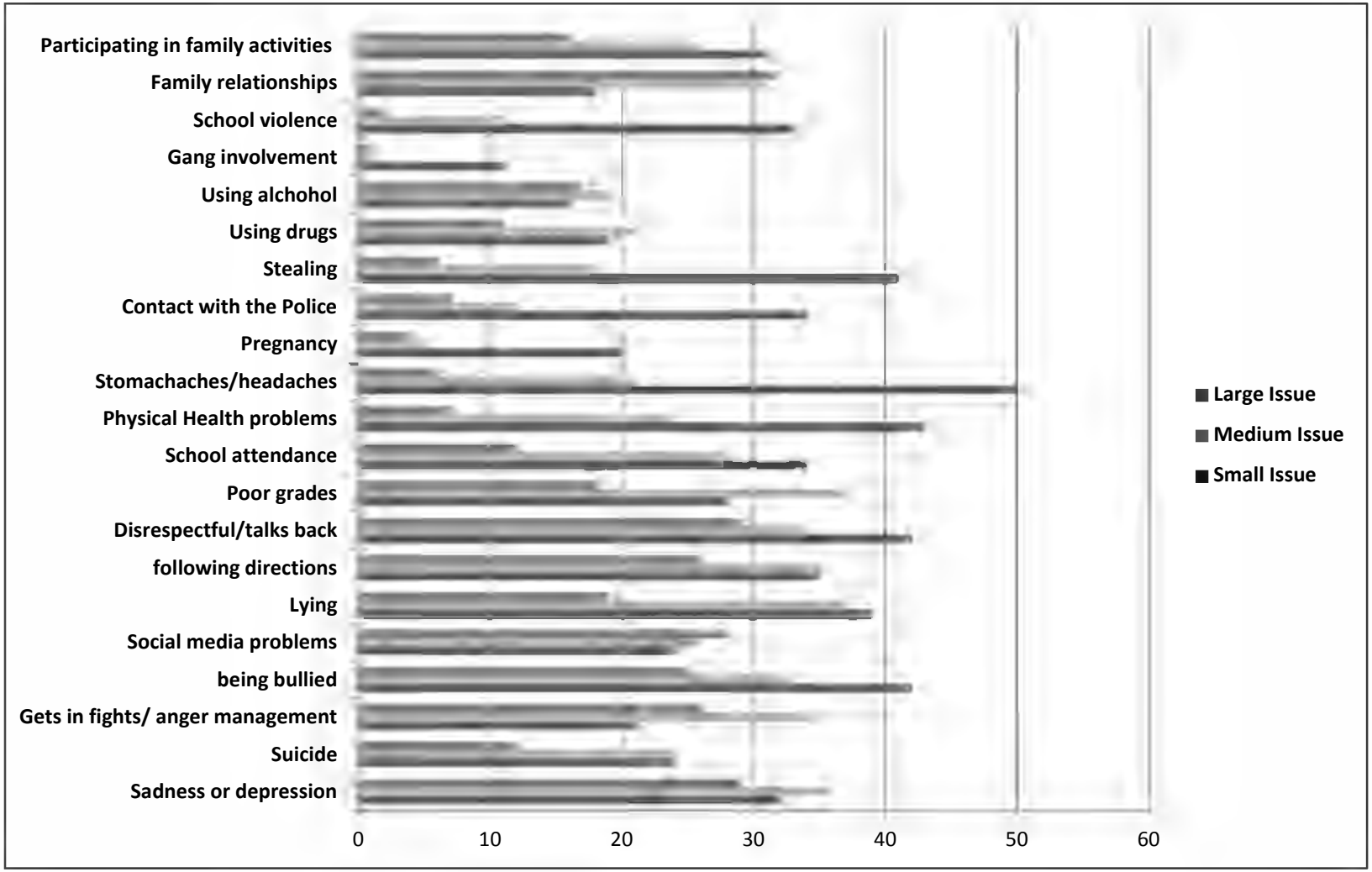
Additional Concerns:

Our child with autism is struggling with anxiety this year (school, puberty, gender).

