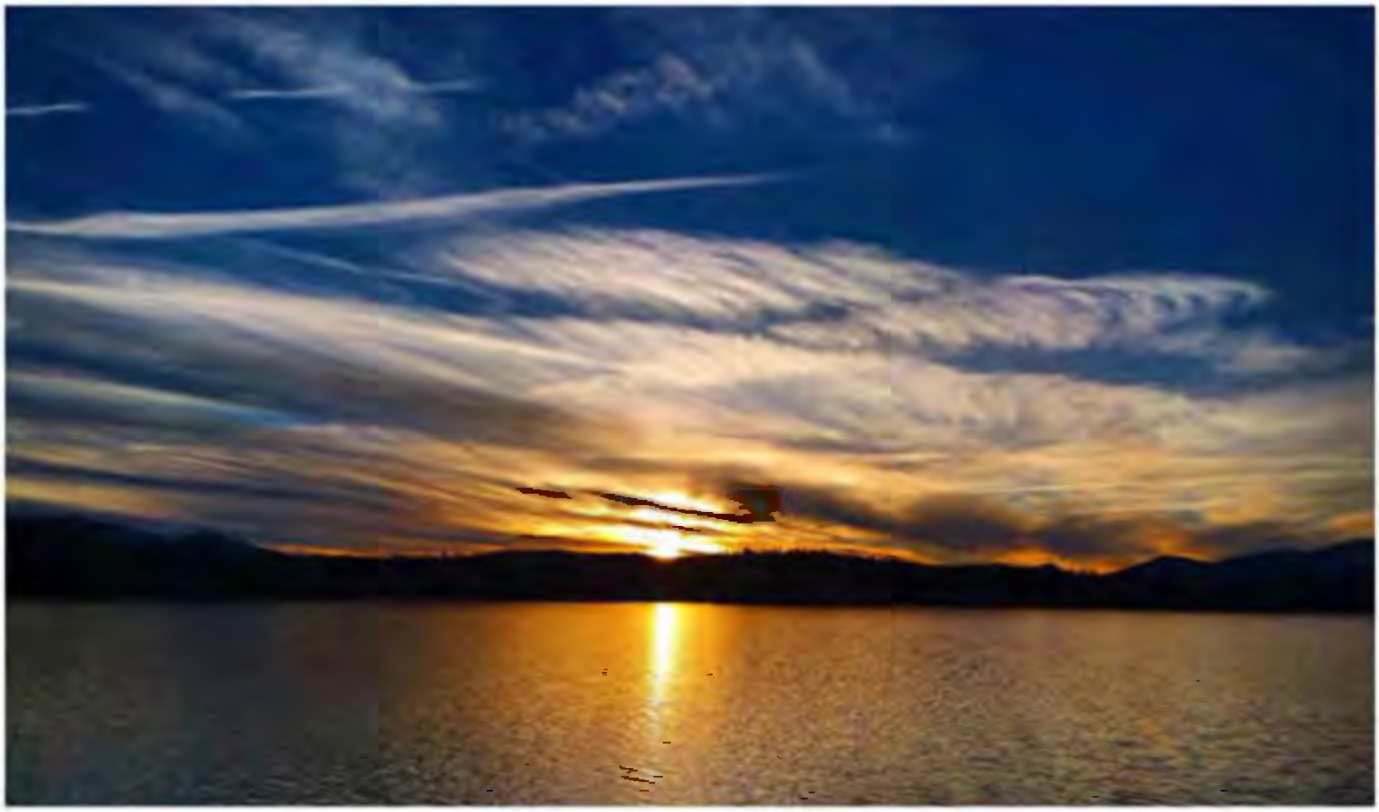
PLUMAS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE, 2018-19



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A Report on Plumas County Behavioral Health MHSA Programming and Changes During FY 2017-18 of the MHSA Program and Expenditure Plan, 2017-20

PLUMAS COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE, 2018-19

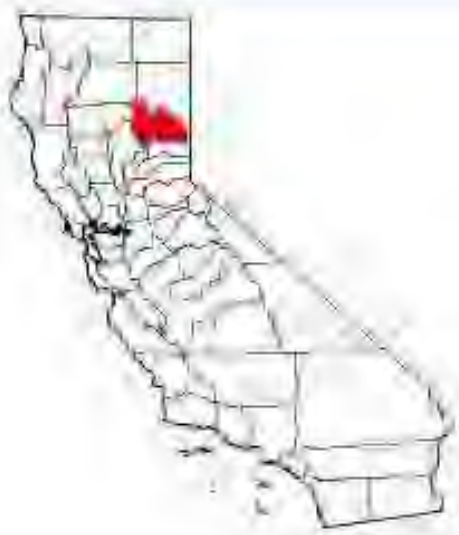
I. Introduction

Plumas County Behavioral Health (PCBH) is the local county mental health and alcohol and other drug services plan, providing screenings, assessments, and treatment to individuals with serious mental illness, children through older adults, and when indicated, their families. PCBH also provides services to individuals with substance use disorders (SUDS) and those with co-occurring diagnoses.

PCBH receives California State Mental Health Services Act (MHSA) funding each year and has since the first year of funding in 2005. Its allocation is based on the number of Medi-Cal eligible residents living in the county, and each year the allocation percentage is calculated based on projections of change to the overall population. Presently, Plumas County receives 0.12685% of the overall funding to California's 58 counties.

In Fiscal Year 17-18, Plumas County received $2,497,621 in MHSA funds, consistent with the State's projections for that program year.

I. County Description and Demographics



Plumas County is a small, rural county that lies in the far northern end of the Sierra Nevada range. The region's rugged terrain marks the transition point between the northern Sierra Nevada Mountains and the southern end of the Cascade Range. More than 75% of the county's 2,553 square miles is National Forest. The Feather River, with its several forks, flows through the county. Quincy, the unincorporated county seat, is about 80 miles northeast from Oroville, California, and about 85 miles from Lake Tahoe and Reno, Nevada. State highways 70 and 89 traverse the county. The county's communities are nestled in different geographic areas, such as Chester in the Almanor basin, the communities of Greenville and Taylorsville in Indian Valley, the town of Quincy in American Valley, Blairsden, Graeagle, and Clio in Mohawk Valley, and the town of Portola, which lies west of Sierra Valley on Highway 70.

The county's population is approximately 18,804 *(US Census - 2018, Population Estimates Program)*. Plumas County's largest town is the incorporated city of Portola, home to approximately 1,930 residents *(US Census 2017, Population Estimates Program)*. The town of Quincy, the county seat, has an estimated population of 1,728, with the Quincy area population at approximately 7,000. The County's population is comprised of 92% Caucasian or White – of that number, approximately 8.5% identify as Hispanic or Latino, those who identify as two or more races is 3.57%, 1.8% Native American & Alaska Native, and the balance from other race/ethnicity groups.

There are approximately 2,400 veterans, which represents close to 13% of the County population. Approximately 5% of the population is under 5 years of age; 12% are 6-17 years (*2018 CA Kids Data*); 50% are ages 18-60; and recent data reflect an aging population, almost 33% are over 60 years of age, with over 65 at 27.8%. Plumas County's homeless population of public-school students is almost double the rate of the State's (20*16 CA Kids Data*). The rate of children living in food insecure households also exceeds the State of California's by more than six percentage points (*2014 CA Kids Data).*

The US Census estimates that 7% of the population of Plumas County speaks a language other than English at home, with the predominate language being Spanish. However, Plumas County has no threshold language, per the Department of Health Care Services (DHCS) formula yet strives to offer services and materials in Spanish and any primary language of the individual client.

Social Determinants of Health

Plumas County's unique topography and geography (multiple and diverse, isolated communities separated into high valleys by overlapping mountain ranges) directly affect each communities' social determinants of health. Generational poverty, the gutting of once prosperous natural resource industries – Federal policies exacerbating reduction of the national forest timber program – have made long-term deleterious economic impacts on rural communities in Northern California, as well as cutting financial reimbursement levels to local communities (reducing Secure Rural Schools Act funding and declining timber receipts), lack of affordable housing and healthcare options, chronic under- and unemployment, few adult vocational/tech educational opportunities due to many years of cutting back and underfunding local vocational programs, and the lack of innovation and shoring up of economic development programs, have contributed to long-term health disparities in this rural county.

- Plumas County has a smaller proportion of children compared to the rest of California but the percentage of children living in poverty (24%) has steadily increased and exceeds the state rate.
- Food insecurities rates among the population have increased, with child food insecurity rates higher than for adults (28.6% vs.18.6%).
- Median household income in Plumas County has inched up but is below state and national levels ($50,266 compared to California's of $67,169, *2013-17 5-Yr American Community Survey Estimate, U.S. Census*).
- Over 14% of county households live below the Federal Poverty limit
- Demand for affordable housing – families compete for fewer rentals. Plumas County lacks permanent affordable housing to meet the need.

II. Department Overview

Plumas County Behavioral Health experienced major changes during FY17-18 which greatly affected MHSA program and fiscal updates well into FY18-19. The Department's then director retired from the county, and an interim director oversaw the department's operations from October 2017 through May 2018. In June, the county hired a new director, who immediately began reviewing programs, fiscal levels, and the department's administrative and clinical operations.

DHCS MHSA Program Audit

In late November 2017, PCBH was notified by California Department of Health Care Services (DHCS) that it would participate in a full MHSA program and fiscal audit for FY16-17. Staff spent the better part of two months compiling and sharing MHSA program plans, updates, department fiscal and cost reporting data, current plan contracts, and additional information with the DHCS audit staff. From January 30 through February 1, 2018, a fiscal team and a program team performed an entrance conference in person, meeting with respective PCBH staff to review all compiled requested materials. DHCS audit staff completed their discussions, requesting additional information be shared with the team.

Main concerns during MHSA program review included, but were not limited to:

- DHCS staff concluded that many Community Services and Supports (CSS) programs were either incorrectly assigned to CSS and should be moved to PEI if appropriate or closed altogether.

  Programs they recommended to close or rework included the Behavioral Health Integration at three local hospitals, the Community Connections program; programs that were created using a mix of CSS and PEI component funding, such as Veterans Services Outreach Prevention,

Roundhouse Council's Stigma and Discrimination Reduction, Feather River College's Early Intervention, and PRS' Young Child MH Prevention Program were recommended to be moved to the PEI component.

Disallowing or requesting reconfiguring of programs created a fiscal bottleneck, requiring PEI to shoulder funding of these programs, when this component remains limited to 20% of ongoing and fund balance allocations, whereas CSS component is funded at 80% of the net allocations of MHSA dollars.

Additionally, by June, the MHSA staff and fiscal unit at PCBH had concluded that the fiscal reserves which had been described for a number of years as being robust, were significantly lower than anticipated.

Department director and staff have worked with ongoing funded partners to rework program plans and reduce budgets for FY18-19 and 19-20, funding PEI priorities, such as Veterans Outreach, Roundhouse Council, and school-based programs and triaging the funding of others while maintaining program integrity.

PCBH has requested of many PEI programs, that for Year 3 (FY19-20), they attempt to sustain ongoing programming through June 30, 2020, by identifying additional organizational funding with which to brain the reduced MHSA dollars.

- The program audit team provided feedback on Full-Service Partnership programs, clarification concerning developing the Individual Services and Supports Plans (ISSP) for FSP clients, and development of policies and procedures that accurately reflect the current 3-Year Program and Expenditure Plan and related funded partner contracts.

- The fiscal audit team scheduled and held with PCBH director and staff a final conference by phone, detailing minor fiscal entry errors and some travel expense entries that required corrections and for department fiscal procedures to be refined and updated.

No Place Like Home Program

While not a program under MHSA, the CA Department of Housing and Community Development (HCD) *No Place Like Home Program* activities and non-competitive and competitive applications will allow Plumas County to significantly impact affordable housing capacity, both for SMI/SED populations and for residents without serious mental health diagnoses. PCBH staff is working with other county agencies, departments, and organizations who share an interest in combatting risk factors which contribute to homelessness and

chronic homelessness – such as PCIRC, the county's lead organization for homeless programming – to prepare the County and our organizations to apply for one-time non-competitive and competitive funding in partnership with future project consultants and developers.

These efforts are coordinated through the County's partnership with the lead NorCal Housing Continuum of Care (CoC) out of Shasta County. The Shasta Community Action Agency coordinates the local Plumas and Sierra Counties CoC and provides housing support and expertise in coordinating implementation of Homeless Management Information System (HMIS) usage across local agencies, in addition to plans for using a Coordinated Entry System, which triages and prioritizes users based on level of need. Combined with these infrastructure systems, Plumas County will work through local and regional partnerships to develop multiple, long-term affordable housing project competitive applications through No Place Like Home.

2017-18 Plumas County Behavioral Health Client Demographics

Client Population by Age (years):

0-15 years	97	13.6%
16-24*	112	15.6%
25-59*	427	59.6%
60+*	80	11.2%
Total	716	100%

*Veterans served across age categories = 24

Client Population by Gender:

Male	369	51.5%
Female	347	48.5%
Total	716	100%

Client Population by Race:

White	515	83.3%
Non-White Other	16	2.6%
Not Reported or Unknown	45	7.3%
Asian/Pacific Islander	NR	NR
Native American	23	3.7%
Black or African American	NR	NR
More Than One Race	19	3.1%

Client Population by Ethnicity:

Not Hispanic	587	94.7%
Hispanic	33	5.3%
More Than One Ethnicity	NR	
Total	620	

NR = Not Reportable

Total	618	100%

NR = Not Reportable

III. 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.

Over the past several years, the Community Program Planning Process (CPPP) has developed into obtaining input from diverse stakeholders through focus groups, stakeholder meetings, surveys results, and interviews with key stakeholders. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, PCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

The MHSA Coordinator attends monthly Behavioral Health Commission meetings, 20,000 Lives working group and quarterly meetings, weekly PCBH management staff meetings, as well as monthly Plumas Children's Council and Housing CoC meetings, and meets individually with community stakeholders and funded program partners.

The local CPPP consists of a variety of stakeholder meetings held throughout FY 2017-18 and 2018-19, and other outreach. To prepare for this Annual Update and to begin stakeholder discussions for FY19-20 Community Program Planning Process, informing planning for the next Program and Expenditure Plan, 2020-2023, the MHSA Coordinator presented updates to county stakeholders in March and April 2019, in Portola (March 19), Quincy (March 26), Greenville (March 28), and in Chester (April 2). Over 100 consumer and community stakeholders participated in these dinner meetings.

In addition to presenting stakeholder education on MHSA and queries at these community dinner meetings, the MHSA coordinator disseminated and collected 147 Community Mental Health Priority surveys in January-February 2019. MHSA program staff incentivized survey returns by providing a gift card drawing for five cards to a local retail business. The top areas of importance to stakeholders are:

- Increased school-based services
- Improve access to services for children and their families
- Peer employment and housing
- Family respite
- LGBTQ groups/events
- Additional trauma-focused services
- Increased outreach for family involvement in treatment
- Full-Service Partnership Housing for couples/families
- Mental Health Coaches (peer support)
- Additional telemedicine services
- Homeless Shelter
- Mental Health Training
- Increased funding for Criminal Justice programs
- Employment Assistance, supportive employment for clients

Percentage of respondents indicating highest level of importance (levels 8-10 combined):

- Question 3 - Early Intervention: Intervention for children and families, school-age and college students; individuals experiencing their first episode with Serious Mental Illness (SMI) = 69.65%
- Question 4 – Treatment: Mental health treatment for individuals who are homeless, have chronic mental illness and frequent contact with law enforcement, judicial system and emergency services (Full-Service Partnership programs) = 65.06%
- Question 1 – Equity in All Services: Ensuring that mental health services and supports are available, appropriate and accessible to all populations in our community = 65.75%
- Question 2 – Prevention: Suicide Prevention Awareness, Stigma and Discrimination Reduction Programs = 64.58%
- Question 8 – Family Involvement: Caregiver and family support, involvement in treatment, and education = 63.7%

"You're all doing a great job with me" "The Center in Greenville is great." "I love the Wellness Center." "The community was in need of a place like this. The staff is A-1." "Thank you for all you help." "Everybody helps me" "The staff are fantastic and caring." "A place for homeless to eat."	"Equity in all services to me is a priority since there are programs for SMI, but what about the mild to moderate population. I feel there is a gap connecting those folks to therapy and psychiatry before their mental health issue(s) increase. Population being non- school, middle age/seniors." "A place for people out of jail to sleep." "Need AOD services/more frequency" "Support for parents of young children and teenagers."

“A clearer understanding should be given to clients of the services available as well as responsibilities of commitment and policies.” “Greater funding for on-site services in our schools. There should be a therapist at each school, rather than in each” community. “More MH services for teens are needed. They often get put on waiting lists to see counselors.” “Non-traditional treatment options, Yoga, meditation, acupuncture/pressure” “Housing for SMI and their partners or caregivers together” “We need telemed.” “Help looking for work.” “Public awareness, increase use of media sources. Target: F.B., clubs, groups, collaborative, individuals at risk.”	“Trying to get to Susanville or Quincy in inclement winter weather, plus having to take time off of work is a huge obstacle to getting help.” “Provide funding for the criminal justice population. Programs such as Drug Court and Day Reporting Center should be priorities. “ “Teacher support for in classroom behaviors in children with mental illness or trauma behaviors – SPECIFIC AND USEABLE skills – and wellness for teachers.” “Programs for special needs children and adults (handicapped, autism, learning disorders).

Many of these comments include items that PCBH is currently working to improve/change or that may be best approached through partnership with other agencies or organizations.

A copy of the draft Annual Update, 2018-19 will be distributed to all members of the Behavioral Health Commission, to consumer groups, staff, and any interested stakeholders at key community locations throughout Plumas County, including area libraries, the Wellness Centers, and at the Quincy Behavioral Health clinical office and Drop-In Center, through the 20,000 Lives e-mail newsletter, and by MHSA program staff to stakeholders who are included on an e-mail distribution list by request (>150 stakeholders).

Stakeholders may submit additional written comments during the 30-day public comment period. For the revised draft, to be posted on the MHSA website on May 6, 2019, comments may be received by e-mail, in person and in writing by all interested community stakeholders. Substantive comments will be incorporated into the final draft of this Annual Update, 2018-19 after the public hearing on June 5, 2019.

The 30-day Public Comment period will close at the conclusion of the June 5, 2019, public hearing at the Plumas County Behavioral Health Commission regular meeting. The final draft of the Annual Update will be presented to the Plumas County Board of Supervisors for approval sometime prior to June 30, 2019. The final, approved Annual Update will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than July 30, 2019.

MHSA program staff held stakeholder dinner meetings in Fall 2017 which informed the 2017-18 Annual Update process, where stakeholders received a preview for the year's Annual Update and provided feedback on gaps and needs that could be incorporated into the following year's discussion. These meetings took place in Chester on November 27, 2017, Greenville on November 29, 2017, Portola on December 4, 2017, and in Quincy on December 6, 2017.

Stakeholders include representatives from community-based organizations, agencies, Plumas County Behavioral Health consumers and families, and the Behavioral Health Commission and other community members.

A form to request a copy of the Draft Annual Update will be posted on the County Behavioral Health website on May 6, 2019. The same form will be posted and available for stakeholders at all locations where the draft Annual Update will be available for public review. Information on the availability of the draft Annual Update, how to receive a copy, and how to provide comments will be posted on the Behavioral Health MHSA webpage at:

http://www.countyofplumas.com/index.aspx?NID=2503

At the June 5, 2019 public hearing, additional verbal and written comments on the Annual Update from the public and members of the Plumas County Behavioral Health Commission will be received; substantive comments will be included in the space below.

