PLUMAS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE, 2020-2021

on Plumas County Behavioral Health MHSA Programs Completed
Y 2020-2021 (Year 1) of the MHSA Program and Expenditure Plan,
FY 2020-2023

PLUMAS COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE, 2020-2023

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I. Introduction

Plumas County Behavioral Health (PCBH) is the local mental health and alcohol and other drug services plan Medi-Cal beneficiary provider for the State of California, providing screenings, assessments, crisis intervention, and treatment to individuals with serious mental illness, children through older adults, and when indicated, their families. PCBH also provides intensive outpatient treatment to individuals with substance use disorders (SUDS) and those with co-occurring diagnoses.

The Mental Health Services Act (MHSA) was a State proposition (Prop. 63) approved by the voters in and enacted by the legislature in 2004. The MHSA levies a 1% tax on income earned over $1 million by California residents every year. These funds are allocated across 58 counties and large county-like cities each month throughout the fiscal year.

MHSA funds may be used to create or expand specialty mental health services and prevention programming that were not in existence or were underfunded prior to 2004. MHSA funds may not be used to supplant existing state- and federally funded programs.

The MHSA is made up of five program components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Education and Training (WET). A sixth use of these funds may be to allocate a small percentage (no more than 33% of the previous five-year average of CSS funds) to a Prudent Reserve (PR) fund to assist the local mental health plan (MHP) in years when there are shortfalls in tax revenues and economic recessions.

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 as well as the overall population, and each year the allocation percentage is calculated based on projections of change to the overall eligible population. Presently, Plumas County receives 0.12685% of the overall funding to California's 58 counties, approximately $2.0-$2.5 million per year.

In Fiscal Year 20-21, Plumas County received $3,130,910.35 in MHSA funds, consistent with the State's projections for that program year.

II. County Description and Demographics

Plumas County is a 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.

Population Estimates

The county's population is approximately 18,804 *(US Census 2019 Population Estimates Program)*. Plumas County's largest town is the incorporated city of Portola, home to approximately 1,930 residents *(US Census 2019 Population Estimates Program)*. The town of Quincy, the county seat, has an estimated population of 1,895, and East Quincy a population of 2,220, with the greater Quincy area's (American Valley and surroundings) 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% are Native American or Alaska Native, and the balance consists of individuals from other race/ethnicity groups.

There are over 1,800 veterans who are residents, which represents up to 9% of the County population. Approximately 17% of the population is under 18 years of age (3,175 - *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 years at 28.4%.

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, but Plumas County Behavioral Health 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 and the ongoing decrease of once prosperous natural resource industries have made long-term deleterious economic impacts on rural communities in Northern California, as well as cutting financial reimbursement levels to local infrastructure (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 funding cuts 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 (22%) exceeds the state rate. 55% of children are eligible for free or reduced lunches *(2019 CA Kids Data).*
- Food insecurity 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 remains below state and national levels ($51,800 compared to California's of $71,800, *2019 CA County Rankings and Roadmaps).*
- 13.3% of county households live below the Federal Poverty level.
- Plumas County ranks 54th of 58 counties for overall health outcomes.
- Demand for and low inventory of affordable housing impacts families' overall income spent on renting, thus impacting financial health – greater competition for affordable rentals. Families who may otherwise stay in county must move away to find affordable housing.
- Plumas County lacks inventory to meet the permanent affordable housing needs of local individuals and families (affordability of homes to purchase).
- Increasingly higher estimates of overall depression-related feelings in 7th, 9th, and 11th graders in study years 2015-17, than the state average and compared to prior study years for Plumas County youth in 2011-13 and 2013-15 (*CA Health Kids Surveys*). For example, these estimates increased for the same cohort from 19.3% in 2011-13 (7th grade) to 29% in 2013-15 (9th grade) to 39.6% in 2015-17 (11th grade).

Homelessness and the Plumas County 2021 Point in Time (PIT) Count

Plumas County Behavioral Health MHSA program has been providing direct homeless services for a number of years to new and ongoing clients, as well as referrals for homeless services and other emergency supports to the lead agency, Plumas Crisis Intervention and Resource Center, for residents who don't meet eligibility for mental health services at PCBH. As part of the department's commitment to meet community needs for homeless services, PCBH partners with multiple agencies, such as Plumas Rural Services, Environmental Alternatives, and PCIRC.

The 2021 Point-in-Time Survey collected data on a total of 34 individuals experiencing homelessness in Plumas County. Of these individuals:

Total Sheltered Homeless in Plumas County = 34

The sheltered homeless count in Plumas County represents 4% of the total sheltered homeless count in the NorCal CoC Region.

Additional Demographics	Total Persons	Percentage
Chronically Homeless	12	35%
Veteran	0	0%
Domestic Violence Survivor	1	1%
Families	3	9%
Chronic Health Condition	1	1%
Mental Disability	25	74%
Physical Disability	4	12%
Developmental Disability	4	12%

Gender	Total Persons	Percentage
Male	19	57%
Female	15	40%
Gender Non-Conforming	0	0%
Trans Male	0	0%
Trans Female	0	3%
Did Not Respond	0	0%
Refused	0	0%

Age	Total Persons	Percentage
Under 5 years	3	9%
5-12 years	1	2%
13-17 years	0	0%
18-24 years	2	6%
25-34 years	13	38%
35-44 years	3	9%
45-54 years	3	9%
55-61 years	3	9%
61+ years	2	6%

NorCal CoC includes 23,922 square miles and encompasses seven counties. Plumas County is part of the Housing Continuum of Care. Plumas County agencies and the local Housing Continuum of Care (CoC) Advisory Board continue to work towards expanding the continuum of housing services for homeless individuals and families, including increasing the affordable housing inventory for both rentals and homebuying and housing for special populations, such as initiatives funded through the CA Department of Housing and Community Development (HCD) *No Place Like Home Program (NPLH)*

Access to affordable permanent housing with supportive services is a significant barrier that prolongs suffering for individuals [and their families] living with a serious mental

illness who experience or at risk of chronic homelessness. The county's *No Place Like Home* permanent supportive housing applications (in progress for 2021 and 2022 Notices of Funding), where the county partners with an affordable housing developer and property management company, will begin to address gaps in affordable housing for consumer stakeholders.

III. Department Overview

By July 2021, the Dixie fire was well underway, and the county communities were being evacuated. Many communities were evacuated multiple times over the next two months. PCBH employees, worked daily at the evacuation centers. Clinical and Case management staff worked outreach in these centers of opening services and supports to anyone in need. During this time communities were lost and community members, as well as clients were scattered. Outreach again became important to maintain much needed services.

Plumas County MHSA Allocations for FY20/21	
Innovation (INN)	$113.598.33
Net Allocation (= Gross - INN)	$2,158,368.24
Community Services and Supports (CSS)	$1,619,772.07
Prevention and Early Intervention (PEI)	$431,673.66
Gross Allocation (100%)	$2,271,966.57

Plumas County MHSA Expenditures for FY20/21	
Community Services and Supports (CSS)	$2,139,247.17
Prevention and Early Intervention (PEI)	$266,314.89
Innovation (INN)	$0.00
Capital Facilities and Technology Needs (CFTN)	$0.00
Workforce Education and Training (WET)	$17,560.07
Total MHSA Expenditures	$2,423.122.13
Use of ongoing fund balance (difference of fund balance + allocations minus expenditures)	$707,788.22

Homelessness and Housing Solutions and No Place Like Home Program

Housing homeless residents living with serious mental illness has been an ongoing priority for PCBH during this 3-Year Program and Expenditure Plan period.
Homeless prevention services of emergency lodging, transitional housing, and permanent housing rental subsidies (move-in, rental, and utility assistance) has been a

hallmark of Plumas County Behavioral Health's MHSA program since at least 2015. A safe and accessible housing continuum provides the stabilizing framework for PCBH clients while they access mental health and substance abuse disorders (for co-occurring participants) services. Using CSS Outreach and Engagement and Full-Service Partnership (FSP)-designated funding, PCBH has provided a continuum of housing from emergency lodging through permanent housing by rental assistance to first-time and FSP clients.

While not a program under the 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 local affordable housing capacity, both for individuals living with a serious mental illness and for families of children living with a serious emotional disturbance.

In FY19/20 PCBH staff worked closely with county agencies, departments, and organizations who share a common vision of combating risk factors which contribute to homelessness and chronic homelessness – such as Plumas Crisis Intervention and Resource Center (PCIRC), the county's lead organization for homeless services, the Planning and Probation Departments, the local Housing Authority, and housing stakeholders - 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 in FY20-21.