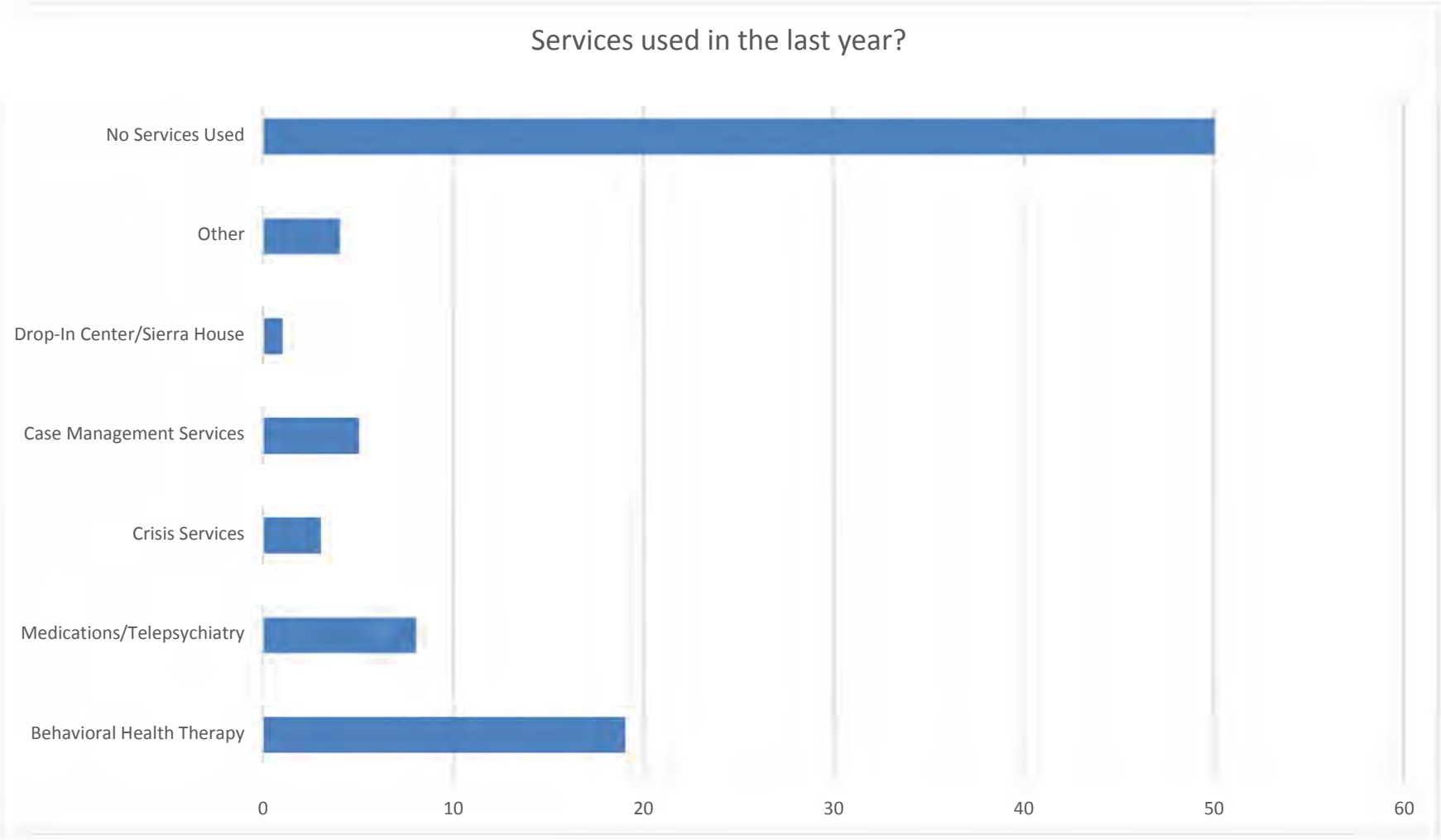
Lack of self-help skills.