STAKEHOLDER FEEDBACK AND PUBLIC COMMENT ON DRAFT MHSA ANNUAL UPDATE, 2018-19

Public comment is incorporated into this section of the Annual Update and included without editing. Substantive comments will be addressed and considered for ongoing department and MHSA planning as time, progress, and capacity allow, and in a subsequent Program and Expenditure Plan amendment slated for stakeholder review, public comment and Board approval by June 30, 2019.

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Summary of Prior Recommendations from FY16-17 and 17-18

Stakeholder feedback from program year FY2017-18 meetings, as well as funded programs quarterly meetings, 20,000 Lives meetings, user survey data, focus group input, and subsequent discussions with individual stakeholders, consumers and staff, includes the need to:

A number of programs included in the Three-Year MHSA Plan and Annual Updates are in progress or not yet developed, depending on their feasibility and level of difficulty to implement. It is anticipated that efforts to initiate these programs will occur this year and in FY2019-20, if feasible. Identified needs include:

A. Expanding Telepsychiatry and Telemedicine services at Wellness Centers:

   Current – expansion is underway to include Telepsychiatry and Telemedicine in Portola and Chester. Telehealth services have been added in the County jail. Providing these services locally through the Wellness Centers is expected to increase access to services and improve timeliness to services, and provide cost savings in transportation and personnel to the Department;

B. Stakeholders identified a need for additional consumer and family supports for those living with a chronic and severe mental illness. In FY17-18, MHSA program staff worked with a group of interested stakeholders to identify already-existing community supports available to PCBH consumers living with a serious mental illness; consumers with SMI can qualify for Department of Social Services In-Home Services and Supports (IHSS) Program for assistance with housekeeping, self-care and hygiene, medication management, meal preparation, shopping and more. The Department will work on FY18-19 and 19-20 to implement consumer education concerning IHSS, re-evaluate if this program is meeting the needs of PCBH consumers and their families; if it isn't sufficient, the working group and MHSA staff will develop a stand-alone CSS FSP program or an Innovation (INN) project to more comprehensively address consumer and family supports.

C. Families identified the need to participate in consumer classes on providing care and advocacy to those living with a severe mental illness or severe emotional disturbance; in FY19-20 MHSA staff will continue to meet with family members and consumers to develop a program to meet this need. This may likely be developed into an INN Project proposal.

D. Expand outreach and improve the Department's transparency, to demystify Behavioral Health service delivery, and to aid in stigma reduction and prevention through social media platforms (to include Facebook, Twitter, Instagram). The current Department director, Quality Assurance Manager, the County's new Patient's Rights Advocate, Wellness Center staff, and MHSA staff (social media SDR

campaign) continue to work to educate county stakeholders concerning the Department's changes to its delivery of services (new open access model); this may be incorporated into the consumer and family member stakeholder project.

E. Expand the Adult and TAY Peer Employment Programs to meet greater breadth of interests for clients. Due to capacity issues in running the program and limitations required by supervision of consumer workers, the MHSA program expects a slow evolution of this program to meet additional consumer needs.

   Barriers to its expansion include personnel costs for peer workers and capacity of Department to hire case managers to supervise peer employees. MHSA and Department staff continue to address the need for expansion of these important and transformational supportive employment programs.

Progress of implementation from prior Stakeholder feedback in 2016-17:

F. 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.

   PUSD student services coordinators and PRS Youth Services Program paraprofessionals are working with self-identifying student to develop Gay/Straight Alliance groups in any school where students choose to open a group. Site Coordinators at the community Wellness Centers provide outreach and program development to stakeholders in each community and will assist in development of support groups as interest for such a group is identified – typically, Gay-Straight Alliance support groups and LGBTQ community support groups are consumer and need driven. For example, GSAs in schools are formed by the students with faculty support. Currently, there is an active community-based GSA for TAY and adults in Quincy.

G. 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. Staff at the PCBH Wellness Centers continue to work to develop support groups and free social and wellness activities, including talking and caregiver support groups.

H. Develop peer-support service certification program and provide peer support trainings. PCBH Wellness Site Coordinators continue to develop and support consumers who are interested in using their lived experience to help others. Staff is currently working to bring a peer advocate training in County, though the WISE U model is still funded and PCBH continues to support consumers through travel, lodging, and per diem reimbursement. See WET section for more detail.

I. Identified need for transparency of policies and procedures at PCBH and channels of communication between PCBH and all stakeholders. PCBH staff continue to update PCBH policies and procedures and to improve systems transparency. Behavioral Health recently promoted staff to Quality Assurance Manager position. Through the April 2019 EQRO and DHCS Triennial Audit (June 2019), many of these improvements will be reviewed and vetted.

J. Increase trainings provided by PCBH to law enforcement for crisis management when interacting with stakeholders who are struggling with mental and behavioral health issues. PCBH has been providing ongoing trainings to law enforcement, including cultural competency workshops and trainings.

Working with the Plumas Rural Services Training Manager, PCBH has partnered with Sheriff's Office and Jail staff and area hospitals clinical teams to provide current 5150 policy trainings and updates. PCBH clinical supervisors participated in both training days (March 2019). These training partnerships will be ongoing to best meet the need of staffing changes and current best practices.

The Department and PRS are developing a Cultural Competence (CC) training for late summer 2019, to deliver clinical staff and cross-agency training in working with special populations, a successful CC training from January 2018. The focus is best practices in service delivery to populations who are difficult to engage or historically underserved or underserved, such as Veterans, Native Americans, and LGBTQ+ Tay and adult populations.

K. 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.

Plumas County was awarded *No Place Like Home Technical Assistance Grant funds in Fall, 2017 in the amount of $75,000.* Through the MHSA *No Place Like Home (NPLH)* program, PCBH is working with the Housing Authority, PCIRC, and County agencies, as well as Sierra County to participate in the Redding/Shasta Housing Continuum of Care, a seven-county consortium that provides technical assistance coordination, Homeless Point-in-Time (PIT) Count coordination, as well as Homeless Management Information System (HMIS) and Coordinated Entry System (CES) development.

PCBH has worked with a CoC working group to develop and publish a Request for Proposals (RFP) to identify and select a consultant to: complete a countywide housing needs assessment; draft the County Plan to Address Homelessness; work with County Planning Department to provide recommendations to update the Housing Element of the County Plan; develop a Supportive Services Plan; and complete and submit for Plumas and Sierra Counties each a NPLH non-competitive application by February 15, 2021.

These infrastructure enhancements will assist Plumas County in becoming competitive for future HUD funding and to be able to plan for NPLH permanent supportive housing long-term projects.

L. 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.

   Under leadership provided by the PCBH director, partnership with criminal justice agencies, such as Probation, Sheriff's Office, DA's Office, and the Court have greatly expanded; improved coordination with partner agencies includes expanded jail services by PCBH staff and coordination of care for stakeholders who are discharged from jail to connect them with clinical and supportive services. The Director continues to improve collaboration with CJ partners to identify early and divert consumers who are seriously mentally ill into a program that meets their immediate needs for mental health or substance use treatments

Local concerns that continue to need attention and development of solutions:

M. 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.

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

O. Further need for 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.

VI. Community Services and Supports (CSS)

a. Outreach and Engagement

Plumas County Behavioral Health may provide outreach and engagement services to individuals who participate in the PCBH intake and assessment process. The purpose of outreach and engagement is to assist unserved and underserved individuals in accessing services and supports that will ensure completion of the initial intake, assessment to determine criteria and diagnosis; the period of outreach and engagement is categorized as the first 60 days of assessment, diagnosis, utilization review, and assignment of a therapist, and in some cases a case manager.

Outreach and engagement may be offered to previous clients who are re-engaging in services after an absence; these supportive services may help the individual to stabilize; these may include emergency lodging, emergency food or utility assistance, and often transportation assistance in the form of a bus pass or depending on need, transportation services. MHSA CSS funds are the primary source for outreach and engagement expenditures.

If the individual meets criteria for a diagnosis of a serious mental illness or a co-occurring diagnosis of serious mental illness and substance use disorder, this process may culminate in the therapist and client working to develop a treatment plan for ongoing therapeutic services.

In Fiscal Year 2017-18, PCBH provided outreach and engagement services to approximately 61 new and re-engaging clients. Some of these clients were later enrolled in Full-Service Partnership housing programs with local service providers – Plumas Rural Services and Environmental Alternatives.

b. Full-Service Partnership (FSP) Programs

i. Plumas Rural Services (PRS) – Client Support and Transitional Housing Program

PCBH provides a “whatever it takes” service delivery model in meeting its highest acuity clients’ needs through the MHSA Full-Service Partnership program. Through its emergency lodging, transitional housing and client support contract with Plumas Rural Services, PCBH is able to react quickly to assist the client in gaining stability through a housing continuum of emergency lodging (local response to homelessness), transitional housing, and when available, and move-in and rental assistance in permanent housing (typically used in combination with leveraging the client’s Section 8 voucher for affordable housing, if they qualify for this program).

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.

During program year FY17-18, PCBH invested $121,544 to provide an array of housing services, including emergency lodging, transitional housing, and through PRS' program, to approximately 68 clients, $51,876 of which was expended on rental assistance. Including all program costs, PCBH spent $221,107 when including program personnel, overhead, and direct and indirect program costs.

ii. Environmental Alternatives (EA) – Plumas Commons Transitional Supportive Housing

For the highest acuity clients, those who are at chronic risk of homelessness or are chronically homeless, at risk of re-hospitalization or re-incarceration, PCBH refers clients to this voluntary FSP program (up to ten housed at any given time) with Environmental Alternatives to provide an intensive program, including but not limited to: transitional housing, intensive case

management, assistance meeting basic needs, peer support, and connection to other service providers, such as primary care, vocational training and employment placement and/or education linkage, and transportation. Once established, this program provides supports and services for one year, unless additional time is indicated.

During FY17-18, 13 PCBH FSP clients were referred to EA's Plumas Commons: four clients transitioned to permanent housing, four clients voluntarily left the program and were disenrolled, and five clients remained in services with EA. The average cost per program participant FY17-18 was $26,795.

PCBH provided services to a total of 42 Full-Service Partners in this reporting period, 25 of whom were enrolled and were still active by the end of the program year on June 30, 2018. 17 clients were closed to FSP for various reasons, including but not limited to voluntary disengagement, closed to services due to significant recovery, thus no longer qualifying for services, and moving out of the service area.

MHSA CSS funding provided services and supports to over 100 individuals through its continuum: from outreach and engagement, intake and assessment, through receiving direct services and supports in Full-Service Partnership programs. The total cost, exclusive of individual therapy, exceeds $555,000.

Many FSP participants simultaneously participate in the PCBH Adult Peer Employment Program, which increases their participation in community life, provides meaningful case management support of skill building to manage symptoms in a work environment, expands participant skill sets, and prepares them to transition to community-based employment upon graduation. For a full description of the Adult Peer Employment Program, please see the section under Workforce Education and Training (WET).

FSP Program Changes for FY2019-20

PCBH proposes changing and adding to the existing FSP programs in the following ways:

1) *PCBH is amending an existing contract with Environmental Alternatives through June 30, 2020 in order to expand the EA treatment model to include all responsibilities of direct and supportive services to PCBH Full-Service Partners, including treatment plan development, individual therapy, and continuation of intensive case management, in addition to existing provision of basic needs, transitional housing, and transportation, healthcare navigation, and employment/educational skill building. Expanding therapeutic services will allow EA to bill under*

PCBH and allow draw down of Federal Financial Participation (FFP) at 50% of PCBH's actual costs.

2) *PCBH has amended an existing MHSA contract with Plumas Rural Services to meet the needs of children and adolescents 21 and under for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), to include Intensive Care Coordination and (ICC) and Intensive Home-Based Services (IHBS), as well as expanding services to children and families when the child qualifies for Full-Service Partnership to reduce inpatient hospitalization days, out-of-home placement, emergency room visits, and to increase the quality of life, including educational and, if applicable, vocational achievement.*

   The goal of the EPSDT Specialty Mental Health Services (SMHS) is to provide outpatient behavioral health services to children/youth who have been referred by Plumas County Department of Behavioral Health. PRS will maintain an active caseload up to 50 youth at any given time throughout the contact period/.

   The goal of the MHSA FSP program is to provide and maintain a caseload of 10-15 qualified children/youth who meet eligibility for MHSA FSP with a broad array of services to promote:
   - *Strength-based, family-centered models of treatment incorporating resiliency and recovery.*
   - *Improve functioning in the home, school, and community*
   - *Sustained periods of non-hospitalization and stable placement*
   - *Improve the child's/youth's parent's/caregiver's ability to function in the home, school, and community*

   The target population are County-referred MHSA FSP clients, who are Seriously Emotionally Disturbed (SED) children and youth as identified by Plumas County Behavioral Health Utilization Review team. It is expected that each year PRS will serve 10-15 children/youth in the FSP program and 50 children/youth for SMHS.

c. Community-Based Wellness Centers

In FY16-17, PCBH collaborated with Plumas Crisis Intervention and Resource Center to establish and operate Wellness Centers in Portola, Greenville, and Chester. These community-based centers opened Fall 2016 through Spring 2017. The Wellness Center in Quincy was located in FY16-17 and 17-18 at PCBH's Drop-In Center and programming was partially funded through SAMHSA through FY17-18. Plumas County Behavioral Health hired supervising and site coordinators at all four locations, including the DIC.

Wellness Centers play an integral part of the community-based service delivery model that Plumas County Behavioral Health has been developing since 2014. Direct individual and group services are provided within the Wellness Centers and incorporate appropriate and existing SMI/SED direct services, including comprehensive assessment services, wellness and recovery action planning (WRAP), case management services and crisis services; education and employment support, training and anti-stigma events, linkages to needed services, housing support, as well as transportation, and peer to peer advocacy and peer group facilitation.

PCBH Wellness Centers reflect characteristics and needs of their 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 supervising site coordinator supervises four site coordinators, one at each location (all PCBH employees)
- WISE U-trained peer advocates – works with clinical and wellness center staff
- Office space made available to other county agencies and non-profit direct service providers, including but not limited to, Public Health Agency, Veterans Services, Social Services, Probation, etc.
- Expansion of telepsychiatry and telemedicine services, phased in through FY18-19 and FY19-20
- Training through WISE U as well as clinical supervision to support peer advocacy staff
- Space for PCBH licensed clinicians and client support specialist staff to provide clinical services
- Localized outreach and engagement efforts
- At Greenville and Chester – resource referrals to PCIRC and other service-based agencies; ongoing food and clothing donations and distributions
- Space and funding for community-based wellness activities, such as yoga, tai chi, art, children's afterschool and holiday programs, smoking cessation, etc.

PCBH Wellness staff began collecting and reporting center utilization data in 2017-18 using an electronic collecting tool on a tablet at each center. Data was collected and beginning in January 2018. Monthly totals are unduplicated individuals. Data collected include individual and group activities, other agency services and classes, such as Probation, Plumas Rural Services, and Social Services, wellness activities, and resource supports and distributions (food and clothing donations, laundry use).

FY2018 Wellness Center Utilization (Jan-June, 2018)

Chester

	Services	Monthly Total	Difference
January	208	184	24
February	229	209	20
March	385	147	238
April	409	260	149
May	475	335	140
June	350	232	118
Total	2056	1367	689

Greenville

	Services	Monthly Total	Difference
January	283	249	34
February	220	178	42
March	386	275	111
April	356	241	115
May	354	293	61
June	202	181	21
Total	1801	1417	384

Portola

	Services	Monthly Total	Difference
January	180	172	8
February	133	137	4
March	224	196	28
April	147	182	35
May	127	166	39
June	158	176	22
Total	969	1029	136

Services is the total amount of individual services rendered (some had multiple entries on a single visit). The monthly total is the number of unduplicated individuals.

d. Behavioral Health Integration at Local Hospitals and Primary Care Settings

In FY2015/16, PCBH leadership and local hospital stakeholders partnered to design a Community Services and Supports program to expand the telemedicine and primary care behavioral health navigation to meet the needs in each community. Leveraging recently awarded Federal PRIME grant awards, the hospitals, Eastern Plumas Healthcare, Plumas District Hospital, and Seneca Hospital District worked with Behavioral Health staff to develop MHSA CSS programs and contracts that would bridge integration of behavioral health services at their campuses to address increased need for countywide telepsychiatry services and clinical navigation for high-acuity patients who are presenting with mental health symptoms.

1) *Eastern Plumas Health Care*

As part of Plumas County's efforts to move toward a model of comprehensive whole-person care and to expand behavioral health services at the primary care and hospital settings, Eastern Plumas Health Care and Plumas County Behavioral Health partnered, along with Plumas District Hospital and Seneca Hospital District, to integrate behavioral health care at three of Plumas County's main health care campuses. Funding has enabled Eastern Plumas Health Care to leverage awarded 5-year federal PRIME (behavioral health) dollars to better integrate behavioral health services at the hospital campus and in its primary care settings. Additionally, telemedicine bridge funding for the purposes and hiring of a behavioral health patient navigator/case manager were top priorities for service of our underserved patient populations.

As we transitioned patients from telemedicine psychology and psychiatry to face-to-face visits with behavioral health staff within the Portola Medical Clinic funded by federal PRIME dollars, as well as to appropriate services with Plumas County Behavioral Health, from July 1, 2017-June 30, 2018, it was still necessary for us to provide telemedicine consultations to bridge care for some of the patients in our care. These visits are often partially Medi-Cal reimbursable and sometimes wholly unfunded based on patient eligibility or ability to pay.

By utilizing a RN Case Manager for behavioral health patient navigation and case management over the transition period of July 1, 2017-June 30, 2018, it allowed for a smoother transition of care to County services as applicable, as well as coordination with primary care providers within Eastern Plumas Health Care's four primary care clinics

- Population table of those enrolled/served by age (List number for all that apply):
  NR = Not Reportable, n =<11

Children (0-15) and Transitional Age Youth (TAY) (16-25)	19
Adult (26-59)	100
Older Adult (60+)	81
Number of those who declined to answer	0
Total	200

- Race

American Indian or Alaska Native	
Asian	
Black or African American	NR
Native Hawaiian or other Pacific Islander	
White	189
Other	NR
More than one race	
Number of respondents who declined to answer the question	

- Ethnicity

Hispanic or Latino as follows		NR
	Caribbean	
	Central American	
	Mexican/Mexican-American/Chicano	
	Puerto Rican	
	South American	
	Other	
	Number of respondents who declined to answer the question	
Non-Hispanic or non-Latino as follows	African	
	Asian Indian/South Asian	
	Cambodian	
	Chinese	
	Eastern European	
	European	
	Filipino	
	Japanese	
	Korean	
	Middle Eastern	
	Vietnamese	
	Other	192
	Number of respondents who declined to answer the question	
More than one ethnicity		

Number of respondents who declined to answer the question		

- Primary Language – Plumas County has no threshold language

English	200
Spanish	
Other (list per participant)	

- Sexual orientation (not asked for populations under 18, unless volunteered)

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation	
Number of respondents who declined to answer the question	200

- Disability

Yes, report the number that apply in each domain of the following			NR
	Communication domain separately by each of the following	Difficulty seeing	
		Difficulty hearing, or having speech understood	
		Other (specify)	
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		
	Physical/mobility domain		
	Chronic health condition (including, but not limited to, chronic pain)		
	Other (specify)		
No			NR
Number of respondents who declined to answer the question			

- Veteran status

Yes	
No	
Number of respondents who declined to answer the questions	NR

- Gender (Gender identity not asked for populations under 18, unless volunteered)

Assigned sex at birth	Male	
	Female	
	Number of respondents who declined to answer the question	NR
Current gender identity	Male	65
	Female	135
	Transgender	
	Genderqueer	
	Questioning or unsure of gender identity	
	Another gender identity	
	Number of respondents who declined to answer the question	

Outcome	**Description**
Bridged services to behavioral health patients during integration transition	Of our 200 patients seen in behavioral health for FY17-18, 131 were seen previously via telemedicine. Through patient navigation services provided by our RN Case Manager, patient adherence to their scheduled appointments showed remarkable improvement with only a 10% no-show rate in BH.
Patients referred to a higher level of care	17 patients were referred to Plumas County Behavioral Health and/or Alcohol and Drug during this time period.