These efforts are coordinated through the County's partnership with the lead NorCal Housing Continuum of Care (CoC)/Community Action Agency of Shasta County. The Shasta Community Action Agency oversees coordination of the local Plumas and Sierra Counties CoC Advisory Board 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 consistently and fairly triages and prioritizes users of homeless services based on their level of need. Combined with these housing 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*.

Fiscal Year 20/21 Plumas County Behavioral Health and Mental Health Services Act Program Accomplishments in Priority Areas and Goals:

A number of programs, whether funded through MHSA or not yet articulated in the Three-Year MHSA Plan and Annual Updates are in progress or yet to be developed, depending on their feasibility and level of difficulty to implement:

A. Expanding Telepsychiatry and Telemedicine services at Wellness Centers:

While these specialty mental health services are not specifically funded through the MHSA Program, Telepsychiatry and Telemedicine services are now available in Chester and Portola at the MHSA-funded Wellness Centers. Telehealth services are available at the Plumas County Jail. In 20/21 Providing these services locally through the Wellness Centers is increasing access to and improving timeliness of services, while providing cost savings in transportation and personnel to the Department.

B. Consumer and family education, advocacy, and supports:

Stakeholders identified a need for additional consumer and family supports for those living with a chronic and severe mental illness. In FY18-19, MHSA program staff worked with family stakeholders to identify already-existing community supports available to PCBH consumers living with a serious mental illness; consumers with SMI may qualify for Department of Social Services In-Home Supportive Services (IHSS) Program for assistance with housekeeping, self-care and hygiene, medication management, meal preparation, shopping and more. Department consumers may receive education and information about existing local resources and supports through their assigned case manager, the PCBH Patient's Rights Advocate, or through outreach by PCBH Peer Advocates and Wellness Center staff.

C. Workforce Education and Training – staff retention through local PCBH employee loan assumption program for interns and licensed staff, and countywide Behavioral Health training across multiple county agencies and departments in cultural competency for underserved populations, crisis interventions with special populations, ASIST and Mental Health First Aid for county stakeholders. These trainings are mandatory for all PCBH services employees.

D. Increased 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. These training partnerships will be ongoing to best meet the need of staffing changes and current best practices.

The Department and PRS developed a Cultural Competence (CC) training for fall 2019, to deliver clinical staff and cross-agency training in working with special populations: 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.

E. Expanding outreach and improving the Department's transparency to demystify Behavioral Health service delivery and to aid in stigma reduction and prevention through social media platforms (Facebook implementation has occurred, which reaches over 100 stakeholders per post). The current Department director, Quality Assurance Manager, the County's Patients' Rights Advocate, Wellness Center staff, and MHSA staff (Stigma Discrimination Reduction (SDR) social media campaign) continue to work to educate county stakeholders concerning the Department's changes to its delivery of services (efficiency of the open access model used throughout the county); this may also be incorporated into a future consumer and family member stakeholder project.

F. Developing school-based Gay-Straight Alliance (GSA) 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. Since 17/18, PUSD student services coordinators and PRS Youth Services Program paraprofessionals worked with self-identifying student to develop Gay/Straight Alliance groups in any school where students choose to open a group. There is a Plumas County GSA group which actively meets each month in Quincy at PCIRC's office.

G. 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.

IV. 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.

The MHSA Coordinator attends monthly Behavioral Health Commission meetings, weekly PCBH management staff meetings, as well as monthly Plumas QA meetings and Housing CoC meetings, also meets individually with community stakeholders and funded program partners. MHSA Coordinator has continual contact with clients and community stakeholders working from the different wellness centers.

The local CPPP consists of a variety of community outreach methods held throughout FY 20/21 To prepare for this Annual Update and to begin stakeholder discussions for FY20/21 Community Program Planning Process, informing planning for the next Program and Expenditure Plan, 2020-2023, the MHSA Coordinator presented updates to stakeholders via Zoom meetings. (Due to Covid-19 in person was not allowed).

Consistently, stakeholders have confirmed these priorities, while articulating continued need for Full-Service Partnership wraparound, housing, transportation supports, and a greater need for county departments decentralizing services to better increase access to supportive services in each community through partnerships at each PCBH Wellness Center. PCBH has been offering services from these centers since May 2017. Recently the county lost the Greenville Wellness Center due to the fire. PCBH has a new center opening in Quincy around the end of 2021, early 2022. As Greenville rebuilds, PCBH may rebuild the Greenville Wellness Center as well.

Housing and the lack of affordable housing is always the number one complaint. Due to the fire this summer, the need for housing has only amplified.

Additionally, stakeholders in Portola and Chester voiced their concerns about the lack of afterschool opportunities and supervision for youth and the lack of a homeless shelter and outreach for homeless residents.

Below are some of the suggestions:

1. Increasing school-based services
2. Improving access to services for children and their families

3. Expanding peer employment and housing
4. Developing family respite services
5. Developing LGBTQ groups and events for adolescents and adults
6. Increasing trauma-focused services
7. Increasing outreach for family involvement in treatment
8. Expanding Full-Service Partnership (FSP) housing for couples/families
9. Developing a mental health coach program (peer support)
10. Increasing reach of telemedicine services
11. Developing a homeless shelter
12. Providing mental health training
13. Increasing funding for Criminal Justice programs
14. 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%

Survey comments:

"You're all doing a great job with me"	"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."
"The Center in Greenville is great."	"A place for people out of jail to sleep."
"I love the Wellness Center."	"Need AOD services/more frequency"
"The community was in need of a place like this. The staff is A-1."	"Support for parents of young children and teenagers."
"Thank you for all you help."	"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."
"Everybody helps me"	
"The staff are fantastic and caring."	
"A place for homeless to eat."	
"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."	"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 "in house" through the agency's quality improvement program, or that may be best approached through partnership with other agencies or organizations. Finally, there are larger concerns voiced at these stakeholder meetings which speak to the overall health of every community and which exceed the department's scope and local mental health plan, which may be best addressed within a larger forum through community leadership and action planning.

A copy of the draft Annual Update, FY20/21 will be distributed to all members of the Behavioral Health (BH) Commission, to consumer groups, staff, and all stakeholders who request a copy or access the draft online at the County website or 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.

Stakeholders did have the opportunity to submit their written comments during the 30-day public comment period. For the final draft, this will be posted concurrently with the MHSA Program and Expenditure Plan, 2020-23, on the PCBH webpage; stakeholders are invited to comment by e-mail, in person and in writing. Substantive comments will be incorporated into the final draft of the Annual Update, 2019-20 after the BH Commission public hearing is held for discussion of the draft Annual Update and the 3-Year Program and Expenditure Plan and to recommend the draft.

The 30-day Public Comment period will open on April 30, 2021 and closed at end of business on June 2nd, 2021, after the 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 on June 15th, 2021. The final, approved Annual Update will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than June 30th, 2021. Getting this completed this year was more challenging due to the newness of Covid at that time. The county was focused on adapting to the new normal so that we could continue services as seamlessly as possible.

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

A form to request a copy of the Draft Annual Update was posted on the County Behavioral Health website on January 2022. The same form was posted and available for stakeholders at all locations where the draft Annual Update was available for public review. Information on the availability of the draft Annual Update, how to receive a copy, and how to provide comments will be posted on the Behavioral Health MHSA webpage at:

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

A public hearing was held May 14th2021 and May 21st, 2021, 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, FY 20/21

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, capacity and funding allow, and in future Program and Expenditure Plans for stakeholder review, public comment and Board approval.

Due to the strict restraints of the COVID virus during this time, both public hearings were held via: Zoom Meetings. They were advertised out through media, social media, also posted in public locations. This year we had a low participation rate. We have no public comments to post currently.

MHSA Stakeholder Feedback and Public Comment

This space reserved for written substantive stakeholder feedback during the 30-day public comment period.

Public comment period was between April 30, 2021 and June 2, 2021. Draft MHSA 2020-2023-year plan was posted without any public comment.

Summary of Prior Recommendations

Stakeholder feedback from program year FY2019-2020 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 provide these services. PCBH recognizes that these areas are experiencing ongoing development and implementation, or may be experiencing delays due to lack of county capacity:

A. Expanding 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 (salaries and benefits) for peer workers and capacity of the Department to hire adequate case managers to safely supervise peer employees at the recommended 1:4 ratio. MHSA and Department staff continue to address the need for expansion of these important and transformational supportive employment programs.

