PLUMAS COUNTY MHSA

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

2016-2017 ANNUAL UPDATE

Photo by Joanne Burgueno

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

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, 2015 est: 18,409
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

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Introduction

Plumas County is a small, rural county that lies in the far northern end of the Sierra Nevada Mountains at the southern end of the Cascade Range. More than 75% of the county's 2,553 square miles is designated 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 population is approximately 18,409 *(US Census 2015 Estimates)*. Its largest town is Portola, home to approximately 1,957 residents. Quincy, the county seat, has a population of 1,728, and with surrounding communities, totals approximately 7,000 residents. The population is comprised of approximately 90.6% White/Caucasian, of that approximately 8.3% identify as Hispanic or Latino, 3.2% are Native American, 1.2% Asian, 1.1% Black or African American, and the balance are other race/ethnic groups. About 8.8% of the population speaks a language other than English at home, predominately Spanish. Plumas County has no threshold language, per the Department of Health Care Services (DHCS) formula, but offers services and materials in English and Spanish whenever possible. In 2015, there were 86 English learners enrolled in the public school system. There are an estimated 2,134 veterans, representing 11.6% of the County population. Approximately 4.4% of the population is under 5 years of age; 17% are persons 17 and under (3,134); 52.8% are 18-64 years; and 27.5% are over 65 years of age. Like other rural and isolated communities, Plumas County has poor health outcomes due to social determinants of health. Mental and behavioral health issues were underscored in the 2008 report by the Sierra Institute, *Re-visioning Rural Healthcare Service Delivery and Addressing the Needs of the Underserved in Plumas County.* Through key informant interviews with school administrators, teachers, rural healthcare providers, parents, and youth, children's behavioral services were identified as a priority need because of their impact on academic performance. Teachers lacked expertise to identify issues in the classroom, resources to conduct behavioral health assessments, and referrals were scarce. There was also significant concern from the Limited English Proficient (LEP) population about the lack of language access and cultural competency offered by the local provider organizations.

In 2012, Plumas County Public Health Agency began a countywide collaborative effort in response to key factors summarized below:

Socio-economic factors

- Plumas County has double the proportion of seniors as compared to the rest of California, the majority living largely on social security.
- Single female-headed households with children under 18 comprise almost 36% of the county's households.
- 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 children food insecurity rates higher than for adults (28.6% vs.18.6%).
- 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.
- Median household income in Plumas County is below state and national levels.

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. 25% had experienced binge drinking within 30 days of the survey.
- Plumas County's suicide rate is double that of the State's.
- 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.
- Plumas County is experiencing an opioid epidemic, with death rates from drug overdose, prescription opioid and heroin overdoses exceeding the State's rates (3.5:1 death per 100,000)
- Plumas County's prescription opioid death rate per 100,000 is almost 7 times that of the State's (6.9:1 death per 100,000).
- Diabetes, obesity, and cancer continue to be top concerns.

Local Health and Human Services System Infrastructure

- County health and human services departments continue to operate in silos, lacking coordination across agencies.
- The County's three critical access hospitals are fiscally vulnerable and challenged to meet the requirements of upgrading infrastructure and updating hospital sites.
- Health reform will require system improvements to broaden and deepen the involvement of multiple stakeholders on policy, service and assessment issues.

One of the top three goals of the 2012 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.

The Plumas County MHSA Three-Year Plan 2014-2017 and the Annual Update 2016-2017 were designed to address identified needs as described above and those prioritized during the MHSA community and stakeholder process. All components integrate MHSA's Five Guiding Principles for Consumer and Family Involvement, Culturally Responsive, Community Collaboration, Integrated Service Delivery, and Wellness and Recovery. The community and stakeholder process is crucial for ongoing planning, communication of outcomes, and achieving community-based behavioral health services, responsive to local consumers and their families.

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 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.

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2016-2017 Annual Update. Include the dates of meetings and other planning activities; describe methods used to obtain stakeholder input.*

The Community Planning Process has consisted of individual stakeholder meetings on input from participants in two trainings on August 12 and 26, 2015, for Cultural Competency and Suicide Prevention, respectively, funded-program stakeholder meetings held on March 24 and June 30, 2016, community stakeholder meetings held on September 27, 28, and 29, and October 4 and 5, 2016, and the monthly public Mental Health Commission meetings, held throughout FY 2015-16. At the September and October, 2016 community meetings, the MHSA coordinator distributed to Stakeholders information on programming changes and updates and obtained verbal comments. A copy of the draft Annual Update was distributed to all members of the Mental Health Commission at the October 12, 2016 meeting, to consumer groups, staff, and at the PCBH drop-in center (Quincy). In addition, individual stakeholders were provided a copy upon request. The draft Annual Update was also available at key community locations throughout Plumas County, including area libraries,

hospitals and clinics, schools, Wellness and Resource Centers, and at the Quincy Behavioral Health clinical office and Drop-In Center.

Stakeholders were requested to submit additional written and/or verbal comments during the 30-day public comment period. For the revised draft posted on the MHSA website on October 1, 2016, comments were received by e-mail, phone, in person and in writing by funded programs and community stakeholders. These comments have been incorporated into the final draft.

The 30-day Public Comment period opened on October 1, 2016, and closed on November 2, 2016 at the conclusion of the Plumas County Mental Health Commission meeting. The Public Hearing on the draft Annual Update was conducted on November 2, 2016 by the Plumas County Mental Health Commission. Written and verbal comments were integrated and the final draft of the Annual Update was presented to the Plumas County Board of Supervisors for approval on December 13, 2016. The final, approved draft of the Annual Update will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to December 31, 2016.

The CPP builds upon the initial planning process for the 2014-17 Three-Year Plan that included ten focus groups, four community forums, 231 stakeholder participants, and 599 completed surveys via Survey Monkey and hard copy responses. The Three-Year Plan was approved by the County Board of Supervisors (BOS) on January 21, 2015. However, in March, 2015, the Mental Health Director resigned before implementing the Plan. As the Mental Health Department had been experiencing several changes in management in recent years, in 2015, the County Board of Supervisors hired Kemper Consulting Group (KCG) to review components of Department operations, the potential to consolidate alcohol and drug programs into a combined Behavioral Health Department, and review the MHSA Three-Year Plan Budget and progress in implementation. KCG and the Interim Mental Health Director solicited program proposals from community agencies in Plumas County to support and maintain the intent of the approved Three-Year Plan but strengthen the emphasis on community-based service delivery. A total of $1.635 million in community program contracts was approved by the BOS on June 16, 2015. These contracts provide the foundation for a community-based service strategy that supports the integrated programming approach of the new department and helps make the mental health of the county a broad-based community responsibility, not just the responsibility of county behavioral health staff.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process (i.e., the name, agency affiliation, population represented, age, race, ethnicity, client/family member affiliation, primary language spoken, etc.). Include how stakeholder involvement was meaningful.*

Stakeholders include representatives from community-based organizations, agencies, mental health consumers and families, and the Mental Health Commission and other community members. Stakeholders involved in the CCP provided valuable comments to the plan approved in January, 2015, and were integral in re-shaping the components from fully county-staffed programs and operations into community-based programs and wellness centers. Stakeholders were English-speaking and White, representing the majority county population; Roundhouse Council participants are Native American, representing several tribes from

Plumas, Siskiyou, and Shasta counties. The following chart describes the cross-section of agencies and organizations that were meaningfully involved.

Agency/Organization	***Affiliation***	***Population represented***	***Client/Family member affiliation***
Alliance for Workforce Development	Collaborative Partner	TAY, Adults, Seniors	Service Provider
Chester Progressive	Local Press	All	Public Information/Stakeholder
Clergy Members	Collaborative Partners	All	Referrals, Needs identification
Community Connections – PRS	Funded Program – CSS	Adults	Consumers, Service Provider
Community Members	Community Leaders/Stakeholders/Consumers	All/Tribal	Parents/family members of consumers; Consumers
Eastern Plumas Health Care	Hospital/Primary Care Services	All	Service Provider
Feather River Bulletin	Press	All	Public Information/Stakeholder
First 5 Plumas	Funded Program - PEI	0-5 years and families	Serve children and families
Friday Night Live – Public Health Youth Prevention Services	Funded Program - PEI	TAY	Service Provider
Parents of Students	Stakeholders	Children/TAY	Family members
PCIT -	Funded Program	Children and Families	Service Provider
Plumas County Behavioral Health	Staff	All	Serves Consumers
Plumas County Behavioral Health	Consumer/Adult Peer Worker	Adults	Consumer/Peer worker
Plumas County Supervisor	Community Leader/Stakeholder	All	Needs identification/Stakeholder
Plumas County Mental Health Commission	Stakeholders/Consumers	All	Family members of consumers
Plumas County Public Health	Funded Program/Collaborative Partner – CSS/PEI	Seniors	Service Provider, Referrals, Needs identification
Plumas Crisis Intervention and Resource Center	Funded Program - CSS	All	Wellness and Resource Centers, Consumers
Plumas District Hospital	Hospital/Primary Care	All	Service Provider
Plumas Rural Services	Funded Program – CSS/PEI	All	Service Provider
Plumas Unified School District – Administration	Funded Program – INN	Children and Families	Service Provider
Plumas Unified School District – Student Services Coordinators	Funded Program - INN	Children and Families	Service Provider
Preschool, K-12 Teachers and Principals	Public, Charter, and Community Schools	Children and Families	Referrals, Needs identification
Portola Reporter	Local Press	All	Public Information/Stakeholder
Roundhouse Council	Funded Program – CSS/PEI		
SafeBase – PRS Youth Prevention Services	Funded Program – PEI	TAY	Service Provider
Seneca Hospital	Collaborative Partner	All	Referrals, Needs identification
Sierra Hospice	Collaborative Partner	All	Referrals, Needs identification
Veterans Services	Funded Program – CSS	Adults, Seniors	Serve mental health consumers, Referrals

3. *Describe the methods used to circulate, for the purpose of public comment, the annual update.*

The draft Annual Update hard copies were made available at the October, 2016, MHSA Stakeholder meetings as well as electronically on the County website. The draft report was e-mailed in early October to funded programs and other stakeholders, including members of the 20,000 Lives Initiative (a community health improvement collaborative), agencies and collaborative partners, and the Mental Health Commission. A form to request a copy of the Draft Annual Update was posted on the County Mental Health website on October 1, 2016. The same form was posted at all locations where the draft Annual Update was available for public review. Information on the availability of the draft Annual Update, how to receive a copy, and how to provide comments were published each week during the public comment period in all copies of the Feather River Publishing weekly newspaper in Portola, Quincy, Greenville, and Chester. The 30-day public comment period began on October 1, 2016 and culminated at the Mental Health Commission's Public Hearing on November 2, 2016.

4. *Include substantive comments received during the stakeholder review and public hearing, responses to those comments and a description of any substantive changes made to proposed annual update that was circulated. The county should indicate if no substantive comments were received.*

Substantive comments received during the stakeholder review from funded programs, partner agencies, and the public as well as minor edits were included in the preparation of the final draft of the Annual Update before submission to the Board of Supervisors for approval December, 2016.

At the November 2, 2016, public hearing, additional verbal comments from the public and members of the Plumas County Mental Health Commission were received. Stakeholder comments are included in the final prepared draft under this section:

- Stakeholders seek development of consumer groups, specifically LGBTQ and dual-diagnosis support groups, living with grief support groups for children and adults, and increase scope and frequency of caregiver of people living with chronic diseases support groups. One stakeholder stated that the LGBTQ support groups for both adults and teens should be centralized in order to broaden the social support networking for these populations of stakeholders.

- Provide tele-psychiatry in all areas of the county, not just centralized services in Quincy.

- 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.

- Develop peer-support service certification program and provide peer support trainings.

- Stakeholder feedback of the Feather River College Student Mental Wellness/Safe Space Center is positive and supportive.

- Need identified for crisis stabilization – staffing and clinical space that won't over-utilize hospital staff and resources; need for follow up and continuity of care for clients who are not hospitalized but still experiencing crisis.

- Overwhelming support and urgency for opening Wellness Centers for clients to receive clinical services in their home communities.

- Stakeholder feedback included a need for strong continuum of care between Plumas County Behavioral Health, local hospitals, criminal justice partners, and other county agencies/service providers.

- Identified need for transparency of policies and procedures at PCBH and channels of communication between PCBH and all stakeholders.

- Increase trainings provided by PCBH to law enforcement for crisis management when interacting with stakeholders who are struggling with mental and behavioral health issues.

- Identified increase in homelessness in the county and shortages of safe, affordable housing for stakeholders at high risk of developing or currently living with severe mental illness.

- Stakeholder comments address poverty and the 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.

- Stakeholder identifies a need for bridging communication differences and social-emotional behaviors at school vs. home for students experiencing trauma.

- Family members of clients in crisis provide feedback speaking to lack of follow-up by PCBH in providing continuity of care to those living with severe mental illness and measures by law enforcement when responding to a crisis which derives from a behavioral health issue or a severe mental illness.

Additionally, some programming was funded through MHSA resources that were not explicitly enumerated in the original approved MHSA 2014-2017 Plan budget, despite inclusion in the original MHSA Plan narrative. Both of these types of changes to the approved MHSA Plan are consistent with the community driven expectations of MHSA funding and are appropriate to be included during this Annual Update process.

5. *Introduction of components included in Plumas County's Annual Update.*

Community Services and Supports (CSS)

Plumas County Behavioral Health Update

Many changes have occurred since the MHSA 2015-16 Annual Update. As described in the Department's 2015 Mental Health Program Quality Assurance and Improvement Annual Report, the Department has witnessed "a number of efforts to expand and streamline services. This effort was remarkably successful given the environment of constant change the [County] has witnessed. [Plumas County Mental Health] has had five changes of director in the past five years, and in 2015 had two interim directors. As of the date of this writing, the MHP has operated with interim directors for almost two years.

"Most notably in 2015 is the development toward a complete organizational restructuring which will culminate in a move to a behavioral health model in 2016. The completing of this restructuring now hinges on the recruitment of a permanent MHP director. In 2015 an updated MHSA plan was completed and approved, which laid the ground work for increased collaboration with multiple agencies in a plan to open wellness centers throughout the county. In the spring of 2015, in a joint effort between the MHP and Alcohol and Drug Services, a Sober Living Environment designed to provide housing and case management for members of the co-occurring population was opened. Services to the jail were expanded to include the presence of MHP staff daily, weekly men's and women's groups, a group for inmates in protective custody, and crisis services availability after hours and on weekends. Additional ancillary services have been provided to the seriously mentally ill, in order to provide temporary housing, food, move-in costs and other assistance. In an effort to reach out to minorities which have expressed the need for support from the MHP, support groups were created to address the needs of the members of the older adult community. An additional support group was created specifically for young girls.

"Late in 2015 the MHP initiated the electronic calendaring of new appointments to address increased demand for services. When members of the community call to request services they are given an intake appointment before the call is completed, eliminating the need to track call back times. Waiting lists created in 2013 were replaced with stringent access goals and objectives. 2015 also witnessed the codification of medical necessity and the contracting of two managed care companies which are positioned to provide services to individuals with mild to moderate medical necessity. To facilitate these advancements, a Utilization Review Committee was formed in 2015."

Late in Fiscal Year 2015-16, the Plumas County Board of Supervisors recruited and hired a new Director of Plumas County Mental Health, with the intent of merging PCMH with Plumas County Alcohol and Other Drug Services into the Department of Behavioral Health. The merger and department reorganization was completed in the second quarter of Fiscal Year 2016-17.

2015-16 Plumas County Mental Health Client Demographics

Client Population by Age:

0-15 years	78	19%
16-24	55	13%
25-59	228	56%
60+	49	12%
Total	410	100%

Client Population by Gender:

Male	206
Female	204
Total	410

Client Population by Race:

White	328	80%
Not Reported or Unknown	34	8%
Non-White Other	22	5%
Asian/Pacific Islander	2	0.4%
Native American	21	5%
Black or African American	5	1%
Other	3	0.6%

Client Population by Ethnicity:

Not Hispanic	336	82%
Mexican American/Mexican	21	5.2%
Puerto Rican	1	0.2%
Other Hispanic/Latino	19	4.6%
Other Unknown	33	8%

Full Service Partnership Program

Full Service Partnerships make up more than half (51%) of the portion of funding in the CSS Component. Services are predominately carried out by PCBH staff, however when community-based organizations with the capacity to develop FSP direct services are identified, PCBH endeavors to contract with them; the goal is to support more community services for high-need individuals. Programs are designed to provide comprehensive, recovery-based services to the highest-need clients in the system:

- Serious Mental Illness/Disorder – partners served in FSPs are living with a severe mental illness (TAY and adult populations) or a serious emotional disturbance (child and TAY populations) in addition to often having a history of homelessness, incarceration, and/or institutionalization
- Recovery-Oriented – FSPs are designed to provide comprehensive, recovery-based services to the highest-need clients in the public mental health system

- Intensive – FSPs provide intensive case management on a 24/7 basis, doing "whatever it takes" for the client to promote progress in their recovery
- Comprehensive – Services may focus on crisis response and de-escalation, medication evaluation, establishment of benefits, and preparation for education and/or employment

Full Service Partners receive both mental health and non-mental health services as allowed expenditures, per the California Code of Regulations (CCR), Title 9 Chapter 3620. Mental health services include but are not limited to: alternative and culturally- specific treatments, peer support, wellness centers, supportive services to assist the client and, when appropriate, the client's family in obtaining and maintaining employment, housing, and/or education. Non-mental health care includes but is not limited to food, clothing, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, transitional and temporary housing, cost of health care treatment, cost of treatment of co-occurring conditions, and respite care.

The Plumas County Behavioral Health FSP program enrolled 26 outpatient partners (19 adult clients and seven TAY clients) during FY 2015-16. The program includes personal service coordination/case management to assist the client and, when appropriate, the client's family to access needed medical, educational, social, vocational, rehabilitative, other community services, needs assessment, crisis intervention and stabilization services, and family education services.

PCBH developed a screening tool to determine eligibility for the FSP program and a referral protocol. Therapists forward referral forms as needed to the FSP Utilization Team for review. Requests for services are expedited as efficiently as possible to provide "whatever it takes" to individual and family consumers.

Individuals referred into the FSP program must meet the criteria in the Welfare and Institutions Code (WIC) 5600.3(a), (b), and (c) for seriously emotionally disturbed children or adolescents, adults with serious mental disorder; or adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental health disorder with symptoms of psychosis, suicidality or violence, ***and*** one additional criteria specified for children, transition age youth (TAY), adults, older adults as described below:

- **For children (0-17 years old)**, criteria are homeless or at risk of being homeless; at risk of out-of-home placement; at risk of school failure (e.g., suspension, expulsion, failing classes, excessive absences, or dropping out); high risk behaviors (e.g., self-injurious behaviors, multiple sexual partners within the last 12 months, exposure to sexual abuse); foster care placement(s), involvement in criminal justice system; at risk of involuntary hospitalization or inpatient hospitalization; at risk of placement in residential treatment; or substance abuse.

- **For TAY (16-24 years old),** criteria are homeless or at risk of being homeless; at risk of out-of-home placement; at risk of school failure (e.g., suspension, expulsion, failing classes, excessive absences, or dropping out); high risk behaviors (e.g., self-injurious behaviors, multiple sexual partners within the last 12 months, exposure to sexual

abuse); have experienced a first episode of serious mental illness; foster care placement(s), involvement in criminal justice system; at risk of involuntary hospitalization or inpatient hospitalization; at risk of placement in residential treatment; substance abuse; aging out of the child/youth mental health system; aging out of child welfare system; aging out of juvenile justice system.