Program cost per participant: $500.00

Our focus in FY18-19 will be on improved access to services for our behavioral health patients, especially those mutually shared between EPHC and PCBH. Our RN Case Manager will continue to screen and connect patients with services as deemed appropriate.

Improved access to behavioral health services, face-to-face appointments with providers, connection to much needed county services and frequent contact by our RN Case Manager has significantly reduced our no-show rate in behavioral health. We will continue to increase provider productivity and efficiency within the integrated program to ensure the best reimbursement for our facility for long-term sustainability of behavioral health services at Eastern Plumas Health Care.

2) *Plumas District Hospital (PDH)*

Plumas District Hospital has been working to coordinate mental health services for our patients. The funding from the MHSA Community Services and Supports program has been used to try and centralize and provide focus for service coordination. We currently have mental health needs in some higher risk areas: HIV, OB, ED and Chronic Pain Management.

The large majority of our patient population has mental health diagnoses identified but some issues are identified upon entry into one of the service areas listed above. We currently offer mental health services via telemedicine, and in person with either a Licensed Clinical Social Worker (LCSW) or an Mental Health Nurse Practitioner.

Completed program activities:

- Working with the Pain Management Care coordinator to screen and identify chronic pain patients for anxiety, depression and substance use.
- Working with the HIV team to identify ongoing mental health issues and to provide case management to support social and mental health needs.
- Providing screening, case management and referral for OB patients with mental health needs.
- Facilitating follow up for patients who have utilized the ED for a suicidal episode.
- Working with the Pain Management care coordinator to implement standardized mental health screening tools.
- Assisting with case coordination for our general patient population who are identified as having mental health needs.
- Providing mental health telehealth visits for our patient population.
- Population table of those enrolled/served by age (List number for all that apply):

Age

Children and their families (0-15)	0
Transitional Age Youth (TAY) (16-25)	35
Adult (26-59)	68
Older Adult (60+)	4
Declined to answer	0
Total	107

Race

American Indian or Alaska Native	NR

Asian	0
Black or African American	NR
Native Hawaiian or other Pacific Islander	0
White	92
Other	NR
More than one race	NR
Number of respondents who declined to answer the question	NR

Ethnicity

Hispanic or Latino as follows	Caribbean	
	Central American	
	Mexican/Mexican-American/Chicano	
	Puerto Rican	
	South American	
	Other	12
	Number of respondents who declined to answer the question	
Non-Hispanic or non-Latino as follows	African	
	Asian Indian/South Asian	
	Cambodian	
	Chinese	
	Eastern European	
	European	
	Filipino	
	Japanese	
	Korean	
	Middle Eastern	
	Vietnamese	
	Other	94
	Number of respondents who declined to answer the question	
More than one ethnicity		
Number of respondents who declined to answer the question		1

Primary Language – Plumas County has no threshold language

English	106
Spanish	NR
Other (list per participant)	0

Sexual orientation

Gay or Lesbian	NR

Heterosexual or Straight	69
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Number of respondents who declined to answer the question	35

Disability

Yes, report the number that apply in each domain of the following	Communication domain separately by each of the following	Difficulty seeing	0
		Difficulty hearing, or having speech understood	0
		Other (specify)	0
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		NR
	Physical/mobility domain		NR
	Chronic health condition (including, but not limited to, chronic pain)		NR
	Other (specify)		0
No			90
Number of respondents who declined to answer the question			0

Veteran status

Yes	0
No	107
Number of respondents who declined to answer the questions	0

Gender

Assigned sex at birth	Male	11
	Female	96
	Number of respondents who declined to answer the question	0
Current gender identity	Male	11

	Female	96
	Transgender	0
	Genderqueer	0
	Questioning or unsure of gender identity	0
	Another gender identity	0
	Number of respondents who declined to answer the question	0

Outcome	**Description**
Telemedicine Bridge Funding	Telehealth visits which will not be further funded will result in sustained loss for our organization. Under Rural Health Center (RHC) regulations we are not allowed to bill for the provider service as the originating site. Our current contracted providers do not handle billing. We pay for block time to pay for the specialist and bill out the facility fee only. In regards to paying for block time, we have to pay for the block time with our specialty providers regardless if the patient makes their appointment or not. Also due to the fact that many of our patients have Medi-Cal for their insurance we are unable to bill a no-show fee. In the last year the no show rate was 28% with a very aggressive visit reminder system in place. We take a loss on every encounter but choose to continue to offer Telehealth as a community service. However, the feasibility of greatly expanding our Telehealth program is restricted by the amount of financial loss we are able to sustain.
Behavior Health Patient Navigation	1. Mental health screening tools were not implemented until December 2017. It has taken the last 6 months to get all the training done for clinical staff, billing and coding processes in place, provider buy in and referral processes in place. There is still some reticence in providing care to issues identified during screening at the time of the visit due to time constraints. Providers don't always feel comfortable addressing the mental health needs at the time and we have limited availability of our NP and LCSW who are not in each office daily. 2. Effectiveness of case coordination was not realized due to 1)the issues in #1 listed above as well as 2) lack of referrals for case coordination from the primary care providers and ED staff and 3) Integration with the chronic health program was not achieved due to the mental health case coordinator being unable to devote

	that amount of time to take over the screening and coordination of this patient population. 3. Currently we lack the ability to track sexual orientation in our EMR from the registration side. We have been waiting for this upgrade to be provided by our EMR vendor but to date it has not been implemented. Ethnicity we document as either Hispanic or Non-Hispanic only, so we do not have more detailed breakdowns. The numbers are therefore all documented under "Other". 4. At this time many of our patients do not want to see counselors at the mental health department and not uncommonly, patients who we have referred to county mental health services are sent back to us due to not meeting SMI criteria or they are noted to be stable and are deferring management back to the primary care provider. Overall lack of county mental health resources, limit our ability to effectively provide options for counseling and general treatment. Often, we refer patients but they do not follow through with subsequent visits with mental health specialty and are inconsistent in follow up with their primary health care provider. We have also experienced a gap in coordination and management with follow up to referrals from county mental health not coming back to us.

Program cost per participant: $289.00

With the loss of grant funding to help offset Telehealth loss and the inability to fully implement the mental health care coordination piece at this time, Plumas District Hospital is not able to continue participation in this grant for the coming fiscal year. To be more effective in this endeavor, we would need to hire a full-time mental health case manager to work on full integration, setting up new processes which would include identifying all persons screened and track referral and follow up. PDH does not anticipate the ability to sustain this project at this time.

3) Seneca Healthcare District (SHD)

History: SHD started working on our telehealth program in 2016, researching program models and studying which service areas would meet the most need for our community. The launch of the telehealth program was in of March of 2018, with 3 patients seen the first month.

Program Components: The SHD telehealth program includes psychiatry, psychology, and pain management. SHD also have a contract with Renown Reno for consultative services for all of their specialties. They are currently working on contracting with a new company to provide additional tele-psychiatrists to meet the demand of patients.

Enrollment: Patients are currently only being referred by providers. First referrals were made by providers in our own clinic. Due to staffing changes within the clinic, SHD internal referrals are slow, but steady. Local behavioral health organizations, resource centers and clinics were notified of their availability to take patients for external referrals, advertising was also done by the newspaper, brochures, and an open house. Most patients have been consumers of behavior health services in the past but are new to the telehealth component that we provide.

Targeted Groups: SHD is in discussions with the Chester schools on the availability of our psychologist and ways they may be able to help the schools with children in need. SHD takes private insurance as well as Medi-Cal and Medi-Care which enables them to serve patients of any age and financial class in need of behavioral health services.

Education of clinic providers to what services are being offered was started in late 2017. Our telehealth coordinator was sent to the California Telehealth Network Conference in 2017. Reminders and updates to the program, along with needs and availability are communicated at monthly Medical Staff Meetings and Board Meetings. Training of staff on new equipment was completed in January 2018.

The first patient was seen on 3/8/18. Ongoing training is provided when technology is new or updated, or new services are offered. We have also received free training from Renown Hospital in Reno on the appropriate methods to assist physicians in a telehealth setting. We are also currently educating potential patients on the new technology and how the doctor-patient visit works in a tele setting.

- Population table of those enrolled/served by age (List number for all that apply):
  NR = Not reportable, n=<11

Children and their families (0-15)	NR
Transitional Age Youth (TAY) (16-25)	NR
Adult (26-59)	NR
Older Adult (60+)	NR

Number of those who declined to answer	

Race

American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	13
Other	0
More than one race	0
Number of respondents who declined to answer the question	0

Ethnicity

Hispanic or Latino as follows	Caribbean	0
	Central American	0
	Mexican/Mexican-American/Chicano	0
	Puerto Rican	0
	South American	0
	Other	0
	Number of respondents who declined to answer the question	0
Non-Hispanic or non-Latino as follows	African	13
	Asian Indian/South Asian	0
	Cambodian	0
	Chinese	0
	Eastern European	0
	European	13
	Filipino	0
	Japanese	0
	Korean	0
	Middle Eastern	0
	Vietnamese	0
	Other	0
	Number of respondents who declined to answer the question	0
More than one ethnicity		0
Number of respondents who declined to answer the question		0

- Primary Language – Plumas County has no threshold language

English	13

Spanish	0
Other (list per participant)	0

Sexual orientation (not asked for populations under 18, unless volunteered)

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation	
Number of respondents who declined to answer the question	13

Disability

Yes, report the number that apply in each domain of the following	Communication domain separately by each of the following	Difficulty seeing	NR
		Difficulty hearing, or having speech understood	NR
		Other (specify): Autistic	NR
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		NR
	Physical/mobility domain		NR
	Chronic health condition (including, but not limited to, chronic pain)		NR
	Other (specify): PTSD, Anxiety, Major Depressive Disorder, ADHD, Adjustment Disorder, Bipolar Disorder		13
No			
Number of respondents who declined to answer the question			0

Veteran status

Yes	0
No	12

Number of respondents who declined to answer the questions	1

Gender (Gender identity not asked for populations under 18, unless volunteered)

Assigned sex at birth	Male	2
	Female	11
	Number of respondents who declined to answer the question	0
Current gender identity	Male	
	Female	
	Transgender	
	Genderqueer	
	Questioning or unsure of gender identity	
	Another gender identity	
	Number of respondents who declined to answer the question	

Outcome	**Description**
13 Patients enrolled	41 total visits in a 4-month period.
0 Patients referred out	No patients are being referred to outside providers for behavioral health issues.
Visits doubled in June	Due to our efforts, patient visits doubled in June over the previous 3 months. We had 20 patient visits in June.
Long appointment wait times	Barrier to Delivery of Service: Our psychiatrist is unable to provide us with more hours to schedule patients, he also will only onboard 1 patient per day. We are unable to schedule with him in a timely manner. We are currently in negotiations with another telehealth company to provide psychiatric services to remedy this situation.
Service disruption	Barrier to Delivery of Service: During the 4th of July week, we had to reschedule appointments on 1 day due to technical difficulties/poor connection. The cause of the disruption was caused by increase demand on internet services during the week due to a large influx of vacationers.
Reporting limitation	Due to limitations in our EHR and patient perception, we have been unable to collect demographic information on sexual orientation and gender identity. We are working with our EHR to establish tracking of these demographics. We have attempted to collect this information and numerous complaints were lodged with administration on the need to provide this information and it being an invasion of privacy. We are an LBGT certified friendly facility.

Billing delay	Our EHR also has a limitation in the ability to prepare insurance claims. Currently all claims have to be manually modified resulting in a billing delay.
Delay in referrals	Currently our referral system is paper and manual, this slows down the processing time and our ability to quickly get patients in to be seen. We are working on a more automated system to handle the increased volume of referrals.

Program cost per participant: $3,985.00

We have the ability to expand equipment to the hospital setting; Renown Reno has grant money available to provide additional equipment to our facility. We actively look for grants for our telehealth program to aid in paying for upgrades, new technology, and our T1 line. We have meetings scheduled with industry leaders and weekly with our billing vendor to discuss proper billing to ensure maximum return. We are also exploring ways we can provide services to those insured through Partnership Health Plan. We currently do not accept this insurance, but there is a population 11 miles away that could use our services.

Due to DHCS MHSA program review and the audit recommendation, all three area hospital behavioral health integration programs were closed at the end of FY17-18.

e. Plumas Rural Services – Community Connections

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

- **Everybody Matters** - We all have skills and talents. The real wealth of a community is its people. Every person, regardless of age, income level, or education is valuable and has something to offer to others.
- **Giving is Receiving** - When everyone has an opportunity to serve and in turn can accept service from others, "you need me" becomes "we need each other."
- **Volunteers Make Communities Work** - Sharing in the responsibility of raising healthy children, strengthening families, supporting vital businesses and service organizations, and caring for our elders creates a connected community.
- **People Need People** - We are unique, but equal. Sometimes the greatest gift we can give others is to allow them to serve so they can feel needed and appreciated.

Community Connections has a robust network of members (more than 300 county-wide) and offers more than 400 distinct services through its membership. At its core, CC is about inclusion, connection, and identifying and valuing the

unique strengths individuals have. These core values are driving forces behind efforts to engage Behavioral Health consumers in their community and recognize their value as individuals separate from their mental or behavioral health issue(s). The mental health focus within the CC program promotes anti-stigma efforts for those living with mental illness while linking mentally ill individuals with needed services.

CC has worked with Behavioral Health (PCBH) since 2015-16 to more intentionally incorporate PCBH consumers into the CC network of members. Referral forms have been developed for PCBH staff to refer consumers to CC for membership. CC has updated its policies and database to better identify known PCBH consumers so that output and outcome data related to their participation in CC can be identified and reported back to PCBH. When clients are referred through PCBH, they are enrolled and identified in the program database as PCBH consumers; other enrollees may voluntarily provide this information, so they can be identified as such in the database for reporting. However, those members who were already enrolled in program services prior to the start of this contract may not be identified as PCBH consumers if they did not choose to self-identify to the Program Coordinator. From a programmatic standpoint, again, this is a factor in the anti-stigma effort the program makes, ensuring that members do not feel singled out in any way if they are PCBH consumers.

During the course of this grant year, Community Connections provided a robust network of 313 members from whom PCBH consumers who are members (31 identified) could request services. These include basic needs such as transportation, meal preparation or grocery shopping, or higher-level needs such as meal planning, budget preparation, handyman jobs, etc. CC also provided ample opportunity for members to participate in volunteer work within their community, either for individuals or for community Sponsor organizations. (CC has 60 Sponsors across all of Plumas County representing nonprofits, businesses, county departments/agencies, and more.)

CC provided opportunities for members to conduct one-on-one volunteering, as well as group SWAT efforts (Serving, Working, Achieving Together) to encourage greater social connection. There were 31 total SWAT events during the year, in which groups of volunteers came together to tackle a larger volunteer project. Members over the year exchanged a total of 5,132 services representing 16,463 hours of service.

Unfortunately, half way through the fiscal year the program received notice that it would not receive funding in the remaining two years of the MHSA grant period. As a result, recruitment and social activities slated for the second half of the year were curtailed to enable the Coordinator and the CC Advisory Board to meet to discuss what the future of this community program would look like, particularly its sustainability. The Coordinator then arranged and facilitated three focus groups throughout the county to gather feedback from members and sponsors on how to

sustain the program going forward. In addition to the focus groups, the program also conducted an electronic survey for those members who were not able to attend the focus groups in person. Fortunately, the program found that there was an enormous interest from the membership in volunteering to keep it going, which will be the focus of efforts for the next several months.

- Population table of those enrolled/served by age:
  NR = Not Reported for n=<11

Children and their families (0-15)	NR
Transitional Age Youth (TAY) (16-25)	NR
Adult (26-59) and Older Adult (60+)	28
Declined to state	0
Total	31

- Race

American Indian or Alaska Native	NR
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	29
Other	0
More than one race	0
Declined to state	0

- Ethnicity

Hispanic or Latino as follows	Caribbean	0
	Central American	0
	Mexican/Mexican-American/Chicano	0
	Puerto Rican	0
	South American	0
	Other	0
	Number of respondents who declined to answer the question	0
Non-Hispanic or non-Latino as follows	African	0
	Asian Indian/South Asian	0
	Cambodian	0
	Chinese	0
	Eastern European	0
	European	29
	Filipino	0
	Japanese	0
	Korean	0

	Middle Eastern	0
	Vietnamese	0
	Other	2
	Declined to state	0
More than one ethnicity		0
Declined to state		0

- Primary Language – Plumas County has no threshold language

English	31
Spanish	0
Other (list per participant)	0

- Sexual orientation

Gay or Lesbian	0
Heterosexual or Straight	0
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Declined to state	31

- Disability

Yes, report the number that apply in each domain of the following		
Communication domain separately by each of the following	Difficulty seeing	0
	Difficulty hearing, or having speech understood	0
	Other (specify)	0
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	0
	Physical/mobility domain	0
	Chronic health condition (including, but not limited to, chronic pain)	0
	Other (specify)	0
No		0
Declined to state		31

- Veteran status

Yes	NR
No	NR
Declined to state	NR

- Gender

Assigned sex at birth	Male	0
	Female	0
	Declined to state	31
Current gender identity	Male	2
	Female	29
	Transgender	0
	Genderqueer	0
	Questioning or unsure of gender identity	0
	Another gender identity	0
	Declined to state	0

Program scope and outcomes changed drastically with the notice that funding would not be continued for program services after June 30, 2018. New volunteer orientation workshops and volunteer-driven workshops around consumer concerns/interests would have been piloted around the county, however these were cancelled to make time for the program to respond to the withdrawal of future funding. Member recruitment activities and spring-time member social activities were also curtailed as a result. For our final deliverable – identify and create protocols with PCBH to better integrate CC as a resource for meeting emergency transportation needs for consumers – the Program Coordinator was working with the MHSA Coordinator during the first half of the year to attend a PCBH Staff Meeting to develop this; unfortunately, the program was unable to secure an invitation to one of these meetings before notification of the elimination of future funding.