B. Providing 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. Site Coordinators and peer 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. Due to MHSA budget restrictions, these activities are limited by peer employees' total hours worked (maximum of 29 hours per week) and providing multiple services.

C. Developing 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. Capacity to expand this program is based on limits for personnel costs.

D. Identifying 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. Since annual EQRO and the DHCS Triennial Audit (June 2019), many of these improvements are ongoing, per staff capacity.

E. Partnering with criminal justice agencies: 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.

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.

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

A. 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.

B. Family stakeholders communicated that they are not receiving adequate supports and education on ways to assist their relatives living with SMI/SED in managing symptoms and self-care and in providing care and advocacy to consumer relatives. However, the Department struggles to identify a group of family members of consumers with whom to partner to develop these supportive services.

C. 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.

VI. Community Services and Supports (CSS)

Plumas County Behavioral Health's MHSA Community Services and Supports program provides funding for in-house and community-based programs as an expansion of the existing County Mental Health Plan (MHP) to meet the immediate needs of Plumas County residents through targeted activities that blend with direct therapeutic and case management services for county Medi-Cal beneficiaries.

These activities focus on areas of Outreach and Engagement, General Systems Development, and Full-Service Partnership. Additionally, CSS funds are used to pay for costs not covered by Medi-Cal reimbursement and State Realignment funding, associated with therapists and case managers who work with these underserved populations, with particular efforts made to enroll the highest-need clients – those who may struggle with homelessness, may experience prolonged suffering from chronic, untreated severe mental illness, and those who experience higher frequencies of significant impairments to their daily functioning and quality of life, meaning they may be high utilizers of hospital emergency rooms, jails, and psychiatric hospitals.

2020-21 Plumas County Behavioral Health Client Demographics

Client Population by Age (years):

0-15 years	168	
16-25	125	
26-59*	396	
60+*	77	
Total	756	

*Veterans served across age categories = Not Reportable

Client Population by Gender:

Male	381	
Female	365	
Total	756	

Client Population by Race:

White	428	
Non-White Other	16	
Not Reported or Unknown	73	
Asian/Pacific Islander	NR	
Native American	28	
Black or African American	NR	
More Than One Race	NR	
Total	654	

Client Population by Ethnicity:

Not Hispanic	662	
Hispanic	42	
More Than One Ethnicity	42	
Total	654	

NR = Not Reportable

a. Outreach and Engagement

Plumas County Behavioral Health provides outreach and engagement services to individuals who participate in the PCBH intake and assessment process, participate in Wellness Center activities, and to those who are discharged from hospital or jail. 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, from assessment through criteria and diagnosis, to approval for services; the period of outreach and engagement is typically characterized as the first 30 days of assessment, diagnosis, utilization review, and assignment of a therapist, and in some cases a case manager. This period varies dependent on the client's ability to engage with PCBH staff, and in many cases, to obtain lodging, food assistance, and other supports which are needed to become stable and engage in services.

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 and 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 support. MHSA CSS funds are the primary source used for outreach and engagement expenditures.

When an individual meets diagnosis criteria of a serious mental illness or co-occurring diagnosis of serious mental illness and substance use disorder, or functional impairments that may be associated with an undiagnosed mental illness, the process may culminate in the therapist and client working to develop a treatment plan for ongoing therapeutic services.

In Fiscal Year 2020/2021, PCBH provided outreach and engagement and client support services to more than 35 new and re-engaging clients. PCBH provided direct supports for clients, such as clothing vouchers, one-time supports, emergency food assistance, bus passes, etc., totaling $23,278. Emergency lodging through outreach and engagement services totaled approximately $18,045, and emergency lodging through client support services totaled approximately $29,904.

Some of these clients were later enrolled in Full-Service Partnership housing programs with local contracted service providers – Plumas Rural Services, which provides both O/E emergency lodging to non-FSP clients and transitional housing and homeless prevention supports to FSP clients, or Environmental Alternatives for intensive case management, therapeutic services, transitional housing, basic needs support, employment and education support, and transportation and peer services.

b. Full-Service Partnership (FSP) Programs

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.

Many FSP participants 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 program completion. For a full description of the Adult Peer Employment Program, please see the description below.

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, 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, and culturally competent services to the highest-need clients (and their families when appropriate) in the county:

- 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, under 18 years), 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 – FSP programs 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

During program year FY,2020/2021, PCBH expended $86,591 on emergency lodging, transitional housing, and move-in and rental assistance, serving 51 clients through this PRS program.

Overall expended $220,792 when including all program costs (housing personnel, overhead, and direct and indirect costs). Average total cost per client is $5,257.

A majority of these costs were for FSP clients, who may have also received emergency lodging from PRS and food and clothing assistance directly from PCBH during a short period of outreach and engagement. These non-FSP costs equal approximately $19,247 of funds expended through the PRS program and include the emergency lodging costs of O/E at $18,045.

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

For the highest acuity clients, those who are at risk of chronic homelessness or are chronically homeless, at-risk of re-hospitalization or re-incarceration, PCBH refers clients to the voluntary FSP program (up to ten housed at any given time) with Environmental Alternatives, to provide an intensive therapeutic program, including but not limited to: transitional housing, intensive therapy and case management, assistance meeting basic needs, and connection to other service providers, such as primary care clinics, vocational training, employment placement and/or education linkage, and transportation, as well as contact with a known peer on premises for 24/7 response. Once established, this program provides supports and services for up to 24 months; additional time may be requested, as indicated. For this reporting period, the cost for FSP EA clients is a total of $479,000.

Environmental Alternatives (EA) provides full case management and mentorship, at a low client to staff ratio, to its participants in pursuit of meeting the preceding goals for participant stability. Transportation, accompaniment, advocacy, peer counseling, individual rehabilitation and all other elements of full case-management are standardly provided to all participants. Several provisions are included with enrollment as well, including but not limited to food, household and health/hygiene supplies, toiletries and incidentals, recreational activities, access to public transport, in-home internet, and mobile phone payment support.

Intake for program participants is by referral only from Plumas County Behavioral Health Department. It is only open to adult mental health participants living with a severe mental illness, who meet the county's "Full-Service Partnership" enrollment criteria. Duration of participation is open-ended and determined by the county and provider agency through quarterly assessments.

Description of completed program activities

Every Plumas Commons participant is standardly engaged with the following activities upon intake into the program. Each client:

- is provided an independent one-bedroom rental living unit complete with new furnishings, cleaning supply, cooking supply, and wireless internet. Rent contracts are signed between client and property management company, establishing rental history for participants.
- Is given a needs assessment, capturing current status/need for:
    - Medical/physical health
    - Mental health
    - Legal/criminal history & status
    - Substance abuse
    - Food/nutrition
    - Hygiene
    - Clothing
    - Finance/income
    - Vocational/employment
    - Socialization/recreation
    - Transportation
    - Communication
    - Signs of set-back

- Is standardly assisted with application for Social Security income benefit, including support from disability advocate attorney if appropriate
- Is assisted with application for Housing Choice Voucher (Section 8) from Plumas County Community Development Commission and Housing Authority, which includes application for heating and Energy Assistance Program (HEAP).
- Is assisted with Cal Fresh application if applicable
  Is supplied with monthly local bus pass, or intercommunity bus pass if needed. Passes are continued monthly if needed.
- Is provided monthly mobile phone card for use of mobile phone where needed. Mobile phone is provided if participant does not have one.

- Is given information and referral for all community food resources

Ongoing program activities completed within Plumas Commons Program include:

- Financial budgeting (with intent for increased contribution toward rent/expenses)
- Applicable life skills education from case managers and rehabilitative supports.
- Peer counseling/rehabilitation from case managers/support counselors
- Involvement in local community events
- Assistance scheduling and completing appointments, including transport and accompaniment
- Emergency food support when community resources are not available (grocery gift cards)
- Holiday activities, including on-site group dinners and cutting/decorating of Christmas trees
- Consideration for ownership of a small companion pet, when appropriate
- Group/individual recreation outings locally and out-of-town

The Plumas Commons program successfully delivered housing and support to its full -service partner participants in accord with EA's program philosophy. It is the program's belief that its participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. In fostering and developing healthy mentor relationships, trust, belonging, and community within its participant population, EA has accomplished a significant overarching mission. Participants have gained a strong sense of community among those living on the Plumas Commons property, as well as a strong rapport with EA staff. Positive progression of stability of participants is strongly tied to the client's quality of life, relationships, and safety. EA has strategically increased these elements in the lives of participants through consistency of contact, reliability, confidentiality, and through provision of small incentives and promotion of program community events.