- **For adults (25-59 years old)**, criteria are homeless or at risk of being homeless; at risk of out-of-home placement; high risk behaviors (e.g., self-injurious behaviors, multiple sexual partners within the last 12 months, exposure to sexual abuse); involvement in criminal justice system; at risk of involuntary hospitalization or inpatient hospitalization; at risk of placement in residential treatment; substance abuse; frequent user of hospital and/or emergency room services as the primary resource for mental health treatment.

- **For older adults (60+ years old)**, criteria are homeless or at risk of being homeless; at risk of out-of-home placement; high risk behaviors (e.g., self-injurious behaviors, multiple sexual partners within the last 12 months, exposure to sexual abuse); experiencing a reduction in personal and/or community functioning; at risk of nursing home or out-of-home care; involvement in criminal justice system; at risk of involuntary hospitalization or inpatient hospitalization; at risk of placement in residential treatment; substance abuse; frequent user of hospital and/or emergency room services as the primary resource for mental health treatment

Other eligibility criteria to consider for any age group include:

- Dual diagnosis (co-occurring substance abuse disorder)
- Institution for Mental Disease (IMD)/State hospital discharge
- Readiness to get off conservatorship
- Motivation to participate
- Level of function – multiple areas needing assistance
- Medical Necessity Score

In Year 3 of the 2014-17 MHSA Three-Year Plan, PCBH expects to increase FSP enrollment of Full-Service Partnerships, both in the TAY and Adult populations as the agency continues to fully implement FSP programming and revising its internal processes to improve tracking of partner outcomes and expenditures.

Administrative and Other MHSA Support Services

Administrative staff expenses and equipment were included in the approved Three-Year MHSA Plan to support MHSA-funded services. In FY 2015-16, transportation expenses, a significant cost in supporting direct services were reflected in PCBH outreach and availability in more rural areas of the county, particularly in winter months when snowy roads make travel difficult. Computers to support new MHSA staffing were also financed through MHSA CSS funds, with costs distributed on a per-full time equivalent basis as part of a larger PCBH Department computer upgrade. A portion of administrative staffing cost was also charged to both CSS and PEI MHSA budgets in recognition of the oversight and management of MHSA efforts and programming. The MHSA Coordinator, recruited in February, 2016, is funded through the CSS FTE allocation. These costs were attributed to MHSA budgets as 10% of

direct MHSA expenditures. Ancillary supports, outside of FSP supports and services, include gas, food, insurance, DMV fees, as well as other supports and services that are not covered by Medi-Cal reimbursement. In addition to these administrative costs, consultants were hired with MHSA funding to assist PCBH with cost report development (the MHSA interface); MHSA trust fund management and expenditure calculations; MHSA Plan development; MHSA reversion avoidance including assisting with community contract development; and general Department and MHSA operational support. All of these costs are consistent with the approved Three-Year MHSA Plan.

Ancillary Services and Outreach to the Homeless Mentally Ill

Over the past two years PCMH has endeavored to step up efforts to reach out to the mentally ill who are homeless or in need of ancillary services. In addition to direct assistance provided through case management, in FY 2015-16 PCMH amended a contract with Plumas Crisis Resource and Intervention Center (PCIRC) in order to provide additional crisis and ancillary services to clients living with mental illness.

These services include the operation of the "Mental Health Cabins", which are free-standing residences where the homeless mentally ill can reside while more permanent housing can be secured. These funds are also used to pay the cost of psychiatric medications, hotel shelter, housing deposits, utilities, and mandatory repairs.

FY 2015-2016 Ancillary Expenses:

PCIRC	$104,000
PCMH	$43,000
Total	$147,000

Sierra House/Drop-In Center

MHSA funds provide staff support at the Sierra House, the county's board and care facility, currently occupied by up to twelve SMI clients and the Drop-In/Wellness Center that is utilized by Full-Service Partners and other community members.

The Continuing Care Coordinator, under the direction of the PCBH Assistant Director, provides oversight for the Drop-In Center and for the Sierra House, the board and care facility, co-located on the county-owned premises. The Coordinator is responsible for overall staff management and scheduling, coordination with county services and multi-disciplinary partners, consumer/family engagement and satisfaction, budget, transportation, grievance process, and achievement of program goals.

An Associate Clinical Social Worker, an MSW intern, and two Client Support Specialists are located full time on-site to provide services including assessments, resource, referral, and individual and group facilitation. The Client Support Specialists are available to provide transportation, liaison with employment training, primary care appointments, rehabilitation, community events, and tele-psychiatry appointments. Nursing staff is available to provide

medications management, monitor symptoms and liaison with primary care/psychiatrist as needed, and assist in tele-psychiatry appointments. A Fiscal Technician provides budget and administrative duties, reception services, data gathering, attendance, and assists with peer and staff activities and a calendar of events.

Mountain Visions

Plumas County Behavioral Health's Therapeutic Wilderness Program, *Mountain Visions,* targets a dozen youth, 10-15 years of age, receiving mental health services. Experienced staff participants are fully qualified therapists and wilderness professionals who work with youth to find solutions to problems that arise during wilderness program activities. MHSA funds support staffing and ancillary services not funded by Medi-Cal reimbursement or Realignment funds. Some consumers are SED and services are captured under CSS although the program is categorized under the PEI component.

Other Community Services and Supports Services and Programming

1. Veterans Outreach

This program is designed to increase outreach, advocacy, referral, and care coordination for veterans at-risk of or experiencing mental health illness, substance abuse, suicide ideation, unemployment, incarceration, school failure, homelessness, loss of children, or any prolonged suffering. Veterans have a higher incidence of mental health symptoms compared to the general population, and there are very few services available to them in Plumas County. The program provides funds for a Veterans Services Representative (through an MOU with Plumas County Public Health) to provide care coordination, supportive services, and advocacy to help at-risk veterans become and remain emotionally and physically stable. This funding also provided a new four-wheel drive van to help outreach into more rural areas of the community, as well as transport clients to needed local and regional services. It is estimated that this program would serve at minimum 30 veterans each year.

Plumas County Veteran population

Plumas County has a population of 18,409 (United States Census Bureau), of that number 2,134 are veterans (United Census Bureau). The majority of veterans in Plumas County are of seniors, over age 60.

Services Provided

Plumas County Veteran Services (PCVS) provides an avenue for local veterans to get assistance with VA Benefits, California Department of Veteran Affairs benefits, and other local programs from various departments. The local office is responsible for providing assistance in completing VA forms for:

- Compensation/Disability Claim
- Education Benefits
- Pension Claim

- DIC Claim (Surviving spouse/child)
- CalVet home loan
- VA home Loan
- Death Benefits
- Aid and Attendance
- Special Monthly compensation
- Driver's License Verification

Other duties:

- Coordinate the VA Van in order to transport veterans to/from Reno medical facilities every Tuesday and Thursday.
- Assist veterans by educating them about all available programs and the means that they can apply for those services.
- Provide peer support for client venting, increased opportunity for social interactions, identifying problem areas, and referring the veteran to the appropriate department/agency for direct services.

Outreach

Purpose: To connect with veterans and assist them in completing VA disability/compensation claims, pension claims, and education Benefits. To inform and refer veterans to various county departments as well as educate veterans on current federal, state and county programs.

Outreach Events

Golf Tournament:

Every year PCVS hosts a Veteran golf tournament on Memorial Day. The goal of this event is to get Veterans together in a comfortable and safe environment and allow them to relax and spend time socializing with other veterans. This is done because of the following;

"22 Every 24" Dinner:

Plumas County Veterans Services hosts a dinner every month to increase awareness of Veterans' suicide rates. PCVS provides a safe and comfortable environment and a free dinner for veterans. This social interaction allows the veterans to network and to create a support system in the case of a crisis or emerging mental health issues. Outreach opportunities include:

Outreach Programs

Veterans Support Group

- A veterans' support group will be conducted at local Wellness and Resource Centers. These groups will focus on current issues veterans may be struggling with.

Topics will vary depending on the group's needs. The group will increase the opportunity to assist and refer the veteran to an appropriate department or programs. Dates and times vary depending on needs of the veterans.

Incarcerated Veterans

- Plumas County Veterans Services will assist veterans that are currently incarcerated. Services will include:
- Reno VA Health Care enrollment
- Assistance with Drug/Alcohol Rehabilitation facility applications
- Communication between the veteran and legal team
- Updates to the veteran's case
- Assist the family of the veteran with possible VA/County benefits programs.
- Ensure proper documentation of veteran status is filed with the court.

Plumas County Locations

Plumas Crisis Resource and Intervention Center

- PCVS will utilize the resource centers throughout Plumas County. These centers will provide us an office in order to assist veterans in the local community and allow for a more relaxing and convenient experience for veterans by receiving services in their home community.

Locations

- Quincy
  Outreach in Quincy will occur on Tuesdays and will be conducted at the Quincy Resource Center. Mondays and Friday will be reserved for incarcerated veterans.
- Greenville
  Outreach in Greenville will be conducted every other Wednesday. PCVS will utilize the Greenville Wellness and Resource Center in order to conduct business for veterans. Both appointments and/walk-ins will be in the morning.
- Chester
  Outreach will be conducted every other week on Wednesday. PCVS will utilize the Chester Wellness and Resource Center to provide direct services. All appointments/walk-ins will be done in the afternoon.
- Portola
  Outreach with be conducted every other Thursday. PCVS will utilize the Portola Wellness and Resource Center in order to provide direct services. A veteran service representative will be available all day to assist veterans.

Plumas County Veterans Services Client Outreach Reporting
May, 2015 through December, 2015

1. Provide a list of all community outreach activities provided during the reporting period to raise awareness of VA and MHSA services available to Plumas County veterans:

   Plumas Veterans Services coordinated a Memorial Day Golf Tournament at Mt Huff Golf course with 42 veterans attending (during this event Veterans Services passed out brochures with services that are provided and talked with several veterans about enrollment in VA Health Care and the various departments within Plumas County that provide direct services such as Plumas County Drug and Alcohol Program, Plumas County Mental Health Department etc. A PCVS representative attended a Mental Health Services meeting in Susanville, CA, collaborating with Lassen County Veterans Services and met with Congressman Doug LaMalfa's office on August 27, 2015. On October 13, 2015, Plumas County Veterans Services met with four veterans at Champions Pizza in Quincy to discuss available benefits and services.

   PCVS began a new outreach program in Chester, meeting each Wednesday with veterans to discuss available benefits and services in the Chester and Greenville areas. PCVS also started our outreach program for the eastern County Veterans, reaching out to Vets in Portola and Graeagle on Tuesdays. PCVS attended six Veterans of Foreign Wars (VFW) meetings in Quincy to discuss available services to Quincy area Vets. PCVS attended six meetings in Greenville with American Legion to provide outreach in Indian Valley area. Both the VFW and American Legion are active organizations within Plumas County that support veterans. The local VFWs in Quincy and Portola and American Legions organizations hold monthly meetings. The local American Legion Post holds fund raising events and are very active in the Indian Valley area – they host dinners for the entire veteran community in Indian Valley and are the only organization that has a Veteran's Day parade in Greenville.

2. Provide the number of veterans who were provided with targeted outreach in Quincy, Chester, Greenville and Portola during the reporting period: 227

3. Provide the total number of veterans that completed the Information and Benefits Evaluation (IBE) form during the reporting period: 35

4. Provide the number of veterans that completed the IBE form who received education about community services they identified as a need: 35

5. Provide the number of at-risk veterans that completed the IBE form who were provided assistance and referral to needed services:

Behavioral Health	18
PCIRC	18
Food Bank	18

Transportation	18
Employment Development	2
Other:	6
a. Senior Services	1
b. VA Healthcare Enrollment	2

6. Provide the total number and demographic breakdown of at-risk veterans who were provided ongoing care coordination, supportive services, and advocacy to overcome cultural, economic, geographic and other barriers to obtaining or remaining in care/services.

Age:	
a) 18-25	1
b) 26-59	18
c) 60+	2

Race/Ethnicity:	
a. White, not Hispanic	18
b. Hispanic	0
c. Black or African American	0
d. Asian	0
e. Pacific Islander	0
f. Native American/Alaska Native	0
g. Other	0

Health Insurance:	
a. VA	18
b. Medi-Cal (Anthem Blue Cross)	0
c. Medi-Cal (CA Health & Wellness	0
d. Medicare	0

e. Private	0
f. Other	0

Housing Status:	
a. Stable/Independent	6
b. Emergency/Transitional	2
c. Homeless	10

Employment Status:	
a. Employed	0
b. Unemployed	1
c. Disabled	17
d. Retired	17

7. Provide a description of each support group for veterans and their families that occurred during the reporting period, including the date, the location, and the number of participants. We are scheduling our first family support group meeting/dinner 22 Dec 2015.

Plumas County Veterans Services Client Outreach Reporting

January through June, 2016

1. Provide a list of all community outreach activities provided during the reporting period to raise awareness of VA and MHSA services available to Plumas County:
    a. "22 every 24" Veterans suicide awareness dinner in Chester (06/29/2016)
        i. 12 Veterans in attendance
    b. "22 every 24" Veterans suicide awareness dinner in Portola (02/17/2016)
        i. 39 Veterans in attendance
    c. "22 every 24" Veterans suicide awareness dinner in Quincy (01/22/2016)
        i. 27 Veterans
    d. Plumas County Golf Tournament (05/30/2016)
        i. 42 Veterans in attendance
    e. Town Hall Theater Farming Film Festival (03/31/2016)
        i. 6 Veterans in attendance
        ii. 10+ Non-veterans in attendance
    f. Newspaper articles (01/2016, 06/22/2016)
        i. January and June articles

g. Plumas County Ladies Republican delegation (06/23/2016)
    i. 4 Veterans in attendance
    ii. 19 Non Veterans in attendance
h. Veteran Services attending Veterans of Foreign Wars Portola post 3758 Meeting
    i. Six Meetings (Third Thursday of every month)
i. Veteran Services attended Indian Valley American Legion Post 568 meeting.
    i. 6 Meeting (Second Tuesday every month)
j. Assisted Highway of Heroes Program
k. Attended Plumas County Memorial Day Ceremony (05/30/2016)
l. Assisted Plumas District hospital with VA Medical claims and billing.
    i. 8 Hospital staff

2. Provide the number of veterans provided targeted outreach in Plumas County:
    a. 2134 (Plumas County Veterans population)
3. Provide the total number of veterans that competed the Information and Benefits Evaluation (IBE) form during the reporting period:
    a. 39 Veterans
4. Provide the number of at risk veterans who were provided assistance and referral to needed services: No data was collected for this category in the reporting period.
5. Provide the total number and demographic breakdown of at-risk veterans who were provided ongoing care coordination, supportive services, and advocacy to overcome culture, economic, geographic and other barriers to obtaining or remaining in care/services.
    a. Total Number:
    b. Ages
        i. 16-25: 1
        ii. 26-59: 20
        iii. 60+: 17
    c. Race/Ethnicity
        i. White: 36
        ii. Hispanic: 0
        iii. African American: 0
        iv. Asian: 0
        v. Pacific Islander: 1
        vi. Native American/ Alaskan Native: 0
        vii. Other: 3
    d. Housing Status (No Data Collected)
    e. Employment Status (No Data Collected)

6. Provide a description of each support group for veterans and their families that occurred during the reporting period, including the date, location, and the number of participants:
    a. None at this time.

7. Number of hours that were worked that were not documented. (Weekends, after hours, and holidays).
    a. 260 Hours
    b. Estimated Number of Veterans contacted during off hours: 135 Veterans

While included in the PEI portion of the Three-Year MHSA Plan, this outreach and service connection program for combat veterans already experiencing mental health symptoms impacted by past military service is more appropriately described as a Community Services and Supports (CSS) effort. This program was moved to CSS, as described in the 2015-16 Annual Update.

2. Community Connections

Plumas Rural Services (PRS), the largest non-profit human services organization, received MHSA CSS funding to expand its Community Connections (CC) Program countywide. Community Connections is a service exchange "time bank" program and coordinates volunteer services for persons with mental illness. CSS funding is intended to expand programming to include volunteer services for and by persons with mental illness. The mental health focus within the Community Connections program promotes anti-stigma efforts for those living with mental illness, links mentally ill individuals with needed services, and supports prevention and early intervention work with older adults, including homebound seniors. Services offered to time-bank Members may meet basic needs, such as transportation, meal preparation, or grocery shopping, or may meet higher level needs, such as meal planning, budget preparation, handyman jobs, etc. This effort is consistent with the approved Three-Year MHSA Plan.

Community Connections Services

Description of Population:
Children (0-15): 3 served
TAY (16-25): 0 served
Adults (26-59): 9 served
Older Adults (60+): 2 served

Race/Ethnicity:
White, Non-Hispanic: 13 served
Native American, Non-Hispanic: 1 served

Scope of Work Progress:

In the 2015-16 program year, Community Connections (CC) enrolled 14 known Behavioral Health consumers as Members, 6 of whom are new Members since November, 2015 (the time of the last report). Some additional Members who signed up to participate in CC independently (i.e., without a referral from Behavioral Health) may also be Behavioral Health consumers, but this is not identified to the program nor tracked for statistical and data reporting.

Member Recruitment: Total program membership over the year was 303 (9.8% higher than the last year), and the program has 62 community Sponsors (14.8% more). Members exchanged a

total of 6,432 services (25% more than the prior year) for a total of 18,873 hours of service (28% increase in hours over 2014-15).

Membership Engagement: The CC program had 60 PSAs on the local KQNY radio station and six press releases. Community Connections conducted 15 presentations to partner service organizations. The program conducted 13 presentations and participated in nine community events to facilitate outreach in each community. There were three Member Swap Meet 'N' Eat social events and a Member Appreciation Brunch with 45 Members in attendance (13% higher attendance than last year). The program also facilitated 27 SWAT (Serving, Working, Achieving Together) group community service projects during this year (a 35% increase over the last reporting period).

Additional Information:

The Community Connections Coordinator attended the MHSA Stakeholder meetings on September 17th, October 15th, 2015, and March 24th and June 30th, 2016. At the October meeting, staff discussed the need to develop a formal referral protocol between Behavioral Health therapists/staff and Community Connections and a means of identifying MHSA consumers who become Members. The TAY/Adult Peer Worker Program Client Support Specialist became the program's Behavioral Health liaison in late October, and the Client Support Specialist and Clinical Program Chief met with staff on October 26th, 2015. With their ideas and feedback, Community Connections developed a modified membership form to be used for future consumer referrals. This referral form has been utilized for the six most recent clients and is working well.

Program staff were invited to make brief presentations on Community Connections at both the Behavioral Health All-Staff meeting and the Sierra House residential home in November, 2015 and distributed the referral forms and program brochures. In addition to modifying the membership form to track Behavioral Health referrals and properly identify MHSA consumers, the program expanded its database to properly document the demographic data requested.

Program staff and the MHSA Coordinator met on May 23rd, 2016, to review program progress and work towards helping the program to find a better way for existing members who are PCBH clients to let CC know that they were referred through Behavioral Health, as well as CC capturing all Behavioral Health consumer referrals to better report on the program's impact for this population. Also discussed at this meeting was the need for greater communication between CC and Behavioral Health staff to include CC more frequently in consumers' treatment plans to promote greater connection within their community, building relationships with other members, decreasing isolation, increasing ability to meet their own needs and becoming part of a movement to strengthen the social fabric of their communities.