Outcome	Description
31	Number of PCBH Consumers enrolled (known via referral or self-identification)
5,132	Referrals to other service providers (0 for community services; all service requests are referred to members who are service providers to fulfill requests – services completed are listed here)
6	Hold member recruitment activities in each community to increase awareness of services and opportunities
3	Conduct membership engagement activities to promote social connection
31	Hold SWAT group volunteer opportunities
0	Develop and pilot volunteer orientation workshops
0	Develop and pilot volunteer-driven workshops around common consumer concerns and interests
0	Identify and create protocols with PCBH to better integrate CC as a resource for meeting emergency transportation needs for consumers

Due to the MHSA program being required to close and move some remaining CSS programs and redistributing them to the PEI component and because of subsequent reductions to PEI programming, the Community Connections Program will not be further funded.

Program cost per participant: $2,590.77

VII. Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) is a major MHSA component which addresses access by underserved and unserved populations through outreach, access and linkage and engagement strategies across its programming. Programming categories for PEI include Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment Program, Improve Timely Access to Services for Underserved Populations Program, Stigma and Discrimination Reduction Program, and Suicide Prevention Program.

Plumas County commits a majority of its PEI funding to programs for those under 25, targeting elementary, high school, and college-based outreach and access and linkage to hard-to-engage and -to-serve child and adolescent populations.

Veterans (13%) and seniors (33%) are other large populations in Plumas County which receives PEI funding for programs targeting these typically underserved populations.

a. Plumas County Public Health Agency Veterans Services – Veterans Outreach

Veterans community outreach activities provided during the reporting period to raise awareness of VA and MHSA services available to Plumas County:

- On May 26, 2018, Veterans Outreach Program hosted a Plumas County Golf tournament at Mt. Hough golf course for 60 veterans and spouses; the program provided dinner following the golf tournament.

- On February 20, 2018, Veterans Outreach Program hosted a family at Neighbor's BBQ in Cromberg, CA. 62 veterans and spouses participated; Veterans facilitators presented topics on suicide awareness for this population, MHSA services and Veterans Benefits provided from Plumas County Veterans Services.

- Veterans Outreach Program provided a family luncheon on January 31, 2018 at the Ranch House in Chester, CA. 36 veterans and spouses attended this outreach activity. Veterans facilitators presented topics on suicide awareness for this population, MHSA services and Veterans Benefits provided from Plumas County Veterans Services.

- Veterans Outreach hosted a dinner on December 9, 2017 at the American Legion Post 568 in Greenville, CA. 12 veterans attended and participated in the presentation on suicide awareness for this population, MHSA services and Veterans Benefits provided from Plumas County Veterans Services.

During this reporting period, the Plumas County Veterans Collaborative organized in October 2017; since October, this Outreach Collaborative has held eight Plumas County Veterans Collaborative meetings in Quincy reaching out to Plumas County Veterans and Plumas County providers along with various departments from the VA Medical Center in Reno, Nevada.

The Veterans Outreach Program targeted 2,400 veterans in Plumas County. 73 veterans completed the information and benefits evaluation (IBE) during this reporting period veterans who were provided assistance and referral to needed services. These high-risk veterans were provided ongoing care coordination, case management within their own communities, supportive services, and advocacy to overcome cultural, economic, geographic, and other barriers to obtaining or remaining in care/services.

Referrals were made for veterans to Behavioral health, PCIRC, housing services, to the food bank, for Senior Transportation, and employment development, including to Alliance for Workforce Development for employment assistance and employment at Sierra Pacific Industries in Quincy, CA; specific numbers for these services are 11 or under, making them not reportable.

Included in this population are at-risk veterans who were provided ongoing care coordination, support service, and advocacy to overcome culture economic, geographic and other barriers to obtaining or remaining in services.

The Plumas County Veterans Outreach Program provided support groups for veterans and their families at the following locations:

- An average of 15 veterans and local providers participated in the Plumas County Veterans Collaborative monthly meetings at the Veterans Hall and Elks Lodge in Quincy.
- On average, 12 veterans attended the monthly support group meeting at the American Legion Post 568 in Greenville.
- Averages for these support groups range 11 or under, making their numbers too small to report:
  American Legion Post 664 meets monthly at the Veterans Hall in Chester; American Legion Post 329 meets monthly at the Veterans Hall in Portola. Veterans of Foreign Wars Post 3825 in Quincy, CA meets monthly at the Veterans Hall in Quincy and the VFW Post 3758 meets monthly at the Veterans Hall in Portola.
- The Veterans Outreach Program provided after hours, weekend, and holiday support on average of 6-10 hours per month.

Average program cost per participant: $260.00

In October 2017, a group of local veterans and service providers who provide direct services to this population, many of whom themselves are veterans, began meeting on a regular basis to design and coordinate the first Plumas County Veterans Collaborative. The Collaborative's goals include:

- Engaging the Reno VA Medical Center (VAMC) for the possibility of opening a satellite clinic in Quincy
- Collaborating with local hospitals on the overall improvement of veterans medical care and possibility of a standalone clinic on one of their campuses or a partnership agreement
- Holding monthly meetings with organizations that serve veterans. These organizations conducted briefings on what the organization they serve does for veterans.
- Increasing overall awareness of veterans' services by scheduling and coordinating the first Plumas County Veterans Stand Down.
- Improving the response and overall process on Veterans who are incarcerated.
- Working on bringing telehealth services to Plumas County through VA
- Providing iPad systems (estimated completion May 2019 with modified systems)
- First Community Suicide Awareness dinner for Veterans conducted on March 7th 2018; 88 veterans attended.

Collaborative Meetings:
October 35 (Purpose of the Collaborative)
November 28 (VA Medical personal)
December No Meeting
January No Meeting
February Meeting (Canceled Snow)
March 16 (Stand Down)
April 20 (Housing Grants by the USDA for Veterans)
May 21 (Veterans Employment Services)
June 19 (2nd Chance K9 Program)

While MHSA dollars do not directly fund these activities, it does commit personnel salaries and benefits and dedicated project time to support Collaborative work of a veteran PCBH staff member.

b) Plumas County Public Health Agency – Home Visiting Program and Senior Connections

Home Visiting Program
Senior Connections home visiting works with home-bound individuals, community, and services to relieve isolation and encourage connection. Home visitors complete at least one PHQ-2 assessment, followed by a PHQ-9 and a referral to Plumas County Behavioral Health if needed, for each home-bound senior a year. This fiscal year, 55 PHQ-9s were performed, and 7 referrals were made to mental health services based on

this. Additional check-ins and case management is provided on an as-needed basis for those in need of intensive services, deemed at risk or who are likely to experience a major life change. The home visiting program fosters and utilizes many community partnerships to provide clients with services they need such as Senior Services, Senior Transportation, Veterans services, local resource centers, Area Agency on Aging, Hospitals work groups like Community Connections. This year 135 homebound participants were on the meal delivery program, with losses either due to death or relocation. Eighty-eight of these seniors received contact from a home visitor, which resulted in 439 total case management contacts and 57 referrals to outside agencies, including: Mental Health Services, Calfresh, Veterans Services, Adult Protective Services, Community Connections, Housing Authority, Legal Services of Northern California, HiCap (MediCare Advising), PCIRC, dental services, Utilities Assistance, IHSS/PALS at Home, Caregiver Support, and Medi-Cal.

Current event handouts and the following are part of the new & annual participant home visit:

- 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) Take back and syringe disposal
- 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
- FILE of LIFE – magnetic refrigerator identification card
- Fraud Prevention placemat series for congregate and homebound – from Consumer Fraud Protection Board.
- Veteran Services info

Organizations engaged to support Sr Homebound Participants:

Social Services IHSS Program, Senior Transportation, Behavioral Health, Veterans Services, Plumas Rural Services' Community Connections, Emergency Preparedness, Health Education programs; Plumas Crisis Intervention and Resource Center

Outside organizations including PG&E, California LifeLine, Community Friendship Line, Legal Services of NorCal, Passages, Connecting Point, OES Fire Prevention and others.

There is a reduction in MHSA funding affecting the scope of work, as provided to MHSA coordinator. The program's focus will stay on home visiting and service coordination/collaboration.

Outcome	Description
During FY 2017-2018, over 344 seniors and individuals who work with or are concerned with senior health received services to aid seniors in connecting with each other and the community, decreasing isolation and improving whole health through social connections and information dissemination.	This was provided through many avenues, such as: • Senior Summit 68 attendees • Age Well, Live Well • Senior Resource Workgroup • Information Dissemination o Senior Newsletter Provided 344 seniors, plus additional service providers o Monthly E-Blasts 68 recipients • Congregate Meals 209 Congregate Attendees • Transportation Resources Please see Description of completed program activities for more detail.
During FY 2017-2018, 88 home-bound seniors in Plumas County were provided with home visitation, screenings and referrals to community services and supports to relieve isolation, encourage connection, and address health issues.	• PHQ-2 & PHQ-9 Screenings 69 seniors were given a PHQ-9 screening • Case Management and Referrals Staff provided 57 referrals to outside agencies and 439 case management contacts • Homebound Senior Mobile Library Book Project 106 books were provided to 22 clients • Information Dissemination Please see Description of completed program activities for more detail.
During FY 2017-2018, Senior Connections discontinued site activity functions and reduced Scope of Work due to staff changes and later funding reduction.	

Senior Connections

Senior Connections has been designed to enhance basic need programs to the older adult population already provided through Plumas County Senior Services. The enhancements offered are intended to reduce the mild to moderate mental health service needs of the older adult population in Plumas County by meeting their needs of connection to each other, their community, and to relevant services and resources.

Enrollment / targeted "underserved" group:
According to DataUSA, adults 60 and over make up 34% of Plumas County's population, well over the state's average, and with few services available, elderly in need are highly underserved. Senior Connections provides direct and indirect services to 344 seniors, ages 60+, who are enrolled with Plumas County Senior Services, 66% of whom have reported living at or below the Federal Poverty Level. Fifty-four percent of these seniors live alone, and many are unable to leave their homes regularly due to temporary, though often, permanent disabilities. Often, the only daily human contact many of the 135 home-bound clients have is with the driver who delivers meals to their homes Monday- Friday.

History / program components:
Over the past three years Senior Connections has created a home visiting program to connect with our home-bound seniors, who are at higher risk for physical and mental health issues, as well as premature death. It is designed to encourage social connections, assess risks, and refer to appropriate services and resources. Along with the home visiting program, Senior Connections has provided connections, opportunities, and resources to seniors utilizing Plumas County Senior Services Congregate meal program as well. These additional services were open and available to all seniors and those interested in learning about issues affecting our seniors. They included Age Well, Live Well (a quarterly health educational series focused on seniors), Plumas County Senior Summit, weekly activities at each congregate meal site, monthly emails, quarterly printed newsletters, and other small projects that enhance the mental health of Plumas County seniors and decrease the SMI population of this group. These additional services have been reduced due to staff changes, and ultimately funding reductions, and only the Senior Summit and Senior Resource Group will continue in addition to the home visiting program.

Senior Summit
On September 26, 2017, 68 attendees and speakers congregated at the Quincy Vets Hall to give and receive information on the topics addressed. The summit started at 9:30am, provided lunch, and ended at 3pm. Topics included: 1) Vulnerability of Aging, 2) California's Senior Legislature, 3) Community Connections, 4) Elder Identity Theft, 5) Eastern Plumas Health Care Skilled Nursing Program, Seneca & Lake Almanor Clinics, and Plumas District Hospital's Swing Bed program, 6) Greif Recovery, and 7) PALS In Home Health program. Other information was presented regarding flight care, drug take-back program, transit services, Legal Services of Northern Nevada, IHSS, and senior nutrition, transportation and home visiting. Overall, 89% of the respondents stated that the topics presented were useful or very useful to them, and 100% felt the overall quality of the summit was good. Some of the topics respondents noted that they liked most were Elder Identify Theft, Community Connections, Greif Recover, Emergency Preparedness, Drug Take-back, and Home Health. The overall majority noted they appreciated the amount and usefulness of information and resources that

was given. Almost all respondents, 94%, said they would attend future summit. The next Summit is scheduled for September 26, 2018.

Homebound Senior Mobile Library Book Project
Friends of the Library, Plumas County Senior Services, and Community Connections have partnered to create a free library of books that is accessible to homebound seniors. This service has been a natural expansion of the Senior Connections MHSA work that fills a gap noticed by our Senior Services Home Visitor while doing the annual visits to home-bound clients. While the senior sites have a library, and clients who go to the congregate sites often are able to access the public library's services, homebound seniors aren't as able to reach a place that houses books. Many seniors enjoy reading to keep their mind fit, continue the pursuit of knowledge, and for pure enjoyment, but some had voiced frustration from the lack of books available to them in their homes and that they had to read the same books over and over. Books are available to seniors upon request and are delivered with their meals. The library is furnished from books donated from the Friends of the Library in conjunction with their quarterly book sales. They are housed at Public Health's offices where a volunteer catalogs the books received and batches the books to be sent out. A new book list is planned to go out to homebound seniors every quarter following the arrival of new books. Seniors participating do not need to worry about returning books, but they can do that by giving the books back to the driver who delivers their meals, if desired. This year 106 books have gone out to 22 clients.

Age Well, Live Well
Aging Gracefully
Nancy "Fawn" Presser provided this seminar in Chester, Greenville, Graeagle, Quincy and Portola in September of 2017. She provided training on three techniques to reduce the aging process.

Emergency Preparedness
In March of 2018 this seminar was presented in Portola, Chester, Greenville, Graeagle, and Quincy. It provided resources and procedures on what to do in an emergency such as, creating evacuation procedures, what to have ready, plans for your pets, how to communicate during an emergency, and provided CODE RED sign-ups on site.

Senior Resource Workgroup
This group was formed to help coordinate services for seniors more efficiently across the county, and to help address concerns in individual communities. The intent is to inform partners about existing resources and work together to coordinate improved services. Other functions may include working together to: produce/revise a resource guide; advertise existing services; identify gaps / barriers to service; network and interconnect services; increase communication among senior service providers. The Senior Resource Group met twice during this fiscal year:
7/13/17 – 10 attendees
9/20/17 – 8 attendees

Senior Newsletter

Senior Newsletters are compiled quarterly to connect seniors in Plumas County with activities, events and resources in order to decrease isolation and improve physical and mental health and wellbeing. Due to isolation and the lack of technology of many seniors in Plumas County, newsletters are printed and distributed to all the homebound clients of Senior Nutrition (about 130), copies are provided at Nutrition Sites (about 200), Resource Centers (about 50) and other sites seniors go for services throughout the county. A digital version is also available and is sent out to all who request it. According to the 2018 Senior Survey, over 38% of respondents felt the Senior Newsletter was one of the most useful handouts they received through Senior Services, second only to the lunch menu. This service will discontinue after this fiscal year. Newsletters included the following information:

Summer 2017	Senior Services, 2017 Senior Service: Quarterly Numbers Nurse Katherine Says: Hep C Age Well, Live Well: Coming Soon Veterans Corner: 3 VAs In One FTC: Card Skimmer Warning Senior Meal Site Locations Transportation Services Senior Fair Day & Senior Summit	**Fall 2017**	Senior Service: Quarterly Numbers Winter Preparedness Signs of Heart Attack Nurse Katherine Says Plumas County Senior Services Senior Summit 2017 In Review Please Welcome Joanne New Veteran Programs Year-Round Drug Take-Back Join Us For The Holidays!
Winter 2018	Service Numbers Veterans Corner: Events Peer Connection Resources Age Well, Live Well: Emergencies Plumas County Senior Services Town Hall Meeting: Pain Management A Note From Sr. Service Director Community Wellness Talks Heat / Energy Assistance New Buses?!	**Spring 2018**	Medicare Cards Senior Center Without Walls Service Numbers In Memory of Peggy Lang Plumas County Senior Services Veterans' Corner Why Didn't My Social Security Go Up? The "Oldie, But Goodie" Scam How To Prevent Bone Loss Memory Helpers

E-Blasts

Emails are compiled monthly to connect seniors in Plumas County with activities, events and resources in order to decrease isolation and improve physical and mental health and wellbeing. Many individuals and agencies who provide services to seniors utilize this services as well in order to better help their clients access services and programs that are right for them. A total of 68 people received these monthly emails. This service will discontinue after this fiscal year. Emails went out on the following dates and included the following information:

8/1/17 **August**	Health Advisory Plumas County Emergency Preparedness Guide Senior Nutrition Lunch Menu Senior Newsletter Mental Health Services Act Public Hearing: Aug 2 Quincy Library Book Sale: Aug 3-5 Farm Crawl: Aug 5 Senior Fair Day: Aug 9 Plumas County Active Transportation Program Open House Age Well, Live Well Seminar SAVE THE DATE	**9/1/17** **September**	Senior Nutrition Lunch Menu Age Well, Live Well Seminar: Aging Gracefully Senior Summit: September 26 Art & Ag Trail (Free) California Property Tax Postponement Program
9/19/17 **October**	Senior Nutrition Lunch Menu: October Age Well, Live Well Seminar: Aging Gracefully Senior Summit: September 26 Art & Ag Trail (Free): September 30 New Caregivers' Support Group in Greenville F.E.A.S.T. (Food — Education — Agriculture — Solutions — Together): October 20 Military Exchange Online Shopping for Veterans	**9/20/17** **October Supplemental**	Hoarding Behaviors Drive Through Flu Clinics
10/27/17 **November**	Senior Nutrition Lunch Menu: November Community Appreciation Day: 10/28/17, 12-4pm Loving-Kindness Workshops: Starting 10/28/17 at 10am in Quincy Community Yoga in Portola: Mondays from 7-8pm Commandments of Caregiving: Nov 14th in Butte County Caregivers Support Group in Greenville: 4th Wednesday of the month	**11/17/17** **December**	Senior Nutrition Lunch Menu: December Senior Newsletter – Fall 2017 Dinner & Community Meeting for MHSA (RSVP) Covered California Open Enrollment help at outlying Wellness Centers Coffee Break (Greenville Wellness Center) Cancer Support Group Formation (Greenville Wellness Center)

1/2/18 January	Senior Nutrition Lunch Menu: January Community Wellness talk: Homeopathy First Aid Creative Aging Symposium Senior Center Without Walls (see catalog of free services)	**1/25/18 February**	Senior Nutrition Lunch Menu: February Food Smarts Cooking/Nutrition Class for Adults (Free) Veterans Lunch: Chester, January 31 Quincy Library Book Sale Home-bound Senior Library Catalog Library Open House: Meet the new County Librarian! NEW ONLINE RESOURCE: The Conscious Elders Network (CEN)
2/16/18 March	Senior Nutrition Lunch Menu: March Plumas Senior Newsletter: Winter 2018 edition available Veteran's Collaborative Seed & Feed The Art and Heart of Forgiveness Workshop Age Well, Live Well: Emergency Preparedness Price is Right Comprehensive Lab Screenings Local Wild Mountain (Bucks Lake Wilderness, Past Present & Future) Narcotics Anonymous	**4/3/18 April**	Senior Nutrition Lunch Menu: April Plumas County Veterans Collaborative Meeting Plumas Earth Days: ExtravaGansner Park Day! Local Wild Legacy: Wild and Scenic Rivers, 50 Years Flowing Free Event; Community Sustainability Awards; Ansel Adams Photo Contest Auction Plumas Earth Days: Spanish Creek Bird Walk Narcotics Anonymous Greenville Yoga and Recovery Group 5th Annual Memorial Day Veteran's Gold Tournament More Plumas Earth Days events this month to be added here: Online: Conscious Living, Aging, and Dying

			Community Conversations Stop unwanted calls on your cellphone, landline or VOP
5/3/18 May	Senior Nutrition Lunch Menu: May Community Wellness Talk 2018 Spring Low-Cost Health Screening Event 5th Annual Memorial Day Veteran's Gold Tournament	**5/30/18 June**	Senior Nutrition Lunch Menu: June Medical Sharps Take Back Senior **Newsletter** Spring Issue Senior Center without Walls Spring Menu of Services Home-bound senior Library Spring Catalog
July	Last E-Blast Senior Nutrition Menu (July, August, September) Seneca Healthcare District Town Hall Quincy Farmer's Market: Every Thursday at 4:30 Sharps Take-back days The Senior Summit is planned to be held this fall in September. Senior Resource Group Veterans Collaborative Veterans Stand Down		

c) Plumas Rural Services – Young Child Mental Health Program

Plumas Rural Services (PRS) provided the Infant Mental Health program under a contract with First 5 Plumas from 2014 through 2017. The Young Child Mental Health Program is a continuation and expansion of that program.