Challenges and barriers during reporting period

One of the largest challenges in delivering a transitional housing and support model program is in balancing levels of support/supervision with independent living philosophy. Plumas Commons is not intended to be a 24-hour care model program. The intent is to be a mid-long-term transitional housing model with independent-living case management support. As such, ensuring participant compliance during times when on-site support is not available from EA, is challenging. On-site support is provided weekdays and weekends during daylight hours, but during

evenings support is currently provided only on an on-call basis. To maintain encouragement of independent living, program supports should not monitor participants excessively, but should give them some measure of liberty. The challenge has been ensuring that our participants do not negatively impact their participation with inappropriate use of said liberty. In the coming fiscal year, EA intends to provide an onsite residential adviser who will live on the program property and act as a limited mentor staff (non-employee) and will provide monitoring of residents and property during non-business hours.

Another challenge is the availability of major stabilizing elements that affect client's successful completion. Two of the largest barriers to client independence/stability are income and housing. All participants in Plumas Commons have been diagnosed with a severe mental illness and are qualified for social security income benefits. Likewise, all participants may be eligible for Section 8 subsidized housing. The challenge is that the waiting period for each of these programs are significantly long, up to 2 years or more and will often be denied if they possess a criminal background within three years prior to application. Participants will ideally recover and become stable within 12 months, but without income and/or affordable housing in place, they are not able to successfully live independently.

c. <u>General Systems Development: Community-Based Wellness Centers</u>

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. In FY18-19, Environmental Alternatives assumed the leaseholds for the Chester and Greenville Wellness Centers from Plumas Crisis Intervention and Resource Center.

In early 2017, Plumas County Behavioral Health hired one supervising and three site coordinators. Through 2018-19, in Quincy, the PCBH drop-in center (DIC) provided some wellness activities and classes, including music, art, and healthy cooking classes, to full-service partner and chronically mentally ill clients at PCBH, in addition to therapeutic services; There is no centrally-located Wellness Center in Quincy reflecting the practices of the other centers, offering a "no wrong door" approach to community outreach and engagement. At the time of this report, discussion on developing a Quincy-based Wellness Center outside of the DIC had begun.

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 therapeutic services, including comprehensive assessment services, wellness and recovery action planning (WRAP), case management services and crisis services; education and employment support, mental health 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 easy-to-access, *consumer-friendly*, and provide a *community-based alternative* to a traditional clinic atmosphere.
- Full-time supervising site coordinator supervises three site coordinators, two stationed in Greenville and Portola, and a third who covers Chester and alternating locations (all PCBH employees)
- 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, and community-based organizations who provide direct services
- Expansion of telepsychiatry and telemedicine services, phased in through beginning of FY20/21.
- Training and professional development as well as clinical supervision to support peer advocacy staff who work with clinical and wellness center staff
- Space for PCBH licensed clinicians and client support specialist (case managers) staff to provide clinical services
- Localized outreach and engagement efforts to underserved populations
- At Greenville and Chester – resource referrals to PCIRC and other service-based agencies; ongoing food/clothing distributions; Portola staff work closely with the PCIRC Portola Family Resource Center
- Space and funding for community-based wellness activities, such as yoga, tai chi, art, children's afterschool and holiday programs (outreach to families), smoking cessation, etc.

PCBH Wellness staff began collecting and reporting center utilization data in 2020-2021 using an electronic collecting tool on a tablet at each center. Data was collected beginning in January 2020. Visitors voluntarily sign in and self-report their reason for the visit. They may indicate multiple reasons during the same date, so this data represents some duplicated clients and visitors. Data collected include individual and group activities, other agency services and classes, such as Probation check in, Plumas Rural Services parenting classes, and Social Services benefits eligibility, wellness activities, and resource supports and distributions (food pantry and clothing, laundry and shower usage (Greenville only). Each site has community access desktops and libraries of books and DVDs.

<u>FY20/21 Wellness Center Utilization (July 2020 - June 2021)</u>

Chester

	Delivered Services	Visits	Behavioral Health Client Visits
July	140	92	18
August	235	110	46
September	278	117	51
October	351	136	61
November	250	100	48
December	299	128	41
January	223	95	37
February	304	133	35
March	417	179	39
April	293	127	34
May	285	131	27
June	273	115	27
Total	**3348**	**1463**	**464**

Greenville

	Delivered Services	Visits	Behavioral Health Client Visits
July	523	368	46
August	554	364	66
September	596	348	79
October	671	362	91
November	523	304	59
December	577	348	56
January	411	240	33
February	473	269	35
March	758	385	81
April	586	319	61
May	551	321	64
June	709	392	95
Total	**6932**	**4020**	**766**

Portola

	Delivered Services	Visits	Behavioral Health Client Visits
July	259	156	52
August	281	171	59
September	245	158	47
October	236	169	42
November	168	112	29
December	140	99	16
January	94	85	5

February	96	96	0
March	265	193	36
April	287	189	36
May	267	195	39
June	298	207	47
Total	**2636**	**1830**	**408**

The Delivered Services column represents the total number of individual services provided (some completed multiple services at a single visit). The Visits column represents the number of unduplicated individuals. The Behavioral Health Client Visits column represents those consumers who self-identified as PCBH clients, regardless of their reason for that visit.

VII. Prevention and Early Intervention (PEI)

The Plumas County MHSA Prevention and Early Intervention (PEI) Program consists of contracted community-based programs working with targeted populations to address mitigating negative outcomes - school failure, removal of children from their homes, suicide, and prolonged suffering – that may result from untreated mental illness through programs of 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.

Combined, these programs connected with over 4,000 (over 20% of) Plumas County residents either through indirect prevention, suicide prevention, and stigma and discrimination reduction and outreach and engagement programming or through direct referrals to services, supports, and case management. Plumas County commits a majority of its PEI funding (75.6%) to programs for those under 25 years of age, targeting elementary, high school, and college-based outreach and access and linkage to hard-to-engage and hard-to-serve child and adolescent populations through school-based and afterschool programs. Veterans (13%) and Seniors (33%) are other large populations in Plumas County which receive PEI funding for programs targeting these underserved populations.

Each of the following PEI programs provides unique experiences, services, resources, and supports to Plumas County populations which are typically unserved to hard-to-serve, due to difficulty in engaging, stigma blocking discussion of mental illness, bullying behaviors, or isolation.

A.

Program Name	Veterans Services Office – Veterans Outreach
Program Partner	Plumas County Public Health Agency
FY2020/2021 Expenditure	$58,938.00

PEI Program Type	Improving Timely Access to Services for Underserved Populations
Age Groups Served	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Unemployment, homelessness, suicide, and prolonged suffering
Number of Participants	Targeted outreach: 1,845 veterans MHSA demographic data collected: **294** 1. Provide the total number of veterans that completed the information and benefits evaluation (IBE) during this reporting period:**37** A. Behavioral Health (Plumas County):**4** B. Behavioral Health (Reno VAMC):**8** C. MST (Military Sexual Trauma) Coordinator (Reno VAMC):**4** D. Specialized Vet MH Services (David Schaeffer):**3** E. Plumas Crisis Intervention & Resource Center:**9** F. VRC (Veterans Resource Center) Redding (for Rehab):**1** G. VRC Redding (for Housing):**2** H. VRC Reno (for Housing):**1** I. Housing Services:**5** J. Veteran Legal Services (Consultation):**4** K. Food Bank:**11** L. Transportation (includes referrals to Senior transportation):**31** M. Employment Development: (includes Veterans referred to Vocational Rehabilitation, Alliance for Workforce Development for employment assistance or employment at Sierra Pacific Mill for employment):**19**

Program cost per participant:	$685.33

Plumas County Veterans Outreach

NOTE: State of California Governor by Executive Order N-33-20 dated 03/04/2020 and the conforming Order of the State Public Health Officer dated 03/19/2020 ordered "all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure …." This order, with some non-significant or relevant changes was in place to 06/15/2021. Outreach was prevented because of the restrictions as order by State and Plumas County authorities.

Veterans Collaborative and the 2020 Plumas County Veterans Stand Down

Under strict Plumas County Covid-19 mitigation measure the event was held on 11/20-11/21/2020. Plumas County Veteran Services work closely with the Plumas County Veterans Collaborative in planning, organizing, and, advertising, the event. The event operated from 9 AM till 4 PM each day. There were 16 exhibitors including presenters form CDVA and the VA SNHCS Reno, NV. Veteran's mental health, homelessness, and suicide prevention were the topics most covered by these presenters. There were in excess of 180 veterans, approximately 20 new to the event. In excess of $100,000 in military gear, food, clothing, and healthcare services were handed out. Healing California estimated they provided approximately over $26,000 in no cost dental and ophthalmological services, including prescription glasses. $1,600 worth of turkeys and ham were given away. Plumas County Veteran Services staff a booth for the entire time and processed VA Healthcare and VA compensation claims in person. Over 25 new applications were process and submitted to the applicable VA agency.