3. Wellness Centers and Rural Community Service Expansion

MHSA CSS funding has supported a two-year contract with the California Mental Health Services Authority (CalMHSA) to provide oversight and technical assistance to the local non-profit organization subcontractor, Plumas Crisis Intervention and Resource Center (PCIRC), as

they partner with PCBH to establish and operate Wellness Centers in Portola, Greenville, and Chester. The Wellness Center model in Quincy is split between PCBH's Drop-In Center programming and supportive services at PCIRC's Quincy flagship resource center. CalMHSA has worked with PCIRC to build staff capacity and upgrade existing community-based resource centers in Greenville, Portola, and Chester.

The establishment of Wellness Centers is an integral part of the community-based service delivery model that Plumas County Behavioral Health is moving toward. Community Services and Supports programs will be provided through and within the Wellness Centers and will incorporate appropriate and existing SMI/SED programming, including 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, housing support.

The Wellness Centers will be developed within existing Family Resource Centers and will reflect characteristics and needs of the respective communities. General features of all Wellness Centers, as well as some community specific information are summarized below:

- Facility locations that are *consumer-friendly*, and provide a *community-based alternative* to a traditional clinic atmosphere.
- Full-time site supervisor (one) to supervise three site coordinators, one at each location (all PCBH employees)
- Ancillary services (to be informed by the local community and PCBH)
- Tele-psychiatry space with necessary high-speed internet capacity and privacy (to be phased in per site as requested by PCBH)
- Training to support peer support staffing
- Space for PCBH licensed clinicians and client support specialist staff to provide clinical services
- Localized outreach and engagement efforts

1. Quincy

a. County seat
b. Quincy Wellness Center status: Well-established Family Resource Center (computers, meeting areas, showers, food and clothing pantry), therapy rooms; an annex could be equipped for tele-psychiatry; PCIRC currently holds a 15-year lease.
c. Health care: Plumas District Hospital. Some integrated behavioral health care provided in that setting. Quincy is the main site of Plumas County offices including Public Health and Behavioral Health. PDH was awarded a five-year Federal PRIME grant.

2. Greenville

a. Ranching community; large Native American community
b. Greenville Wellness Center status: A site has been acquired by PCIRC and is undergoing ADA and internal renovations to accommodate Wellness Center needs.
c. Healthcare: Greenville Hospital is no longer in service; Plumas District Hospital provides services at a satellite clinic. The Greenville Rancheria provides medical and

dental care for Native American families but will serve all populations on a fee basis. PCBH provides individual counseling at the current Resource Center site but continues to be limited by available office space. The projected opening for the new Wellness and Resource Center is November, 2016.

Also in Greenville, Roundhouse Council, the Native American Indian Education Center, received MHSA funds for community outreach and engagement services that include youth leadership and native cultural activities for adults, facilitation of cultural competency training, and mental wellness promotion. Additionally, Roundhouse Council is developing referral protocols with PCBH and other integrated medical care providers when mental health needs are identified. Community engagement activities include but are not limited to Family Nights, Elders Luncheon, and Cultural Activities including Dance, Youth Talking Circles, Teen Leadership, Positive Indian Parenting, and Women's Wellness programs.

Because of Roundhouse Council's emphasis on youth engagement and on prevention/early intervention activities, it was determined that these efforts should be split between CSS and PEI MHSA funding on an equal 50/50% basis. This is a change from the approved Three-Year MHSA Plan that projected 100% CSS MHSA funding for Roundhouse Council activities.

3. Portola

a. Largest Spanish-speaking community; an incorporated city and former hub for railroad operations.
b. Portola Wellness Center status: ADA renovations are complete; the Community Block Grant, which is funding ADA and interior renovations, will expire on June 30, 2017. The City of Portola is currently managing interior renovations. PCIRC will own the building within 2 years through a lease-to-own program.
c. Health care: Eastern Plumas Health Care (EPHC) provides hospital and outpatient care. Outpatient services currently include limited mental health therapeutic and telemedicine services. Plumas County Behavioral Health services are currently provided at a nearby office location approximately five days per week; due to the high volume of clinical services, the Portola Wellness and Resource Center cannot accommodate all PCBH clinical staff. The original iteration was for the church building next to the Wellness Center to be renovated to accommodate PCBH clinical staff. At this time, there are no plans by the City of Portola or for PCIRC to renovate the site. Most clinical services will continue to be offered within a leased space, and PCBH is actively searching for a nearby building that will facilitate linkage to Wellness and Resource Center services and supports.

During Year 2, Eastern Plumas Health Care received MHSA CSS funds for planning and site preparation work for the integration of behavioral health services into their outpatient medical care delivery system. Funds were used to remodel the space and to develop a feasibility plan for more comprehensive integration of behavioral health and medical care. In Spring, 2016, EPHC applied for and was awarded a five-year Federal PRIME grant, as were PDH and SDH, with a focus on health integration in the primary care setting.

While the Three-Year MHSA Plan included the intention to develop a "new focus on integrating mental health service with health care services to promote health and wellness" and the

intention to "help clients and family members to learn how to manage chronic health conditions," the Three-Year Plan CSS budget did not allocate any specific funding to this effort.

PCBH will continue to partner with EPHC, PDH and SHD in plan development of an integrated care model of behavioral health and primary care, which is projected to be proposed as the next Plumas County MHSA Innovation Project, projected for MHSOAC review and approval in late FY 2016-17.

4. Chester

a. Seasonal tourist community; long-term residents may be dependent on tourist and timber economies.
b. Chester Wellness Center status: The former ABC Resource Center site was acquired through a long-term lease, and PCIRC has completed the first phase of renovations, including ADA upgrades and sound insulation to improve client privacy and comply with HIPAA and other regulations. Plumas County Behavioral Health currently provides therapy four days per week at the Courthouse/Sheriff's substation. PCBH clinical staff are moving into the space, and will begin providing services by November 1, 2016. Wellness and Resource Center staff recruitment will occur once the County has approved full integration into a behavioral health model and funds these positions.
c. Medical care: Seneca Hospital is a Rural District Hospital that also provides outpatient clinic services. In Summer, 2016, SDH was also awarded five years of PRIME grant funding.

The biggest change in PCIRC's subcontract with California Mental Health Authority Services Authority (CalMHSA) took place in May, 2016, as there was a reworking of the deliverables PCIRC needed to fulfill as it rolled out Wellness Centers across Plumas County.

The first change was overcoming a "delay" obstacle as renovation work was halted by CalMHSA at the end of January 2016 through May 2016, until a review of the initial contract was conducted and a budget rewrite was completed. This placed renovation work scheduled to begin in Chester and Greenville in January, 2016 to be delayed until after a revised contract was in place in June, 2016.

The second change was that the funding for an initially proposed four (4) Wellness Centers – Portola, Quincy, Greenville and Chester – would be pared down to three (3), eliminating funding the Quincy Resource Center (591 W. Main Street), as Wellness Center activities are provided at the Quincy Drop-In Center and clinical services provided at the Annex building. Quincy would continue to operate as a Family Resource Center, while the contract continues to pay for rent and administrative costs, allowing co-location for PCBH staff in designated offices at the Quincy site.

Searches to find quality candidates to fill available positions within the Wellness Centers was accelerated, with interviews being conducted as quickly as possible. In an effort to work collaboratively and to save money, Plumas County Behavioral Health offered to absorb the cost of hiring the Site Coordinators (3) and the Site Supervisor (1) for the three sites (a work

currently in progress). Thanks to a very dedicated and efficient Site Supervisor, renovation work has been accelerated in all three sites, given availability of the contractors.

As part of outreach and education within the communities, the Site Supervisor has given presentations to various service organizations, medical personnel, business owners, Chambers of Commerce, public meetings, etc. She has made contact with many service agencies and resource partners who may provide ancillary services within the Wellness Centers, focusing on consumer-focused and recovery-based programs. These places include - but are not limited to - Public Health, In-Home Supportive Services (IHSS), HEAP (utility assistance), Workforce Development, Veterans' Services, Youth Activity Services, and consumer-run activities and programs that address valid alternative health therapies (art, yoga, cooking classes, music, etc.).

A much-anticipated "resource" for community members at the Wellness Centers will be the availability of showers, laundry facilities, access to food and clothing, housing and utility assistance, and technology centers at all sites. In calendar year 2015, PCIRC provided over 8,500 no-cost services to individuals in the Plumas – Sierra Counties through its Family Resource and Rape Crisis Centers.

During outreach by the Wellness and Resource Centers' Site Supervisor, community members have inquired about the following: 1) access to a therapist for clients who can private pay or have other insurance, 2) assistance for those who suffer from particular ailments and chronic diseases, such as MS support groups, and 3) accessing resources for those suffering from cancer.

Cross-training at each site to all staff members who provide services will be vital, so that all clients who seek assistance will understand what is available from a blended "Family Resource and Wellness Center." Since 1983, PCIRC has overseen the Plumas-Sierra Rape Crisis Centers and operates a 24/7 Crisis hotline. As part of a major grant, all those who work in the current Family Resource Centers are required to attend an 80-hour Domestic Violence/Sexual Assault training. It would benefit Behavioral Health staff to participate in this training, as having exposure to this would bring greater awareness to delivery of customer services to those who have experienced sexual trauma. A second training entitled, "Bridges Out of Poverty" would be highly encouraged for all staff, as this training focuses on compassion and understanding of cultural and societal differences. Safety training is always welcomed.

As recipients of a grant entitled "Each Mind Matters," PCIRC provides education and outreach services around mental illness and stigma reduction. This philosophy will be practiced in each of the Wellness Centers.

Each Site Coordinator will complete cross training in the cultures of PCIRC and Behavioral Health, with the focus of ensuring delivery of quality services, especially excellent customer service. Maintaining a welcoming, open and friendly feel in each site is important.

A robust and consistent offering of direct services in all sites will lend itself to community buy-in, lower stigmatization of those seeking behavioral health services, and thus encouraging

community members to become more involved in not only their own wellness, but to the wellness of their communities.

Individual Site Updates:

Portola (165 Ridge Street):

ADA parking ramp and entrance reconstruction is completed in front of the main building. The ADA compliant door for the main entrance is on order and on its way for installation. The ADA bathroom, shower and laundry reconstruction began on September 19, 2016. Discussion is in place with a local contractor regarding costs for re-modeling the second structure on the property.

This property is "owned" by the City of Portola through a grant, which will expire in June, 2017. At that time, both buildings (the main building and a second "church" structure) will become the property of PCIRC. Renovations occur at the pace of the City, and at the availability of workers. PCIRC is currently exploring additional grants that might help push the renovation / reconstruction of the second building. Many office spaces are needed by Behavioral Health within this site. Progress is slow, but forthcoming.

The Portola site offers many vibrant and varied services, and blossomed once the community learned of what was offered daily. The newest addition is that several healthy recovery programs meet regularly at this site. This site will also pilot a needle-exchange program, as well as provide educational services and kits about Naloxone/Narcan.

Chester (372 Main Street):

Located at the former ABC Center, basic reconstruction happened quickly in the primary building site in Chester, creating a soft opening of that facility on Thursday 01 September. The site is open 9:00 AM to 3:00PM Tuesdays and Wednesdays to start. Additional reconstruction within that first building will be developed in conjunction with the owner of the building, as he reviews plans and costs for renovations for additional office spaces, laundry and shower facilities and a technology access area. Furniture requests by Behavioral Health staff who will serve clients out of the Chester site are being reviewed and researched for best quality at minimal cost at various outlets. Phone service and limited Wi-Fi was established on 21 Sept. Signage will need to be uniform within all sites – permanent signs advertising the services within the Chester Wellness Center are being created by a talented PCIRC volunteer. Locals are very excited to learn that this center is once again open, and have already availed themselves to offer and provide free community activities, such as teaching English to the Chester Hispanic Community.

The second building located on that property has been available for small and large group congregations since July, 2015, as it is newer and ADA compliant.

Greenville (414 Main Street):

Renovation work began in August, 2016 at the former Car Quest Auto Parts site. To date, internal skeletal construction has formed the individual office spaces, and the electrical and

plumbing work is almost completed. Color palettes are ready and flooring installation has begun. At the beginning of September, a permitting issue arose and is currently being addressed. This has temporarily halted the work, but should not be significant. The outside ADA entry ramp and parking spaces construction will begin as late as mid-October, with overall renovations being completed by the start of November. Going forward, a projected soft opening of the Greenville site is tentatively scheduled for mid-November.

Our neighbors, the Greenville Rancheria, are very excited to have the new Wellness Center located next door, as this will allow for greater cross-referrals of clients seeking additional services and resources.

Planning Narrative for 2016-17:

Expectations for this final year in the CalMHSA contract are high: PCIRC and its collaborative work with Plumas County Behavioral Health will continue to expand capacity at all sites.

Continued outreach and education within the communities will be exercised, and cultivation of individuals with lived experience will occur so that peer-led programs can be developed within each site. Pertinent activities for everyone ranging in age from the very young through senior citizens will be developed and nurtured. Continued cross-referrals of services among all participants within the Wellness Centers will be encouraged and supported. The blending of Behavioral Health care and therapies with access to PCIRC's basic needs resources and family advocates will provide responsive wrap-around services conducive to overall health and well-being.

Once funding through CalMHSA is completed, PCIRC, in its efforts to further the collaborative work already put into each of the sites, will seek additional funding streams that will support sustainability of programs and direct services that *integrate MHSA Guiding Principles: Consumer and Family Involvement, Culturally Responsive, Community Collaboration, Integrated Service Delivery, and Wellness and Recovery.*

4. Plumas Crisis Intervention and Resource Center Ancillary Supports

PCBH has subcontracted with PCIRC to provide ancillary support services to PCBH clients. Assistance includes emergency housing, transitional and designated mental health housing, move-in assistance with deposits and first month's rent, utility payment assistance, and prescription drug vouchers. Year 3 is the 2nd year of contracted services. PCIRC provides coordination of these services, and administrative and operational support.

Data is reported for PCBH clients receiving financial assistance. Each intervention has received prior approval through PCBH. Other Behavioral Health clients are assisted by the resource center, but may be self-referred and do not identify as needing PCBH supports. Barriers to full reporting include a lack of mechanism by which PCIRC staff can query PCBH regarding a client's needs, nor any routine way for that agency to identify its clients to us, other than through direct requests for services and obtaining prior authorization to share information.

Ancillary services are administered through the Quincy Resource Center location, regardless of where the clients live or which Wellness Center they initially access.

The PCIRC database shows 417 instances of clients requiring some sort of Crisis Intervention at the Quincy office. Only 13 of these were coded as being specifically referred to PCBH to seek professional clinical help. These numbers may not be acceptable for MHSA reporting purposes, but they do underline the magnitude of issues handled at our agency that might otherwise impact PCBH or the 911 system. PCIRC's standard data collection is unduplicated client count within service category. The result is an unduplicated count of, for instance, clients receiving motel shelter, and a separate unduplicated count of clients receiving rent assistance. When those two were combined in a comprehensive unduplicated count, there would appear to be many instances of motel shelter, and few rent assistance, simply because it is common for a homeless client to need emergency help first and then stabilization. Dropping duplicates skews the shape of the data, as shown below. On the other hand, clients receiving prescription vouchers often do not need other assistances, so these would not be dropped in a comprehensive count, making PDV's appear disproportionately large in the data.

Total Services Delivered	
Rental Assistance	46
Security Deposits	15
Utility Payments (electricity, propane, services)	37
Utility Deposits for move-in assistance	12
Emergency Shelter	25
Prescription Drug Voucher	22
Mental Health Cabin Lodging (non-emergent)	16
Total Services	173

Rent Clients – Unduplicated within Category	23
Gender:	
Female	12
Male	11
Age:	
13-17	0
18-64	21
65+	2
Race/Ethnicity:	
Hispanic	2
Native American	1

White	17
More than one race	0
Declined to state	3

Security Deposit Clients – Unduplicated within Category	15
Gender:	
Female	7
Male	8
Age:	
13-17	0
18-64	14
65+	1
Race/Ethnicity:	
Hispanic	2
Native American	1
White	9
More than one race	0
Declined to state	3

Utility Payment Clients – Unduplicated within Category	15
Gender:	
Female	7
Male	8
Age:	
13-17	0
18-64	12
65+	3
Race/Ethnicity:	
Hispanic	2

Native American	1
White	11
More than one race	0
Declined to state	1

Utility Deposit Clients – Unduplicated within Category	10
Gender:	
Female	7
Male	3
Age:	
13-17	0
18-64	9
65+	1
Race/Ethnicity:	
Hispanic	1
Native American	1
White	6
More than one race	0
Declined to state	2

Emergency Shelter Clients (Motel Lodging) – Unduplicated within Category	19
Gender:	
Female	6
Male	13
Age:	
13-17	0
18-64	19
65+	0
Race/Ethnicity:	

Hispanic	2
Native American	1
White	11
More than one race	2
Declined to state	3

Prescription Drug Voucher Clients – Unduplicated within Category	13
Gender:	
Female	6
Male	7
Age:	
13-17	3
18-64	9
65+	1
Race/Ethnicity:	
Hispanic	0
Native American	0
White	6
More than one race	0
Declined to state	7

Mental Health Cabin Clients (Transitional) – Unduplicated within Category	14
Gender:	
Female	5
Male	9
Age:	
13-17	0
18-64	14
65+	0

Race/Ethnicity:	
Hispanic	1
Native American	1
White	9
More than one race	1
Declined to state	2

Comprehensive Count (Total = 61)	
Rental Assistance	12
Security Deposits	5
Utility Payments (electricity, propane, services)	4
Utility Deposits for move-in assistance	2
Emergency Shelter	15
Prescription Drug Voucher	11
Mental Health Cabin Lodging (Transitional)	12
Gender:	
Female	28
Male	33
Age:	
13-17	3
18-64	55
65+	3
Race/ethnicity:	
Hispanic	4
Native American	3
White	39
More than one race	2
Decline to state	13

5. Eastern Plumas Health Care Behavioral Health Integration Plan Development

Eastern Plumas Health Care received one-time MHSA funding to support development by EPHC of a formal expanded mental health treatment services plan for the provision of additional mental health treatment services to Eastern Plumas County residents by EPHC. This funding allowed EPHC to retain the services of Health Management Associates to conduct a comprehensive review of behavioral healthcare in the community that it serves and to provide insight into how EPHC may be able to more comprehensively serve patients with behavioral health needs. This input and written report has become the foundation for the integrated physical and behavioral health outpatient delivery system transformation and prevention project being undertaken by EPHC in their Public Hospital Redesign and Incentives in Medi-Cal (PRIME) project that will benefit all EPHC Medi-Cal beneficiaries with two or more encounters within the past year.

Additional funding was received to support EPHC's costs of the remodel of an exam room and the opening of space for administrative offices to provide a safe and private area for expanded behavioral health treatment services. This funding supported the remodel of an administrative office to be used for telemedicine (psychiatry and psychology) delivery. Additionally, it supported conversion of space for use by the Telemedicine Coordinator to meet with patients for scheduling initial and follow-up appointments.

CSS Coordination and Challenges

Changes to the Three-Year MHSA Plan

- In the approved Three-Year Plan, Wellness Center development was a major emphasis within the Community Services and Support component; however, it was anticipated to be predominately county staff and county-leased or lease-to-own space. While keeping with the intent, this Annual Update describes the 2nd year after the shift to implementation by a community partner, Plumas Crisis Intervention and Resource Center, in development of the Wellness Centers within the context of existing PCIRC Resource Centers.