Lack of available resources/support for parents of children with special needs

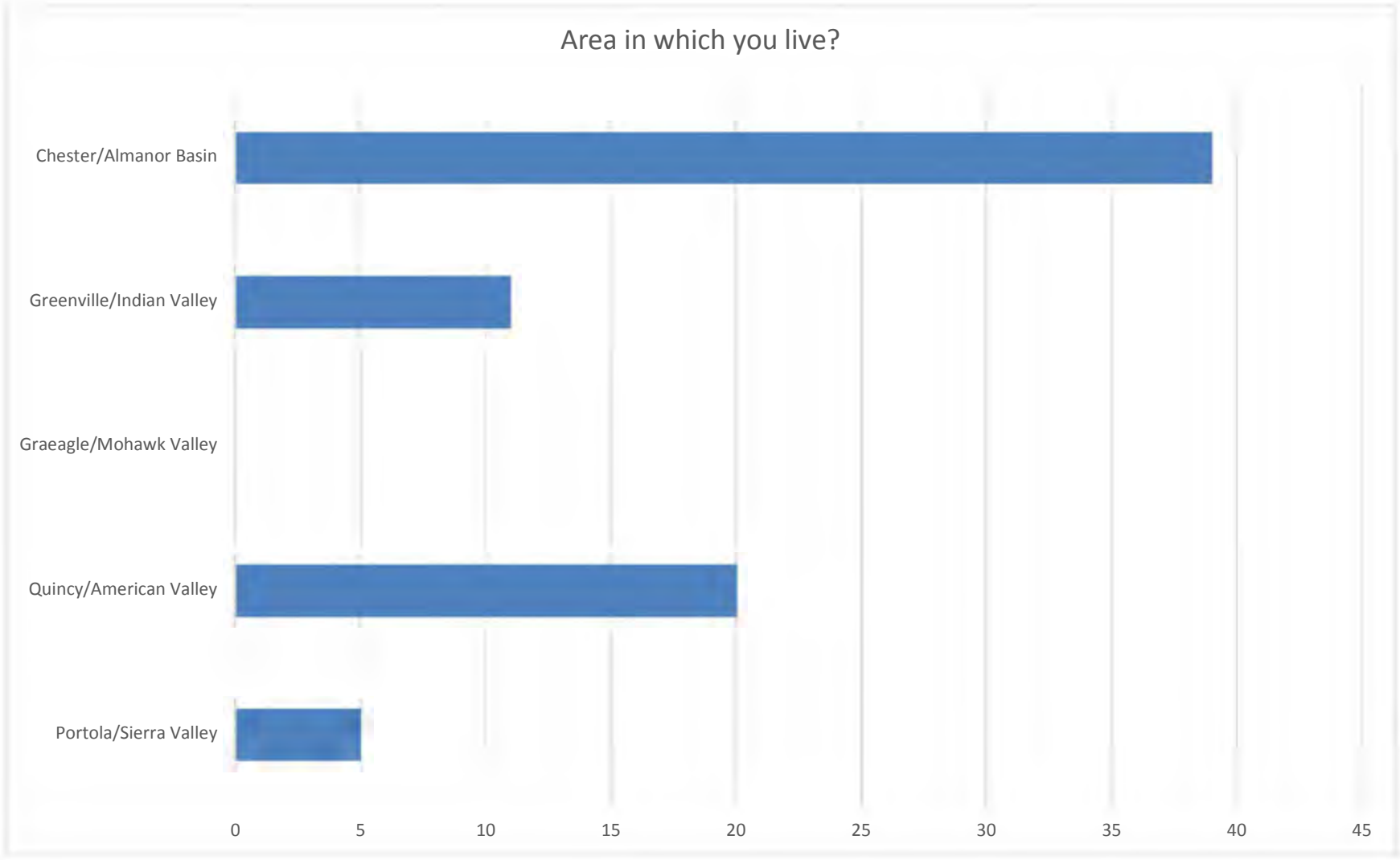
Plumas County Behavioral Health
MHSA Family Survey Results
Children/ Youth Issues (Parent/Caregiver Responses) N = 68
2017