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

behavioral health screening and assessment and behavioral/mental health services for the child and its family, as appropriate. Clients are typically referred from CPS or other providers as identified above directly, though 27% of the referrals, on average, are Behavioral Health consumer families. In order to serve these clients in a timely fashion, PRS begins services based on the initial referral.

There has been an increase in referrals across the board in all areas of community during this program year. The Greenville and Chester areas of the county had a void for several months due to a staffing issue in the latter half of the 2016-17 fiscal year. As a new PRS Therapist has moved into this area, providing services in the Wellness Centers in Chester and Greenville, as well as in the schools in Chester. This clinician has a nearly full caseload. PRS was also able to hire an Intern Clinical Psychologist, which means the program is now able to conduct psychological assessments for clients. For families, this means that they can receive a more complete diagnostic evaluation, which then means that they can receive more effective, targeted therapies and treatments to address their challenges.

The program has a Case Manager, which has helped families to receive referrals for ancillary services beneficial to their treatment plan. These referrals can include resources and services addressing cognitive, developmental and emotional delays in children identified in the ASQ-SE screening tool delivered by the contracted Early Childhood Specialist. The Case Manager is able to follow-up with these referrals to ensure clients are accessing and receiving services. She is also able to provide paraprofessional counseling as needed with family members in support of treatment goals.

The contracted Early Childhood Specialist will provide a four-session class annually in each community to teach families with infants how to communicate their love and affection to their babies through touch to promote attachment and bonding. Having stronger wrap-around services to meet needs at diverse points in each unique family has enabled the program to strengthen families all around.

The Young Child Mental Health program had a waiting list for services in Portola and Quincy for the first quarter of services. As of the end of the quarter, the waitlist stood at 4 families. New referrals have been coming in to the program daily, primarily for Quincy. Not all of these referrals end up on the wait list, since some do not qualify for services, but many do.

The program routinely experiences challenges with families needing services when parents are not married or living together. Some parents want therapy for their child, but they share custody with another parent who refuses consent. Other parents will both consent to therapy for the child(ren) but communicate contradictory challenges and treatment goals to the program staff. Antagonism, competing goals and parent alienation between custodial parents creates barriers to successful treatment for families. Having multiple therapists allows the program to serve parents independently of each other and work towards common goals for the child(ren), though this is often neither a quick nor a perfect process.

PRS' Client Services Manager conducts a client intake and coordinates with a therapist, under guidance of the Clinical Manager, to set up a screening/assessment for the referred family.

One of PRS' therapists conducts the screening/assessment, develops a treatment plan, and begins delivery of therapy. Of note here is that the program identifies the core issues in the family unit that need addressing, which can mean providing play therapy to the child referred, engaging in marriage/couples/family counseling for the parents, or providing therapeutic services to an older sibling. The treatment plan is designed to get to the core of the dysfunction in the family in order to achieve positive behavioral/mental health outcomes for the young child, rather than attempting to treat the child in a vacuum ignoring other contributing family dynamics.

Therapists provide services either in the counseling space at PRS' office in Quincy or in the family's home, depending on which setting is most effective for the client family. This program includes therapists in outlying areas to mitigate transportation program costs and barriers to service.

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

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

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

Beyond traditional therapy sessions, this program also covers the delivery of Parent Child Interaction Therapy (PCIT) for Plumas families. The PCIT program startup phase was funded by MHSA over the past 3-year cycle. The room has been built and furnished; equipment is purchased and in place; and PRS staff will have completed the training and certification to

deliver PCIT by September 2017. Families in Plumas County began to receive this therapeutic service in 2016-17, and this continues that service delivery (for children age 2-7) as an additional therapy modality to guide parents in positive, developmentally appropriate interaction with their children as a means to heal their family.

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

Over the course of the 2017-18 fiscal year, Young Child Mental Health served 47 families; within those families, 186 individuals were served, 79 of whom were parents/guardians (including a pregnant minor) and 107 children. The following services were completed:

- Crisis intervention: 2
- Parental support/guidance: 56
- Individual therapy sessions, Adult: 157
- Individual therapy sessions, Child: 308
- Play therapy sessions, Child: 216
- Couples therapy sessions: 21
- Family therapy sessions: 83
- PCIT sessions: 8
- Positive touch, bonding attachment: 30
- Parenting instruction: 3
- Pre-natal and birth care education: 1
- Developmental screenings (ASQ): 7
- Social/emotional screenings (ASQ): 6
- Child Development Activities: 37
- Transportation: 151
- Case conferencing with partners (agencies, schools, community programs, etc.): 27

In addition to the services provided to enrolled clients, program staff attended 46 collaborative meetings over the course of the year, both for case management with CPS and PCB and for community information and advisory meetings. Across the community, 8 trainings were held for those who interact with young children, including child care providers, teachers, and parents/caregivers. The program also submitted an article to run in the newspaper countywide to bring awareness to program services, hours of operation/contact information, and red flags in children's behavior.

The only major barrier to services in the Young Child Mental Health program over 2017-18 was the waitlist for intake to therapy services. Development of the Infant/Child Mental Health Collaborative was also not completed; with the staff hours overwhelmed by caseload demand, this effort was not prioritized (either by PRS or the partners it was going to collaborate with). Otherwise, all program activities were as outlined in the scope of work, outcomes were achieved, and the program ran smoothly.

Outcome	Description
186	Total enrolled
20	Referrals to other service providers
Served 47 children age 0-5 and their families	Provide timely access to mental/behavioral health services to a minimum of 35 children age 0-5 and their family members
1 for providers, 5 for new parents	Deliver a minimum of 2 trainings for providers for young children to meet needs of children with specific behavioral issues
2 trainings held	Offer a minimum of 1 teacher in-service training on classroom behavior
1 countywide article	Written outreach to teachers, medical professionals, preschools and child care providers annually to inform them of services available, consultations, hours, behaviors that raise flags, etc.
46 local meetings attended	Participate in a minimum of 6 local meetings, forums and events to foster collaboration and community outreach
Not completed.	Collaborate with First 5 Plumas and PCBH on implementation of Infant/Child Mental Health Collaborative.

Program cost per participant: $1,706.39

The wrap-around model of service delivery used by the Young Child Mental Health program is highly effective for families, allowing the core issues contributing to child behavioral issues and early mental health issues to be addressed.

Clients are overwhelmingly satisfied with and appreciative for this program. Feedback is routinely solicited through Family Participation Questionnaires. For clients indicating that their level of confidence improved through the program, the questionnaire asks what helped the most to achieve that:

- “Understanding trauma & how to best support my children as they deal w/ & heal from trauma.”
- “Getting feedback from the therapist on how to handle discipline.”
- “Realizing child’s behavior is not my fault. Solidifying repertoire of techniques to improve parent-child bond and create positive environment.”

When asked what they liked most about the program, clients responded:

- “You get concrete advice that is practical in application.”
- “Transportation available.”

- "The fact that it is fee-free – otherwise we would not be able to access these services. PRS Staff are never judgmental or denigrating."
- "The way they help me understand what my children need."

Some clients provided suggestions for program improvement:

- "Another available counselor so all needs can be met. (no waiting list)."
- "More family or group help with talking with each other."
- "More integration with other programs and services: schools, doctors, etc. E.g., if we want to pursue an ADHD diagnosis for our child, how do we do that? It would be helpful to be directed to the next step."

Client feedback is clear that families are highly satisfied with the program, and if anything only want more of these PRS services. The responses received from clients point to the program filling a significant gap for child mental health and family wellbeing in Plumas County, a gap that needs more resources and time to be properly and fully addressed. Families are looking not only for the high quality therapeutic care they get from PRS, but also greater availability of services outside of traditional therapy such as cross-integration with other kinds of service providers, family/group services to improve the family dynamic (even when the referral was for an individual child), accessibility of services (either by providing transportation or providing therapy onsite in the community), and more.

To accommodate decreased funding in 2018-19, the Early Childhood Specialist position will be cut, and the program will begin transitioning to insurance and Medi-Cal reimbursement for services. This will drastically change the program framework, moving it from a holistic approach that supports families in addressing the variety of contributing factors to young child mental health problems to a purely therapeutic approach, serving just the child referred. Services like family counseling, marital counseling, and work with others in the community serving the child (schools, child care settings, etc.) will not be covered. It is estimated this change will be complete in November 2018. There are a handful of clients who will not be covered either by insurance or Medi-Cal, and a small amount of funding is reserved to serve these clients from November through June.

Current update: This contract has been amended in FY18-19 and moved to the Community Services and Supports component through June 30, 2020; the new scope of the amended program is to provide direct Early and Periodic Screening, Diagnostic and Therapy (EPSDT) specialty mental health services to this unique population of children and adolescents and their families through Intensive Care Coordination, Intensive Home-Based Therapy, and Full-Service Partnership (FSP) for Children and Transitional-Age Youth. PRS will enroll up to 65 children total, up to 50 for EPSDT and up to 15 in the FSP program. Changing this program from PEI to CSS will broaden PRS' services, meet the needs of the community, and provide a sustainable model through Medi-Cal reimbursement for allowed billable services. Services through this program that are not billable will be covered by MHSA CSS FSP funding.

d) Plumas Rural Services – Youth Services Programs

PRS' Youth Services provides two programs for Plumas County youth to address diverse needs: SafeBase and Girl's Rite.

Suicide Prevention Program
SafeBase provides individual and group counseling with a paraprofessional counselor at Plumas County Charter and Community Schools. SafeBase promotes wellness, resiliency and healthy relationship skills for at-risk youth. This model emphasizes community-based services that 'promote wellness, resiliency, and leadership skills in our youth' – a goal under the Prevention and Early Intervention (PEI) Program Component of the MHSA Plan. Primary activities include provision of regular prevention programming related to developing healthy interpersonal relationships and weekly group counseling sessions on campus to provide both support and frequent screening for mental health issues among junior-high and senior-high youth. Students demonstrating immediate mild to moderate severity need can meet with the paraprofessional counselor one-on-one following group sessions. SafeBase focuses heavily on the county's charter and community schools serving higher risk youth, many of whom are Transition Age Youth (TAY). SafeBase builds protective factors to assist teens and young adults with increasing their healthy coping skills and lower the incidence of mental illness in this population.

Program cost per participant: $1,512.71

93 youth participated in this program during FY17-18. Participants have access to the paraprofessional counselor at group sessions, by arranging individuals counseling sessions, or via text or phone call during business hours for mental and emotional health needs. Group sessions utilize evidence-based curricula such as the One Circle Foundation and the CAST model. The paraprofessional counselor refers participants to other resources in the community as necessary, including PRS Behavioral Health service or to Plumas County Behavioral Health.

The client intake forms included specific questions about history with suicidal ideation and/or attempts for participants. These questions are a part of the Youth Thrive evidence-based youth prevention evaluation, provided to PRS by its contracted evaluator. Staff ran into challenges when youth participants indicated that they had experienced suicidal tendencies, thoughts, or attempts in the past, but no presently; staff were unclear how to respond to that type of disclosure from participants, and specifically whether it required a specific response on the part of staff at that time. Staff decided to pull these individuals aside once the disclosure was made to ask follow-up questions and identify whether the child was experiencing those thoughts and/or feelings currently. If so, staff would make an immediate referral for appropriate follow-up intervention.

The Youth Services Program offers weekly group counseling to at-risk youth and direct access to a paraprofessional counselor for individual counseling if needed. This continuous, reliable, accessible prevention and early intervention program promotes frequent check-ins with youth regarding their mental health and decreases barriers to their access of services by decreasing the stigma around talking about mental health issues and/or acknowledging the prevalence

and normalcy of mental health struggles. Especially when discussed respectfully amongst their peers, this allows participating youth to talk to someone in a position to help them when they are experiencing a mental health issue.

Staff learned how to address when a youth participant discloses past experience of suicidal thoughts, ideation and/or attempts to ensure they are presently safe. Staff also gained valuable experience in follow-up procedures with families when a youth with SED is identified to ensure they don't slip through the cracks in terms of timely professional treatment.

The Girl's Rite program is a prevention program for girls age 11-18. Grounded in research on girls' development, Girl's Rite provides an all-girl space that supports girls' capacity for self-confidence; physical and emotional resiliency; healthy relationships; and regular physical activity. Girl's Rite is delivered in Quincy with afterschool meetings for 2 hours twice per month during the school year. During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication. Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Professional women in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the girls' community. Once per month during the school year, a longer activity is planned, such as bowling, cooking a meal, etc. During the spring, interested youth will attend the annual Reach

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

LGBTQ Support Groups were a third component proposed in the Youth Services Program funded by MHSA. The program proposed development of a youth support group in Quincy for this target subpopulation.

Access to Linkage and Treatment Program
Staff in SafeBase and Girl's Rite has direct access to PRS' Mental Health program staff and can make direct referrals for mental health prevention and early onset treatment services. Program staff are able to directly contact PRS Mental Health staff to identify where Youth Services Program clients are on the treatment waitlists. Staff follow up on these referrals on a weekly basis, in general. Program staff also work with PRS Mental Health staff to identify referrals for other treatment options that could either better suit client needs or help them access services more quickly, depending on waitlist length.

Program staff also do pre- and post-service questionnaires that include questions relevant to mental health status of participants (including mental wellbeing, perception of self, suicidal ideation, etc.). Staff review these questionnaires and identify participants that may need

prevention, early onset, or SED referrals for treatment. They encourage these participants to access services appropriate to their level of need.

Having the Youth Services Program co-located with PRS' Mental Health Services improves collaboration between these two programs, which in turn means fewer barriers to services for clients needing access and linkage to prevention and/or early onset treatment. It also means that staff can work with Mental Health Services to identify all the various contracts under which a client may receive treatment, decreasing the time a client must be waitlisted.

There is an enormous need for prevention services for youth to help maintain good mental health and to quickly identify when youth are in need of rapid early intervention to deal with emergent mental health issues. This is especially important for children and teenagers who have access to Behavioral Health services in times of crisis (SED), but whose 'lower tier' mental health issues must be addressed in order to create the resilience within them to avoid future SED/SMI issues. The Youth Services Program reaches these at-risk youth where they are and in a way that facilitates early identification of these kinds of issues and can build the protective factors that help facilitate access to services that prevent more severe mental health issues in the future.

e) Roundhouse Council – Multigenerational Tribal Outreach and Discrimination and Stigma Reduction Program

Roundhouse Council (RHC) is a non-profit, 501 C (3) Indian Education and Family Resource Center which began in 1982 in rural Plumas County, California. RHC continues to provide a variety of family resource center safety-net, advocacy and outreach services along with education and cultural preservation and enrichment activities for Native American children.

The 2017-18 year has proven to be successful for Roundhouse Council. The staff at Roundhouse Council not only has had a positive impact on the lives of our local youth, elders and families but also through RHC camps, GONA's , Dances and Handgame Tournaments we have had the privilege of interacting with Native families throughout Northern California Building friendships through traditional methods of healing and wellness. Roundhouse Council provided community-based services to 82 participants: 46 children and youth, 20 adults, and 16 older adults. 30 participants attended one or more Gathering of Native Americans (GONA).

Roundhouse Council has implemented many classes and activities throughout the year to give Native American families the ability to take advantage of the programs they found interesting or beneficial for their personal needs. During this year RHC has found that time management has and continues to have proven their biggest challenge. "As in times of past the term 'Indian Time' has been our struggle. We will continue to improve our time management in hopes to start and stop activities in a timely manner while making sure to allow our families a more concrete schedule for the next year."

Wellness comes in many forms. Roundhouse has staff and facilitators with different backgrounds and unique teaching styles. For instance, the language class does not solely teach language, they have found that anytime RHC participants come together as a group there is always a lesson to be learned or conversation to be had. This has proven to give their youth and families a place for open communication, so they can express themselves while feeling heard in a non-judgmental, safe environment.

Participation is a way for the RHC Multigenerational Outreach and Stigma and Discrimination Reduction program to measure success. Their programs do not require participation, so their numbers who enroll and continue with ongoing participation shows the impact that their classes and activities have on community by their willingness to participate.

Talking circles (3 times a month)	40
Girls Group (2 times a month)	<11
Family Night Dinners (every other Monday)	30
Culture Group (2 times a month)	40
Elders Luncheon (once a month)	16
Handgame Tournaments (3)	15
Traditional Dances (9)	20

All of the staff and facilitators at RHC meet on a monthly basis to discuss their programs. If there is a concern with one of the clients, the concern is brought to the attention of the Executive Director. With the help of the facilitator the Executive Director will discuss with the client as to how RHC feel things should proceed. RHC offers one on one support or will refer the client to Behavioral Health.

RHC had many successes over the year; wellness circles, Language classes, therapeutic art classes, self-expression writing classes, cultural gatherings, Camps, Dances and traditional games. The families at RHC have had opportunities that have been lacking in this community and we have had positive feedback from the families.

RHC has taken the opportunity to teach participant families that they can gather together without drugs and alcohol, in a safe and comfortable environment while learning and having fun. As Native people, RHC staff and participating families have seen alcohol and drugs cause devastating effects in tribal communities. RHC programs allow our families to learn traditional ways to handle daily struggles while giving them the opportunity to participate in healthy activities to keep them strong mentally, spiritually, and physically. They teach traditional ways of wellness so participating families have the necessary tools to live a healthy life style in hopes to pass their knowledge down for future generations.

Program cost per participant: $908.57

f) Feather River College – Student Mental Health and Wellness Center

In Spring 2017, Feather River College and Plumas County Behavioral Health partnered to implement a Student Wellness Center program on the FRC campus in Quincy, CA. Plumas County had 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 community college, Feather River College.

Transitional Age 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 requested to create in partnership with Plumas County Behavioral Health a Student Wellness Center/Safe Space on the school's Quincy campus, which opened Fall semester 2017.

The purpose of FRC's Student Mental Health and Wellness Center is to provide 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 program collaborates with other local agencies to provide training, outreach, and prevention education. The Wellness Center coordinates education seminars and outreach activities related to mental health and wellness; they provide a first line support, crisis counseling, and referral service as needed and counseling for lower level cases and refer severely mentally ill clients as appropriate. Wellness Center staff provide 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 partnering service providers for FRC students.

The Student Mental Health and Wellness Center was 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.

Deliverables:

The main goal is to provide triage services for mental health issues on campus. Referrals and partnerships have been developed for students needing more treatment and/or significant clinical services. Triage intervention for lower level needs and direct services is provided to students at the appropriate level through the FRC Student Mental Health and Wellness Center. The Center therapist provides these services. The therapist also

provides consultation support to faculty and staff members regarding student mental health concerns, and attends *Student Incident Team* committee meetings, Division meetings and other related campus community meetings.