- As noted earlier, the Three-Year Plan and Budget does not specify financial resources for medical care/behavioral health integration but states "there will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients." Funding Eastern Plumas Health Care was the first step in achieving this intent and aligns with national efforts to integrate and/or coordinate behavioral and medical care for improved health outcomes of the SMI population. Future MHSA efforts will build on the feasibility and planning process, and may include additional clinics and/or healthcare providers.

- Parent-Child Interaction Therapy equipment and programming was originally in the CSS portion of the Three-Year Plan, but was moved in Fiscal Year 2014-15 to the Prevention and Early Intervention (PEI) section. As the PCIT program component primarily deals with at-risk young children and their parents, it is better categorized under PEI as the majority of these children do not yet have a seriously emotionally disturbed designation. Please see the PEI section for more information.

- Sierra House improvements and Sierra House financial supports for individual clients were not explicitly identified in the Three-Year MHSA Plan. While not listed in the Plan narrative however, the CSS budget does include client support expenses that include housing and other whatever-it-takes services in support of Full Service Partnerships (FSP). In addition, supportive housing and emergency lodging programming is included as a separate line item in the CSS budget. Because Sierra house is PCBH-owned and -operated, expenses to support some SMI FSP persons in residence may be attributable to MHSA funding. In addition, expenditures for renovations and improvements in the County-owned Sierra House facility have been included in the Capital Facility and Technology section of this Annual Update, for Year 3.

- Supportive Housing and Emergency Lodging Contracted Service – In support of FSP and other SMI clients, PCBH contracted with Plumas Crisis Intervention and Resource Center to provide emergency and transitional housing support, coordinated through their Quincy, CA office. In Year 2 of the Three-Year Plan, PCBH contracted and expended $104,000 for housing and utility assistance for severely mental ill community members. In Year 3, this contract was expanded to $224,000 to accommodate the expected increased need for FSP enrollment and ancillary supports.

Approved CSS Programs Yet to be Developed

A number of programs included in the Three-Year MHSA Plan are yet to be implemented. It is anticipated that efforts to initiate these programming efforts will occur in 2016-17. These programs include:

- Tele-psychiatry and Tele-conference capacity, and Tele-psychiatry/Health Org. Provider
- Creating a consumer-focused Social Club
- Identifying additional Consumer Employment Programming and Peer Certification Training
- Expanded Social Media Outreach (to include Facebook, Twitter, Instagram) and Website Development
- Consumer Group Mentoring Support
- Criminal Justice Programming

Prevention and Early Intervention

Prevention and Early Intervention programs are designed to prevent the development or escalation of a mental health condition, or lessen its severity through early identification and connection to treatment. Additionally, PEI programs are intended to reduce suicides, incarcerations, school failure and dropout, unemployment, prolonged suffering, homelessness and removal of children from families. Community-based organizations and service providers supported with MHSA PEI funds are summarized below:

1. First 5 Infant Mental Health Program

The Infant/Early Development Mental Health Program developed by the First 5 Plumas Commission serves children ages 0-5 and their families/caregivers. Services are provided primarily in the home by a licensed marriage and family therapist and an early childhood development specialist. The licensed therapist also provides consultation services to preschool and transitional kindergarten teachers with a focus on children exhibiting difficult or violent behaviors in school-based settings. The goal is to provide classroom behavior management techniques by offering on-site and phone support, strategies, and tools so that children ages 3-5 exhibiting difficult or aggressive/violent behaviors are not ultimately removed from school settings.

The Program utilizes a collaborative practice model that requires interagency collaboration at the case and systems levels. Referrals come from multiple government and non-profit agencies and other service providers with the goal of providing the earliest intervention possible with environmentally at-risk children and their families.

History:

This final report of First 5 mental health services for the fiscal year 2015-2016 spans the time-period from January 1, 2016 through June 30, 2016. The current Infant Mental Health Program services are based on the positive results of the First 5 Plumas mental health contract to Plumas Rural Services and the contract with an Early Childhood Developmental Specialist to serve children ages 0-3 and their families.

Due to an on-going waiting list for mental health services since December 2015, First 5 Plumas requested an augmentation to the implementation budget, an increase of MHSA funding in the amount of $144,683 to staff an additional thirty-one hours per week of therapy and thirty-five hours per week for a case-manager. The inclusion of a Client Support Specialist is due to the intensive services that are required for the high-risk population currently being served. This allows the therapist to focus on serving behavioral health needs rather than providing time-intensive case management services. The Board of Supervisors approved this request on Tuesday, July 19, 2016.

Current Service Data:

Currently the program is serving adults and children ages 0-5 in each of the four Plumas County communities. While the majority of mental health services are provided in the home, the program's staff goes to the client, whether it is in the home, resource center, or the Plumas Rural Services office.

These are the most current service numbers as of June 30, 2016: A total of 30 families received mental health services. There are 27 active cases and 3 closed cases. The duplicated direct service provided the following: 1) 32 child therapy sessions, 2) 33 children received play therapy, 3) 9 families received family therapy sessions, and 4) 28 adults received parental support and guidance. The program provided a total of 392 home visits/therapy sessions. These represent a duplicated count.

The Early Childhood Developmental Specialist in collaboration with the therapist served 20 parents and 36 children for a total of 56 clients during the third quarter. She provided a total of 56 home visits during the third quarter through March 31, 2016.

Identified Issues:

The following issues have been identified for the adults and have remained so throughout the duration of the project: 1. Substance abuse and addiction, 2. Depression and anxiety and other mental illnesses, 3. Learned helplessness, 4. Domestic violence, 5. Trauma and family history of abuse, 6. Relationship conflict, and 7. Poverty.

The following issues have been identified (but not limited to) for children: 1. Social/emotional problems, 2. Behavior problems (at home and school), 3. Attachment issues, 4. Victims of child abuse and 5. Learning disabilities

A waiting list of approximately 10-12 children and adults persist. Hopefully the Board of Supervisors will approve additional MHSA funding so that everyone can be served in a timely manner.

Staffing:

Currently there is 1 FTE of a therapist's time (or 40 hours per week). There are two therapists working on this project: one .5 FTE that serves families in Greenville and one .5 FTE that serves the Quincy and Portola communities.

There is a 1 FTE Early Childhood Development Specialist working with the therapists to provide trauma-informed developmental and bonding services to the children ages 0-5. The Commission matches $25,000 for this contract annually.

Trainings:

There are four local trainings and/or conferences that the program was to provide in accordance with the MHSA contract's Scope of Work. To date, the following trainings were provided: 1) Plumas Unified transitional-kindergarten and kindergarten teachers were trained on trauma and the developing brain by Heather Caiazzo, LMFT, 2) Head Start Quincy staff was provided with training on self-regulation for children, ages 0-5, 3) Head Start staff in Quincy and Portola was provided training on Childhood Bonding and Attachment, and 4) In May of 2016, the program provided an all-day *Nurtured Heart* training at the Fairgrounds. A total of 24 people from various agencies attended.

The Early Childhood Development Specialist works in collaboration and participates with Heather Caiazzo, LMFT, to provide the local trainings.

Note: The program has provided the total number of trainings (4) for fiscal year 2015-2016 as required by the MHSA contract's Scope of Work. The First 5 Plumas Commission provides the cost of trainings, such as paying the trainer, food and the room's rental fees.

Outreach and Collaboration:

Outreach continues to occur through attendance at various meetings by mental health staff with other service providers and agencies. The program also continues to work with other First 5 partners and community agencies to ensure that behavioral health clients receive the referrals and follow-up that they need.

Currently there is a public service announcement of the mental health services running via the radio station in Quincy. Flyers for the program continue to be distributed county-wide.

There have been a total of four preschool classrooms that were provided a consultation by a therapist on the management of challenging behaviors in the classroom.

Service Integration:

The First 5 program, Family First through the Health Department has begun to conduct case conferencing with all of the other First 5 home visiting programs, including the Infant-Early Development Mental Health staff. The Health Department's Director of Nursing has taken the lead on the case conferencing to ensure that all the necessary forms have been signed so that the meetings adhere to HIPAA regulations.

Infant Mental Health Collaborative (IMHC)

The **IMHC** will provide policy-level support for the program. The IMHC will meet four times per year and Plumas Rural Services will provide the administrative support for the IMHC. The following membership categories will be required: 1) First 5 Plumas, 2) P.C. Behavioral Health Director, 3) P.C. Public Health Director, 4) Social Services Director, 5) Early Childhood Development-College Level Instructor, and 6) Representative from Plumas District Hospital or Eastern Plumas Health Care.

The members of the IMHC will interpret evaluation data, analyze reports, recommend changes to program services as needed and report those needs to the Mental Health Department and the Board of Supervisors via supportive staff of Plumas Rural Services.

To date, the Collaborative has had one meeting after a Commission meeting in March, 2016. Prior to Plumas Rural Services taking over the administration of the mental health services beyond June 30, 2017, the Collaborative will have the necessary structure for it to be sustained over the long-term.

Data/Evaluation Reports:

The Commission last year contracted with an evaluator from Social Entrepreneurs, Inc. in Reno. A plan for the evaluation of mental health services was developed in January, 2016. The mid-year evaluation report is provided to the Commission in March of every fiscal year and the outcome report is completed in September of every fiscal year. All of the Evaluation Reports can be accessed at the Commission's website, www.first5plumas.com.

On May 11, 2016, the First 5 Plumas Executive Director, Ellen Vieira, presented at the Mental Health Commission public meeting the Infant-Early Development Mental Health

Program's Evaluation Report, which spanned the period of July 1, 2015 through December 31, 2015. The MH Commission was pleased with the presentation and was impressed with the number of clients that have been served during that time period.

Medi-Cal Billing:

Plumas Rural Services recently successfully had high-fiber optics installed in the office in Quincy so that the organization can move forward with the billing of mental health services. To sustain the program over the long-term, PRS is planning to set up a billing system that can process not only private medical insurance, but also Medi-Cal services so that the program can be sustained long term. This will require working closely with the fiscal and administrative staff at the Behavioral Health Department.

MHSA First 5 Budget Expenditures to Date:

The MHSA funding that has been expended to date is: $111,917.82. Funds for evaluation, administration, and the audit will not be expended until after July 1, 2016. The expenditures-to-date were invoiced for the Plumas Rural Services and the Early Childhood Development service agreement contracts.

All of the program's invoices have been submitted to PCBH and are up-to-date. The contract's reporting and Scope of Work is also up-to-date.

A. Caseload					
1. Number of Cases Served **Cases are defined as each family unit being served.**					
Number of Families Served	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	
Number of Current Cases	**10**	**18**	**23**	**22**	
Number of Closed Cases	**0**	**1**	**7**	**3**	
Number of Families on Waitlist	**0**	**8**	**9**	**13**	**YTD**
Number of Families Receiving Integrated Care					**23**
2. Number and Source of Referrals Received **UNDUPLICATED COUNT- First contact during grant term**					
Number of Referrals Received	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
School District	**2**	**6**	**3**	**2**	**13**
Head Start / Preschool Program	**1**	**2**	**2**	**1**	**6**

Social Service Provider	**2**			**4**	**6**
Medical Provider	**1**		**1**		**2**
Mental/Behavioral Health Provider		**2**	**1**		**3**
Family/Friend	**2**		**2**	**2**	**6**
CPS	**3**	**5**	**4**	**1**	**13**
Family First / Public Health Nurses	**2**	**2**	**2**	**4**	**10**
Early Child Development Specialist	**3**	**2**	**2**		**7**
Early Intervention Program					
Roundhouse Council					
Self-Referral			**1**	**3**	**4**
Other					
Total	**16**	**19**	**18**	**17**	**70**

B. Demographics of Those Being Served

1. Number of Individuals Served

UNDUPLICATED COUNT- First contact during grant term

Number of Individuals Served	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Expectant Parents/Parents/Caregivers	15	8	6	6	35
Children	16	13	10	8	47
Total	31	21	17	14	82

2. Community of Residence

UNDUPLICATED COUNT- Report each Family's residence during the first contact of grant term

Communities of Residence	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Crescent Mills					
Cromberg					
Greenville					

Lake Almanor/Chester	2	2			4
Meadow Valley				2	2
Portola	3		1		4
Quincy	5	6	4	3	18
Twain					
Other – Genesee Valley			1	1	2
Total	10	8	6	6	30

3. Race/Ethnicity **UNDUPLICATED COUNT**			
EXPECTANT PARENTS/PARENTS/CAREGIVERS	**YTD**	**CHILDREN**	**YTD**
Alaska Native/American Indian	3	Alaska Native/American Indian	7
Asian	0	Asian	0
Black/African-American	1	Black/African-American	2
Hispanic/Latino	2	Hispanic/Latino	5
Pacific Islander	0	Pacific Islander	0
White	29	White	33
Multiracial	0	Multiracial	0
Other	0	Other	0
Unknown	0	Unknown	0
Total	35	Total	47

C. Services Provided					
1. Direct Services Provided					
Number of Services Provided	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Therapy Sessions – Child	20	29	32	58	139
Play Therapy	15	20	33	57	125
Therapy Sessions - Adult	60	53	35	54	202

Family Therapy Sessions	10	5	9	11	35
Parental Support and Guidance	20	23	28	28	99
Total	125	130	137	208	600
2. Type of Referrals Provided					
Type of Referrals Provided	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Basic Needs (Food, Clothing, Shelter)		1	2	3	6
Physical Health / Medical Supports		2	3	3	8
Behavioral Health Supports	1	1		2	4
Dental Services			1	1	2
Early Intervention				1	1
Early Childhood Development Specialist	4	7	4	17	32
Preschool/Elementary School					
Family Court	2		1	1	4
Alcohol and Other Drug Services	3	3	2	1	9
In-home Supportive Services	1		1	2	4
Domestic Violence Services	3	1	2	1	7
Job Training / Employment Services			2	2	4
Other – Victim/Witness				1	1
Total	14	15	18	35	82
3. Number of Assessments/Surveys Completed					
Number of Assessments/Surveys	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Initial Threshold Assessment Grid (TAG)	12	9	4	7	32
Interim Threshold Assessment Grid (TAG)		12		8	20

Interim Protective Factors Survey (PFS)		5	2	7	14
Total	12	26	6	22	66

D. Trainings Provided

1. Number of Trainings Provided

INSERT Name of Trainings Provided	**1st Quarter**		**2nd Quarter**		**3rd Quarter**		**4th Quarter**	
	Number of Trainings	Number of Participants	Number of Trainings	Number of Participants	Number of Trainings	Number of Participants	Number of Trainings	Number of Participants
Childhood Bonding, Attachment & Early Trauma								
PUSD: Training on Trauma & Brain	3	3						
Head Start: Quincy, Children 0-5 Self-Regulation			1	11				
Head Start: Childhood Bonding & Attachment			1	9				
Nurtured Heart Approach							1	24
Total	3	3	2	20	0	0	1	24

3. Race/Ethnicity

UNDUPLICATED COUNT

EXPECTANT PARENTS / PARENTS /CAREGIVERS	**YTD**	**Providers**	**YTD**
Alaska Native/American Indian		Alaska Native/American Indian	
Asian	1	Asian	

Black/African-American		Black/African-American	1
Hispanic/Latino	4	Hispanic/Latino	1
Pacific Islander	4	Pacific Islander	
White	11	White	19
Multiracial		Multiracial	
Other: Korean	1	Other	
Unknown		Unknown	2
Total	17	Total	3

E. Meeting Attendance					
1. Meetings Attended					
Number of Meetings Attended	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**YTD Total**
Children's Mental Health Collaborative				1	1
First 5 Multidisciplinary Meetings	3	4	3	3	13
CPS Case Management Meetings	2	2	3	4	11
Other					
Total	5	6	6	8	25

Program Strengths –

The program has experienced an increase in program referrals; more organizations and individuals in the community are becoming aware of the available services and referring eligible clients. Because our program and staff are able to meet clients where they are in their family situation, we can address and treat the core issues contributing to the reason for referrals. Often, marriage counseling is what is needed in the family, despite the original referral being made for a child's behavioral issue, for example. Another program strength is the quality of data collection, which has grown over the course of the program delivery. We have a new staff person associated with the program who is handling this part of the program administration, and it is making a big difference for direct service providers to be able to focus their time on client issues, knowing that the data-based tasks are being managed efficiently as well. Collaboration with other agencies has been a major strength,

because we are able to attend meetings and be more collaborative with clients' other service providers. This results in a more comprehensive view for the therapists of the issues within the family, leading to better treatment approaches. The therapists are also able to help other service providers better understand the clients' needs and how to best work with them towards successful outcomes and results.

Barriers and Challenges –

There are 13 families on the waiting list for this program, representing 16 known children. While that is a great indicator of demand for services, based both on recognition of client need and program efficacy, the program simply did not have sufficient staff in the 2015-16 year to keep up with the demand. The funding augmentation for the 2016-17 year should help the program address this challenge.

The other major challenge for the program currently is the lack of a vehicle for program staff to reach clients across the county every week. Staff are utilizing their personal vehicles in order to meet client needs, but it is far from an ideal solution. On average, staff travel to Greenville once per week and Chester and Portola twice per week.

Client Feedback –

While many of the families served in this program are still 'works in progress' – in the middle of their treatment process – staff are impressed that families are working hard towards their treatment goals and are making ongoing commitments to working with the program to improve their family life. Two program clients who attended the Nurtured Heart Approach one-day training reported to program staff that this training 'changed their lives,' making a huge difference in how they approach their parenting. These two clients are anxious to sign up for the 6-week, in-depth training course in Nurtured Heart Approach.

Clients respond positively to the therapists we have working within the program. One client commented, "I have worked with Beth Grant. She is helpful, caring and wonderful with my grandchildren.

Clients value the trainings we offer, specifically the Nurtured Heart Approach. One client commented she has been "able to reach out more with a Nurtured Heart Approach to other agencies and professionals that deal with children with PTSD and ADD." Another client responded that what she liked most about the program was the "Nurtured Heart Approach on parenting my grandson." She also commented that what helped the most to improve her level of competency as a parent were the "home visits" and "support from therapists."

Clients appreciate the accessibility of our program staff. One client indicated that what she liked most about the program was that "the counselor was easy to reach." Another client liked most that staff "comes to my house." We frequently get positive feedback from clients who appreciate therapists meeting them in their home; we are seeing better treatment results for some children when they are in the home environment where they feel safe, more comfortable, and more trusting and open.

Overall, program staff receive very positive feedback from clients in all areas. One indication of this is the willingness of clients to offer the program thoughtful and considered feedback. One respondent wrote, "I think that better communication and decisions regarding my husband's and my parental team has greatly improved." What she liked most about the program was, "It really helped my husband and I work well as a team. We are improving our relationship as well as our parenting routine daily." When queried about areas for improvement, she wrote, "Always keep [the] family therapy aspect. It's very helpful."

How Satisfied Are Families with the Services They Received?

Successful programs work closely with parents and families to provide services that meet the unique needs of each family by integrating participant feedback into program planning. To solicit participant feedback, the First 5 Plumas Infant/Early Development Mental Health Program collected client satisfaction information at the end of the Protective Factors survey.

The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the program.