Veterans' Outreach Programs

American Legion Post 329, Portola, CA June 6, 2021.

VSR attended the meeting with 7 attendees. The topics included the National Defense Authorization Act-Fiscal Year 2021 (the Act expands the Agent Orange presumptive conditions), veteran dependents and death benefits attributable to retroactive awards, VA Gulf War disability update on new potential conditions, the Plumas County Stand Down, the push for a VA healthcare clinic in Quincy, and the potential for regularly scheduled office visits in the town of Portola.

Quincy Home Health Services, Quincy June 1, 2021. CA.

VSR presented to a group 6 hospice volunteers the VA Healthcare, Compensation and Pensions, and Burial benefits. Special attention was directed at educating the volunteers of early VA interaction to protect potential dependent benefits as well as the potential for burial compensation for the patients they regularly interact with. Time was spent on the VA Caregiver Program to assist families caring for severely disabled veterans.

American Legion Post #291 Greenville, CA. June 8, 2021.

VSR presented to 9 attendees on the National Defense Authorization Act (expanded Agent Orange diseases), the retroactivity of Blue Water compensation claims to veterans and their dependents, and an office presence in Greenville on fixed days and times each month. Also discussed was veteran homeless economic assistance via Nations Finest.

Plumas Crisis Intervention and Resource Center volunteer training. June 6, 2021.

VSR presented to a group of 11 volunteers on the basics of the VA benefit system including healthcare, compensation, and death benefits. Emphasis was placed on hospital eligibility, the Community Care, and Caregivers Program. The subject of veteran homelessness and available programs and well as contacts focused on suicide prevention.

Quincy Market Shirley Dame Park Quincy CA June 19, 2021.

VSR manned a booth in the park with brochures and handouts. Contact was made with approximately 20-25 veterans or dependents covering the full range of VA provided benefits. The booth operated form 8 AM to 2 PM.

Lake Almanor Fishing Derby Lake Almanor County Club June 26, 2021.

VSR manned a booth during the award and dinner potion of the festivities. The booth was open from 3:30 PM to 5:30 PM. Contact was made with 10 to 15 veterans to answer questions about potential benefits and to investigate pending claims for claim status. Brochures and booklets were available for pickup.

The number of outreach targeted veterans in Plumas County: 1845

Veterans Outreach Presentations and Support Meetings

The Plumas County Veterans Outreach Program provided presentations and support to Veterans on the following topics: general VA and burial benefits, the Blue Water court case, and suicide awareness and prevention strategies, and referral processes at the monthly meetings of the Veterans of Foreign Wars, the American Legion, and at Veterans Collaborative meetings in Chester, Greenville, Portola, and Quincy. The Elks Club in Quincy was instrumental in coordination of the Veterans Collaborative work.

Additionally, the Veterans Outreach Program provided 6-10 hours per month of after-hours, weekend, and holiday support. Veterans Services representatives provided a benefits and referral training to Plumas Crisis Intervention and Resource Center staff.

B.

Program Name	Senior Connections
Program Partner	Plumas County Public Health Agency
FY20/21 Expenditure	$65.000
PEI Program Type	Access and Linkage to Treatment
Age Groups Served	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Prolonged suffering and suicide
Number of Participants	Targeted outreach: 344 seniors MHSA demographic data collected: 92 seniors Case-managed home visits: 65 seniors
Program cost per participant:	$351.35

Overview:
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 prolonged suffering in the older adult population, especially in homebound seniors, who are identified as underserved in Plumas County.

Enrollment / targeted "underserved" group:
This MHSA-funded prevention program employs strategies of improving timely access to services for underserved populations and access and linkage to treatment through support of home visits by a public health education senior specialist to homebound seniors through linkage with the Senior Nutrition Program, and screens participants for early signs of depression or other mental illness.

This approach provides staff of Senior Connections the opportunity to quickly identify individuals who may otherwise remain underserved and may need a referral for a mental health intake and assessment. The program also connects seniors to the greater community to combat isolation and to improve whole health outcomes through social connection and education.

The program enhances ongoing collaboration and partnerships with Behavioral Health and other key community partners to provide this underserved population with access and linkage to mental health services, thereby increasing timely access. These activities and strategies will decrease negative outcomes of prolonged suffering that may result from untreated mental illness in homebound seniors.

History / program components:
Over the past five years Senior Connections has created a home visiting program to connect with our home-bound seniors, who are at higher risk for developing physical and mental illnesses, as well as for 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. These additional services were open and available to all seniors and those interested in learning about common illnesses and disorders 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, the Senior Resource Group, and other small projects that enhance the mental wellness of Plumas County seniors and decrease the duration of untreated mental illness and prolonged suffering. These additional services have been reduced due to funding reductions, and only the Senior Summit and Senior Resource Group has continued in addition to the homebound visiting program.

i. Home Visiting Program

Visit 100-200 low-mobility individuals in their homes in order to relieve isolation and decrease prolonged suffering of depression, anxiety, or other potential health related issues, broadening access to health and social services, and connecting them to community.

A brief screening tool (PHQ-2) will be administered to assess for depression, and each home-bound meal recipient will be asked if they are receiving mental health services. In addition, a brief health history questionnaire including recent ER visits, sleeping and eating habits, living arrangement, and support systems will be provided. As needed, based on these surveys, seniors will be referred for mental health intake and assessment at Plumas County Behavioral Health, their primary care physician, or other access to supports available to meet their needs.

Visiting Client Number: 185

Fourth quarter reports the number of intakes for homebound seniors receiving meals was 185. This is an increase of 48 over the last report of March 31, 2021. There is a total of 241 meal delivery participants down from 302 that remain on meal delivery due to COVID 19 impact. Some of the congregate client chosen to be on the delivery for the foreseeable future. The decrease was seen mostly in Quincy, Greenville and Chester. As of June 11, 2021, the congregate sites were opened for lunch service. Other reason for the decrease in total number of participants is reflective of vaccines, services and establishments in the county opening.

Senior Nutrition continues to deliver meals ordered and to senior households over the last 12 months. Some deliveries include care caretakers. Demographics have not been established with 241, only for gender status reporting. The 185 of documented “regular” homebound meal participants reporting is based on what information that was available at the time. Some of the participants still require weekend meals or additional meals, for some these are the only meals they have available.

From March 2021 to June 2021 the average number of meals prepared and delivered remained at the **1500+** level.

Many of these additional meals are not within the scope of the Senior Connections program as defined in normal conditions, pre COVID-19. Reporting exact number of homebound participants is still a challenge

Activity name: Home Visits and Referrals	Q1#	Q2#	Q3#	Q4#	20-21 Total
Number of Home-Bound Seniors receiving contact from home visitor	43	30	28	15	43
Number of case management and information sharing contacts (clients, referrals, callbacks)	28	61	47+	29+	165+
Total number of referrals	15	23	23+	15	76+

• Mental Health Services	2	2			4
• Veterans Services	2	1			3
• Senior Life Solutions			1		1
• Adult Protective Services	1	1	2	1	5
• Housing	3	4	4	1	12
• Legal Services of Northern California	2	1	1	1	5
• HICAPP Medicare Advising		3	2		5
• Home Health		1	2	1	4
• Utilities Assistance / CA Lifeline phone	3				3
• Transportation			1	1	2
• IHSS	1	2	3	3	9
• Caregiver Support	1	4	2	2	9
• Vision and Hearing		2	1		3
• Meal participation		2	2	4	8
• Alzheimer's			1		1
• Parkinson			1		1
Number of referral follow-up surveys*:	13	14	23	7	57

*All referrals were followed up by phone contact with client or referral agency.

C.

Program Name	Young Child Mental Health Program
Program Partner	Plumas Rural Services
FY20/21 Expenditure	$90,441
PEI Program Type	Early Intervention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Removal of children from their homes, school failure, and prolonged suffering
Number of Participants	59 individuals in 26 families
Program cost per participant:	$1,533.00

D.

