PLUMAS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE, 2019-20

A Report on Plumas County Behavioral Health MHSA Programs Completed During FY 2018-19 (Year 2) of the MHSA Program and Expenditure Plan, 2017-20

PLUMAS COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE, 2019-20

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 18-19, Plumas County received $2,243,452 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 2019 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 2019 Point-in-Time Survey collected data on a total of 53 individuals experiencing homelessness in Plumas County. Of these individuals:

- 35 were sheltered, 18 unsheltered
- 29 were male, 24 were female
- 1 person reported being pregnant
- Most individuals (42%) were ages 25-34
- there were 10 children under the age of 17
- 13 individuals reported they have lived in the county all or the majority of their lives
- 2 individuals were veterans
- 61% of individuals self-reported living with a mental health condition
- 16% of respondents had been in foster 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

Plumas County Behavioral Health experienced significant changes during FY18-19 which greatly affected MHSA program and fiscal updates well into FY19-20. In June 2018, the county hired a new director, who immediately began reviewing programs, state and federal funding levels, and the department's clinical and administrative operations.

The prior department reorganization, merging of two related behavioral health services departments, Mental Health and Alcohol and Other Drug Services, into one larger Behavioral Health Department, which was approved by the County Board of Supervisors, in October 2016, per the recommendations of county consultants, Kemper Consulting, resulted in the expansion of staffing, creation of three wellness centers, and a significant spend down of MHSA dollars - through new contracts with community partners - which at the time, were considered to be at risk of reversion at the end of FY14/15 (June 30, 2015).

By July 2018, the MHSA staff and fiscal unit at PCBH had concluded that the fiscal reserves, which had been described for a number of years as robust and underutilized by the department, had been significantly spent down in program years FY14-15 through FY17-18, at a greater rate than had been anticipated and forecast. These spending levels over Fiscal Years 15-16, 16-17, and 17-18, resulted in the current constriction and slow down in MHSA spending forecast for Fiscal Years 18-19, 19-20, and 20-21.

Total allocations for FY18-19 were $2,243,452.00. The gross allocation was distributed to MHSA components per the distribution formula of Community Services and Supports at 76%, Prevention and Early Intervention at 19%, and Innovation at 5%:

Plumas County MHSA Allocations for FY18-19	
Innovation (INN) – 5% of Gross	$112,172.58
Net Allocation (= Gross - INN)	$2,131,279.04
Community Services and Supports (CSS) – 76% of Gross	$1,619,772.07
Prevention and Early Intervention (PEI) – 19% of Gross	$404,943.02
Gross Allocation (100%)	$2,243,451.62

Plumas County MHSA Expenditures for FY18-19	
Community Services and Supports (CSS)	$2,198,161.25
Prevention and Early Intervention (PEI)	$971,741.01
Innovation (INN)	$0.00
Capital Facilities and Technology Needs (CFTN)	$0.00
Workforce Education and Training (WET)	$96,770.57
Total MHSA Expenditures	$3,266,672.85
Use of ongoing fund balance (difference of fund balance + allocations minus expenditures)	$916,017.00

The PCBH fiscal team, MHSA staff, and department's director reassessed the department's capacity to continue ongoing 3-Year Plan programs in June/July 2018, and reduced spending across components. Friday Night Live/Club Live was discontinued at the end of FY18/19, and it was determined that remaining PEI programs would see a third reduction, if continued, into the next 3-Year Program and Expenditure Plan.

The department director and staff worked with ongoing funded partners to rework program plans and reduce budgets for FY18-19, funding PEI priorities, such as Veterans and Seniors outreach, Roundhouse Council's multigeneration Stigma and Discrimination Reduction program, and the school-based programs and triaging the funding of others while maintaining program integrity.

Note: PCBH had requested of many PEI programs, that for Year 3 (FY19-20), they reduce and sustain ongoing programming through June 30, 2020, by identifying additional organizational funding with which to braid reduced MHSA dollars or reduce services and to meet these budget gaps.

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 FY18/19 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*.

During this program period, PCBH MHSA program was awarded $75,000 in Technical Assistance Grant funds to hire consultants and to pay for program implementation of these beginnings.

Fiscal Year 18-19 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. 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.

The Department may contract with a local or regional specialized trainer to consumer and family members to provide group support and one-on-one consultation for family members who are supporting their loved one to navigate and engage in specialty mental health services.

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.
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 (March 2019). 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.

Site Coordinators at the community Wellness Centers provide outreach and program development to stakeholders in each community and will assist in development of support groups as interest for such a group is identified – typically, Gay-Straight Alliance support groups and LGBTQ community support groups are consumer and need driven. For example, GSAs in schools are formed by the students with faculty support.