Results are as follows:

- 95% of parents agreed that they received the assistance they needed.
- 95% of parents agreed that their impression and interaction with staff has been positive.
- 95% of parents agreed that their overall satisfaction with services was good.
- 90% of parents agreed that their ideas and opinions are welcomed and included in the program.
- 90% of parents agreed that the program is helping them reach goals for their family and themselves.

Conclusions and Recommendations:

Based on the evaluation's findings, the First 5 Plumas Infant/Early Development Mental Health Program is making a positive impact on families being served. Families have access to mental health supports as evidenced by the number of children and parents/caregivers served as well as the number of services provided.

- Families are connected to community resources as evidenced by the number of referrals provided to participating families.
- Families are stronger as evidenced by both the decrease in risk and increase in each of the five protective factors. Families also indicated that the program has provided them with the assistance they needed, that it has helped them reach goals for their family and themselves.

- Families are satisfied as evidenced by the high percentage of families that indicated satisfaction with services and that their opinions are welcome and included in the program.

This program was not originally included in the approved Three-Year MHSA Plan, but it is intended to be funded through June, 2017.

2. Parent Child Interaction Therapy (PCIT)

Under contract with Plumas Rural Services (PRS), Plumas County Behavioral Health and PRS clinicians will be trained by UC Davis Children's Hospital to conduct assessments and provide parents real-time tools to "engage with" and parent their child. Funds are included for equipment and training. While the initial MHSA funding was anticipated to equip one site, expansion into other PCBH approved facilities may be contemplated before June 2017 with additional funding.

Plumas Rural Services (PRS) spent the 2015-16 fiscal year working to implement the foundational infrastructure required on site to launch the Parent Child Interaction Therapy (PCIT) program. The PCIT program equipment requires internet speed at fiber optic levels in order to adequately facilitate remote supervision of therapists, akin to the requirements for telemedicine. Staff worked the first several months of the year securing the additional funding to bring fiber optic connectivity to the PCIT site – PRS' main office at 711 E. Main Street in Quincy. Scheduling and undergoing the installation of fiber optic took several more months.

After the internet connectivity issue was completed, the agency was in a position to proceed with work towards acquiring the PCIT equipment and renovating the room to make it PCIT compliant. (This work was held until the fiber optic work was approved, so as not to encumber the additional equipment funds in case there was a prohibitive problem at the earlier project stages.) As of this report, PCIT equipment has been ordered and the space is being renovated to install the one-way mirror and equipment.

A contract has been completed with U.C. Davis to begin PCIT training of 2 PRS and 2 Behavioral Health therapists on September 1, 2016. The therapists to be trained include Allison Davis, Beth Grant, Becky Powers, and Sharon Sousa. Once the training program has begun and therapists can start working with clients, PRS anticipates receiving referrals from Child Protective Services and the First 5 Plumas programs, both from in-home visitors and PRS' mental health staff working in that program. PRS anticipates serving 17 clients with PCIT in the first year of service delivery, exclusive of the number of clients the Behavioral Health therapists may serve.

Although included in the approved Three-Year MHSA Plan in CSS, this program has been moved to PEI and the funding expanded to complete the implementation phase. The approved PCIT budget included in the Three-Year MHSA Plan was insufficient to support the development of even one PCIT site. In FY 2015-16, PRS requested a budget augmentation to increase the contract by $45,624 to be able to complete the infrastructure

upgrades needed to begin the next phase of the program, providing direct services to the program's first cohort.

3. SafeBase Youth Prevention Services

Under contract with Plumas Rural Services, this program targets youth 13-18 in each community and provides funds for a .30 FTE Coordinator and 1.0 FTE Youth Para-professional Counselor to provide weekly support groups for youth in Charter and Community schools. Staff works closely with schools and community organizations to promote wellness, resiliency, and healthy relationship skills in our youth.

As the Innovation (INN) program (described later in the Update) supports services in public schools, this effort is seen as complementary for charter and alternative school youth.

SafeBase is a program designed to promote wellness, resiliency, leadership, and healthy relationships in Plumas County young people through prevention and counseling. SafeBase's protective factors assist teens and young adults to increase their healthy coping skills and result in a lower incidence of mental illness in this population. SafeBase provides treatment by serving the Charter and Community schools in Plumas County, as well as students at Feather River College. A Youth Peer Counselor and a Program Coordinator facilitate groups at the schools during the school day. For these groups, evidence-based curriculums such as the One Circle Foundation (Girls Circle and Boys Council) and the CAST model are utilized. Groups also have an art journaling component. Since each group is unique, students give feedback on what they would like to learn and staff tailors the group to their specific needs and concerns. Groups also provide a basis for referrals to community resources and connection with adults in the community (through invited speakers). The facilitator is available before and after the groups for one-on-one meetings with students. Students can also choose to meet individually at the Plumas Rural Services office. Both staff have cell phones and are available by phone and text during business hours.

SafeBase also provides prevention in the form of Healthy Relationship Talks. In the last year, 10 talks were provided to groups of young people. These can also occur at the public junior high/high schools at the school's request, or in partnership with local community or Feather River College. We have presented at the Foster Youth Summit, the Independent Living Program (ILP) at FRC, in conjunction with Environmental Alternatives, Quincy High School, Quincy Charter School, and the Girls Rite program. SafeBase anticipates that this aspect of the program will continue to grow over the next year. These talks define healthy and abusive relationships, discuss consent, boundaries, and communication. They were very well received, with some talks lasting over two hours due to ongoing discussion and questions. Many of the young people have said that this is a subject they need to be able to discuss openly in an environment that is judgment free. One teen told the facilitator before a talk that "he'd really been pushing for some talk around healthy relationships. This is what we really need." After the talk he confirmed, "This was so helpful and exactly what I needed. Can you come back and do this again?" The goal is to give young people the tools to build relationships that result in healthier individuals, families, and communities. In this

way, SafeBase is promoting social supports as a protective factor against severe mental illness.

TAY engagement was included in the Three-Year MHSA Plan and anticipated the hiring of a PCBH-based Client Support Specialist to perform these functions. While a Client Support Specialist supports the TAY work program, SafeBase additionally supports a community organization with existing school relationships to provide youth engagement activities. Youth who appear to have more serious mental health needs are referred to PCBH for assessment and treatment, if needed.

4. ***Senior Prevention Services***
   Home-Bound Visiting Program Objectives 1 & 2
   Objective 1: To conduct mental health screening to home-bound seniors to identify individuals who are at risk for needing mental health services (N=100).

   Senior Connections is the home-visiting aspect of Plumas County Senior Services, in which a public health nurse visits a senior at home, and after a brief conversational assessment, helps connect the senior to resources in the community.

Senior Ages:		Contacts with Senior:	
Ages (in years):	Number of Clients:		
50-59	5	Correspondence	10
60-69	9	Follow-Up/Outreach (only includes Quincy when nurse started charting ride-a-long)	20
70-79	15	Home Visit	47
80-89	10	Phone Call (including voicemails left & unreachable)	122
90 & up	8	Total Contact	199

Ages Range: 52-95

In-Office Case Management/Collaboration with Referral/Resource: 1

Referrals:

Mental Health Services	3
Veteran Services	2

In Home Support Services	1
Adult Protective Services	1
CalFresh	1
Total	8

Receiving Mental Health Services: 6

PHQ-9: As determined by Mental Health Services, a score of 15/27 and up is cause for a referral

0-9	31
10-14	4
15-up	3
Total	38

3 seniors met this criteria, and all agreed to a referral

A. Staff have created or redeveloped screenings, tools and forms to be used as follows (Please see attached forms for review):

Home Visit & Screening Tools:

Nurse completes a brief health history, home bound priority determination assessment, mental health screening PHQ-9, HIPAA acknowledgment and program/referral consent.

Referrals are made based on nurse assessment of need and the senior's interest and consent.

Information on resources and health is given in the form of hand-outs.

Examples of Hand-Outs & Information Given:

- Beat the Heat (CDC)
- Fall Prevention (CDC)
- 1-800-NO-BUTTS (California's Smoker Help Line)
- Medications Tracker (FDA)
- Important Contact Information (Plumas County)
- Vaccine information
- Opioid Safety (Plumas County)
- Crisis Info: Sexual Assault Freedom and Education, Plumas County Resources to End Family Violence, Resource Center Info
- Community Connections (Plumas Rural Services): a time banking system

- Passages info (Area Agency on Aging): caregiver support, MediCare counseling, other resources for seniors
- Legal Services of Northern California
- Money Saving Programs for Seniors (Legal Services of Northern California)
- Plumas County Community Development Commission info: affordable housing, weatherization, utility assistance, utility saving tips
- In-Home Support Services
- Medi-Cal & Medi-Care Info
- CalFresh
- Vision & Dental info
- Local events calendars and flyers, i.e. farmer's market, Passages' Savvy Senior series, Senior Summit
- Veteran Services info

B. To date, 38 screenings were done to home-bound seniors in the Portola, Chester and Quincy areas. Another 40-50 screenings are scheduled to be completed during the next reporting period in the Quincy and Indian Valley areas.

C. Follow-up has not been completed. Forms/procedure barriers are being operationalized.

D. Quarterly check-ins have not been completed, as a quarter of a year has not passed since the first home visit.

Objective 2: Home Visiting Program (N=30)

A. A total of 199 contacts were made for the 47 participants visited, with a minimum of three contacts per a client and maximum of nine.

Sample of Contacts with Seniors:

Senior	Phone Call/Text	Case Management	Home Visit	Correspondence	Outreach/ Follow-up	Total
1	2	5	1	1	1	9
2	2		1		1	4
3	1		1		1	3
4	1		1		1	3
5	2	4	1		1	8
6	1		1		1	3
7	3		1		1	5

Follow-Up:

- Limited case management focusing on helping the senior find or access resources
- Referrals: paperwork completed and submitted; follow-up to ensure contact made
- Collaboration with community resources to address needs or concerns of senior
- Phone-call check in to senior: as needed, at 3 months, 6 months, or 9 months
- Home-visit: annually, and as needed

Referrals:

Nurse can make direct referrals to:

- Behavioral Health Services
- Calfresh
- Veterans Services
- Adult Protective Services
- Community Connections

B. Health promotions and referrals are being made as Senior Services Nurse deems appropriate (as noted in 2A).

C. One-on-one training and materials are provided on proper medication management and chronic health conditions (as noted in 1A and 2A).

D. Barriers/Challenges to Home-Bound Visiting program (Objective 1 & 2):

E. Along with the staffing change earlier in the project, the nursing staff changed again during the last reporting period. Public Health's new nurse works solely with the Senior Services program, which provides a more focused approach and has provided more stability for the program to start and maintain services. Due to this positive staffing change, we were able to complete the first round of visits in the Portola and Chester areas, as well as start visits in the Quincy area. During the next reporting period, all areas will have been given their initial home visits and subsequent visits will be provided upon need through the discretion of the Senior Services Nurse, providing nurse staff availability. With each staffing change, forms and procedures and are being modified as needed.

F. Reporting demographics has been a challenge, due to the paperwork routing and with programs needing differing information. The process is currently being improved and will be reported on in-depth during the next reporting period.

Senior Whole-Health Objectives 3 & 4

Objective 3: Senior Connections (N=10)

A. On November 4, 2014, 3-4 staff from each Senior Nutrition Site were trained on Community Connections and how to start encouraging seniors to get involved. Another training will be provided to Senior Services Nurses, IHSS, and APS during the next fiscal year. Once the staff trainings are completed, more information, resources, and trainings will be given to the client population.

B. Volunteers have not come forward. During the next reporting period, more intensive efforts to recruit volunteers will be made.

C. Volunteers will be trained after they are identified.

D. The Connections Plan as described in Objective 3 has not been fully implemented. The Senior Connections program, as outlined in activities 3A-3D has not been effective in recruiting participants to provide or accept services. Other activities augmenting this objective have been provided and scheduled for future senior connection activities, such as:

a. Senior Workshop Series. A workshop series in each area is planned to start in each area during the next reporting period. The first workshop to be conducted is titled, "The Vulnerability of Aging." Additional workshops will be provided based on the participant's feedback and request for topics.
b. Senior Summit: This event was planned for July 14, 2016, and provided a space for seniors of all ages (not just those participating in the congregate site lunches) to connect and share experiences and to learn about new available resources. Transportation was provided for all areas in Plumas County to attend. Topics included:
    i. How to Navigate the Denial of Coverage (Medicaid/MediCal)

ii. Local transportation resources and innovations to increase access to population centers
iii. Elder Abuse Awareness Campaign
iv. Free Vision Resources
v. Healthy Eating and Activing Living for Older Adults
vi. Free Legal Services, addressing inequities and denial of rights and medical necessities

Proposing Objective 4: Conducting Whole Health (N=50)

A. Three of the four Senior Nutrition sites have gradually implemented site-activity calendars. Quincy started in November, 2015, and Greenville and Portola began March, 2016. Participation in activities has determined if activities are held and continue to be scheduled. The most participated events in each area are Quincy Bingo (10), Portola Movie (29), and Greenville Food Pantry (5), totaling a non-duplicated count of 44 clients participating directly.

a. Quincy: An average of 31 clients frequent the site daily, exposed to the activities and information provided, and a daily average of 23 additional home-bound seniors are provided information and newsletter handouts.
    i. Low impact exercise class: two days a week. Participation averages six attendees with as few people as four and as many as nine.
        1. This class was a senior self-started class that previously met once a week, but extended to twice a week. Originally, the extension was planned to create both a male and a female class; at this point, there is one class open to all and regularly meets twice a week.
    ii. Puzzle/Games: one day a week. Participation averages four attendees with as few people as two and as many as ten. Bingo, which was started in March, 2016, happens once or twice a month and appears to be the best-attended activity.
    iii. Crafts: one day a week. This was implemented in June, 2016, and has only one day to report, with two participants.

b. Portola: An average of 25 clients frequent the site daily, exposed to the activities and information provided, and a daily average of 26 additional home-bound and seniors from the Mohawk area are provided information and newsletter hound outs.
    i. Bingo: Bi-weekly or more. Participation averages 13 attendees with as few people as ten and as many as 18. Bingo seems to be the most interactive/attended game activity so far.
    ii. Exercise video: This was canceled due to zero participation.
    iii. Movie: Due to input from the seniors the exercise video was replaced with a movie in June, 2016. The two events averaged 27 clients with the most participation at 29 and the least at 25.

iv. Board/Card Games: In addition to Bingo, these scheduled game events occur infrequently, happening once with three people, due to lack of participation.
v. Craft: Crafting is scheduled weekly, and averages six participants with as few as three and as many as eight. One project of note was a birdhouse building project provided by a local artist who taught the seniors and provided materials to make bird houses that are now hanging along the walkway of the Portola Park.

c. Greenville: An average of six clients frequent the site daily, exposed to the activities and information provided, and a daily average of 42 additional home-bound seniors are provided information and newsletter hound outs.
    i. Greenville Food Pantry happens weekly and averages four participants with as few as one and as many as five. The seniors get together and are shuttled to pick up food pantry items.
    ii. Music with Doug Sheehy started in May, 2016, and an average of five people participate.

d. Chester: An average of 41 congregate clients frequent the site daily, and along with an average of 13 home-bound clients, are exposed to the provided information and newsletter handouts. They do not implement a site activity calendar.

e. Additional Activities planned for the next fiscal year for all four sites include:

    i. Aging Support Group: Each site will be offered a support group based off the workshop series of, "The Vulnerability of Aging," and is planned to start during the next reporting period.
    ii. Free Vision assessments and eligibility determination (provided to both the sites and identified home-bound clients)
    iii. Blood pressure check day

B. Outreach and referral has been provided through the quarterly Senior Newsletter sent to all 200+ nutrition clients and is available at resource centers and online, a monthly e-blast for those who opt-in, and the Senior Summit. Please see attached newsletters and e-blasts for information and advertisements for:
    a. free legal services
    b. free flu vaccinations
    c. information on Medicare Part D
    d. Plumas County Veteran's assistance
    e. Home-bound nursing visitation
    f. Stroke Awareness
    g. Community Health Town Hall Meetings
    h. Transportation/nutrition services
    i. Site activity calendars
    j. Drug Take Back Day event
    k. "What's new with Medicare?" workshop

Application assistance is available through Plumas County Public Health Agency's Certified Covered California application assistant.

C. In addition to providing transportation for the extended site activities, sites have expanded their basic-needs transportation program (to and from the nutrition site, Doctor appointments and limited local and scheduled out-of-town shopping) to include local events to socially connect the seniors with other events and community members, such as in:

a. Quincy:
    i. Quincy Sparkle
    ii. Monthly Community Supper
    iii. Trips scheduled, but not utilized, include: Christmas Courthouse Sing, Graeagle Exercise Class Fieldtrip, Groundhog Fever Festival, Artist's Openings, Farm Film Fest, Weekly Music Lessons, Father's Day Breakfast & Hot Rod Show
b. Portola:
    i. Thrift Shopping
    ii. Trips scheduled, but not utilized, include: World Championship Longboard Race, Monthly Community Supper, Groundhog Fever Festival, Cowboy Poetry Show
c. Greenville:
    i. Weekly Food-Pantry
    ii. Indian Valley-wide yard sale
    iii. Chester Art Show
    iv. Quincy Farmer's Market
    v. Trips scheduled, but not utilized, include: Bordertown Taco Tuesday

Barriers/Challenges to Senior Whole-Health program (Objective 3 & 4):

Additional ride participation to community events is sporadic. This may be due to the continual shift senior transportation has experienced for many years due to funding struggles and the reliability of the program to provide more than basic services in the future. This may also be due to the nature of the events being scheduled and the energy level of participants. At this time, the reasoning is unknown, as clients are positive about wanting to schedule additional trips and activities, but the utilization has been sporadic, as stated.

It has taken all three sites several months to implement consistent calendars, but participation is gradually increasing in several activities. It is likely that it will continue to take time for seniors to view the new activities and events at the sites to be consistent enough to participate in.

Several strategies to encourage input on large event activities (such as newsletter excerpts for input and paper surveys) have been implemented, but feedback has been limited.

Greenville Site participation is lacking due to overall participation in congregate meals. The site is moving to a more centralized location, which we are optimistic will improve participation in both congregate meals and activities for the Greenville senior population.

Reporting demographics has been a challenge, due to the paperwork routing and different programs needing different information. This process is currently being improved, and will be reported on in-depth during the next reporting period.

5. ***Roundhouse Council - Youth, Elders and Family Outreach and Engagement***
   Roundhouse Council Youth Facilitator Calvin Hedrick supervised the Teen group which supported 11 teen participants. The facilitator met every week with the group throughout the 2015-16 school year, building a connection and rapport with each teen. During Teen group the facilitator led discussions on many topics of interest to the students, ranging from alcohol and drug use to suicide prevention. The facilitator used traditional storytelling and native-based curriculum to do weekly lessons with the youth. During the dance and hand-game component, participation is correlated to emphasizing student sobriety and mindfulness, "...to be good of heart and mind." When a student wasn't interested in Native song or dance, the staff took an opportunity to do a wellness "check in" with the student to offer support. Progress by the facilitator ranged from little interest in participation by the students to a positive outcome of the students choosing to outline and facilitate group discussions. During July and August, the teens took a break from group. With the beginning of the new school year and the second year of MHSA funding, the program will focus on building peer to peer support and facilitation based on student areas of interest.