Program Name	Youth Prevention Services
Program Partner	Plumas Rural Services
FY18/19 Expenditure	$92,024.40
PEI Program Type	Prevention: Access and Linkage to Treatment and Suicide Prevention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Suicide risk, school failure/dropout, removal of children from their homes, and prolonged suffering
Number of Participants	86
Program cost per participant:	$1,070.05

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

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 early signs of mental illness among junior-high and senior-high youth. Students demonstrating immediate mild to moderate 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 risk of developing mental illness and reducing the negative mental

health outcomes of suicide, school failure and dropout, risk of removal of children from their homes, and prolonged suffering associated with untreated mental illness.

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

Plumas Rural Services' 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 traditionally 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. During the spring, youth 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. Over the summer, Girl's Rite meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

During the 2020-21 fiscal year, the program will be modified and updated routinely in response to the COVID-19 pandemic. The program will prioritize how to engage these youth in the program, continuing mental health protective factors such a social connection, positive relationships with peers/adults, and healthy self-care during this time.

Girl's Rite provided 8 group meetings during the third fiscal quarter via Zoom and/or outdoor meetings in order to provide services to youth in a manner compliant with all public health guidelines during the COVID-19 pandemic. The group met at Gansner Park and Pioneer Park in Quincy and participated in facilitated life skills discussions and resiliency exercises. Participants did 'check-ins' with the group and then covered topics including grief, disordered eating, skin care, anxiety prevention/intervention, leadership development, getting acquainted with new people (skill-building), and other topics personal to participants.

Description of Program Activity/Strategy	Outcome
Enroll youth in Girl's Rite program	10 youth enrolled
Provide referrals to other service providers to Improve Timely Access to Services for Underserved Populations and promote Access & Linkage to	1 referral provided during 3rd Quarter

mental health services	
Offer one-on-one paraprofessional counseling to at-risk youth, appended to group counseling sessions	26 one-on-one counseling sessions provided; 6 individuals served
Facilitate group meetings of program	8 Zoom and/or outdoor meetings of Girl's Rite due to mandatory school closures and COVID-19 quarantine & prevention measures; 6 of these were outdoor sessions, and 2 were Zoom sessions

E.

Program Name	School-Based Prevention Services
Program Partner	Plumas Unified School District
FYI 20/21 Expenditure	$280,000.00
PEI Program Type	Prevention and Early Intervention
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
Reduction of Negative Outcomes:	School failure/dropout, suicide, removal of child from their family's home, prolonged suffering
Number of Participants	2,018 for Prevention at Tiers I and II 96 for Early Intervention services
Program cost per participant:	$138.75 per student

This program began as an Innovation program with the goal to improve response to and decrease occurrence of potential threats in Plumas County schools, including presentation of suicidal ideation, reported self-harm behaviors and reported bullying behaviors by establishing improved communication and sharing of resources across agencies and improving school climate. The primary tools created to address this goal were specific protocol development to address threats and bullying complaints, implementation of Positive Behavior Interventions and Supports grades K-12, and the addition of Student Services Coordinators in each community, serving grades K-12. At the end of the year, the program transitioned to a Prevention and Early Intervention Project- Plumas Unified School District School Based Prevention Services with the goal to increase access and provide outreach for increasing recognition of early signs of mental illness.

Background:

The PUSD School-Based Prevention Program utilizes Positive Behavior Interventions and Supports (PBIS), a research supported framework developed out of the University of Oregon and now implemented nationwide. PBIS allows for a data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. This has been further expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

Tier I of PBIS serves all students across the district by applying a universal approach to teaching behavior expectations at schools, through a systematic process verified by fidelity measures to ensure the framework is being applied appropriately. Universal behavior expectations are taught to students by staff, positive behaviors within the expectations are reinforced by all staff and retaught repeatedly throughout the year. The mantra is: teach, reinforce, reteach, reinforce again. Research shows that 75% of the student body should respond favorably to this approach. For the students who do not respond as determined by data, they move up to the next tier of supports.

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in conjunction with Student Services Coordinator support. Each

school site has an intervention team that meets at least 2x monthly to review data and students in need of intervention.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health (PCBH) for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process. Individuals who are assessed and require mild to moderate level of mental health services will be referred to Plumas Unified School District for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community and school-based specialty mental health services by PCBH staff. Other Tier III supports provided by PUSD include IEP evaluations and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

Explanation:

It is in Tier II identification where students who are beginning to manifest signs of mental illness typically rise to this level of need for support. In the past, school sites were missing them through lack of consistent intervention team meetings and lack of Tier II interventions. Through the intervention team process, students are identified that need increased access and linkage to treatment and the referral process is engaged at this point, months earlier than the previous system allowed for, which typically responded when a student's level of need rose to Tier III, or severe/crisis status. Research supports that 60% of students who receive Tier II interventions will assimilate back into the general population. This results in more cost-effective interventions being utilized sooner and fewer students advancing to Tier III, subsequently helping to keep from overloading the system with referrals.

Challenges in 1st Quarter:

The Corona virus pandemic has created some challenges to implementation. The challenges created due to the pandemic include:

- PUSD started school with a full distance learning model and no in-person instruction for the first quarter of the school year. This created a significant decrease in access to students as well as a high rate of disengagement from students and families in education impacting the number of students that were identified for referral for assessments.
- Delay in school starting reduced the amount of days that PUSD had access to the student body as well.

Wildfires in the area also caused some barriers to implementation- closed school days due to evacuations and air quality as well as public safety power shut offs for wildfire risk.

The interruption and stress around the virus and wildfires created some interruptions and delay in the calendar slowing the training process for the electronic health record and medical billing documentation.

Additionally, PUSD was unable to hire the part-time support for the Greenville community within the first quarter so the principal at those sites was performing the duties that a

Student Services Coordinator would on top of the rest of her duties. This likely resulted in some gaps to access for students as well.

Quarter 2 update:

Multiple challenges were faced in the 2nd quarter with most of the learning being done via distance learning due to COVID-19. All sites across the district found it necessary to devote all of their intervention efforts to students who were failing and absenteeism. Similar to schools across the nation, PUSD was faced with many students disengaging with school altogether. PUSD found that distance learning was definitely a challenge for our student body and their families across all grades k-12. Due to this dramatic change as a result of the pandemic, PUSD is certain that we had students in need of services that we were unable to access due to the disengagement factor. We have higher hopes for the 3rd and 4th quarters as we will hopefully have more in-person instructional days. The numbers of disengagement were overwhelming for Plumas County's already thin resources for truancy and absenteeism.

PUSD able to successfully hire 2 day a week Student Services Coordinator for the Greenville community to close the gap of service in that community. Additionally, with PUSD expansion of funding to be applied to mental health supports for students, a 3 day a week Behavioral Health Specialist was added to serve IEP and non-IEP students, primarily in Quincy, Chester and Greenville. Due to the hire occurring midway through the quarter and the holiday season impacting access to students on top of the pandemic/distance learning, mostly training and on-boarding occurred with these two positions.

Additionally, PUSD continued to work with PCBH administration to get medical records training established, however, scheduling will not occur until the 3rd trimester- end of January 2021.

Quarter 3 Update:
During the third quarter, there was a dramatic increase in the access to students due to return to in-person learning in a hybrid model during this time. Elementary schools, kindergarten through 6th grade returned on January 25, 2021 and Junior Senior High Schools, grades 7 through 12, returned March 1, 2021. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. As you can see from the referral numbers previously reported there was a sharp uptick of referrals, likely related to the increase of access to students and the decrease in disengagement. PUSD is optimistic that this trend will continue in the 4th quarter as schools return to full-time in person learning on April 26, 2021, grades TK-12.

Quarter 4 Update:

During the fourth quarter, PUSD was back in in-person learning and continued to see a consistent request for services. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. Additionally, due to COVID and the change in instruction and increased

demands, Tier I and Tier II process for school sites with PBIS suffered. PUSD administration is working on coordinating plans to re-engage sites in more predictable PBIS implementation next school year, which should lead to more accurate identification and access for students with early onset.