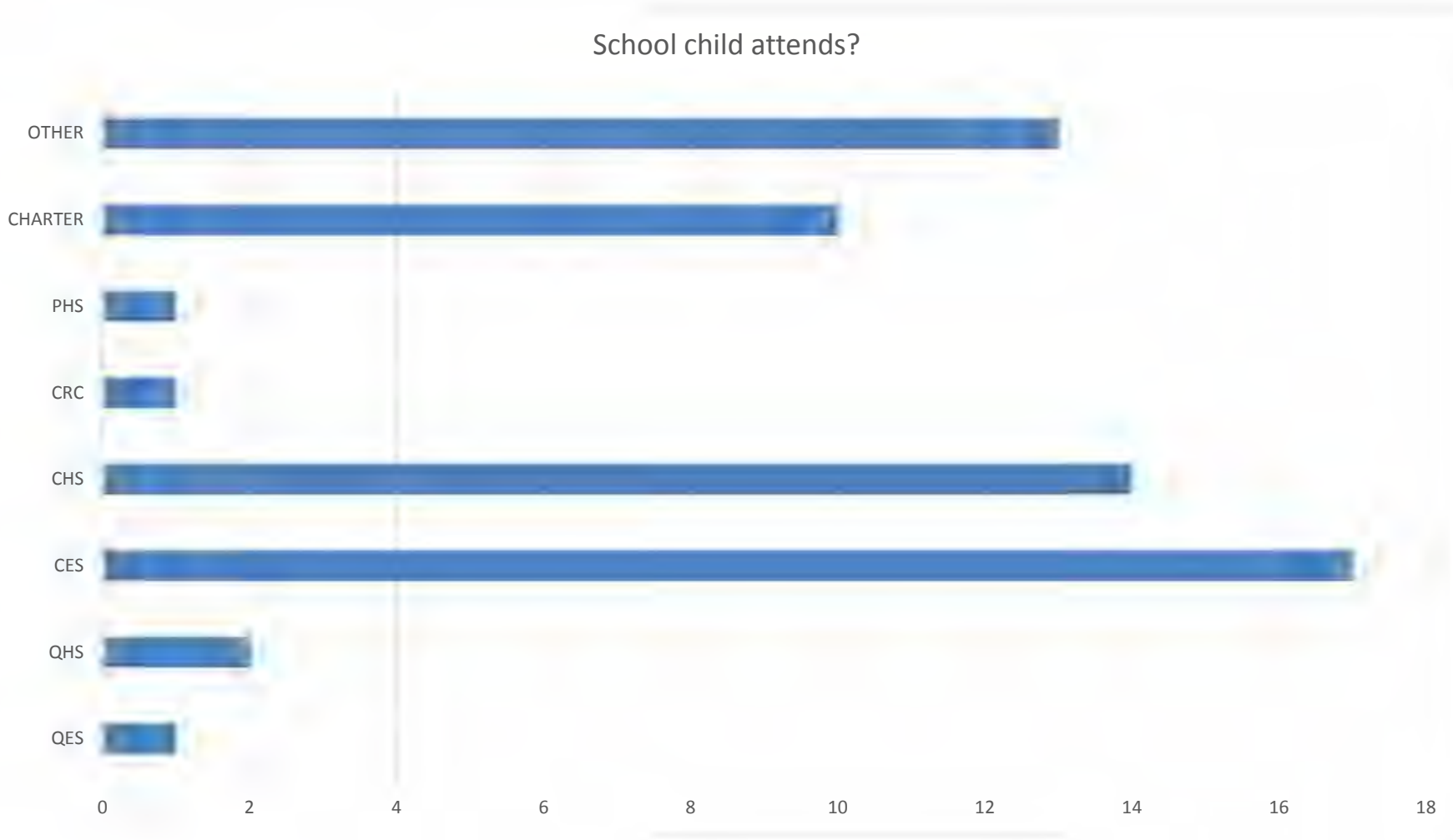
Plumas County Behavioral Health
MHSA Family Survey Results
Parent /Family Issues
(Parent/Caregiver Responses) N = 68
2017



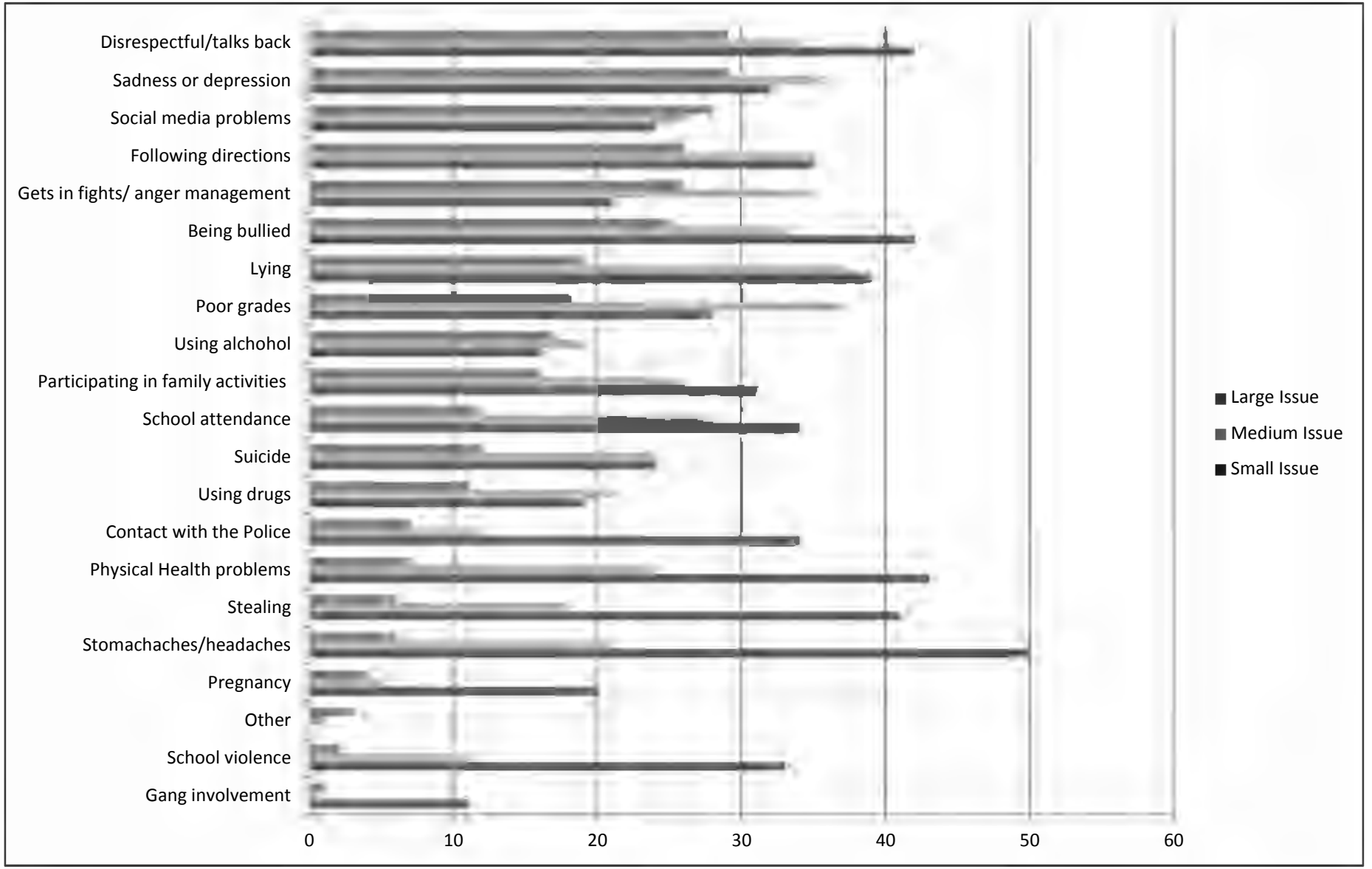
Plumas County Behavioral Health
MHSA Family Survey Results
Parent /Family Issues (Parent/Caregiver Responses) N = 68
2017