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

The Care Case Manager provides information and assistance to students regarding available programs and resources, assists in the preparation and maintenance of program budgets, as well as complete required program reporting.

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

Outcomes:

- Strategies:
  - Outreach for Increasing Recognition of Early Signs of Mental Illness: improve timely access to services for underserved populations
  - Suicide Prevention – campus SP program working with 20,000 Lives Suicide Prevention Work Group and campus suicide prevention coordinator (SAMHSA)

- Evidence-based practice standard
- Reduction in high-risk behaviors and suicide
- Improve student well-being and academic success
- Reduce substance use/abuse and strengthen healthy coping skills
- Increase linkage to PCBH for higher acuity needs

Outreach and mental health awareness activities provided to whole student body:

- National Suicide Awareness & Prevention Month Program September 25, 2017- Active Minds Guest Speaker- Mr. Pablo Campos presented to student body on ADHD, anxiety, depression, and surviving suicide
- Mental Health and Wellness Center Open House – September 2017
- National Depression Screening Day- October 2017
- Dr. MaryJo Gonzales, campus presentation on resilience and overcoming life barriers (Women's History Month) – March 12, 2018

- Alexis Jones, the ProtectHer Project, presentation to athletes and student body concerning consent and sexual assault prevention – March 22, 2018

Individual student demographics collected: 148
Total individual student appointments: 247
Total group counseling appointments: 5
Total staff and faculty consultation appointments: 44

Program cost per participant: $868.39

g) Plumas Rural Services - Mountain Visions Program

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

A variety of engaging wilderness-based activities are included that offer the opportunity for individual and group challenges to be explored and managed by participants and leaders. These include day hikes, orienteering trips, multi-day camping trips, snowboarding, rock climbing, ropes courses, and other outdoor experiences. The program utilizes behavioral management, cognitive and solution-focused therapies to promote change. Participants are encouraged to identify and develop goals that focus on what they will do differently to address maladaptive behavior patterns. The program promotes environmental awareness while encouraging participants to explore their responsibility to contribute to the larger community. Activities are designed to promote teamwork, problem solving, conflict resolution, interpersonal and communication skills, wilderness survival skills, and personal growth. The program also engages participants in expressive and artistic activities such as music, poetry, creative art, dance, storytelling and drama to promote healthy venting of emotions as well as appropriate personal expression.

Many participants have experienced substance abuse, physical & emotional abuse and have resultant behavioral issues, thus the program assures that participants have access to individualized therapeutic intervention each program day. Such contacts average approximately two individual therapeutic contacts per day per participant. Additionally, participants are seen in a group process two times per day. The group process assures that individuals can practice new skill development in a controlled therapeutic environment. As participants improve within the program they are

encouraged to discover how the skills they learn can be applied in their home, school and community environments. This therapeutic wilderness approach is designed to be easily integrated into the outpatient services for the child and family, increasing the depth and impact of the program on the participant's life.

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

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

Mountain Visions held five one-day outdoor excursions and two two-day outdoor excursions with youth participants. Excursions include morning and afternoon/evening group counseling sessions and daily (or more frequent, as needed) individual counseling sessions with participants. During each excursion, some youth participants are also engaged in leadership activities; one excursion engaged two youth in this manner, while the remaining six excursions engaged four or five youth in leadership roles. Parent follow-up contacts are made for each youth participant for each excursion, and as necessary family group counseling sessions were held outside of the outdoor excursions to promote client mental health outcomes.

Mountain Visions completed 7 wilderness trips with at-risk youth participants. Participants engaged in at least 2 group counseling sessions with licensed mental health therapists per day on each trip. Participants also received individual counseling sessions on these trips with therapists as needed to support their mental health and/or build their resilience and protective factors. Older youth received leadership skill building opportunities on the trips as well. Barriers to service delivery included lack of parental response and/or engagement, including things like transporting their children to/from activities. Outside of that issue, there were no notable barriers to service delivery.

Description	Outcome
Youth clients enrolled	18
Referrals to other service providers	<11
Individual counseling sessions	237

Group counseling sessions	20 sessions; 192 duplicated contacts
Family counseling sessions	<11
Parent follow-up contacts	263
Leadership training/work experience opportunities provided	65

Implementation Challenges: There were no challenges to program implementation, because this program has a strong program history and is well-situated to deliver its services. It links well with other services participants are already receiving through each client's case management with Plumas County Behavioral Health.

Successes: The program was able to continue providing services in 2017-18, ensuring access to this treatment model for youth for an additional year beyond its separation from Plumas County Behavioral Health.

Strategy used to improve timely access to services for Underserved Population:

Describe ways the County encouraged access to services and follow-through on referrals:
Plumas County Behavioral Health Therapists identify and refer youth clients appropriate for this program. Program staff do intake and enrollment with these clients.

Access and Linkage to Treatment Strategy:

Clients within this program are already engaged in mental health services.

Relevant Examples of Impact/Success:
This program offers treatment to youth in an environment designed to help them build internal skills for their future. Seven of the program youth were able to participate in leadership skill building opportunities with the program, which not only helps with skill building, but also helps them to envision a positive future for themselves and promote their agency in goal setting and achievement. Relevant Examples: Clients received individual and group therapy sessions in outdoor, skill-building environments over the course of the program year. Seven total trips were undertaken, with 237 individual counseling sessions and 192 duplicated group counseling contacts.

Due to the MHSA program being required to close and move some remaining CSS programs and redistributing them to the PEI component and because of subsequent reductions to PEI programming, the Mountain Visions Therapeutic Wilderness Program will only continue through a partial program year in FY18-19. This will permit the program to finish the summer wilderness program with youth participants already enrolled in services. There will be a minimum of two trips, culminating in an end-of-season presentation in September for families.

Program cost per participant: $4,328.19

h) Plumas County Public Health Agency – Youth Prevention (Club Live/Friday Night Live)

Stigma & Discrimination Reduction

- Junior High and High School Aged Youth: Club Live and Friday Night Live programs, which are youth development programs (funded to promote the prevention of alcohol and other drug use, and other risky behaviors), are currently successfully implemented at all Plumas County public Jr/Sr high schools and are the perfect facet to implement stigma reduction campaigns and activities in all communities served by this program (Chester, Portola, Quincy, and Greenville). These programs are youth driven and ran; giving the youth involved the opportunity to learn how to implement sustainable community change. Friday Night Live and Club Live are coordinated and facilitated by a Public Health Agency Prevention Program employee, serving as an advisor, to ensure that these programs are implemented with fidelity and continue to obtain proven effectiveness.

Peer Involvement & Peer Run Programs

- Junior High and High School Aged Youth: The Friday Night Live and Club Live programs implemented by Plumas County Public Health Agency's staff utilize a youth development (an evidence-based strategy for building resiliency) framework. Youth development has been proven to reduce the risk of mental illness by engaging young people as leaders and resources in the community. Youth Development provides opportunities to build skills which strengthens bonds to school and improves overall wellness.

  Youth Development programs such as Club Live and Friday Night Live reduce the risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, peer relations and supportive adult relationships. These programs are evaluated yearly through the administration of Youth Development Surveys which are reviewed at the state level and released to counties for review and improvement of their programs. These programs are successfully implemented at all Jr/Sr high schools in Plumas County, which is a different population than is served by other MHSA-funded programs who meet with youth in the charter and continuation schools.

  Friday Night Live and Club Live advisors work closely with the Student Services Coordinators at each campus to implement these programs effectively and with fidelity, while also making sure that services are based on the specific needs of students at each diverse campus.

  To increase the effectiveness and sustainability of these programs, additional funding is needed for weekly after school and summer programs in each community. The benefits of after school and summer programs are that students

get to meet for a longer time, allowing them to develop addition skills and lasting relationships that the short lunch meetings may have not allowed for. Summer programs also allow for youth to continue to feel supported throughout the summer, so that programs are not solely limited to the school year.

In the past after school and summer meetings have taken place at the Family Resource Centers in Portola and Chester, allowing for MHSA-funded programs to share resources and benefit each other. These meetings also are essential to allow youth to build the trust and relationships with the adults they work with to allow them to be comfortable to seek out additional services and support when necessary. Other counties, such as San Luis Obispo and Colusa, have successfully used MHSA funding to supplement these programs and enhance their ability to prevent mental health related issues in youth.

Outreach and School Year Activities

- **August 2017- Annual Awareness Gallery at the Plumas-Sierra Fair**
  Display of information and resources set up for the duration of the fair. Issues include alcohol and drug prevention, LGBQT, suicide prevention, mental health stigma reduction, and other issues pertinent to youth prevention. Fair goers have access to information on local, state and national resources. Friday Night Live members host the booth under the supervision of FNL advisors and also provide information on positive alternatives to risky behaviors in Plumas County, and activities for youth to participate in during the fair such as life size janga, coloring books, and a blender bike with free smoothies.

- **September 2017- June 2018 Countywide Weekly Chapter Lunch Meetings- Chester Jr/Sr High School, Greenville Jr/Sr High School, Quincy Jr/Sr High School, and Portola Jr/Sr High School.**
  Weekly lunch meetings at all public junior/senior high schools in Plumas County. Issues addressed include Mental Health Awareness and Stigma Reduction, Alcohol and Drug Prevention and Education, Reduction in Youth Isolation at Schools, Positive Alternatives to Alcohol and Other Drug Use, and other issues pertinent to youth.

- **October 2017- Youth Development Conference- Butte County Behavioral Health**
  Plumas County Friday Night Live and Club Live members had the opportunity to attend the Youth Development Conference in Chico this fall. Youth learned about interventions and activities they could implement in their communities', the importance of writing grants and program sustainability, and developed other leadership skills they were able to bring back to the county.

- **March 2018- REACH for the Future Conference**

The REACH for the Future Conference is a Youth Development conference in Richardson Springs/Chico, that focuses on building leadership skills and resiliency among youth. There are two separate conferences one for middle school students and one for high school students that Plumas County youth have the opportunity to attend through their FNL/CL chapters. One component of the conference is Challenge Day, which provides youth and their communities with experimental programs that demonstrate the possibility to love and connection through the celebration of diversity, truth and full expression. The vision of Challenge Day is that every child loves in a world where they feel safe, loved, and celebrated.

- **March 2018- No One Eats Alone**
  Quincy Club Live members hosted a No One Eats Alone event at middle school lunch. During this time they had youth all sit together with different friend groups and played games, along with participating in ice breakers. They also educated youth on the importance of inclusion and the dangers of social isolation.

- **April 2018- World Café, Chester Jr/Sr High School**
  The Chester High School Club Live and Friday Night Live chapters facilitated a World Café event at their high school this year. The youth invited community members and decision makers, such as probation officers, CHP, principals, Board of Supervisors, probation officers and a great deal of others to sit down with students and discuss important issues in their community. This provided youth with a voice, and decision makers to gain a youth perspective on issues.

- **May 2018- Each Mind Matters, Quincy Jr/Sr High School**
  Quincy Friday Night Live and Club Live members facilitated two Each Mind Matters Campaigns at junior high and high school lunch. They had games and activities for their peers to educate them on resources available in their communities, the importance of caring for your mental health

- **Chester After School Meetings**
  After school meetings for junior high and high school youth in the Chester community.

Program cost per participant: $519.70

Outcome	Description
Stigma and Discrimination Reduction	Objective 1: By June 30, 2020 implement activities to decrease mental health stigma and discrimination among junior high and high school students in Plumas County, with community and school-based activities specifically planned and implemented by Plumas County Friday Night Live and Club Live members from Chester, Portola, Greenville and Quincy.

	- 76 school-age youth received Stigma and Discrimination Reduction programming. See above activities relating to this outcome
Peer Involvement and Peer Run Programs	Objective 1: By June 30, 2020 expand the scope of youth led Friday Night Live and Club Live meetings to include weekly after school meetings and summer meetings in Chester, Portola, Quincy, and Greenville. - See above activities relating to this outcome

Due to personnel funding being decreased by 20% there will be cuts in the frequency of meetings and the deliverable of holding county wide trainings focusing on suicide prevention/stigma reduction for youth will be removed from the scope of work. Next fiscal year two college aged interns, instead of the anticipated one, will be hired to assist in carrying out the expansion of the program.

The Friday Night Live program itself, along with other Alcohol and Drug Prevention Programs which provide for staff time and support for these programs, are sustainable. They have multiple funding streams and work on a wide array of issues in the community impacting youth to ensure that there will be continued funding for programs.

These programs are funded by the Partnership for Success Grant, the Substance Abuse Prevention and Treatment Block Grant through DHCS with allocations for FNL and Prevention, and other FNL specific program funding through the California Friday Night Live Partnership and their partners.

MHSA funding allows for the expansion of these programs to additional transitional aged youth, through allowing for the expansion to the college, allowing additional Plumas County youth to attend conferences and providing after school and summer meetings to areas that would normally not have access to services without the supplementation of this funding source. MHSA specific funding allows for the existing infrastructure to also spend more time focusing on decreasing the stigma associated with obtaining mental health services, conducting outreach to the community at large and vulnerable populations, and to focus on suicide prevention efforts. This funding is pivotal in expanding services to populations that are already being reached, while also allowing outreach to new populations. The program is not dependent on MHSA funding, but instead is able to enhance services and better serve Plumas County citizens through the support of this funding stream.

Due to the MHSA program being required to close and move some remaining CSS programs and redistributing them to the PEI component and because of subsequent reductions to PEI programming, this youth prevention program will not be funded after FY17-18 through MHSA PEI.

Prevention and Early Intervention Program Demographics

i) *CalMHSA – Statewide Suicide Prevention Program and Mental Health Awareness Campaign*

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

Each Mind Matters provides a branded comprehensive campaign and recognized messaging across the state to support a movement in California to promote mental health and wellness and to reduce the likelihood of mental illness, substance abuse, and suicide among all Californians. The initiative brings together three components of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.

MHSA PEI regulations state that counties with a population under 100,000 may report the demographic information required for the County's entire Prevention and Early Intervention Component instead of by each Program or Strategy (Section 3560.010(e) ***CA Code of Regulations Title 9, Division 1, Chapter 14, Article 5, 9 § 3560.010 Annual Prevention and Early Intervention Program and Evaluation Report***)

- Population table of those enrolled/served by age (List number for all that apply):
  NR = Not reported, census is equal to or less than 11 or program did not collect

Children (0-15)	261
Transitional Age Youth (TAY) (16-25)	202
Adult (26-59)	129
Older Adult (60+)	412
Declined to state	16
Total	1020

- Race

American Indian or Alaska Native	120
Asian	NR
Black or African American	30
Native Hawaiian or other Pacific Islander	NR
White	700
Other	24
More than one race	38
Declined to state	72
Total	993

- Ethnicity

Hispanic or Latino as follows		78
	Caribbean	
	Central American	NR
	Mexican/Mexican-American/Chicano	56
	Puerto Rican	0
	South American	NR
	Other	NR
	Declined to state	NR
Non-Hispanic or non-Latino as follows		449
	African	NR
	Asian Indian/South Asian	NR
	Cambodian	0
	Chinese	NR
	Eastern European	NR
	European	83
	Filipino	NR
	Japanese	0
	Korean	0
	Middle Eastern	0
	Vietnamese	0
	Other	17
	Declined to state	44
More than one ethnicity		12
Decline to state		633
Total		915

- Primary Language – Plumas County has no threshold language

English	734
Spanish	24
Other (list per participant)	NR
Declined to state	NR
Total	758

- Sexual Orientation

Gay or Lesbian	NR
Heterosexual or Straight	181
Bisexual	NR
Questioning or unsure of sexual orientation	NR
Queer	NR
Another sexual orientation	NR
Declined to state	604
Total	802

- Disability

Yes, report the number that apply in each domain of the following:			396
	Communication domain separately by each of the following:	Difficulty seeing	45
		Difficulty hearing, or having speech understood	54
		Other (specify)	19
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		34
	Physical/mobility domain		15
	Chronic health condition (including, but not limited to, chronic pain)		104
	Other (specify)		25
No			238
Decline to state			211
Total*			1141

*Respondents may have chosen more than one

- Veteran status

Yes	102
No	483
Decline to state	327
Total	912

- Gender

Assigned at birth	Male	329
	Female	589
	Decline to state	175
Total		1093
Current gender identity	Male	174
	Female	368
	Transgender	NR
	Genderqueer	NR
	Questioning or unsure of gender identity	NR
	Another gender identity	NR

	Decline to state	170
Total		712

VIII. Innovation (INN) Project – Final Report

This County Innovation Project was approved by the Mental Health Services Oversight and Accountability Commission (OAC) in May, 2015. Plumas Unified School District began the project, known by OAC as the project start date, in August, 2015. The project was approved for expenditures over five years and up to $941,000. In 2017, PCBH determined that this project should convert to a PEI program after the third quarter, when the project would hit the ceiling on approved Innovation funding. For FY18-19 on, it will be reported under Prevention and Early Intervention programs.

Plumas County Office of Education

Plumas Unified School District

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Final Innovation Project Report
Partnership between Plumas Unified School District and
Plumas County Behavioral Health – School-Based Response Teams

This innovation project was born out of an identified need for improved community responses to suicide risk, self-harm and bullying behaviors in Plumas County school age youth. It was determined that multiple agencies were required to cooperate and communicate with one another effectively for this to be improved. Subsequently, a learning outcome of increasing collaboration with external agencies was created as the primary focus of the project. Under this learning outcome two primary objectives were set: first, to establish a School-Based Response Team and second, to improve school climate. A path to meet each objective was set forth.

It was determined that to establish a School-Based Response Team four things must occur. To start, a protocol must be developed to respond to suicidal ideation, self-harm and bullying behaviors in collaboration with other departments, followed by establishing a Memorandum of Understanding between departments to ensure the roles and responsibilities of the School-Based Response Team members were agreed upon. Additionally, it was determined that each community in Plumas County must maintain a Student Services Coordinator, and lastly that an evaluation should be completed. For the second objective of

improving school climate it was determined that PUSD and PCBH should establish metrics by which to evaluate school climate, establish a Lead Student Services Coordinator to serve as a coach for competent paraprofessional social work practice, provide school staff with training, implement Positive Behavior Interventions and Support across all school sites and to conduct an end evaluation.

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

- School-Based Response Team: During the time we attempted to build a School-Based Response Team there were extensive interagency staffing issues, both within administrations as well as service delivery staff positions. Since the approval of the project in 2015, there were multiple different Directors appointed to Plumas County Behavioral Health, two different Superintendents appointed to Plumas Unified School District and two different Chief Probation Officers. Additionally, all but one principal within the school district changed. There were teacher, probation officer and mental health therapist shortages countywide. These staffing shortages and changes in administration posed a problem both with identification of team members and training. In response, it has proved necessary to work within the school-based staff to identify team members as well as provide increased level of training to those school staff members to ensure an appropriate and safe response, as well as minimize the use of outside agency support except when necessary. Outside agency support and collaboration will be defined within the protocol (see below).

- Protocol Development: There were several barriers that impeded progress here as well. The initial drafts of the protocol were not responded to by some of the agencies in the process of attempting to develop cross agency agreement. This was attributed more to the staff turnover and shortages happening within agencies and not due to lack of investment for cross agency agreement. In addition to the above staffing changes and shortages, there were some legislative developments and discoveries that impeded progress in the development of the interagency protocol. During research and development process of the protocol, it was identified that the Plumas Unified School District needed to complete work to address compliance with Seth's Law (AB 9) – the Bullying, Intimidation and Harassment law. Additionally, the passing of AB2246, September of 2016, required school districts across the state to develop protocol specific to Suicide Prevention. It was decided that the initial drafts of the protocol should be revised to include a more comprehensive protocol encompassing the learning outcomes of the Innovation Project as well as the legislative elements above.