   Roundhouse Council Women's Facilitator Genevieve Markussen led a group with six to 11 women. During this 12-week class, women worked on self-wellness and cultural activities. Through the use of traditional practices of storytelling and hands-on activities, discussions focused on domestic violence, how the use of drugs and alcohol are not traditional, and sexual assault. These topics were brought up by the participants and discussed with evidence-based curriculum. The facilitator taught the evidence-based curriculum for "positive Indian parenting." During this 8-week course, the participants learned hands-on parenting skills and techniques to use in their homes.

   During the 2015-16 reporting period, the facilitator supported a group of young women, ranging in ages of 11 to 17. During this female youth group, the girls and young women made traditional dance regalia, a cultural practice that teaches Native girls and teenagers traditional transitional practices to womanhood. The facilitator used these activities to do wellness "check ins" with the adolescents to ensure mindfulness, self-care and to offer support.

   Harvey Merino, a Roundhouse Council educator, facilitated daily activities with tribal students to keep them motivated until the next scheduled teen or girls' groups could meet. These activities focused on daily hand work, such as beading or basket making.

The students practiced hand-gaming once a week gearing up for tournaments. Roundhouse Council chaperoned trips with their youth groups to two youth hand-game tournaments, where they met with other Native youth to socialize and make lasting friendships.

Roundhouse Council hosted weekly Family Night dinners benefiting 15 to 30 participants each seating. Parents, elders and youth came together to engage in a cultural activity, storytelling, or family movie night, giving tribal youth the opportunity to interact with their elders in a positive and engaging manner.

Roundhouse Council's MHSA funding has resulted in consistent and positive engagement for participants. Roundhouse Council provides wellness programs which build connection, resilience, and engagement in the Native community.

6. ***Friday Night Live/Club Live Youth Prevention Program***

One-time MHSA funding was received and has been utilized to increase the number of Club Live Chapters in Plumas County, allowing all communities access to participation. This has also allowed for additional funding to be used to support the continued growth of Friday Night Live chapters.

Friday Night Live and Club Live are youth development programs, which engage youth in order for them to build skills and knowledge that prepare them for success. Youth development (an evidence-based strategy for building resiliency) reduces the risks of developing mental illness and abusing alcohol and other drugs by engaging young people as leaders and resources in their community, while also providing opportunities to build skills and strengthen bonds to school and improve their overall wellness. Approximately 85 youth participate countywide (Youth Council-14, Chester-26, Portola-24, Quincy-17, Greenville-4).

The program goals are to build resiliency and identify youth at risk for mental health or substance use issues. Key outcomes include reduced risk factors, increased protective factors, increased access to extended services and support for at-risk youth. Methods of measurement include: Youth Development Surveys, Focus Groups, and the California Healthy Kid's Surveys.

7. ***Contribution to Statewide PEI Efforts (CalMHSA)***

MHSA funding supports Plumas County's membership in CalMHSA's Joint Powers Authority for Statewide Prevention and Early Intervention Phase II and participation in the Each Mind Matters campaign. 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 reduce the likelihood of mental illness, substance use and suicide among all Californians. The initiative brings together three

current initiatives of Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health.

8. Community Mental Health Training

Feedback from the community focus groups repeatedly requested training for community members on reducing stigma and developing skills in recognizing signs and symptoms of mental health and/or suicidal behavior. This prevention program will contract with a provider to conduct community trainings in ASIST and Mental Health First Aid, both Evidence-Based Practices (EBPs). The trainer will conduct ASIST and MH First Aid training in all four regions of the county. Trainings will be offered to school personnel, first responders (including criminal justice), and interested community groups. Approximately 100 individuals will be trained in one or both EBPs each year.

Two Mental Health First Aid Trainings were completed in FY2015-16 with 30 participants on each occasion: (1) for Feather River Community College staff and adult education partners in July, 2015 and (2) for Plumas County Behavioral Health staff and all local community-based organizations and agencies, including health and human services agencies, in Quincy on June 15, 2016.

Changes to the Three-Year Plan

1. The Three-Year MHSA Plan states that "specialized services for children ages 0-7 and families will be available regionally" presumably through the hiring of county staff housed in the Wellness Centers or other local venue. Instead, these services are contracted through the First 5 Infant Mental Health Program and provide home-based one-on-one services for prevention and early intervention by a Licensed Marriage and Family Therapist. Services are coordinated with an Early Childhood Educator, a Case Manager, and two MFT interns, supervised by the LMFT. A budget augmentation will be allocated in FY16-17 in the amount of $144,683.

2. The Three-Year MHSA Plan includes regional development of Parent-Child Interaction Therapy and includes equipment costs in the CSS budget. In this Annual Update, the training and equipment costs were contracted out to Plumas Rural Services instead of a county staff delivery and equipment purchase undertaking. In the future, expansion of PCIT to additional locations, including at Wellness Centers, is expected. A budget augmentation was allocated in FY15-16 in the amount of $46,524.

3. The Three-Year MHSA Plan includes a School-Based Response Team Innovation Project, contracted with Plumas Unified School District, that was approved by MHSOAC in May, 2015. The second year of the project saw further Phase I implementation and there were barriers of unanticipated personnel, training, transportation, and incentives costs to the District. PUSD requested a budget augmentation in the amount of $70,000 that was allocated in FY15-16.

4. Plumas County has seen an increase in TAY age-related suicides, overdoses, drug and alcohol abuse, and sexual violence. Many of these incidences occurred within the TAY

population at the local school, Feather River College. Furthermore, Transitional Aged Youth are at an increased risk for first onset of a severe mental illness, are at the age when a first psychotic break may occur, and are more likely to self-medicate by abusing alcohol and other drugs. TAY are categorized as a more vulnerable population due to living away for the first time without known family/community supports, and with an increase in risk-taking behaviors due to their stages of cognition and development.

In addressing this population with higher risk factors, Feather River College is requesting to create in partnership with Plumas County Behavioral Health a Student Wellness Center/Safe Space on the school's Quincy campus. During FY2015-16, the Interim Director of Plumas County Mental Health met with the President of Feather River College to propose adding a fifth Wellness Center to Plumas County, by establishing a Student Wellness Center/Safe Place at the local community college in Quincy, CA. The implementation budget request for FY2016-17 is $143,300.

Student Wellness Center/Safe Space Concept - Feather River College

Introduction and Program Narrative

Expand, Coordinate, and Provide Mental Health Services for Feather River College Students

The purpose of FRC's proposed project is to create a full-time space and staffing on campus to deal with the various behavioral health issues faced by the student population at FRC with a focus on triage, intervention and prevention of behavioral health issues. This new office will collaborate with local agencies; provide training, outreach, and prevention education; coordinate the existing student seminars related to mental health; provide a first line support, crisis counseling, and referral service as needed; provide counseling for lower level cases and refer severely mentally ill clients as appropriate; and to establish a presence on campus with the goals of alcohol/drug education, suicide prevention, sexual assault awareness, personal and crisis counseling, supportive services for students and referrals with coordinating agencies. The intended outcomes are to provide significant on-campus education, as well as preventative counseling, intervention and referral services to FRC students.

The new Student Wellness Center is envisioned to create a positive and proactive presence on campus that will work with students, provide education, offer personal and crisis counseling in a safe space atmosphere, and be a resource for the mental health needs of FRC students.

Existing Campus Efforts

- Currently FRC has limited mental health capacity on campus and, as a result, partners with community agencies for limited services. These typically involve a handoff to a community agency with little diagnosis or intervention.
- Faculty and staff who identify students that need attention often wait until there is a significant activity before involving other campus resources. This may lead to dropping out of college or suspension from campus due to discipline problems that have escalated.

- Due to the overdose death of a student as well as two student suicides in 2014-15, FRC has responded with expanded orientation and monthly education sessions. Approximately 200 student-athletes and 50 general students attend these monthly sessions. While they started as drug/alcohol awareness education, additional topics included items such as sexual assault awareness and tobacco use prevention. Extensive student feedback pointed to new topics requested including suicide awareness and LGBTQ student/roommate/teammate issues.
- Approximately 200 students live in campus dormitories. Living away from home for the first time brings anxiety, roommate issues, and the need for intervention. This year alone, there have been approximately five housing evictions due to violations of the Housing Contract and discipline issues involving fighting and confrontational behavioral issues. While the Resident Assistants and Housing staff deal with these situations, they are not mental health professionals trained to proactively intervene and prevent such behavior from escalating.
- FRC has two certificated counselors on campus. However, their primary function is not specifically counseling students, as they have other jobs, yet happen to hold counseling credentials. There is a need for a full-time employee whose main function is to act as a resource and counselor for students in need, outside of academic and career advising.

Request for Funding and Plan to Address the Mental Health Need of FRC Students

The request is to provide a full-time mental health clinician (1.0 FTE FRC employee) and support staff, TAY Client Support Specialist (provided by Mental Health) to staff a new center on campus dedicated to the prevention, education, and support of mental wellness for FRC students. This center will coordinate with other agencies, providing referrals for situations that need further medical attention. In addition to first-level counseling, triage and screening criteria will be in coordination with local program partners.

The new center will also be responsible for continuing and expanding the mental health seminars on campus (drug/alcohol, sexual assault, suicide prevention, etc.). It will also be responsible for working with existing Safety Committee, Student Incident Team, Health classes, and general student body education related to mental health. Faculty who identify students in need will work with the center to provide necessary services for students. FRC is working with other grants, such as SAMHSA - Substance Abuse and Mental Health Services Administration, for a suicide prevention program, and the requested funding will further this partnership.

Existing partnerships with PCIRC, Plumas County Behavioral Health, Plumas District Hospital, Plumas Rural Services and other agencies will continue. The new center will provide a first level triage and behavioral health services, and refer severe situations and follow-up cases to community partners.

Under supervision of the Dean of Student Services, the clinician will oversee the daily operations of the Student Wellness Center/Safe Space on campus; provide personal and crisis counseling assistance to students; prepare and monitor the program budgets; provide referral to mental health partners as necessary; coordinate education and outreach activities; provide orientation materials related to mental wellness for students; and perform related duties as assigned.

- Develop and foster relationships with teaching faculty by attending all curriculum meetings, Academic Senate meetings, Division meetings, Safety Committee meetings, and Student Incident Team committee meetings
- Provide personal counseling to include: referrals to local mental health providers, communication with students, parents of minors, and at-risk students; conduct interventions, participate in the Early Alert process, establish and maintain relationships with outside agencies and mental health providers

Under general supervision of the Mental Health Clinician, the TAY Client Support Specialist provides a variety of complex, paraprofessional and administrative support to various program areas within student services that includes program intake and screening, data entry, and maintenance of student and program files; provides information and assistance to students regarding available programs and makes referrals for individuals seeking services; assists in the preparation and maintenance of program budgets and completing federal, state, and local reports; and performs related duties as assigned.

This job is distinguished from other jobs by its focus on paraprofessional and administrative support for various tasks within the program areas, assistance with program budgets and reporting, and responsibility for independent initiation and processing of various activities related to mental health services.

This position is a Plumas County Behavioral Health employee who is located at the new Student Wellness Center/Safe Space office on the FRC campus.

Correlation with Mental Health Services Act Three-year Program and Expenditure Plan

On December 16, 2014, the Plumas County Board of Supervisors approved the Mental Health Services Act for FY 2014-2017 three-year program and expenditure plan. This proposed Mental Wellness/Safe Space Center Concept at Feather River College fits exactly with the MHSA Program Components listed in the approved plan.

The proposed center at FRC meets the definition submitted and will provide the exact services as detailed in the MSHA plan:

- "... the CSS Program Plan develops services and a Wellness Center in each of the distinct regions in Plumas County: Chester, Indian Valley, Portola, and Quincy. The Wellness Center model offers a consumer-driven, community based alternative to the traditional clinic atmosphere, and provides a casual and friendly environment that empowers consumer voice. Each center will be located in a house or other structure, depending upon the availability in each community. Each of the four centers will offer a range of services that are consumer-focused and recovery-based, helping us to enhance our mental health services system and improve access to services. 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); alternative therapies; walking groups; etc. (Exhibit B, Page 5 of Plumas County Mental Health MHSA FY 2014-2017 Three-Year Program and Expenditure Plan).

Note that FRC is proposing to implement the Wellness Center model with a campus-based Wellness Center in addition the community sites proposed in the plan.

- "Specialized services for children ages 0-7 and families will be available regionally, and will include utilization of the evidence-based practice 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. Services will be available in each of the four communities, at the schools, and other locations. There will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients. We will develop strategies to help clients and family members learn how to manage their chronic health conditions, learn skills in cooking on a limited budget, and being more involved in walking and other wellness activities." (Exhibit B, Page 5-6 of Plumas County Mental Health MHSA FY 2014-2017 Three-Year Program and Expenditure Plan).

  Note, the proposed activities in the FRC Student Wellness Center will be available to parents of the Early Childhood Program and Child Development Center on campus.

- TAY Engagement Activities – Stakeholders identified the need to develop healthy activities for Transition Age Youth in each community. This PEI program would hire a 1.0 FTE Client Support Specialist 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. (Exhibit C, Page 10 of Plumas County Mental Health MHSA FY 2014-2017 Three-Year Program and Expenditure Plan).

  Note that FRC's proposed Student Wellness Center will be a well-placed resource to enhance Transitional Age Youth Prevention and Early Intervention efforts.

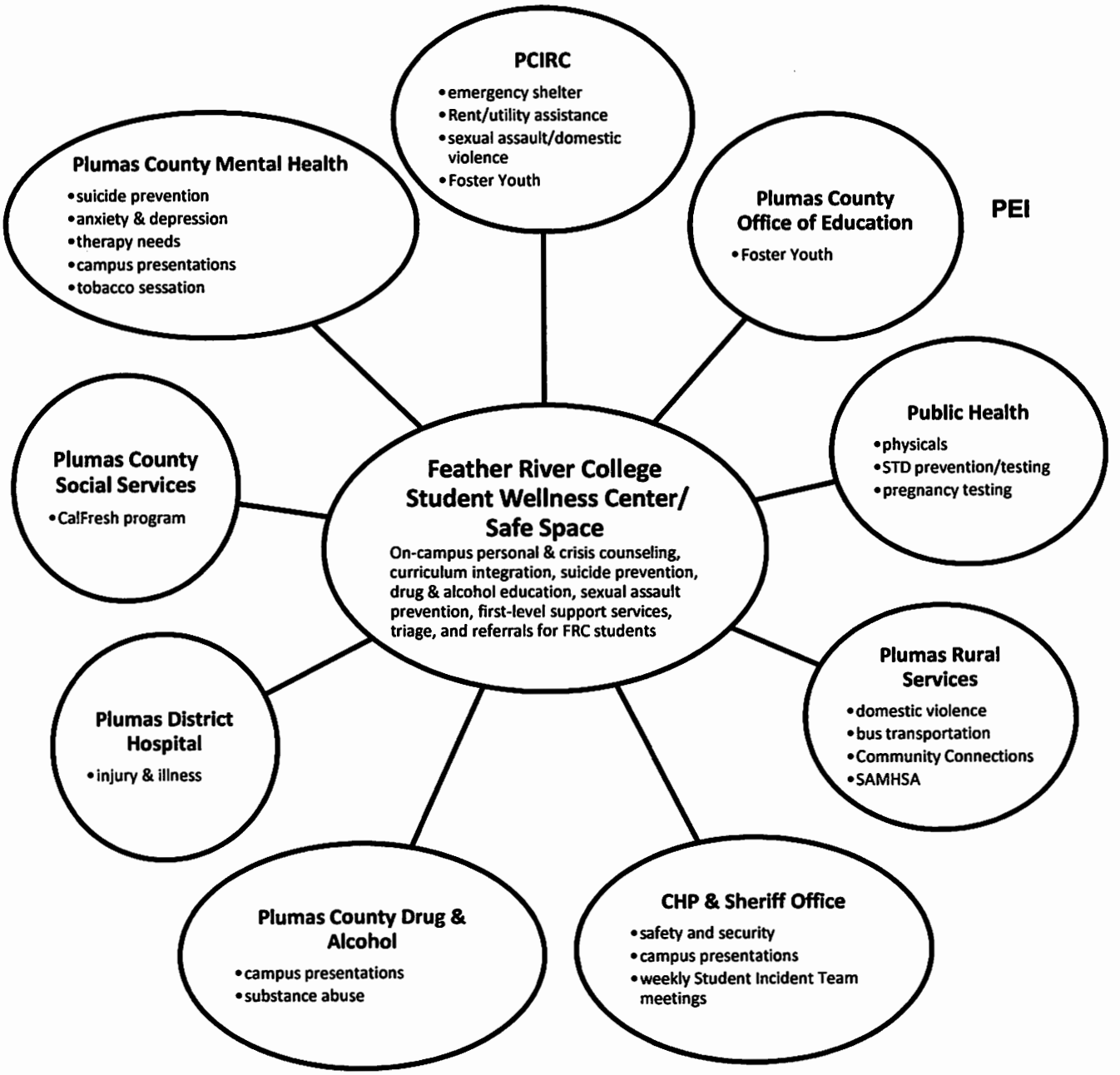
  The budget includes a Clinician (licensed therapist: MFT, LCSW, etc.) as a full-time FRC employee on campus. The TAY Client Support Specialist will be a Plumas County Behavioral Health employee assigned to campus at the new Student Wellness Center/Safe Space. Start-up costs for developing a new office are included. Additional funding is requested for statewide training and conferences, outreach and educational teaching supplies, campus presentations and orientations, and guest speakers that will enhance the mental health on the campus community.

FRC Student Wellness Center/Safe Space 2016-17 Proposed Budget – MHSA Year 3

Item	Description	Funding Period	Allocation

Clinician (MH Therapist I) - 10 months	Salary	10/01/16-6/30/17	$ 81,000
	Benefits	10/01/16-6/30/17	$ 28,800
TAY Client Support Specialist – 12 months	PCBH Employee		
Startup Costs	• Misc. supplies including • Computers and printer • Office furniture • Reception area	10/01/16-06/30/17	$ 11,000
Outreach and Educational Supplies	• Supplies for outreach activities on campus, advertising	10/01/16-06/30/17	$ 9,000
Conference and Statewide Meeting Travel	• Participation in statewide conferences • Participation in training and certification	10/01/16-06/30/17	$ 7,500
Speakers and Presentations	• Guest speakers on campus • Campus presentations • Classroom demonstrations	10/01/16-06/30/17	$ 6,000
		Total	$ 143,300

The following partners currently work with FRC in the capacities listed. These relationships will continue under the Mental Wellness/Safe Space Center for referrals, further treatment, and situations that could not be handled on campus through the center. All of these partners would be participating with the Student Wellness Center/Safe Space.



Innovation – Plumas County

PUSD School-Based Response Team

Program Number/Name: Plumas Unified School District (PUSD)

1. ***Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.***

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

2. ***Describe the reasons that your selected primary purpose is a priority for your county.***

The goal of the Plumas Unified School District (PUSD) Innovation Program is to improve response to and decrease occurrence of potential threats in Plumas County schools, including presentation of suicidal ideation, reported self-harm behaviors and reported bullying behaviors by establishing improved communication and sharing of resources across agencies and improving school climate.

Plumas County has had school threat situations in each of the past three years. In addition, there is a high incidence of suicidal ideation and cutting behavior among children and youth and high incidence of bullying. School staff feels helpless and does not have a plan of action to resolve these threats and lack a systematic response to bullying behavior. During TAY stakeholder focus groups, youth reported that school threats, suicidal ideation, and bullying were significant issues in the schools. Youth also described the increased number of students who are cutters and that cutting can be a gateway to drug use.