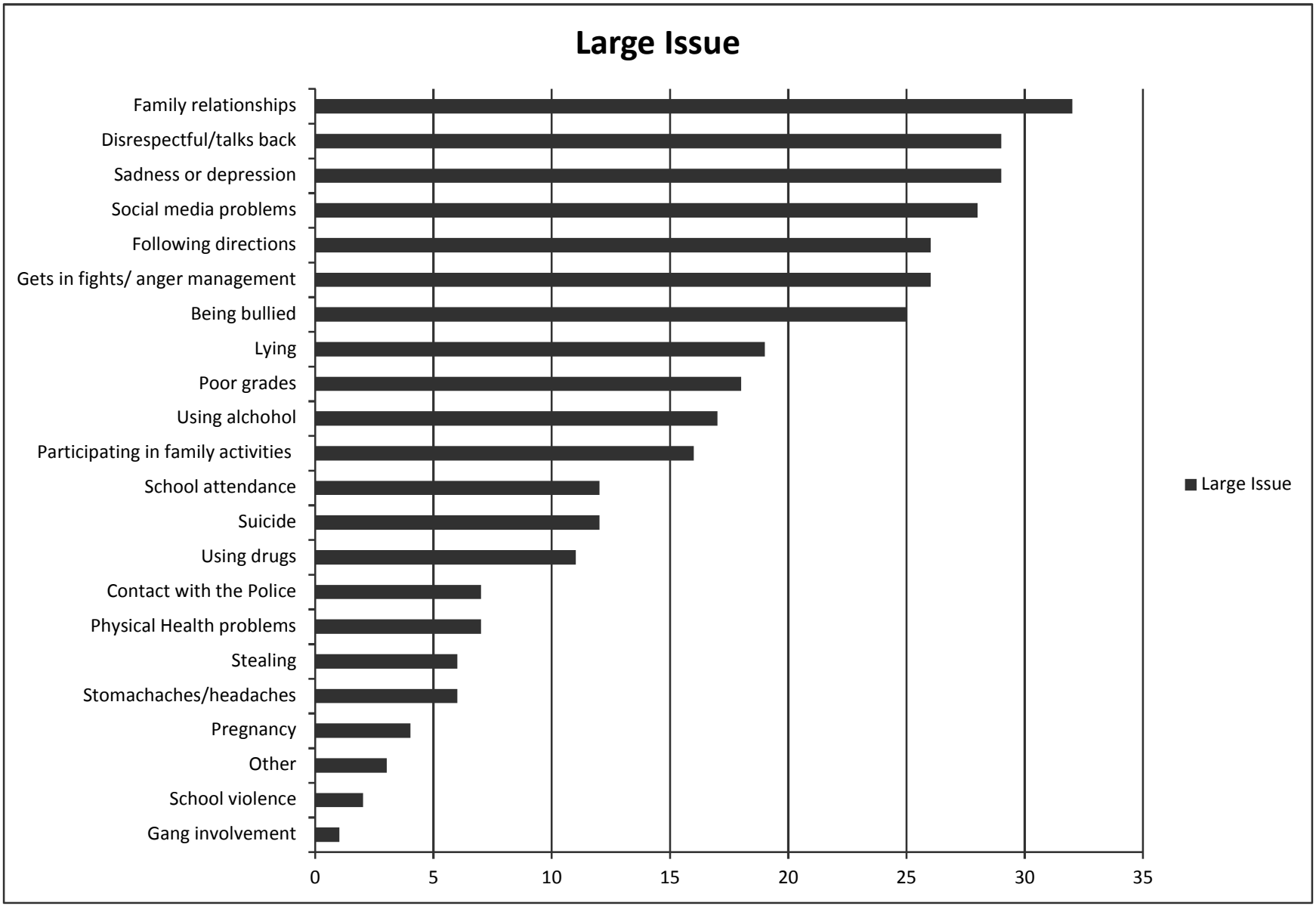
Plumas County Behavioral Health
MHSA Family Survey Results
Parent /Family Issues (Parent/Caregiver Responses) N = 68
2017