Due to the above barriers, a request to extend the project one more year was warranted and was locally granted. It was identified that the School-Based Response Team should include trained school-based staff and utilize outside agency resource only when a threat becomes imminent to reduce the impact on the outside agency professional staff. This is a result of on-going staff shortages/fluctuations and the challenge that poses to a functional

team. Additionally, a *Youth Prevention Handbook* encompassing all the necessary elements of the protocol was approved by the Plumas Unified School District Governing Board in 2017. It was identified through the project that more school site prevention-based services were necessary to decrease risk along with improving communication across agencies.

After the extension was completed, Plumas County Behavioral Health chose to transition the Innovation Project into an MHSA Prevention and Early Intervention Project during FY2017-18, entitled, “School-Based Prevention Services”. The source of funding is a cost share of cost braiding Plumas Unified School District and Plumas County Behavioral Health Mental Health Service Act funds. The reason for the decision was based on progress towards the improvement of collaboration between agencies and positive community feedback from Plumas County stakeholders.

Plumas County involves stakeholders through the MHSA community program planning process. Throughout this project, stakeholders have articulated the need for continued funding of school-based services, including continuing positive changes that have been made. The Innovation Project achieved intended outcomes, and as a result our agencies are working more collaboratively with one another.

Many lessons were learned along the way. It was observed that some communities moved faster than others on implementation of different steps of the project. Much of this had to do with pre-existing cultures among staff in those communities, requiring more time to make changes, requiring further work and development as well as change in key leadership positions. However, the biggest lesson learned was how long it takes to implement significant changes across the school district and between agencies: time, patience and persistence were required, as well as agencies collaborating toward the same goal – safer and healthier school communities. It took longer than anticipated, however with continued collaboration and persistence, this project has affected district-wide change.

Out of this project has come multidisciplinary oversight groups that meet on a monthly basis - one comprised of agency directors and the subcommittee comprised of service providers. We hope this will result in continued development of protocols that will help serve the needs of our students and families, as well as to identify the most efficient means to deliver services to them.

Evaluation Report

Date of Report:	10/31/2018	Service Provider:	Plumas Unified School District
Evaluation Date Range:	2017-2018 School Year	Evaluating Agency:	Placer County Office of Education
Report Authors:	Alicia Rozum, Coordinator, Prevention Supports and Services Kerri Fulton, Coordinator, Prevention Supports and Services Luke Anderson, Director, Prevention Supports and Services		
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PCOE
GOLD IN EDUCATION
Gayle Garbolino-Mojica
County Superintendent of Schools

PLUMAS COUNTY OFFICE of EDUCATION
PLUMAS UNIFIED SCHOOL DISTRICT

Evaluation

This report has been commissioned to document evidence and outcomes related to Mental Health Services Act funded activities executed by the Plumas Unified School District. Broadly, these activities include: 1) the installation and support of a school wide behavioral framework, Positive Behavioral Interventions and Supports (PBIS), 2) Suicide prevention efforts including, 3) bullying prevention efforts, staff training on mental health awareness and stigma reduction, and 4) a general summarization of the scope of work for specific staff positions, Student Services Coordinators.

The data contained and referenced in this report have been collected from a variety of sources including online data systems, self-report of activities, demographic data, training evaluation and sign in sheets, and public records. In general, the time frame for the referenced data consists of activities and outcomes within the 2017-18 school year.

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CONTEXT (PLUMAS UNIFIED SCHOOL DISTRICT)

The Plumas Unified School District (PUSD) in Plumas County covers an area of 2,613 square miles and serves approximately 1800 students in grades TK-12th in 4 distinct communities: Quincy, Portola, Chester, and Indian Valley. Each community has one TK-6th grade elementary school and one 7th-12th grade high school. Additionally, the district has eight alternative school sites. PUSD employs approximately 120 certificated staff (i.e., positions requiring a credential) and approximately 160 classified staff. Forty-nine percent of students are socioeconomically disadvantaged, 4.2 percent are English Language Learners, and 1.5 percent are Foster Youth.

The California Department of Education (CDE) provides a reference for school and school district data called the California School Dashboard. This online resource provides a rating system across six "state indicators" which include graduation rate, academic performance, suspension rate, English learner progress, preparation for college/career, and chronic Absenteeism. These areas are rated on a color coded system ranging from Red (lowest performance) to Blue (highest performance). As reported in the Fall 2017 California School Dashboard, 4.5 percent of students experienced at least one suspension during the 2016-17 school year, a 1.1 percent declined over 2015-16. These data placed Plumas in the "green" or medium range of the criteria established by CDE. When suspensions are disaggregated by student group, White students remain in the green; Hispanic students are in the low, or "blue" range; and American Indian/Native American students are in the very high, or "red" range.

Plumas Unified has a high graduation rate for all students of 94 percent, this percentage falls in the "green" range. Eleven students dropped out during the 2016-17 school year, the last year data were available.

Approximately 216 students received special education services, or just under 12 percent of all students. In 2015-16, the overall district Truancy Rate (the percentage of students who were truant at least once) was 27 percent. "Truant" is defined as a pupil subject to compulsory full-time education or to compulsory continuation education who is absent from school without a valid excuse three full days in one school year or tardy or absent for more than a 30 minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, shall be classified as a truant.

Plumas Unified began implementing Positive Behavioral Interventions and Supports, a school-wide behavior support and climate change initiative, in 2014. Since then, all 8 comprehensive schools have received support and coaching in Tiers I (i.e., supports for all students) and Tier II (i.e., more intensive supports aimed at at-risk students) of the PBIS Framework. In addition to training additional follow up and coaching was also provided. It should be noted that the authoring agency of this report provided the above mentioned PBIS training and coaching

services to PUSD. In the 2014-2015 school year, the district hired 4 full time Student Services Coordinators (SSCs). These staff, one per community, each serving 2 schools, provide health and mental health related case management, resource and referral, staff and family consultation, early intervention and prevention services, and crisis intervention services. In addition to providing individual and group student services, these staff led suicide prevention, mental health promotion, and bullying prevention activities at their sites.

EVALUATION DATA

In the below tables and narrative, data are provided which reflect activities, outcomes, fidelity of implementation, and staff perception of training effectiveness. These data were gathered from a variety of sources including online data management systems, state data systems, self-report forms, and training evaluations. These data were either provided to the report authors by PUSD or available online either publicly or in data systems accessible by the authors. Some of these data, the PBIS outcome and fidelity data, were available to the authors as part of the authors' role in supporting PBIS implementation for PUSD. The sections referenced below were identified as areas for evaluation based on conversations with PUSD staff and grant documents.

BULLYING PREVENTION

Bullying Prevention Month		
Program Description	Activities facilitated by Student Services Coordinators to implement anti-bullying awareness month.	
Activity type	*Number of activities*	*Activities (Note activities are summarized across sites)*
Prevention Activities	35	Class meetings with elementary students to discuss bullying; taught behavioral expectations with regard to kindness and inclusion; social emotional skill development in middle school classrooms;
Visual Media	10	Posted bullying prevention newsletter on bulletin board; posted student's challenge slips throughout school; Compliments and Commitment to Kindness hearts and stars posted throughout school; Heart of Kindness pledges posted; students wore orange bracelets in support of Unity Day
Social Media	3	Shared photos of events and anti-bullying materials on Facebook page
School to Home Communication	4	Shared bullying info sheet with all families
School-wide Health Awareness	3	Unity Day with student body club; integrated bullying prevention activities with PBIS Tier I team meeting;

The above data as gathered and reported by the Student Services Coordinators, are focused on bullying prevention activities that occurred during the Month of October, Bullying Prevention Month. These data were gathered via a Google Form that was completed by the Student Services Coordinators.

The most common strategy reported included direct contact with students that focused on Social Emotional Learning skills and empathy. In addition to direct contacts with students, the

Student Services Coordinators supported a media campaign that included visual and social media platforms.

MENTAL HEALTH SUPPORT AND STIGMA REDUCTION TRAINING:

ELIMINATING BARRIERS TO LEARNING

Eliminating Barriers to Learning	
Program Description	***Eliminating Barriers to Learning through the Early Identification of Student Mental Health Issues*** is a modularized training program to help eliminate barriers to learning by understanding and addressing mental health issues in the school environment. Modules include: • Eliminating Barriers to Learning: The Foundation. Social emotional development, stigma, and discrimination • Social-Emotional Development, Mental Health, and Learning: Risk and protective factors, overview of disorders (Anxiety, Depression, ADHD), effects on learning • Making Help Accessible to Students and Families: Accessing resources, formulating a plan to help students with mental health needs • Infusing Cultural Competence into Mental Wellness Initiatives: Practical considerations for the classroom and campus, elements of culture activity • Strategies to Promote a Positive School and Classroom Climate: Create a climate that promotes learning and mental health, school and classroom strategies, create a plan to promote mental wellness, PBIS in the classroom
Date(s) of Training	8/23/17
Number of Participants	121
Participant Details	All certificated staff (Teachers, Counselors, Administrators, Special Educators, Student Services Coordinators)
Evaluation Narrative	EBL was provided as part of the 2017-18 Back to School professional development days hosted by Plumas Unified School District

The Eliminating Barriers to Learning (EBL) Training was provided by Placer County Office of Education (report authors). The attendees included all certificated staff and the Student Services Coordinators. The EBL training includes five modules of content that provide content that is intended to build staff skills in identifying and responding to student mental health concerns. All five modules were provided to the Plumas Unified staff.

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS) TRAINING AND SUPPORT

Positive Behavior Interventions and Supports	
Program Description	The purpose of PBIS is to improve the effectiveness, efficiency and equity of schools and other agencies. PBIS improves social, emotional and academic outcomes for all students, including students with disabilities and students from underrepresented groups. Schools build a multi-tiered framework and install evidence-based interventions that provide prevention, targeted early intervention and intensive supports, based on data. Framework components include defining, teaching, prompting and reinforcing positive behavioral, relational and social emotional skills.
Date(s) of Training Provided	9/13/17 **PBIS Tier II** (15 participants): Quincy Elementary, C. Roy Carmichael, Portola High School 9/14/17, 10/24/17, **2/6/18 PBIS Tier II+** (30 participants): Indian Valley Elementary, Greenville High School, Chester Elementary, Chester Jr/Sr High School, Quincy High School
Training Participant Details	Participants in the training days were teams of school staff composed of certificated teachers, classified staff and administrators from the above noted school sites and the district.
Date(s) of Coaching Provided	10/23/17 3 sites **2/5/18** 3 sites 3/13/18 **4** sites 3/14/18 3 sites
Coaching Participant Details	Coaching to build PBIS system and intervention fidelity and consistency was provided to Tier I and Tier II PBIS teams consisting of select certificated, classified and administrative staff. Coaching was targeted based on the completion of a PBIS implementation tool, the Tiered Fidelity Inventory (TFI). Teams identified priorities from this tool, and follow-up coaching was directed at these tasks.
Fidelity Data: Tiered Fidelity Inventory	See table 1 below.
Fidelity Data: Team Initiated Problem Solving (TIPS)	See table **2** below.
Fidelity Narrative	Teams completed the PBIS Tiered Fidelity Inventory (TFI) to assess key features in PBIS Tier I and Tier II. Fidelity of implementation across Tiers I and II has improved due to the support of district and Student Services Coordinators and completion of action steps within the training and implementation processes. See table 1 below for TFI scores (scores at or above 70% on a given Tier are considered as meeting fidelity).

	PBIS consists of interconnected elements that support valued outcomes. These elements consist of Data, Systems, and Practices. To support the PUSD school teams in best using data and systems elements to support outcomes, the teams were provided training and coaching in a teaming process called Team Initiated Problem Solving (TIPS). This training has occurred over the past several years. To support the implementation of TIPS, teams shared TIPS meeting agenda forms with district PBIS coaches and district administrator. This facilitated the effective prompting and accountability necessary for the completion of tasks and monitoring of student outcomes. According to the collected fidelity data, Plumas schools have improved in their collection and use of student externalizing behavior data through the use of the School Wide Information System (SWIS), and have also improved in their collection and use of "Request for Assistance" forms to respond to staff, parent and peer student internalizing behavior concerns (see table 4 below).
Outcome Narrative	Plumas schools began PBIS installation in the 2014-15 school year. Behavior outcome data (i.e., discipline referrals) is collected in the School-wide Information System (SWIS). As is typical with the adoption of any new practice or system component, over the years school sites have increased in the fidelity of use of the SWIS system. SWIS behavior data includes minor and major behaviors. SWIS produces a report that reflects quantitative counts and percentages of students with an occurrence of minor or major problem behavior. Once PBIS features are installed and consistently used with fidelity, large bodies of research indicate that a predictable percentage of students will require additional levels of supports correlated with the number of reports for problem behavior. Typical findings are that up to 80% of the school site student population receives 0-1 reports of problem behavior, 10-20% receive 3-5 reports of problem behavior, and 0-5% receive 6+ reports of problem behavior in a school year. Table number 3 (below) lists the behavioral outcome data for each Plumas school site. For the 2017/18 school year, 76.07% of students across the district received on average 0-1 problem behavior referral, 16.6% of students received 2-5 problem behavior referrals, and 7.33% of students received 6 or more problem behavior referrals. These numbers fall within the expected ranges of behavioral outcome data. The percentage of

	students receiving 6 or more problem behavior referrals exceeds the typical average; this can be expected however, as the Plumas school sites are continuing to install higher levels of supports for students while concurrently improving the fidelity of prevention (Tier I) and early intervention (Tier II) activities.
Behavioral Outcome Data	See table 3 below.
Implementation Summary	Plumas school sites continue to work toward achieving full fidelity in PBIS Tier I & II practices. Improvements have been documented and sites continue to work in partnership with district leadership to begin Tier III PBIS training and installation in the future.

Table 1. TFI Scores:

School	Date	Tier I	Tier II
C Roy Carmichael	2/5/18	93%	**88%**
Chester Elementary	2/6/18	97%	4%
Chester Junior/Senior	2/6/18	100%	8%
Greenville Junior/Senior	2/6/18	57%	38%
Indian Valley Elementary	2/6/18	53%	50%
Portola Junior/Senior	2/14/18	100%	**88%**
Quincy Elementary	2/5/18	93%	81%
Quincy Elementary	5/10/18	97%	100%
Quincy Junior/Senior	2/6/18	77%	27%
Quincy Junior/Senior	5/9/18	80%	54%

Table 2. Use of Team Initiated Problem Solving (TIPS) process, TFI Question 1.13: **"Data Based Decision Making:** Tier I Team reviews and uses discipline data and academic outcome data at least monthly for decision making." Scoring rubric: 0= Not In Place, 1= Partially In Place, 2= In Place

School	Score 0, 1, 2 Item 1.13
C Roy Carmichael	2
Chester Elementary	2
Chester Junior/Senior	2
Greenville Junior/Senior	1
Indian Valley Elementary	1
Portola Junior/Senior	2
Quincy Elementary	2
Quincy Junior/Senior	1

Table 3. SWIS, Triangle Report, Major, & Minor Office Discipline Referral (ODR), 2017/18:

School	% **0-1 ODR**	% **2-5 ODR**	% **6+ ODR**
C Roy Carmichael	75.94%	13.91%	10.14%
Chester Elementary	**65.89%**	**18.69%**	15.42%
Chester Junior/Senior	67.44%	24.42%	8.14%
Greenville Junior/Senior & Indian Valley Elementary	73.4%	21.67%	4.93%
Portola Junior/Senior	**86.89%**	11.24%	1.87%
Quincy Elementary	79.44%	13.08%	7.48%
Quincy Junior/Senior	**83.5%**	13.2%	3.3%
Average Percentage:	**76.07%**	**16.60%**	**7.33%**

Table 4. Use of "Request for Assistance" process whereby staff, parents and students can make reports to the school site Intervention Team, requesting supports for students in areas of social emotional, mental health and internalizing behavior concerns. From the TFI, TFI Question 2.4, Use of "Request for Assistance" process. Scoring rubric: 0= Not In Place, 1= Partially In Place, 2= In Place

School	**Score 0, 1, 2 Item 2.4**
C Roy Carmichael	2
Chester Elementary	**0**
Chester Junior/Senior	**0**
Greenville Junior/Senior	1
Indian Valley Elementary	1
Portola Junior/Senior	1
Quincy Elementary	2
Quincy Junior/Senior	2

STUDENT SERVICES COORDINATORS ACTIVITIES

Student Services Coordinators 2017-18	
Program Description	**Student** Services Coordinators **are mental health staff installed in each of the** 4 communities—Quincy, **Portola,** Chester, **and Indian Valley—and each oversee mental and emotional supports** for **students** at 2 **schools. These staff provide case management, crisis** intervention, **mentoring, and** navigator services to **students and families, as well as** consultation **support** to teachers **and other staff regarding students with mental health needs. These staff are also integral** to **the implementation of Positive Behavior** Interventions **and Supports, anti-bullying programming, suicide**

	prevention and intervention programming, and social emotional learning curricula at all of their school sites.	
	Total number of students served across all 8 schools	951
	Total number of unique services provided	7376
	Students Served Demographic Information	
	Race/Ethnicity Percentage (Note: percentages do not equal 100 because some students selected multiple)	
	White, non-Hispanic	76
	Hispanic/Latino	7.8
	Native American/American Indian	13.4
	Black	6.3
	Asian	0.5
	Pacific Islander	0.7
	Preferred not to answer/Unknown	3.1
	Gender Identity	
	Male	49.3
	Female	49.4
	Genderqueer	0.6
	Sexual Orientation	
	Straight	13.6
	Bisexual	3.8
	Lesbian	0.6
	Pansexual	1.0
	Undisclosed	80
Services Provided	*Direct (with student present) and Indirect (Collateral)*	
	Direct	40
	Indirect	60
	Type of services	
	Coordination/ Case Management	60.6
	Mentoring	35.2
	Referral/Linkage	2.1
	Re-teaching Schoolwide Expectations	2.1
Monthly Summary of School-wide Health Promotion, Coordination, Outreach, and other Prevention Activities across 8 schools		
Month	*Number of Activities*	*Sample Activities*

August	2	• Contracted for the provision of a staff-wide mental health training (see "Eliminating Barriers to Learning" detail)
September	35	See "Suicide Prevention" detail
October	35	See "Bullying Prevention" detail
November	42	• Coordinate new Gay Straight Alliance Club • Facilitated Classroom Chats as social skills/bullying prevention intervention • Coordinate Friday Night Live Club, provide drop-in lunch group for high school students • Coordinate Probation Girls' Circle and Boys' Circle groups • Leads Tier II Intervention Team • Coordinate Mindfulness group • Lead Open Table lunch group • Implemented Strong Kids group • Coordinated Angel Tree program • Offer open door "nutrition break" • Provided training and oversight for Team Volcano program
December	25	• Implemented Problem Solving Wheels in classrooms • Facilitated Classroom Chats/Class Meetings in K-3rd grade • Implemented Life Skills curriculum in 6th grade • Facilitated Strong Start SEL curriculum in 1st grade classroom with high ODRs • Engaged student council in planning kindness activities on campus • Coordinated implementation of My Body Belongs to Me presentations in K-3 classrooms • Continued support for Girls Circle, Gay Straight Alliance, and Friday Night Live • Coordinated lunch drop in group for high school students
January	41	• Hosted the Great Kindness Challenge at several schools • Facilitated mentoring activities between older high school and younger high school students • Expanded Strong Start curriculum to 4th grade classroom • Worked with Behavioral Health staff to implement Coping Cat • Implemented Strong Kids in 5th grade classroom
February	48	• Continued implementation of Strong Start, drop-in lunch groups, and GSA • Planned No One Eats Alone Day with Club Live • With Behavioral Health, implemented Mindfulness group • Expanded Strong Kids to 5th grade classroom
March	52	• Continued implementation of Strong Start, Strong Kids, GSA, and other social-emotional groups • Began implementation of Check In Check Out

		• Facilitated classrooms circles with 7th and 8th graders regarding respect, positive communication, and other PBIS Behavioral Expectations • Assisted 12th grade student with implementing curriculum Beyond Differences for 7th and 8th graders • Coordinated with Behavioral Health to implement Mindfulness group
April	48	• Continued implementation of Strong Start, Strong Kids, GSA, and other social-emotional groups • Held National Day of Silence with Gay Straight Alliance club • Expansion of Check In/Check Out • Implemented No One Eats Alone day
May (Mental Health Awareness Month)	46	• Communication and marketing through posters, announcements, newsletters, and school websites regarding Mental Health Awareness month and activities • Coordinated with student leaders to host weekly activities at lunch promoting mental health including nature walks, zen doodling, dance, etc. • Shared articles and fact sheets with families on child and adolescent mental health needs • Supported student-led classroom presentation on mental wellness • Continued implementation of Strong Start, Strong Kids, GSA, and other social-emotional groups • Continued implementation and expansion of Check In Check Out • Provided behavioral intervention support for select elementary students on playground and at lunch

As with the other activities provided by the Student Services Coordinators (SSC), the above data were provided via a Google Form. These data indicate that the SSCs provided over 7000 unique services to 951 students. These services were equally split among male and female students with both groups accounting for over 99% of self-report of gender identity with the remaining .6% of respondents endorsing Genderqueer as their gender identity. Indirect services accounted for 60% of the services provided with "coordination/case management" being the most common form of service and mentoring (35.2%) being the second most common service reported. A review of the services identified by month indicates class-wide interventions, support groups, and PBIS interventions and systems supports as common intervention activities.