The PUSD Innovation Project continues to be beneficial to our communities in terms of successful provision of prevention services, creation of School Based Response Teams and innovative collaborative funding. MHSA provides funding for salaries/benefits of Student Service Coordinators in each community, support for Lead Student Service Coordinator supervision to ensure quality of service delivery and training support for implementation of Positive Behavior Interventions and Supports (PBIS) and staff development. PUSD provides funding for administrative oversight of staff/school site project development/payroll processing/HR support/contract management/fiscal supervision, IT equipment/staff support, infrastructure (buildings/maintenance support) and additional training in continued support of the mission of the project.

Key successes that have been experienced are: the increased provision of social/emotional skill building and learning for staff and student/family support through the Student Service Coordinator (SSC) positions, progress on development of a protocol for potential threats across agencies

involved, training of staff on social/emotional supports and the value it adds to academic and behavioral outcomes, improved communication with outside agencies and increased access to services for students/families due to presence of para-professional social work support (SSC) and progress on implementation of PBIS at each school site. Initial data to support success of PBIS implementation is noted below in decrease of Office Discipline Referrals from sites operating the model with fidelity. For optimal sustainability, PUSD is anticipating the need for continued MHSA support into the next MHSA Planning Phase under Prevention Projects due to the success of this blended funding model.

Objective 1 - Establish School-Based Response Team

The first objective is to establish a School-Based Response Team (SBRT) consistent with Local Control and Accountability Plan (LCAP), Uniform Behavior Expectations and each schools Comprehensive Safety Plan.

Activities	Progress	Timeline for completion	
		Year 1	Year 2
1. Establish a School Based Response Team (SBRT) consistent with the Local Control and Accountability Plan (LCAP), Uniform Behavior Expectations and each school's Comprehensive Safety Plan as a collaborative effort between Plumas County Sheriff's Department, Plumas Unified School District/Plumas County Office of Education, Plumas County Mental Health and Plumas County Probation Department.	PUSD internal School Based Response Team members identified. Next step: Outside agencies to identify staff appropriate for response.	SBRT members established by 6/30/2016	Monitor and evaluate function of SBRT
2. Develop protocol for response to reported suicidal ideation, self-harm and bullying behaviors within schools in accordance with Uniform Behavior Expectations and the Comprehensive Safety Plan. Protocol shall include response and follow up/referral/disposition after intervention and shall be developed in collaboration between Plumas County Office of Education/Plumas Unified School District, Plumas County Mental Health and Plumas County Sheriff's Department.	Protocol has been reviewed and approved by PUSD Administration and Plumas County Sheriff's Department. Awaiting review and approval by Mental Health Department.	Protocol to be completed by 10/30/2016	Monitor and evaluate function of protocol
3. Establish Memorandum of Understanding (MOU) across agencies, including Plumas County Sheriff's Department, Plumas Office of Education/Plumas Unified School District and Plumas County Mental Health, for actions appropriate within established protocols for response to suicidal ideation, self-harm and bullying behaviors within the school system.	MOU between agencies will be created based off of the agreed upon protocol above.	MOU to be established by 3/2017	Monitor and evaluate function of MOU
4. Establish and maintain Student Services	All Student Service	Completed	Fill any

Coordinators within each major community in Plumas County: Chester/Lake Almanor Area; Greenville Area; Quincy Area; and Portola/Graeagle Area to provide social/emotional support of student body and families; parent advocacy; school home connectivity; linkage to needed non-academic services; coordination of services for students and families; and social skills training and development student body.	Coordinator positions currently filled.	8/2015	vacancies that occur
5. Conduct Evaluation of Prevention/Early Intervention Program and the collaborative efforts of participating agencies based upon key identified data elements. Produce an evaluation report to Plumas County Mental Health and all collaborating agencies.	Data elements have been identified in collaboration with Mental Health Department. Initial baseline data has been collected. Additional data provided to show project impact and successes.	Initial data collection completed	Collect and compare data 15/16-16/17

Activities include:

1. Establish a School-Based Response Team (SBRT) consistent with the Local Control and Accountability Plan, Uniform Behavior Expectations and Comprehensive Safety Plans for each school as a collaborative effort between Plumas County Sheriff's Office, Plumas Unified School District/Plumas County Office of Education, Plumas County Behavioral Health/Alcohol and Other Drug Program, and Plumas County Probation Department.
2. Develop protocol for response to reported suicidal ideation, self-harm and bullying behaviors with the schools in accordance with Uniform Behavior Expectations and the Comprehensive Safety Plan. Protocol shall include response and follow-up/referral/disposition after intervention and shall be developed in collaboration between Plumas County Sheriff's Office, Plumas Unified School District/Plumas County Office of Education, Plumas County Behavioral Health/Alcohol and Other Drug Program, and Plumas County Probation Department.

3. Establish Memorandum of Understanding (MOU) across agencies, including Plumas County Sheriff's Office, Plumas Unified School District/Plumas County Office of Education, Plumas County Behavioral Health/Alcohol and Other Drug Program, and Plumas County Probation Department, for actions appropriate within established protocols for response to suicidal ideation, self-harm and bullying behaviors within the school system.

4. Establish and maintain Student Services Coordinators within each major community in Plumas County - Chester/Lake Almanor; Greenville/Indian Valley; Quincy Area; and Portola/Graeagle Area – to provide social and emotional support of student body and

families; parent advocacy; school and home connectivity; linkage to needed non-academic services; coordination of services for students and families; and, social skills training and development within student body.

5. Conduct evaluation of Prevention/Early Intervention Program and the collaborative efforts of participating agencies based upon identified key data elements. Produce an evaluation report to Plumas County Behavioral Health and all collaborating agencies.

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. The team will also use evidence-based practices to offer suicide assessment and prevention, train school staff on bullying prevention, and provide the clinical services needed to address any identified issues.

Collaboration across agencies is difficult to measure and may fluctuate, 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.

Objective 2: Improve School Climate

Activities	Progress	Timeline for completion	
		Year 1	Year 2
1. In collaboration with Plumas County Mental Health, establish metrics to measure School Climate and/or identify data points that are indicators of School Climate.	Data points to be collected have been established in collaboration with Mental Health Department. California Healthy Kids Survey has been conducted- awaiting results.	Completed	
2. Administer established metrics at each school site in Plumas Unified School District and/or gather identified School Climate indicator data.	Initial baseline data has been collected - see data reporting section. California Healthy Kids Survey has been conducted- awaiting results.	Completed	Collect and compare data
3. Establish qualified Lead Student Services Coordinator for ongoing training and supervision of paraprofessional	Lead Student Services Coordinator was established August, 2015	Completed	

services delivery to student body and families.			
4. Provide staff training for development of skill in the areas of: local resource availability and appropriate referral processes; social/emotional support skills and social skills training for student body and families; screening for appropriate referrals to outside agencies; screening for potential threats (peer conflict, self-harm behaviors, suicidal ideation and bullying behaviors); interventions for early identified threats and protocol for consultation; bullying prevention; suicide prevention and early intervention; positive social skill development; and, other identified relevant training needed as project progresses.	Provided to date: Multi-tiered approach to suicide prevention, PBIS Tier development, PBIS overview(classified staff), Social/Emotional Nuts & Bolts(all staff), Kognito (certificated staff), Kognito (classified staff), Neurobiological effects of trauma (SSC), Active Listening (SSC), Building relationships within school setting(SSC), Strengthening school community(SSC), Prevention-Social/emotional skill building groups (SSC), Basic Social Work Practice (SSC), Teen Depression (SSC), Autism (SSC), Male Survivors of Sexual Abuse (SSC), School Culture and Climate Conference (SSC)	In Progress	To be continued through 16/17 school year
5. Continue implementation across school sites of Positive Behavior Interventions and Supports.	In progress at each site in each community.	In Progress	Continued through 16/17
6. Conduct evaluation of Prevention/Early Intervention Program based upon identified key required data elements and produce evaluation report to Plumas County Behavioral Health and all collaborating agencies.	To be completed at end of project.		

DATA – Demographics - Baseline District Data, Student Services Coordinator Specific Data, PBIS Progress Data & Promising Initial Qualitative Data

Demographics – Baseline District Data

Enrollment by Age per Community

Community	14/15 School Yr 16-25yr old	14/15 School Yr 0-15yr old	15/16 School Yr 16-25yr old	15/16 School Yr 0-15yr old
Chester	65	367	79	298
Greenville	49	221	48	157
Portola	121	596	131	496

Quincy	139	584	153	478

Truancy Rates by Community (15/16 final data not yet available at this time)

Community	2014/2015 school year	2015/2016 early fall data
Chester	2.24%	.58%
Greenville	3.23%	.75%
Portola	4.71%	1.09%
Quincy	2.32%	.54%

Absence Rates by Community (final 15/16 data not available at this time)

Community	2014/2015 school year	2015/2016 early fall data
Chester	5.76%	1.22%
Greenville	7.15%	1.97%
Portola	7.03%	1.87%
Quincy	6.32%	1.55%

District Wide Student Population- Race/Ethnicity

Race/Ethnicity	14/15 School Year Raw Number	15/16 School Year Raw Number
American Indian or Alaskan Native	132	16
Asian Indian	5	
Black or African American	53	21
Asian		21
Multiple		95
Cambodian	2	
Chinese	11	
Filipino	10	
Guamanian	1	
Hawaiian	4	1
Japanese	4	

Korean	3	
Laotian	7	
Other Asian	1	
Vietnamese	2	
White	1907	1356

District Wide Student Population- Hispanic/Latino & Non-Hispanic/Latino

District Wide Student Population	14/15 School Year Raw Number	15/16 School Year Raw Number
Hispanic/Latino	264	278
Non-Hispanic/Latino	1643	1562

English Language Learners by Community

Community	14/15 School Year Raw Number	15/16 School Year Raw Number
Chester	2	7
Greenville	1	1
Portola	58	63
Quincy	11	12

Percentage of Students by Community with Individual Education Plans

Community	14/15 School Year Percentage	15/16 School Year Percentage
Chester	8.10%	9.81%
Greenville	8.89%	12.68%
Portola	10.88%	12.12%
Quincy	9.54%	11.72%

Homeless Qualifying Population by Community

Community	14/15 School Year Raw Number	15/16 School Year Raw Number
Chester	11	51
Greenville	9	23
Portola	38	43
Quincy	18	11

Failing Grade

(D's or F's) Percentages by Community Jr. /Sr. High (year-end data unavailable at this time)

Community	Quarter 4 – 14/15 School Year	Quarter 1 – 15/16 School Year
Chester Jr. Sr. High	10.22%	11.15%
Greenville Jr. Sr. High	11.90%	13.14%
Portola Jr. Sr. High	16.32%	18.39%
Quincy Jr. Sr. High	7.82%	8.17%

Free and Reduced Meal Program Counts by School

School Name	Total Enrollment 2014/2015	Free & Reduced Meal Program 2014/2015	Total Enrollment 2015/2016	Free $ Reduced Meal Program 2015/2016	Socio-Economically Disadvantaged 2015/2016
Jim Beckwourth High (Continuation)	15	6	10	4	4
C. Roy Carmichael Elementary	350	221	364	236	242
Portola Jr. Sr. High	242	115	253	114	125
Quincy Elementary	307	140	315	131	144
Quincy Jr. Sr. High	331	94	316	65	73
Chester Elementary	230	119	313	135	138
Chester Jr. Sr. High	178	64	163	65	68
Indian Valley Elementary	122	76	120	76	86
Greenville Jr. Sr. High	91	49	85	39	45

Student Services Coordinator Service Delivery Data

- Student Service Coordinators provided 3536 individual support contacts to a student either directly with that student or with a supporting party (parent/guardian, teacher/school staff consultation, consultation with an outside agency) throughout the

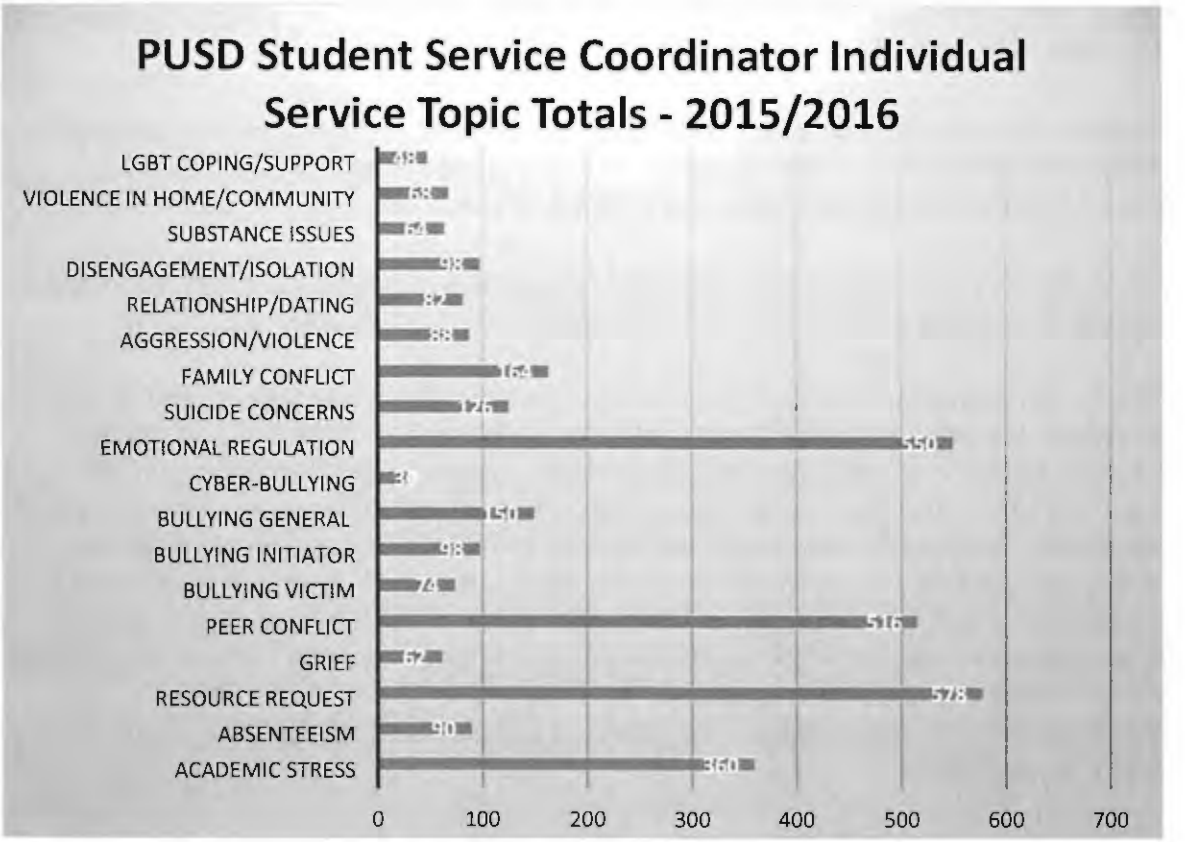
school year. 1550 of those individual service contacts were resolved without further support or referral needed.

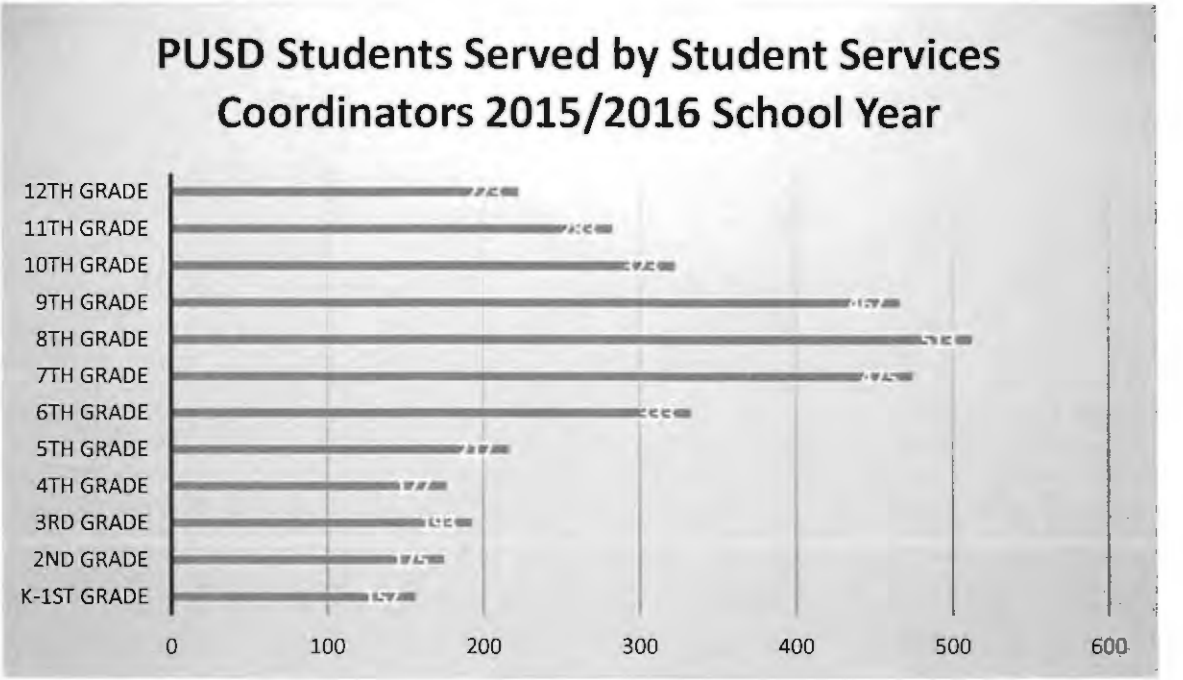
- PUSD Student Service Coordinators consulted with Plumas County Behavioral Health for the purposes of assisting existing clients or making new referrals 314 times throughout the school year supporting treatment goals and improving access to care.

- PUSD Student Service Coordinators provided 704 parent/guardian contacts for support and connection to services throughout the county during the school year.

- In addition to the individual services provided to students described above and as seen in charts below, Student Services Coordinators provided group interventions across grades 1-12 scheduled at various times and for various purposes depending on the specific school site's identified need. Group interventions, whether whole class or small group, all aimed at building social skills, as well as emotional regulation skills for the students served. As PBIS is more fully implemented, behavioral data that is gathered through the office discipline referrals will help determine evidence based interventions that are necessary as well as effective for the issues present at each school site. Some of the interventions provided were provided by sites further along in the PBIS implementation process and selected based off of behavioral data that had been collected by those sites.

- Below the following charts there are PBIS implementation levels for each school site and some initial promising data from two school sites practicing with fidelity the Tier I of PBIS.