Plumas County Behavioral Health
MHSA School Personnel Survey Results
Children and Youth Issues N = 139
2017



Plumas County Behavioral Health
MHSA School Personnel Survey Results
Parent and Family Issues N = 139
2017



Plumas County Behavioral Health
MHSA School Personnel Survey Results
Parent and Family Issues N = 139
2017

Additional Comments/Concerns:

Desperate family situations including chaos and drugs

Filled out form for general knowledge about students in my class. I notice a big difference from students that achieve and don't achieve in the class related to the stability at home and their attendance. There are many children that do not complete class or homework due to little or no support at home.

Obedience Issues

Autism

Step-parent, mixed family

Our Student Services Cord. Is VERY much needed at PHS. Without him, our students would be lost.

Providing Counseling to K-6 Students. Please! I feel we have a lot of students who need someone to talk with to release their feelings and receive resources to help them through any struggles they are going through.

Family Counseling services, non-SED Medi-Cal students

High need for family counseling. It seems like there is a piece missing for referrals for youth who are Non-SED Medi-Cal

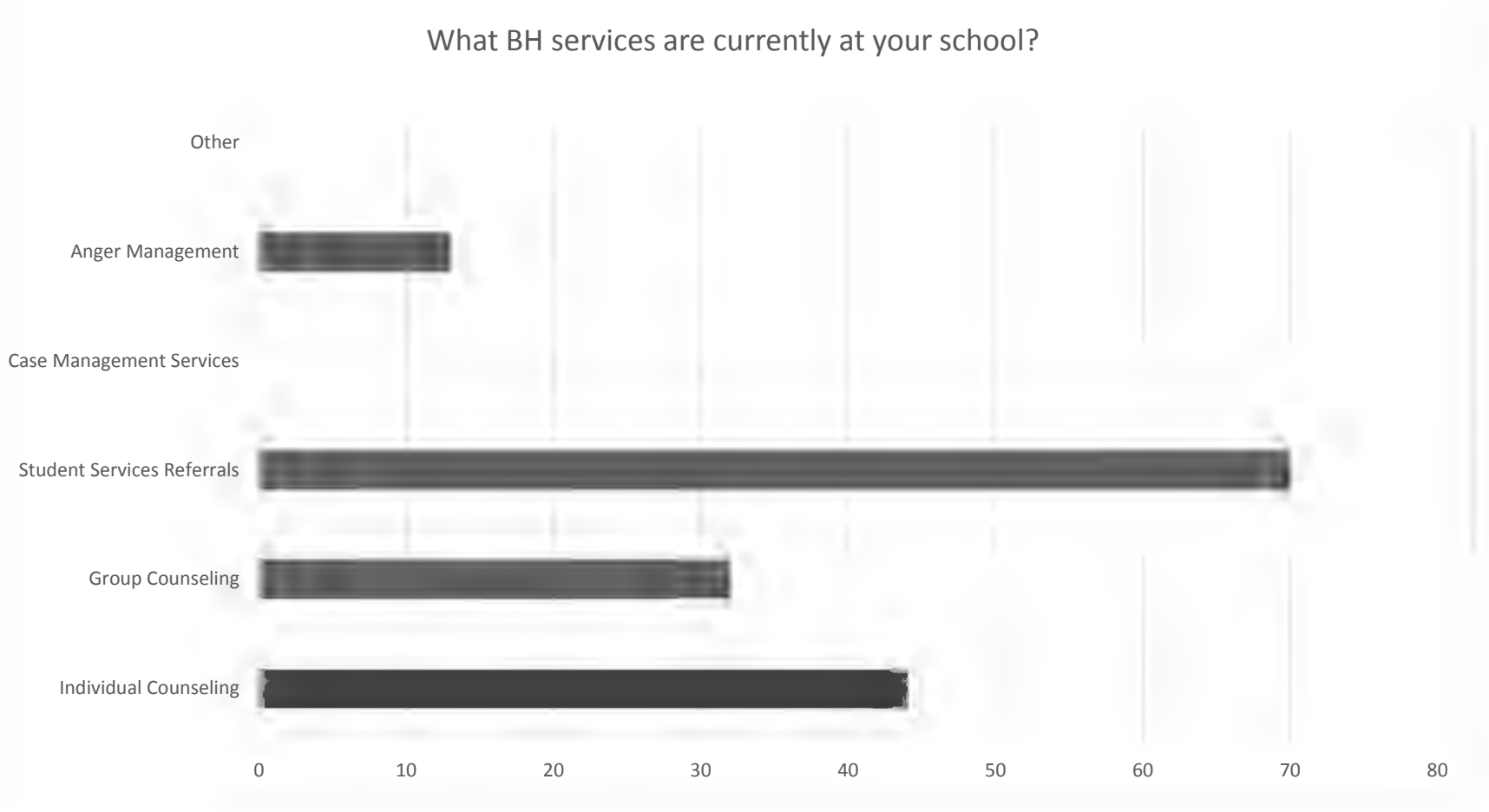
It's hard to figure out which box to check because for new families/kids there are huge issues. I would say that overall the chaos at home greatly affects the children's behaviors at school. Student Services Coordinator is fabulous resource for our school. Please continue to fund her.