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.

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

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

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

As a continuation of these discussions, the MHSA Program conducted additional meetings in all four communities in Fall 2019. These meetings took place in early November. Presentations included a stakeholder training on MHSA general principles, program components, overall and component funding amounts, and current programs. Discussions included services for Full-Service Partnership clients, underserved populations, and recommendations and concerns specific to each community.

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.

For example, Chester stakeholders stated at the November 2019 meeting that 1) they need access to services that may only be available in Quincy, and 2) time and transportation barriers limit their full participation. They wish to see further county services available at the Wellness Centers, such as localized Probation Department drug testing and assistance with eligibility benefits from the Department of Social Services.

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.

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

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" "The Center in Greenville is great." "I love the Wellness Center." "The community was in need of a place like this. The staff is A-1." "Thank you for all you help." "Everybody helps me" "The staff are fantastic and caring." "A place for homeless to eat." "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."	"Equity in all services to me is a priority since there are programs for SMI, but what about the mild to moderate population. I feel there is a gap connecting those folks to therapy and psychiatry before their mental health issue(s) increase. Population being non- school, middle age/seniors." "A place for people out of jail to sleep." "Need AOD services/more frequency" "Support for parents of young children and teenagers." "Trying to get to Susanville or Quincy in inclement winter weather, plus having to take time off of work is a huge obstacle to getting help." "Provide funding for the criminal justice population. Programs such as Drug Court and Day Reporting Center should be priorities. " "Teacher support for in classroom behaviors in children with mental illness or trauma behaviors – SPECIFIC AND USEABLE skills – and wellness for teachers." "Programs for special needs children and adults (handicapped, autism, learning disorders).

Many of these comments include items that PCBH is currently working to improve/change "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, 2019-20 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 (with a combined with distribution of greater than 500 stakeholders).

Stakeholders will 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 close 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.

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 July 25, 2020. 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 was posted on the Behavioral Health MHSA webpage at:

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

At the public hearing to be scheduled for 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, 2019-20

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 FY2018-19 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.

MHSA CSS funding provided services and supports to over 85 individuals through its continuum: from outreach and engagement during intake and assessment to receiving direct services and supports through its Full-Service Partnership programs. The total cost, exclusive of individual therapy and case management, exceeded $569,720, or $6,702.59 per client.

2018-19 Plumas County Behavioral Health Client Demographics

Client Population by Age (years):

0-15 years	92	24.9%
16-25	62	16.8%
26-59*	179	48.5%
60+*	36	9.8%
Total	369	100%

*Veterans served across age categories = Not Reportable

Client Population by Gender:

Male	183	49.6%
Female	186	50.4%
Total	369	100%

Client Population by Race:

White	300	81.3%
Non-White Other	NR	NR
Not Reported or Unknown	20	5.4%
Asian/Pacific Islander	NR	NR
Native American	15	4.1%

Client Population by Ethnicity:

Not Hispanic	336	91.1%
Hispanic	33	8.9%
More Than One Ethnicity	NR	NR
Total	369	100%

NR = Not Reportable

Black or African American	NR	NR
More Than One Race	NR	NR
Total	345	90.8%

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 2018-19, PCBH provided outreach and engagement services to more than 50 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 over $8,970.00. Emergency lodging through O/E services totaled approximately $14,400 (at more than $80/day).

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.

PCBH provided services to a total of 40 Full-Service Partners in this reporting period, 18 of whom were enrolled and were still active by the end of the program year on June 30, 2019. 12 clients were closed to FSP for various reasons, including but not limited to voluntary disengagement, closed to services due to significant recovery, thus no longer qualifying for services, or moving out of the service area.

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 FY18-19, PCBH expended $165,594 on emergency lodging, transitional housing, and move-in and rental assistance, serving 42 clients through this PRS program, and 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 $56,682 of funds expended through the PRS program and include the emergency lodging costs of O/E at $14,400. Homeless prevention move-in and rental assistance and utility assistance costs totaled $42,282.

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.

Plumas Commons was piloted in FY17/18 in response to Plumas County's need to provide more comprehensive service, beyond psychological and

medical support, to participants with increased functional impairments and therefore more severe barriers to stability and self-sufficiency. Plumas Commons is a project designed to provide qualified individuals who meet eligibility for MHSA "Full-Service Partnership" with a residence and a broad scope of services to promote:

- a stable and secure living arrangement
- progressively increased normalcy and integration in accord with participant capacities
- sustained lawfulness
- optimal use of existing community resources
- accommodations for mental and physical challenges
- a better quality of health and life
- increased success with independent living skills

Plumas Commons 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. Some examples of such events are providing Christmas tree harvesting outings, holiday communal dinners, participation in EA's private holiday party, individual recreation/entertainment outings, group recreation/entertainment outings, encouraging communal dinners on property, consideration of a companion pet, and individual incentive outings for coffee/meals.