School-based activities:

- Student Service Coordinators in each community - fully staffed in Quincy, Portola and Chester all school year- partially staffed in Greenville.
- Lead Student Service Coordinator for supervision of paraprofessional social work services- staffed all year
- PBIS Implementation -
  - C Roy Carmichael Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Portola Jr Sr High School - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Quincy Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Quincy Jr Sr High School - Tier II Booster training- successful implementation of Tier I and Tier II with fidelity measures met end of year.
  - Indian Valley Elementary and Greenville Jr Sr High School - Tier II Booster training; successful implementation of Tier I and Tier II with fidelity measure met end of year
  - Chester Elementary - Tier II Booster with new leadership this year; successful implementation of Tier and Tier II with fidelity measures met at the end of the year
  - Chester Jr Sr High School - Tier II Booster training- successful implementation of Tier I with fidelity measures met throughout the year and Tier II met by the end of the year;
  - PUSD has found that it takes a long time with consistent leadership at a site to implement PBIS with fidelity. As leadership becomes more stable at our sites in transition, we aim to see stable rates of fidelity met in practice of PBIS principles.
- September - Suicide Prevention Month- Grades 7-12 awareness campaigns on campuses throughout PUSD with social media push out of information and resources - local, national and internet-based resources shared.
- October - Bullying Prevention Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and district protocol shared. Challenge Day to be held at each 7-12 campus throughout the district and anti-bullying assemblies with curriculum support at CRC.
- May - Mental Health Awareness Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and resources- local, national and internet-based resources

shared.

Paraprofessional social work practiced at each site throughout the year provided coordination of services, referrals to services, mentorship and reteaching of school wide expectations.

Description of Program Activities	Outcomes
At-risk Prevention program individuals served:	426 districtwide
At-risk of early onset of a mental illness referrals to other service providers	96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 referrals were made to Plumas Rural Services, 11 referrals were made to local medical clinic or other private providers and 1 referral was made to online providers
Potential Responders for Outreach of Increasing Recognition of Early Signs of Mental Illness	300 principals, vice-principals, nurses, counselors, student services coordinators, teachers, and support staff

Access and Linkage to Treatment Strategies for Early Intervention Program:
Since the PCBH Department is the one who determines who qualifies for SMI, it is difficult to determine what referrals are SMI versus Mild to Moderate. Additionally, due to staffing changes and changes in service delivery with PCBH and PRS, it is difficult to determine the appropriate starting place for a referral. PUSD and the different agencies will continue to work with one another to streamline this process in a more efficient manner to increase accessibility and improve wait times for assessments and services. Here are the total referrals that we made across agencies for Behavioral Health Services the last two quarters. 96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 were referrals were made to Plumas Rural Services and 12 referrals were made to medical clinics, outside providers or online providers. It is important to note that this data is not complete district wide- PUSD had a staffing shortage in the Greenville community with the loss of a Student Services Coordinator and thus the data collected is less than what actually occurred.

Types of treatments individuals may be referred to:

- Plumas County Behavioral Health
- Plumas Rural Services- Child Abuse Prevention Treatment (CHAT) Program, 0-5 Counseling Services Program, Private Insurance Provider Program, Mild to Moderate Provider Program
- Eastern Plumas Health Care- Mild to Moderate Provider Program Behavioral Health
- On-line Private Providers of Telehealth services under Private Insurance – Live Health Online, MDLive
- 7 Cups of Tea- online support provider (free and paid for services)
- North Fork Family Medicine- Mild to Moderate Provider and Private Insurance
- Local area private providers- Kathleen Toland, MFT; David Schaffer, LCSW; Aly Makena, MFT etc.
- Private Providers out of the area determined by insurance - Reno, Chico, Truckee, Susanville

Individuals Who Followed through on Referrals and Engaged in Treatment:
Tracking who followed through and who was engaged in treatment continues to be difficult for us to track due to release of information and difficulty getting ahold of families after the referrals are completed. We need to solidify a communication/reporting method with PRS and PCBH to determine how to verify follow through and treatment engagement. The Lead Student Services Coordinator will work with MHSA Coordinator to determine the best route to collect accurate data for reporting purposes. Due to the multiple online and private treatment options and patient privacy laws, it is very difficult to verify the follow through and engagement.

Challenges include late receipt of new MHSA reporting forms, which cause data retrieval and reporting issues and follow-up after a referral to determine if services were really engaged, if a student qualified for severe or if they needed a lower level of service- mild to moderate.

The most notable challenge has been the lack of Behavioral Health providers in our area despite significant recruitment efforts. It is easier now to track how many referrals the schools have sent to the different provider options for our students, however as seen above tracking if and when the follow through and engagement occurs still has some barriers that we will continue to work out.

Additionally, PUSD has suffered a staffing shortage and funding decrease resulting in one community in the county not having consistent SSC coverage. This has impaired our ability to collect data accurately. The numbers reported are less than what actually occurred due to this barrier. Keeping the PUSD Behavioral Health Specialist positions staffed has also proved to be a challenge. PUSD will continue to coordinate with PCBH on the efficacy of this model and make changes as indicated.

A big success to date has been with the implementation of Tier II interventions at school sites. As Tier II interventions get more widely utilized and applied, the students who respond well should reintegrate back into Tier I level of functioning leaving a much smaller number requiring Tier III level of intervention. This should decrease the overall number of referrals over time to specialized services.

Additionally, PUSD has begun to create an overarching Multi-Tiered System of Support (MTSS) which will incorporate multiple levels of interventions for social, emotional, behavioral and academic needs. The addition of this umbrella should help us identify those students who may need further intervention that are not receiving it.

Another major success is that all of our school sites are practicing PBIS with fidelity across Tiers I and II as of the end of this fiscal year.

The implementation of this project has reinforced past knowledge that successful implementation takes a long time and persistent investment in the process. Staffing changes, staffing shortages, trial and error all take time to smooth out and fill gaps that arise over time. This tells the team to anticipate a longer amount of time for successful implementation. Additionally, the teams understanding of the cultural differences across communities in our county also contributes to each community developing at a slightly different rate with some being stronger than others in some areas. Lastly, it also reinforces that mistakes occur and periodic evaluation is a good tool to help target gap areas and address problems.

It was also learned and reinforced that even though small interventions can have powerful impacts, shortage of resource can still stifle application of interventions and supports for students. It has challenged the teams to work smarter with the resources available.

PUSD has a very large transient population. This poses a challenge to school culture and access and linkage to services. Resources are often applied to students who are here temporarily and that likely holds up the referral process for students in need who have more permanent residence here in Plumas County.

At some school sites, it has been experienced by staff that when small interventions are applied it does result in prevention of increase in symptoms. Students who would have historically been automatically referred to Tier III level services in the past have shown strong responses and movement to wellness with Tier II interventions. As staff sees this reinforced over time, the stronger the Tier II implementation should become.

Due to a reduction in the funds and inability to hire a Student Services Coordinator in the Greenville community, more collaborative efforts will need to be made to gain the data from the Greenville community through their administrative team. As the Principal and Vice Principal will be covering the SSC role in this community, it is unrealistic to expect they will be able to track the number of contacts they make that are specifically outreach, given the complexity of their positions.

F. *CalMHSA – Statewide Suicide Prevention Program and Mental Health Awareness Campaign*

Program Name	Statewide Suicide Prevention Program and Mental Health Awareness Campaign
Program Partner	CalMHSA
FYI Expenditure	$2500.00
PEI Program Type	Suicide Prevention / Community awareness
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Community awareness allows the different community members to also be a support to each other.

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.

Due to PCBH's small staff size, the department's capacity to create a wide-reaching suicide prevention and mental health awareness campaign has been limited to staff capacity for mental health awareness outreach and stigma reduction through staff practices at the PCBH Wellness Centers, activities at county stakeholder events, and in our online presence through social media, such as the Facebook page.

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***)

Prevention and Early Intervention Program Demographics – Combined

Small counties with a population under 100,000 are required to disaggregate their demographic data, due to their small reporting size numbers. Plumas County MHSA Program combines all data into one set of numbers broken down by demographic categories, such as age, race, ethnicity, gender, etc.

NR = Not reportable, census is too small to maintain participant privacy

- Age

Children (0-15)	1819
Transitional Age Youth (TAY) (16-25)	488
Adult (26-59)	76
Older Adult (60+)	157
Declined to state	12
Total	2,552

- Race

American Indian or Alaska Native	205
Asian	49
Black or African American	63
Native Hawaiian or other Pacific Islander	NR
White	2,050
Other	NR
More than one race	25
Declined to state	131
Total	2,523

- Ethnicity

Hispanic or Latino as follows		370
	Caribbean	NR
	Central American	NR
	Mexican/Mexican-American/Chicano	NR
	Puerto Rican	NR
	South American	NR
	Other	NR
	Declined to state	NR
Non-Hispanic or non-Latino as follows		2,011
	African	NR
	Asian Indian/South Asian	NR
	Cambodian	NR
	Chinese	NR
	Eastern European	NR
	European	NR
	Filipino	NR
	Japanese	NR
	Korean	NR
	Middle Eastern	NR
	Vietnamese	NR
	Other	NR
	Declined to state	
More than one ethnicity		12
Decline to state		384
Total		2,777

- Primary Language – Plumas County has no threshold language

English	2,449
Spanish	127
Other	17
Declined to state	NR
Total	2,593

- Sexual Orientation

Gay or Lesbian	NR
Heterosexual or Straight	105
Bisexual	NR
Questioning or unsure of sexual orientation	NR
Queer	NR
Another sexual orientation	NR
Declined to state	455
Total	571

Many programs do not ask or collect data on gender identity or sexual orientation.