Hard to find employment while homeless and disabled, because Social Security is too slow or the fact that they don't help people like they used to. And because my husband makes over $68 a week, I can't get General Assistance.

These answers are in relation to the overall population. Obviously certain sectors of the county population have large issues than many of these areas. These sectors put huge demands on the rest of the county population and tend to make the overall situation in the county seem worse than it really is.

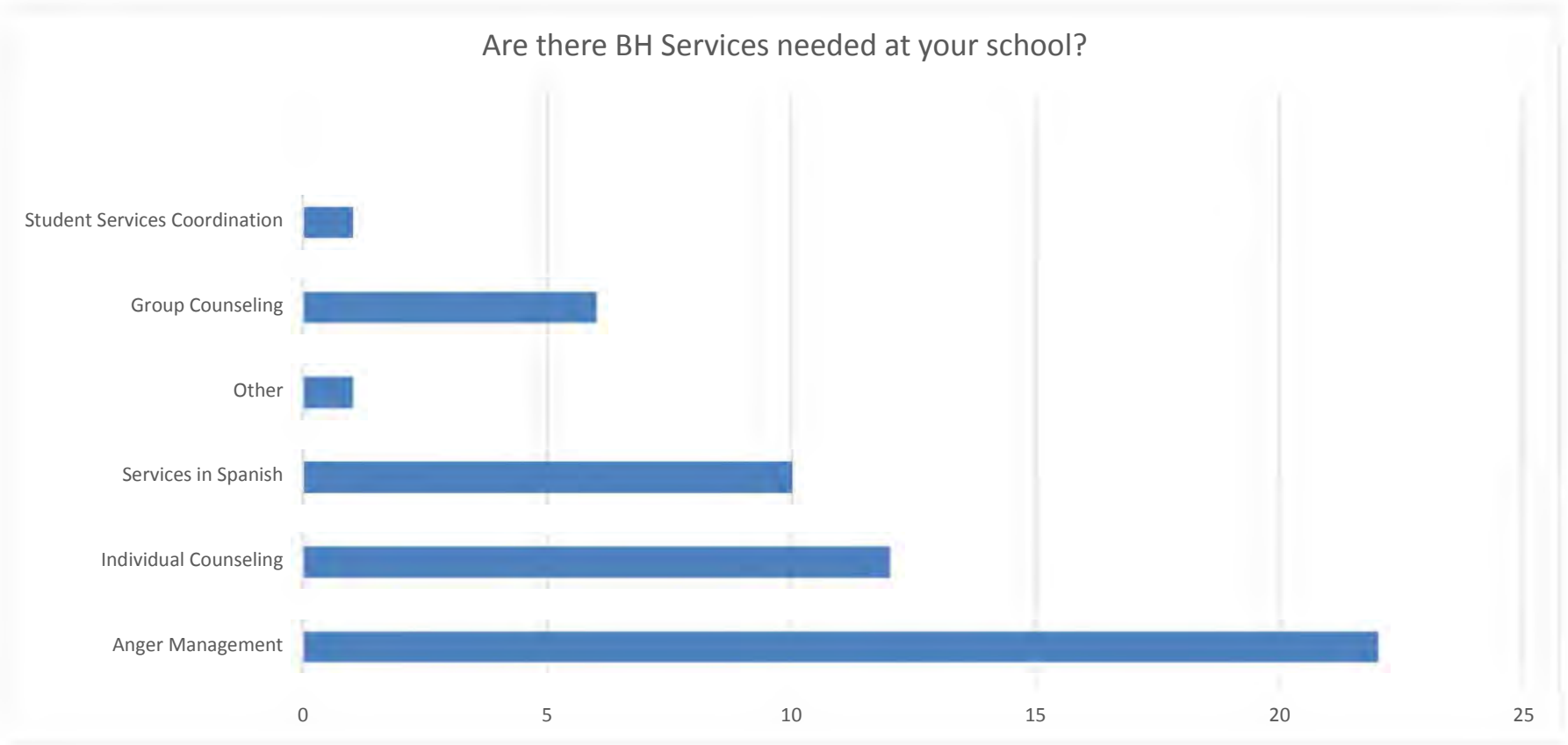
Plumas County Behavioral Health
MHSA School Personnel Survey Results
2017