New to the list of accomplishments for this reporting period is the addition of an Onsite Residential Advisor (ORA). Beginning on July 1, 2018, EA approved a former client/consumer to be and onsite support for participants on Mill creek Property. The ORA provided monitoring of participants and property during after-hours times. The ORA ensured that rules and regulations were followed on property, prevented unauthorized guests and overnight visitors, watched for and confronted presence of drugs and alcohol onsite, provided mentoring to participants, and communicated regularly with Plumas Commons staff.

During FY18-19, 16 PCBH FSP clients were referred to EA's Plumas Commons: four clients transitioned to permanent housing, four clients voluntarily left the program and were disenrolled, and five clients remained in services with EA. The average cost per program participant FY18-19 was $25,043. The total cost for 16 participants was $325,559.

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.

Due to the small sample size of program participants, wherein outcomes represent a small sample size under the threshold for reporting, the Plumas Commons outcomes will be included in the "Confidential" version of the Annual Update to the Department of Health Care Services (DHCS).

Outcome Goal	Description	Outcome
Decrease in participant incarcerations	Among 16 participants enrolled during the reporting period, 34 incarcerations in a two-year period PRIOR to program participation were self-reported by participants.	DURING program participation incarcerations decreased to 9, yielding a 74% decrease. Of the 9 incarcerations during participation, 5 were for probation violations, 4 were for other misdemeanors, and 0 were for felonies
Decrease in referrals to psychological treatment facility	Of 16 participants enrolled during the reporting period, 7 referrals to psychological treatment facilities PRIOR to program participation were self-reported by participants.	DURING program participation, referrals to psychological treatment facilities decreased to 0, yielding a 100% decrease
Decrease in referral to substance abuse treatment facility	Of 16 participants enrolled during the reporting period, 4 referrals to substance abuse treatment facilities PRIOR to program participation were self-reported by participants.	DURING program participation, referrals to substance abuse treatment facilities decreased to 0, yielding a 100% decrease

Decrease in number of participants on probation	Of 16 participants enrolled during the reporting period, 8 participants self-reported to be on probation within one year PRIOR to program participation.	DURING program participation the number of participants on probation decreased to 4, yielding a 50% decrease
Increase in number of participants who gained or maintained income from Social Security/SSI/SSD and/or partial employment	Of 16 participants enrolled during the reporting period, 9 participants entered program having income from Social Security/SSI/SSD and/or partial employment.	DURING program participation, number of participants who earned income from Social Security/SSI/ SSD and/or partial employment increased to 16, yielding a 44% increase, with 100% of enrolled participants now maintaining income at the end of the reporting period
Decrease in non-emergency after-hours visits to Emergency Room (known)	3 of 16 participants during the reporting period reported using Emergency Room after-hours (one or more times) for reasons considered by program staff to be non-emergency.	(Due to unreliability of PRIOR data self-reported by participants, this outcome cannot be fully verified as a decrease from before enrollment, but more as a number seen to decrease per client throughout duration of enrollment)
Decrease in after-hours participant contacts with Behavioral Health on-call personnel	0 of 16 participants are known during this reporting period to have contacted Behavioral Health on-call personnel during non-business hours.	(Due to unreliability of PRIOR data self-reported by participants, this outcome cannot be precisely measured as percentage of decrease, but because a number of participants reported contacting Behavioral Health on-call services at all prior to enrollment, the reduction to 0 contacts can still be measured as a decrease.
Successful graduation from program upon discharge	Among 16 participants enrolled during the reporting period, 8 participants were discharged.	Of the 8 participants discharged, 6 participants successfully graduated from program into permanent living arrangements, yielding 75% successful graduation rate. Successful graduation was jointly determined by EA Family Services and Plumas County Behavioral Health. Of the 2 remaining “non-graduate discharges” 1 participant was terminated by PCBH decision, and 1 participant independently left program unannounced.
Participant retention of furnishings & provisions upon discharge.	Of 16 participants enrolled during the reporting period, 8 participants were discharged.	Of the 8 participants discharged, 7 participants retained furnishings /provisions provided by EA Family Services, yielding 88% retention.