- Disability

Yes, report the number that apply in each domain of the following:			359
	Communication domain separately by each of the following:	Difficulty seeing	63
		Difficulty hearing, or having speech understood	60
		Other (specify)	NR
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		44
	Physical/mobility domain		82
	Chronic health condition (including, but not limited to, chronic pain)		125
	Other: NR		222
No			1792
Decline to state			294
Total*			3,152

*Respondents may have chosen more than one category

- Veteran status

Yes	45
No	2,390
Decline to state	316

Total	2,751

- Gender

Assigned at birth	Male	1,349
	Female	1,431
	Decline to state	20
Total		2,800
Current gender identity	Male	166
	Female	285
	Transgender	NR
	Genderqueer	NR
	Questioning or unsure of gender identity	NR
	Another gender identity	NR
	Decline to state	170
Total		621

Many programs do not ask or collect data on gender identity or sexual orientation.

VIII. INNOVATION (INN)

IX. Workforce Education and Training (WET)

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.

This program has cut back FY 20/21, enrolling a maximum of five clients at any time. F 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 to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI).

Transitional Age Youth (TAY) Peer Employment Program – Summer 2021

The Transition Age Youth Work Program at Plumas County Behavioral Health initially in 2005. In 2017 the program was redesigned to support local youth, between the ages of 14-19, receiving behavioral health services with gaining the social, emotional, and vocational skills necessary to make a healthy transition to adulthood and to reduce dependence on social service and mental health systems. The program seeks to meet this goal by integrating participants into the local community through the establishment of partnerships with local conservation and resource management-oriented agencies. These partnerships are intentionally made, as these fields are the most dominant and lucrative industries in the county that do not require a college education for many positions. Participants are directly employed through PCBH and work with staff from partnering agencies to develop and practice professional skills that are directly transferrable and applicable to our local economy. Participants are selected based on their need and status as Severely Mentally Ill or Seriously Emotionally Disturbed. Referrals are made from assigned clinicians and cases are reviewed by the PCBH Utilization Management Team. Up to 12 participants are selected, and once done they complete the Plumas County hiring process. Most often, participants are those youth who are left unserved by other community programs. Participants are typically comprised of youth in the juvenile justice and foster care systems, as well as homeless youth or youth at risk of homelessness. Transportation was provided by program staff to reduce barriers to adequate employment and increase accessibility to social-emotional/behavioral support activities and groups.

The program now operates 9 months out of the year (the mountain climate and snowy weather mitigates options for work during the harshest months) from March-November. This season, participants worked 2-3 days a week after school with partners focusing on a new project every day. In the summer, the program ran 4-6 hours a day with each day being shared with one of the three partners.

Description of completed program activities (timeline or chronological narrative):

This year, partnerships continued with Sierra Buttes Trail Stewardship and the Lost Sierra Food Project. A cooperative effort with Plumas County Public Health to build a community garden with a grant from Cal Fresh was added in Spring 2021. With guidance and training from agency partners, participants engaged in trail building, management, planning, and engineering, as well as community outreach efforts, comprehension of the basics of public lands usage and conservation, and sustainable and ecological farming practices. In the garden, participants worked with master gardeners and other community partners to learn gardening basics and develop a comprehensive plan to complete the community garden. The program is physically strenuous, as participants engage in manual labor, long hikes, and other physically challenging exercises, such as composting and food planting and harvesting. Participants develop scientific skills through the creation and development of organically made compost and comprehension of the basics of soil science. Participants also

attend workshops led by community leaders from various industries. To date, participants have engaged in workshops pertaining to the restaurant industry, floral design, independent business management, and financial literacy discussions with staff from Plumas Bank. During activities with community partners, Plumas County Behavioral Health case management specialists and therapists offer one-on-one emotional support, assisting participants with identifying and utilizing coping and communication skills to help them manage emotions and stressors.

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The 2021 season was cut short due to poor air quality and the devastating impact on our public lands of the Dixie Fire. Against the odds though some projects where completed. They include implementation of farm set up, planting and preparation with partners at the Lost Sierra Food Project, as well as harvesting of some crops; trail opening and completion projects with trail connectivity efforts along the Mt. Hough Trail system with Sierra Buttes Trail Stewardship and cooperation from Plumas National Forest; garden design and planning implementation efforts, as well as site clearing and compost creation at the community garden site, an old growth apple orchard at the County Courthouse Annex.

2021 season: 9 participants enrolled. Races and ethnicities included, white, other, and American Indian. Four participants identified as female and five as male, with three of the male respondents identifying also as transgender. Three participants were age 15, four aged 16, one aged 17 and one aged 18. All were Medi-Cal recipients, meeting income qualifications. One participant was on probation, and three in, or with a history of involvement in, the foster care system. All had qualifying SED/SMI diagnoses. Most participants' parents either worked or had no vehicle.

Children and their families (0-15)	

Transitional Age Youth (TAY) (16-25)	9
Adult (26-59)	
Older Adult (60+)	
Number of those who declined to answer	

- Race

American Indian or Alaska Native	1
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	6
Other	2
More than one race	
Number of respondents who declined to answer the question	

- Ethnicity

Hispanic or Latino as follows	Caribbean	
	Central American	
	Mexican/Mexican American/Chicano	1
	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	
	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	9
Spanish	
Other (list per participant)	

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

Gay or Lesbian	
Heterosexual or Straight	4
Bisexual	
Questioning or unsure of sexual orientation	1
Queer	
Another sexual orientation	4
Number of respondents who declined to answer the question	

- Disability:

Yes, report the number that apply in each domain of the following	Communication domain separately by each of the following	Difficulty seeing	
		Difficulty hearing, or having speech understood	2
		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)		1
	Other (specify)		
No			6
Number of respondents who declined to answer the question			

- Veteran status

Yes	
No	9
Number of respondents who declined to answer the questions	

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

Assigned sex at birth	Male	2
	Female	7

	Number of respondents who declined to answer the question	
Current gender identity	Male	5
	Female	4
	Transgender	5
	Genderqueer	
	Questioning or unsure of gender identity	
	Another gender identity	
	Number of respondents who declined to answer the question	

Outcomes:

Participants learned basic, but geographically and economically relevant vocational skills; basics of money management, time coordination, healthy problem-solving skills, social-emotional regulation skills, coping skills and Evidence-Based mindfulness skills. Scientific skills regarding soil science and composition, engineering, business management and planning and writing all completed.

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.

Peer Advocate Certification Program

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 five consumer peer advocates successfully through this program. One has left the program and another peer support hire has moved on to a full-time position with the local nonprofit.

WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there has been 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.

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 may 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. FY 20/21 Four applicants applied for grants and four grants were offered.

Relias Training (WET)

Training continues to drive clinical practice and influence organizational performance. However, after more than a year of adapting procedures and pivoting plans to address the pandemic, several shifts that were already planned, made all the difference in our successes.

In early 2019 Plumas County Behavioral Health rolled out, Relias Learning Management Systems. The Relias LMS is a healthcare learning management system that helps administrator and evaluate clinical skills, ensure compliance, and create custom learning plans for staff. Relias management system tracks all training in one place. An online learning system like Relias, assisted PCBH in keeping accurate records on each employee trainings. Reports are easily pulled so that PCBH has documentation for state requirements.

X. Capital Facilities and Technology Needs (CFTN)

Plumas County Behavioral Health had no Capital Facilities and Technology Needs program nor plan to expend CFTN funds in FY 20/21

Revised Fiscal Worksheets for FY2019-20

FY 2019-20 through FY 2020-21 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	636,000	479,000				157,000
2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	252,766	252,766				
3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM	100,000	75,000	25,000			
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	2,048,908	1,248,908	800,000			
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	75,000	75,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	60,000	60,000				
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	3,537,958	2,837,958	825,000	0	0	0
FSP Programs as Percent of Total						

.

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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	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	10,000	10,000				
Training						
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 2019-2020 FY 2020-2021 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

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

	Fiscal Year 2020-2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
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