PUSD Student Service Coordinator Individual Service Topic Totals - 2015/2016
LGBT COPING/SUPPORT
VIOLENCE IN HOME/COMMUNITY
SUBSTANCE ISSUES
DISENGAGEMENT/ISOLATION
RELATIONSHIP/DATING
AGGRESSION/VIOLENCE
FAMILY CONFLICT
SUICIDE CONCERNS
EMOTIONAL REGULATION
CYBER-BULLYING
BULLYING GENERAL
BULLYING INITIATOR
BULLYING VICTIM
PEER CONFLICT
GRIEF
RESOURCE REQUEST
ABSENTEEISM
ACADEMIC STRESS
0
100
200
300
400
500
600
700


PUSD Students Served by Student Services Coordinators 2015/2016 School Year
12TH GRADE
11TH GRADE
10TH GRADE
9TH GRADE
8TH GRADE
7TH GRADE
6TH GRADE
5TH GRADE
4TH GRADE
3RD GRADE
2ND GRADE
K-1ST GRADE
0
100
200
300
400
500
600

Positive Behavior Interventions and Supports (PBIS) – Progress on Objectives of Contract & Promising Qualitative Data

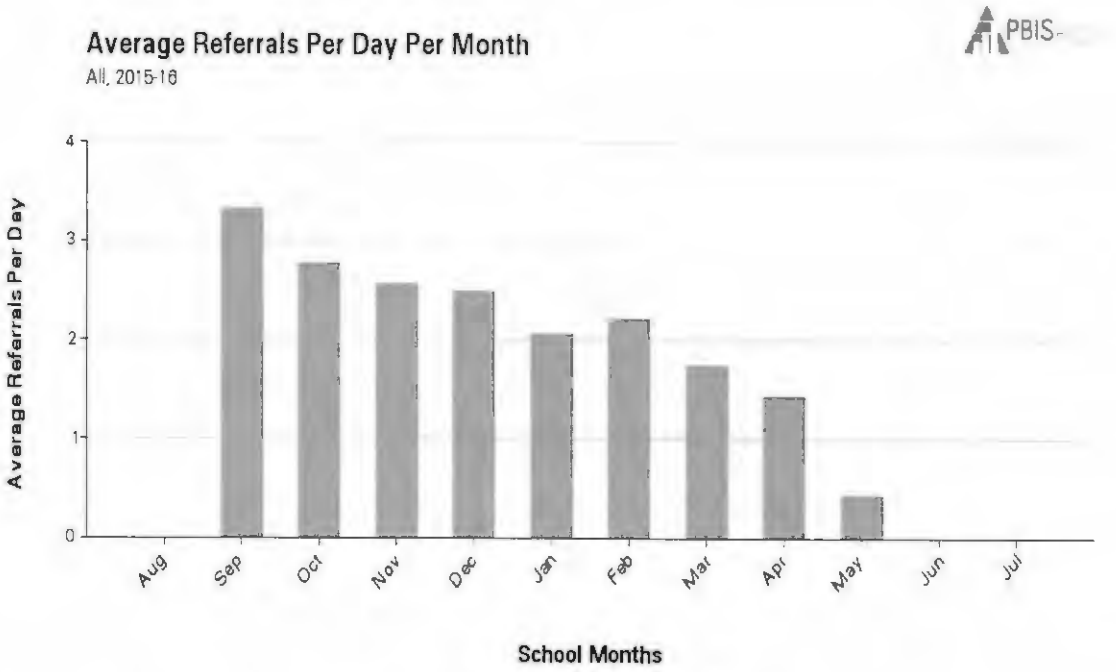
PUSD School Site Specific PBIS Implementation and Training Levels

- Chester Elementary: Tier 1/2 Booster – New administration
- Chester Jr Sr High: Tier 1/2 Booster- New administration
- Greenville El/Jr Sr High: Tier 1/2 Booster- Extra support for the Charter partnership
- Quincy Elementary: Tier 1/2 Booster- New administration
- Quincy Jr Sr High: Tier 1/2 Booster- New administration
- C Roy Carmichael: Tier 1/2 Booster- New administration
- Portola Jr Sr High: Tier 1/2 Booster- enhance Tier II to parallel the RTI academic intervention (tutorial period) added this year to parallel PBIS

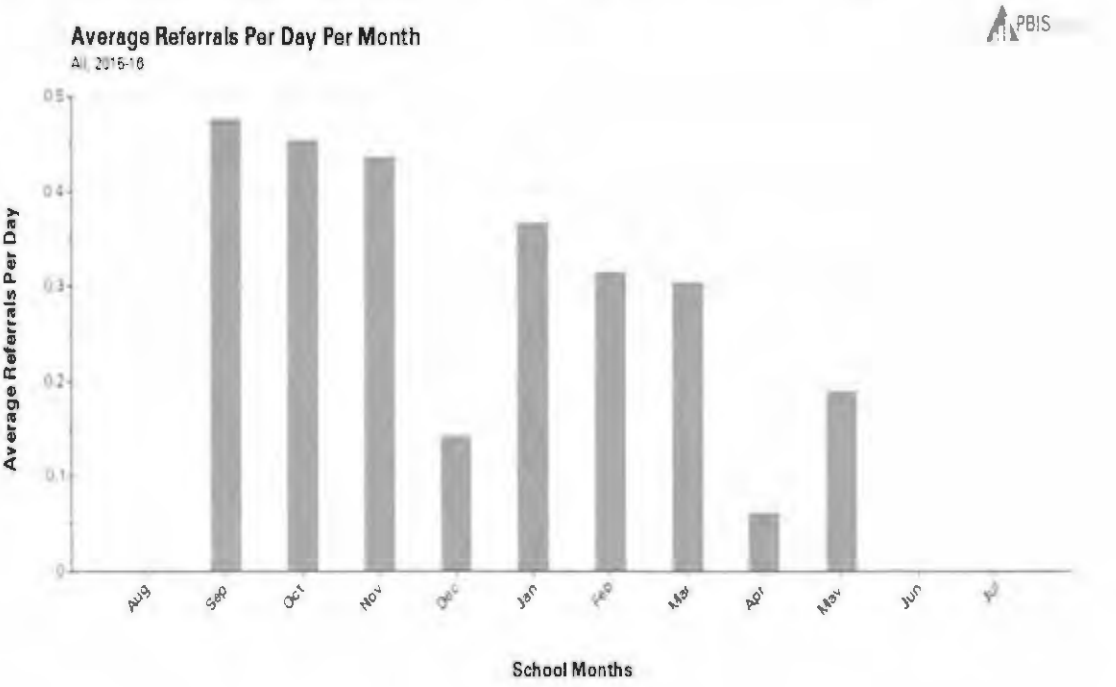
Office Discipline Referral Qualitative Data

This was the first year of Tier I implementation of PBIS at both C. Roy Carmichael Elementary (CRC) and Portola Jr. Sr. High School (PJSHS). As measured by Tiered Fidelity Inventory conducted by an outside agency, CRC and PJSHS were practicing Tier I with fidelity. Office Discipline Referrals reduced dramatically throughout the year with implementation. Typically, there is a spike in negative behaviors in the spring months, however both CRC and PJSHS saw a decline of referrals instead. This is promising data reflecting the preventative elements of PBIS for behavior intervention in our local schools. It is also promising in the potential reduction of Mental Health referrals given that behavior problems at school often stimulate referrals for services. As we reduce the behavior problems at school sites with effective evidence based interventions such as this, partner agencies should also experience a decrease in referrals for mental health assessments/services.

CRC Office Discipline Referral Data – 2015/2016 School Year



PJSHS Office Discipline Referral Data – 2015/2016 School Year



2. ***Which MHSA definition of an Innovation Program applies to your new program, i.e., how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system***

of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

This Innovation Project will make a change to the evidence-based practice model by developing a collaborative response team in each unique community within the county to specifically address school and community potential threats for this small rural community. The School-Based Response Team will be available throughout the communities in the county to address many of the key issues identified on our MHSA surveys and in our focus groups. The School-Based Response Team will respond to all potential threat situations and conduct school threat assessments after protocol, established through the PUSD/PCBH contract; identify situations of bullying; and provide follow-up referrals for 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 in a very small rural environment. We will adopt a proven model of response to use in the schools, to address potential school threats and bullying incidents. We will evaluate the effectiveness of this enhanced collaboration, to determine the effectiveness when agency staff may differ, with each potential threat situation, depending upon the time of day, or shift. The expected learning outcomes will be to understand the collaborative process, training needs of all team members, and success in resolving potential threat 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, link the individual and/or family to ongoing supportive services, as needed, and perform after action reviews to make improvements in the response as appropriate.

3. ***Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.***

The School-Based Response Team model of collaboration and timely response to critical incidents supports and is consistent with the MHSA General standards. We will develop, measure, and test 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, evaluations, celebrate positive outcomes, and make constructive improvements to response services.

Our services are culturally competent and available in English and Spanish, whenever possible (Plumas County does not have a threshold language). As we work closely with the schools to reduce school threats and bullying, we also offer supportive services to high-risk youth and their families. We are developing a mental health service delivery system that focuses on wellness, recovery, and resilience through the community-based Family Wellness and Resource Centers. The School-Based Response Team will help promote collaboration and integrated services in the schools and with allied agencies.

4b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The target population for the Innovation Program shall include students in all four communities:

- Total Student Population: 1840
- Children, Families, Transitional Age Youth (TAY)
    - Estimated number of TAY to be served: 140-175
- All race and ethnic backgrounds within existing population
- Male and female
- Vulnerable populations within the student body

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.

4. ***Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.***

We will develop, implement, and evaluate the effectiveness of the modified School-Based Response Team's collaboration across the three-year time period. This period will allow ample time to hire and train staff; develop and test standard tools for threat assessments and timely response to crisis and critical events; and develop and test protocols for responding to the bullying behavior. We anticipate that we will start to implement components of this program within the first three months of funding; however, full implementation and collaboration of services will occur by the end of the first year. This strategy will allow two additional years to fully implement and study the effectiveness of this approach and share our learnings with other counties.

Evaluation activities will be developed in the first three months, and 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 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 it to another category of MHSA funding, such as PEI.

5. ***Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.***

We will collect data on 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 across agencies is difficult to measure and may fluctuate, 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 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.

Our evaluation activities will be developed and implemented with guidance from the Plumas County Behavioral Health Quality Improvement Committee with oversight by the Plumas County Mental 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.

6. ***Describe how the County will decide whether and how to continue the Innovative Project without Innovation funds.***

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

7. ***If applicable, provide a list of resources to be leveraged.***

In addition to MHSA funding, we will utilize Medi-Cal revenue, whenever possible, to support the School-Based Response Team, as well as funding ongoing mental health treatment services delivered to youth and family members identified through the School-Based Response Team activities. PUSD/PCOE provides in-kind support for the INN program for staffing and training. Additionally, the district supports statewide CalMHSA and Department of Education training through Placer County Office of Education's multi-year collaboration for Positive Behavioral Interventions and Supports including data systems development, incentives, and refresher trainings.

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

While the Three-Year MHSA Plan included cumulative funding of 9 years of INN, subsequent discussions with MHSOAC clarified the availability of only 5 years of funds. As a result, the current INN plan approved by MHSOAC in May, 2015, reflects a downsized scope and activities of the original INN plan proposed by Plumas Unified School District.

INN - NEW ANNUAL PROGRAM BUDGET

	Type of Expenditure	FY 2015	FY 2016	FY 2017	Total
1.	Personnel expenditures, including salaries, wages, and benefits	$116,000	$134,000	$232,000	$482,000
2.	Operating expenditures		$37,500	$37,500	$75,000
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program				
4.	Contracts (Training Consultant Contracts)				
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative		$52,000		$52,000
	Total Proposed Expenditures	**$116,000**	**$223,500**	**$269,500**	**$609,000**
B. REVENUES					
1.	MHSA Innovation Funds	$116,000	$223,500	$269,500	$609,000
2.	Medi-Cal Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Any other funding (specify)				
	Total Revenues	$116,000	$223,500	$269,500	$609,000
C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)		**$116,000**	**$223,500**	**$269,500**	**$609,000**

Workforce Education and Training (WET)

1. Provide a program description.

PCBH WET funding provides staff and consumer training and development, including onsite and regional training across an array of topics, including wellness, recovery, resiliency, cultural competency and linguistic skills, and Mental Health First Aid and ASIST train-the trainer modules (in PEI portion of Plan). This funding also provides staff and volunteers access to online training courses. WET funding in this category also designates local discretionary funds for each regional Wellness Center (Chester, Indian Valley, Portola, and Quincy) to choose training in mental health topics that are relevant to the local population.

The TAY and Consumer Work Consumer Pathways Program supports clients in obtaining county behavioral health employment. Funds allow consumers to gain the skills, experience, and confidence necessary with the goal of increasing their responsibilities or finding work outside of the agency.

Transition Age Youth Training and Adult Work Program

The PCBH TAY work program started June, 2015. During the summer months, participants worked four hours each day, up to four days per week. As school began, participants reduced their work hours according to their academic and extracurricular needs. Projects completed by the program included space maintenance and beautification of the local cemetery, gazebo construction at the Sierra House, the PCBH Board and Care facility, and Drop in Center, cleaning and painting of the Telemedicine office at the Drop in Center, organization of the Plumas County Museum's storage facility, as well as landscape maintenance and enhancement of the Sierra House and the Chester Wellness Center

In Year 3, the TAY program plans to expand from seven to 14 participants working six hours a day, four days a week during the summer months. Plans include continued work on cemetery maintenance, and expansion projects include working on the Orchard House, fuel reduction projects in Quincy and Portola, and continued beautification at the Sierra House Board and Care.

The Consumer Work Program expanded in Year 2 to include enrolling adult workers, highly motivated clients who wish to return to work in some capacity, some of whom receive Supplement Security Income. These consumers participate and contribute to their communities by working abbreviated work schedules and are supervised by an experienced case manager. The Adult Consumer Work Program has four workers currently enrolled, who work from four to 16 hours per two-week pay period.

Additionally, WET funding will allow PCBH to provide financial support to staff through the Department's new Loan Assumption Program, allowing employees loan repayment opportunities for pursuing advanced degrees that will benefit Plumas County Behavioral Health. PCBH currently has Client Support Specialists and Behavioral Health Clinicians in various stages of their education who will be eligible for financial support in Year 3 for this program.

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

While the WET Program planning description in the initial Three-Year Plan focused on consumer-driven and -focused training, there was a lack of capacity to develop the Consumer Action Group. Additionally, there are no plans to recruit a WET Coordinator, and the Department staff work together to coordinate identified trainings for PCBH staff, partner agencies, and interested consumers and stakeholders.

A strategy to mitigate the gap in WET coordination may be to identify a local partner agency to subcontract this delivery of services and training. This would allow partnering between local community-based organizations and PCBH to deliver consistent new and ongoing countywide trainings.

WET programming has focused on expanding consumer staffing through TAY and Adult Work programs, using CSS and PEI funding. We will continue to utilize WET funds to offer training on wellness and recovery, Motivational Interviewing, cultural competency, development of consumer-run services, and other promising practices, to staff and consumers. Individuals from other community and partner agencies will also have access to these trainings, whenever possible. The initial plan was to train staff in the principles of MHSA, consumer culture, consumer empowerment, and how to integrate consumer staff into the system of care. In Year 3, PCBH will focus on identifying and coordinating use of a statewide model of a training and certification program for peer employees.

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

As described above, PCBH has not yet developed the Consumer Action Group. Additionally, while the 3-Year Plan has specifically earmarked local discretionary training funds that will strengthen the Wellness Centers and foster a sense of buy-in and accountability in each of the County's regions, specific training opportunities have not been identified, nor has there been opportunity to schedule and roll out trainings at the three local Wellness Centers, as they are under renovation and openings have been delayed.

Capital Facilities/Technology (CFTN)

1. Provide a program description.

As appropriate, MHSA CFTN funds will be used for County-owned space, and while plans have been drawn up to support a major upgrade of the Sierra House Board and Care Facility and for the Drop-In Center in FY2016-17, other department funds will be used for the project. Per MHSA regulations, PCBH may set aside 20% of the three-year average of CSS allocations to earmark for construction and renovation plans, WET, or Prudent Reserve funding. Under the advice of the PCBH fiscal consultant, it was recommended to build up the MHSA Prudent Reserve in order to be able to offset future drops in revenue and continue to fund ongoing programs at the current levels.

At this time, no additional funding has been allocated for the development of a new Capital Facilities/Technology Project. While specialized long-term housing in multiple modalities for stakeholders living with severe mental illness and behavioral health issues is desperately needed in Plumas County, as well as throughout California, we have lacked the capacity to plan, develop, and finance sufficient housing for SMI and co-occurring residents; this has resulted in housing shortages for some of the most vulnerable county stakeholders. A major goal for the next MHSA Three-Year Plan may be to develop a Housing Sustainability and Development Plan that will be able to leverage future "No Place Like Home" funding and to partner with other area agencies to mitigate homelessness and chronic shortages in safe and affordable housing for clients living with severe mental illness.

Fiscal Worksheets

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

County: **PLUMAS** Date: **12/01/16**

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS FSP	1,009,310	1,009,310				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
	0					
	0					
Non-FSP Programs						
1. CSS Non-FSP	144.626	144.626				
2. PCIRC Ancillary Services	224,000	224,000				
3. Roundhouse Council	22,500	22,500				
4. Veterans' Services	64,747	64,747				
5. Community Connections	45,873	45,873				
6. Feather River College	143,300	143,300				
**20% 5-Year Average Transfer to Prudent Reserve	324,684					
CSS Administration	0					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,979,040	1,979,040	0	0	0	0
FSP Programs as Percent of Total	51.0%					

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

County: **PLUMAS** Date: **12/01/16**

	FISCAL YEAR 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs – Prevention						
1. First 5 Infant/Child Mental Health Program	*287,683*	*287,683*				
2. SafeBase Youth Prevention Services	*78,370*	*78,370*				
3. Senior Prevention Services and Older Adult Prevention Team	*231,333*	*231,333*				
4. Roundhouse Council	*22,500*	*22,500*				
5. PEI Sustainability (CalMHSA) – see PEI Assigned Funds	--	--				
PEI Programs – Early Intervention						
1. TAY Engagement Activities (in-house) – includes 1.0 FTE Case Manager & funds for providing activities to engage TAY in services and address TAY specific issues; school coordination	*75,320*	*75,320*				
PEI Administration	0	0				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated	720,206	720,206	0	0	0	0

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

County: **PLUMAS** Date: **12/01/16**

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. PUSD School Based Response Team	*269,500*	*269,500*				
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*					
INN Administration	0					
Total INN Program Estimated Expenditures	269,500	269,500	0	0	0	0

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

County: **PLUMAS** Date: **12/01/16**

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Staff and Consumer Training & Development - *staff/consumer training, MH Commission, volunteers, etc.*	77,000	77,000				
2. Consumer Pathways to MH Employment - *supports clients in obtaining county MH employment*	25,000	25,000				
3. Financial Support, Staff Education - *supports staff in seeking advanced degrees; provides stipends, etc.*	55,000	55,000				
4. Consumer Action Group Development - *provides funding to support consumers in the development of an active community group to help direct services in the county*	15,000	15,000				
WET Administration	0					
Total WET Program Estimated Expenditures	172,000	172,000	0	0	0	0

Expenses include:
- MH 1st Aid, ASIST Trainer Training $ 11,000
- Specialized Local/Regional Training (including, but not limited to, autism, co-occurring, PCIT) $60,000
- E-Learning $6,000

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

County: **PLUMAS** Date: **12/01/16**

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
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					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Enclosure 1

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	Name: Roberta M. Allen, CPA
Telephone Number: 530-283-6307	Telephone Number: 530-283-6248
E-mail: bbrunson@pcbh.services	E-mail: RobertaAllen@countyofplumas.com
Local Mental Health Mailing Address: Plumas County Behavioral Health 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.

W. Robert Brunson
Local Mental Health Director (PRINT)

Signature

12/02/16
Date

I hereby certify that for the fiscal year ended June 30, 2016, 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 Mar 24,2016 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2016, 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.

Roberta M. Allen
County Auditor Controller / City Financial Officer (PRINT)

Signature

12/20/16
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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 Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on December 13, 2016.

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

12-13-16
Date

County: Plumas
Date: 12/13/16