SUICIDE PREVENTION ACTIVITIES

SUICIDE PREVENTION AWARENESS

Suicide Prevention Month		
Program Description	Activities facilitated by Student Services Coordinators to implement Suicide Prevention month.	
Activity type	*Number of activities*	*Activities (Note activities are summarized across sites)*
Prevention Activities	35	Increased services and coordination with behavioral health department to begin planning and offering social emotional group services on campus; Back to school assembly on Acts of Kindness
Visual Media	4	Posted suicide prevention flyer in bathroom stalls;
Social Media	7	District Facebook page shared safeTALK training; suicide hotline; video of rapper Logic suicide prevention message;
School to Home Communication	4	Shared Suicide Prevention Awareness plans in monthly newsletter distributed to all families
School-wide Health Awareness	4	Created suicide prevention bulletin board;

During the month of September, the Student Services Coordinators focused their efforts to align with the national suicide prevention month. Self-report of these activities included coordination of services with behavioral health, supporting awareness through awareness campaigns, and communicating to families. Of these activities, coordination was the most common, accounting for over half of the total activities for the month of September.

APPLIED SUICIDE INTERVENTION SKILLS TRAINING

Applied Suicide Intervention Skills Training	
Program Description	Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model. Over the course of their two-day workshop, ASIST participants learn to: • Understand the ways that personal and societal attitudes affect views on suicide and interventions

	• Provide guidance and suicide first aid to a person at risk in ways that meet their individual safety needs • Identify the key elements of an effective suicide safety plan and the actions required to implement it • Appreciate the value of improving and integrating suicide prevention resources in the community at large • Recognize other important aspects of suicide prevention including life-promotion and self-care	
Date(s) of Training	8/18/16 and 8/19/16	
Number of Participants	9	
Participant Details	Participants included School Principals, Student Services Coordinators, and School Counselors.	
Evaluation Data: Percentage of Participants who...	Would rate ASIST highly (8-10 on a 1-10 scale)	100
	Would recommend ASIST to others (8-10 on a 1-10 scale)	100
	Found the workshop to have use in their personal life (8-10 on a 1-10 scale)	75
	Found the workshop to have use in their professional life (8-10 on a 1-10 scale)	100
	Feel comfortable asking clearly and directly about suicide (Agree or Strongly Agree)	100
	Would conduct a suicide intervention with a person at risk of suicide (Agree or Strongly Agree)	100
	Feel prepared to help a person at risk of suicide (Agree or Strongly Agree)	100
	Feel confident they could help a person at risk of suicide (Agree or Strongly Agree)	100

ASIST is an intensive two-day training aimed at supporting participants' ability to recognize suicidal ideation and to respond in a useful manner. Nine participants attended this intensive training and in terms of training evaluation, participants generally rated ASIST highly. Specifically, participants responded that they found the workshop useful and left the workshop feeling prepared to conduct a suicide intervention for a person at risk. Of the eight rated categories, seven were entirely were rated in the top two categories associated with that item. The only item to fall out of this rating category was the item pertaining to the use of the content in the participants' "personal life."

IX. Workforce Education and Training (WET)

a. Adult Peer Employment Program

The Adult Peer Work Program at PCBH enrolls 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 outside work site supervisor;

PCBH case managers transport and work with the consumers on improving their functional impairments in the work setting: the Program is designed to assist clients to develop the skills that will help them manage their mental illness symptoms as they are placed in a work situation where they're completing routine tasks while engaging with other program participants and a work supervisor.

The case managers also work with the individual clients to practice stress management and to work on strengthening coping skills that help the client to better self- regulate and to start transitioning into a job setting within their community. The program enrollment is set at 18 months based on the client's therapeutic needs and skillsets and an individual's program participation may be expanded when clinically indicated.

The Adult Peer Employment Program enrolled seven SMI clients in Program Year 17-18. Outcomes included three clients who transitioned to community-based employment and two enrollees left the program before transitioning.

This program has expanded in FY18-19, enrolling a maximum of eight clients at any time. For FY19-20, this program may expand to accommodate enrollment of sixteen PCBH clients at a time. Additionally, this program will be moved to the Community Services and Supports (CSS) component in FY19-20 to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI).

b. Transitional Age Youth (TAY) Peer Employment Program – Summer 2018

Plumas County Behavioral Health began its Transitional Age Youth Peer Employment program in 2015. In summer 2017, the program transitioned from a year-round after school and summer program to a brief-intervention model of case management rehabilitation interventions in a typical work setting.

The TAY Peer Employment Program is a collaborative, community-based coping skills program which supports the participant in building emotional self-regulation and other stress-reducing coping skills in a vocational and social setting; the program operates for seven weeks over the course of each summer. Last year's program bridged two program fiscal years: from June 26th to August 8th. Work days were Monday through Wednesday from 9AM to 1PM.

To address the unique needs of Transitional Age Youth in Plumas County, partnerships were established with area nonprofits, Feather River Land Trust and Sierra Buttes Trail Stewardship, which operate within resource and conservation management, the most specialized industries in the county. Projects with Sierra Buttes Trail Stewardship took place on the South Park Trail system of the Cascades, Bucks Lake Wilderness, and Mt. Hough, and included trail building and maintenance, trail engineering, and removal of forest overgrowth. Projects with Feather River Land Trust took place on Leonhardt Ranch in Quincy and Heart K ranch in Genesee, and included fuels reduction education and removal, the identification of native and invasive plant species, and removal of invasive plant species. One day a week was spent engaging in the evidence-based program, *Working at Gaining Employment Skills (W.A.G.E.S.)*, which included professional skills development and practice, the creation of resumes and cover letters, and engagement in mock interviews.

During all activities, PCBH staff trained in a variety of evidence-based treatment modalities provided therapeutic interventions to individual participants and to the group. Treatment modalities utilized included Cognitive Behavioral Therapy, Solution-Focused Therapy and Mindfulness-Based Cognitive Therapy.

There were six participants in the program, and all completed the program from start to finish. All participants completed 80% or more of the work activities (17/21 workdays). Progress was monitored through documentation by program staff in individual Electronic Health Records and in communication with participants' individual treatment teams.

Of the six participants, four were able to terminate services shortly after program completion through meeting all of their treatment goals. In addition to documentation, five of the six participants completed informed consents and participated in a research study administered by a program staff member working towards their Master's in Social Work at California State University, Chico. Preliminary analysis of the quantitative and qualitative data show the program had an overall positive impact on participants' sense of self-worth, understanding of the economic industries of resource and conservation management, an increased sense of connection to the greater community, and increased understanding of social resources in the county. In addition to this, four participants self-reported a sustained positive impact in these same areas upon completing a four-month post-program follow-up survey.

In addition to this, previous participants have gone on to attain internships through the Forest Service, employment within PCBH, and other community agencies. Throughout the duration of the program, participants also received support from their individual case management specialists and clinicians at PCBH, and education about community resources through visits to the Alliance for Workforce Development and local wellness centers.

MHSA WET funding was used for the TAY consumer salaries and benefits, transportation, as well as program supplies and equipment. Case management services are billed through Medi-Cal.

This program will be moved to the Community Services and Supports (CSS) component in FY19-20 to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI).

c. *Peer Advocate Certification Program*

In 2016, WISE U, a 70-hour certification program was identified as a solution for training PCBH peer advocate staff; WISE U and other peer training programs ready prospective peer advocates to work in Plumas County Wellness Centers, providing one to one peer support and small group facilitation, wellness activities, and Center support. PCBH has trained three consumer peer advocates and covered the costs of the peer employees' travel, mileage, and per diem. The WISE U training is free of charge. It is the goal of PCBH to train and employ up to six peer advocates across the county through FY19-20 (Year 3 of the current MHSA Program and Expenditure Plan, 2017-20.). Peer advocates are paid through WET, CSS and other department funds.

d. Consumer and Family Education and Support

During the Fall, 2017 and subsequent stakeholder meetings and in one on one discussions with family members of consumers, they shared that they would like the PCBH to offer classes and groups on helping their parent, child, or spouse better manage their illness and to help them to help the consumer navigate the behavioral health and healthcare systems. It is projected that through Wellness Center peer group support and by setting up family and consumer online coursework via a new contract with Relias, a web-based training platform, consumers and families will be better able to navigate healthcare systems, manage their illness, and provide advocacy.

Creating a comprehensive consumer and family education and support program may be a recommended use of reverted Innovation funds that must be used by June 30, 2020, with an approved Innovation Project by the Board of Supervisors and by the Mental Health Services Oversight and Accountability Commission.

e. Plumas Rural Services – Countywide Behavioral Health Training Program

Plumas Rural Services (PRS) has been contracted to implement and coordinate a comprehensive Countywide Behavioral Health Training Program on behalf of Plumas County Behavioral Health (PCBH). This contract is funded through Mental Health Services Act Workforce, Education, and Training (WET) monies, as articulated in the Plumas County MHSA 3-Year Plan, 2017-2020.

Since PCBH does not have a designated training coordinator for its large staff, the MHSA program identified a need to partner with a local agency who has the capacity and staff to help the department to develop a countywide training plan and identify multiple priorities for staff and other agency trainings and partnerships.

The Behavioral Health Countywide Training Program was developed from this need and is more fully explained in the current MHSA Program and Expenditure Plan, 2017-20. PCBH collaborates with Plumas Rural Services to provide identification of training priorities for in-house, cross-agency, and stakeholder trainings, in cultural competency, crisis response and de-escalation, as well as 5150 in-service for hospital and other allied agencies staff, and to identify and provide mental health trainings, MH First Aid and ASIST to county stakeholders throughout the year.

PRS' Community Training Manager gathered information related to training needs both within PCBH and with outside agencies across the county to identify common training needs across county agencies, so that multiple agencies may better collaborate, and when possible, leverage funds to share training costs. The following is an update of progress in relation to the training plan and implementation.

Progress July 2017-June 2018

The PRS training manager and MHSA program coordinator met with PCBH leadership in July 2017, as well as subsequent meetings throughout the program year to identify department training priorities and to establish a list of current and expected training needs between 2017-2020, for Plumas County Behavioral Health staff as well as cross-agency training opportunities. The training needs identified included:

- 5150 Involuntary Detention – two aspects - training for staff and also outside agencies to increase understanding of the process.
- ASIST – Applied Suicide Intervention Skills Training (2-day): free ongoing trainings to community stakeholders; MHSA funding supported training for local facilitator
- Cultural Competence Training - Bridges Out of Poverty (2-day for countywide service providers)
- Crisis Intervention Training
- CPS Processes for PCBH staff
- Cultural Competency (Special Populations in Plumas County)
- Customer Service Training for front line staff
- Dialectical Behavior Therapy (DBT)
- Law and Ethics for Clinical Staff
- Law Enforcement Interactions with Mentally Ill People
- Management/Supervisory Training
- Motivational Interviewing
- Mental Health First Aid
- Moral Reconation Therapy (MRT)
- Trauma-Informed Care

Outcomes - Completed events:

Topic	Location	Date	Number of Participants
Mental Health First Aid	Chester & Quincy	11/15/2017 & 11/28/2017	37
Mental Health First Aid	Portola (Spanish)	5/14/2018 5/15/2018	5 25

	Portola (English)		
Customer Service and De-escalation Skills	Quincy	12/6/2017 3/7/2018 6/6/2018	PCBH Staff-12 Other agencies-21
PCBH Service Process Training	Quincy	1/12/2018	Need Attendance/Feedback forms
Cultural Competency – Special Populations	Quincy	1/25/2018	50
ASIST	Quincy	2/14-15/2018 4/12-4/13/2018	PCBH Staff-2 Other agencies – 24
5150 Certification for PCBH clinical staff/5150 for other agencies	Quincy	2/21/2018	21
Treatment Plans & Supervision Training	Quincy	5/25/18	20
Bridges Out of Poverty	Quincy	6/21-22/18	105

Scheduled Events

Topic	Location	Date	No. Spaces / No. Reg.
ASIST	Quincy	7/26-27/2018	20/18 (9 PCBH)
Mental Health First Aid	Greenville	TBC	30 per day / 0
Customer Service and De-escalation Skills	Quincy	9/26/2018	10/3 (0 PCBH)
Domestic Violence Awareness Training	Quincy	10/25/2018	50

Future Event Planning:

A couple of new topics have been highlighted by previous Interim Director, including Strengths Model Staff Training and CANS.

FY18-19 and 19-20 Upcoming Trainings and Priorities

1) **Dialectic Behavior Therapy (DBT), May 2019**
   - CIBHS
   - 2-day training + booster after 6 months
   - Coaching calls
   - PCBH Clinical Staff and

2) **Domestic Violence Awareness Training Event**

- Provided by PRS
- For domestic violence awareness month

3) **Mental Health First Aid – ongoing**
   - Late summer or early autumn at Wellness Center.
   - Mental Health Training Grant through SAMHSA – MHFA, ASIST and safeTALK throughout the county, including trainer certification.

4) **Motivational Interviewing**
   - CIBHS
   - 2-day course. Day 1 is understanding the model, Day 2 is practice.

5) **5150 for Law Enforcement and Hospital - ongoing**

6) **Trauma-Informed Care**
   - CIBHS
   - One-day training for multiple agencies

7) **Ongoing ASIST**
   - **Bridges Out of Poverty -** Follow up with Getting Ahead program.
   - **Pro-Act Crisis Intervention** Plan training implementation for PCBH employees

Ongoing - Training Needs Assessment
PCBH and PRS will continue to collaborate to refine and revise county behavioral health training priorities, while working across all local agencies and organizations and with stakeholders to set new priorities through FY19-20.

f) *WET Mental Health Loan Assumption Program for Behavioral Health Staff*

While there is an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County Behavioral Health identified a need for greater local incentives in efforts to "grow our own" behavioral health staff for hard-to-fill clinical and other positions. Staff shortages and leadership changes prior to FY17-18 made it difficult to implement a local MHSA Loan Assumption Program. During Year 1 of this plan, the MHSA Coordinator worked with PCBH leadership, County Counsel and Human Resources, and the BH Commission and Board of Supervisors to finalize this process. PCBH currently has three full-time employees who have completed their first round of loan assumptions and an additional three that will be applying for this scholarship.

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8 – Workforce Education and Training, Subsection 3850, which states, "Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a

position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level."

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

X. Capital Facilities and Technology Needs (CFTN)

Plumas County Behavioral Health does not have current plans for this Annual Update for any CFTN projects nor expenditures.

In March 2019, PCBH was instructed through communication with DHCS to remit reverted CFTN funds from FY $17,528 from FY2007-08 which the county had not identified nor planned to spend. This amount was identified by DHCS in an October 1, 2018 letter after PCBH had already drafted and received approval from the Board of Supervisors in September 2018 for its AB 114 Reversion Plan. The MHSA staff did not have enough time to amend the reversion plan by the deadline of January 1, 2019 nor understand that there was no mechanism for these late-identified funds to be included in this current Annual Update, which was its intent.

Fiscal Worksheets

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

County: **PLUMAS** Date: **05/06/19**

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	479,000	479,000				
2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	252,766	252,766				
3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM	335,595	335,595				
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	1,248,908	1,248,908				
2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	50,000	50,000				
3. TAY WORK PROGRAM	30,000	30,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	40,000	40,000				
Subtotal	2,466,269	2,466,269				
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds	251,200	251,200				
Total CSS Program Estimated Expenditures	2,837,958	2,837,958	0	0	0	0
FSP Programs as Percent of Total	51.0					

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

County: **PLUMAS** Date: **05/06/19**

	FISCAL YEAR 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs – Prevention and Early Intervention						
1. PRS Youth Services Program	*60,000*	*60,000*				
2. Roundhouse Council – Multigenerational Outreach Program	*71,590*	*71,590*				
3. *Veterans Services Outreach*	*58,938*	*58,938*				
4. FRC Student Mental Health and Wellness Center	*60,000*	*60,000*				
5. PUSD – School Based Response/PBIS	*200,000*	*200,000*				
6. Plumas County Public Health Agency – Senior Connections – Homebound Seniors Screening Program	*65,000*	*65,000*				
PEI Administration	37,379	37,379				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated	577,907	577,907	0	0	0	0

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

County: **PLUMAS** Date: **05/06/19**

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs						
1. To Be Determined (INN Reversion Amt – to be approved by June 30, 2020)	438,367					
2. FY19-20 Projected Allocation	125,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
INN Administration	56,337					
Total INN Program Estimated Expenditures	619,704	619,704	0	0	0	0

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

County: **PLUMAS** Date: **05/06/19**

	Fiscal Year 2019/20					
	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. MH Loan Assumption	60,000	60,000				
2. WISE U Training (6 peer employees)	10,000	10,000				
3. PRS Countywide BH Training Program	85,000	85,000				
4. Staff Development – Out of County Training	10,000	10,000				
5. Relias Web-Based Training Program	10,000	10,000				
WET Administration	17500	17500				
Total WET Program Estimated Expenditures	192500	192500	0	0	0	0

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

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **05/06/19**

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0