What Behavioral Health services are currently available at your school?
(Respondents may choose multiple responses) N = 139



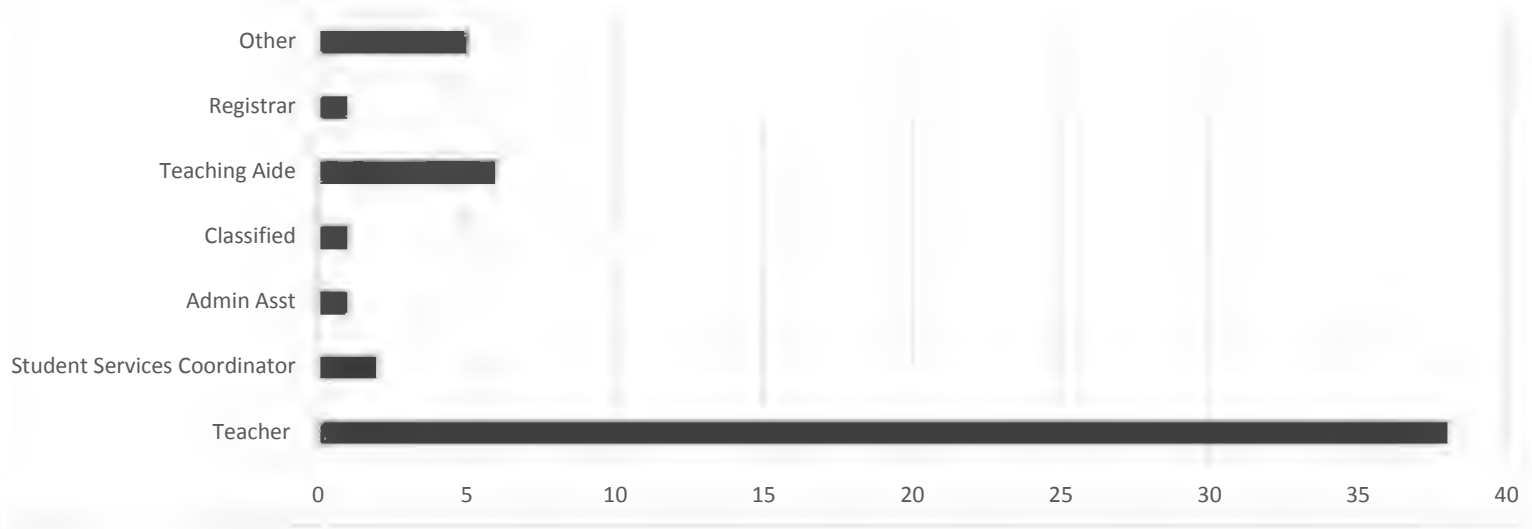
Plumas County Behavioral Health
MHSA School Personnel Survey Results
2017

Are there other Behavioral Health services needed at your school?
(Respondents may choose multiple responses) N = 52



Plumas County Behavioral Health
MHSA School Personnel Survey Results
2017

N=44



N=54