		(All participants who successfully graduate or remain in program for one year or more are eligible to keep furnishings/provisions upon discharge.) The 1 participant who did not retain furnishings/provisions left program without notice, left furnishings/provisions behind

c. General Systems Development: Community-Based Wellness Centers

In FY16-17, PCBH collaborated with Plumas Crisis Intervention and Resource Center to establish and operate Wellness Centers in Portola, Greenville, and Chester. These community-based centers opened Fall 2016 through Spring 2017. The Wellness Center in Quincy was located in FY16-17 and 17-18 at PCBH's Drop-In Center and programming was partially funded through SAMHSA through FY17-18. 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 FY18-19
- 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 2017-18 using an electronic collecting tool on a tablet at each center. Data was collected beginning in January 2018. 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.

FY2018-19 Wellness Center Utilization (July 2018 - June 2019)

Chester

	Delivered Services	Visits	Behavioral Health Client Visits
July	425	351	116
August	511	464	129
September	414	283	92
October	394	255	69
November	630	435	101
December	401	278	83
January	235	146	57
February	290	180	64
March	359	235	82

April	397	260	102
May	428	292	83
June	393	234	103
Total	4,877	3,413	1,081

Greenville

	Delivered Services	Visits	Behavioral Health Client Visits
July	412	282	111
August	125	297	68
September	435	281	66
October	448	313	80
November	438	301	65
December	422	296	51
January	500	370	91
February	607	459	84
March	714	607	117
April	872	700	124
May	758	573	99
June	645	525	98
Total	6,676	5004	1,054

Portola

	Delivered Services	Visits	Behavioral Health Client Visits
July	168	169	83
August	321	218	84
September	221	147	57
October	230	203	70
November	165	133	42
December	161	124	42
January	222	171	58
February	202	149	57
March	193	166	62
April	191	140	52
May	241	186	66
June	143	159	57
Total	2,458	1,965	730

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.

Of particular significance during this period of implementation is the importance of PCBH Wellness Centers as a community resource in times of crisis. For example, during the region's response after the catastrophic Camp fire in November 2018, PCBH staff and Wellness Centers became a primary support and source for distribution of resources and partnership with local response, such as working closely with the County's Emergency Operations Center team, community chambers of commerce (who processed donations and purchased supplies and gift cards to be donated), the Red Cross, and Salvation Army teams, and who made numerous referrals for services and supports to fire evacuees who sought refuge in Plumas County.

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
FY18/19 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: 1,924 veterans MHSA demographic data collected: 86 veterans Benefits enrollment provided: 80 veterans
Program cost per participant:	$685.33

i. Plumas County Veterans Outreach

The Veterans Outreach Program targeted 2,400 veterans in Plumas County. 80 veterans completed the information and benefits evaluation (IBE) during this reporting period veterans who were provided assistance and referral to needed services. These high-risk veterans were provided ongoing care coordination, case management within their own communities, supportive services, and advocacy to overcome cultural, economic, geographic, and other barriers to obtaining or remaining in services.

The program made over 40 veteran referrals to Plumas County Behavioral Health, Reno VA Behavioral Health, Military Sexual Trauma (MST) Coordinator at the VA, Reno, NV, specialty mental health services for veterans provided by a local licensed provider, PCIRC, Redding Veterans Resources Center (VRC) for drug rehabilitation, and the Reno, NV VRC and local housing partners for housing services, to local food banks, Plumas County Senior Transportation, and employment development, including to Alliance for Workforce Development for employment assistance and employment at Sierra Pacific Industries in Quincy, CA; specific totals each service are too low to report.

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

ii. Veterans Collaborative and the 2018 Plumas County Veterans Stand Down

The Plumas County Veterans Collaborative worked together over six coordinating meetings to organize the 2018 Plumas County Veterans Stand Down, with an additional six meetings throughout the program year to organize the 2019 Stand Down event with on average 12 participants representing stakeholders and agencies. Outreach efforts included presentations at local veterans' groups meetings and through local newspaper articles on January 3, 2018 and the second on July 31, 2019. While MHSA dollars do not directly fund the Collaborative, it committed personnel salaries and benefits and dedicated project time to support Collaborative work of PCBH staff.

Plumas County MHSA Program and Veterans' Services collaborated on the first regional Stand Down event, held on September 22, 2018. Plumas County Behavioral Health MSHA Program committed personnel time and resources through the participation of its Veteran and non-Veteran staff time to coordinate as part of the Collaborative Stand Down Committee. There were 48 exhibitors providing services, resources, and information to 165 veterans and 43 registered guests. About 250 people are estimated to have attended altogether, including walk-in participants. The Veterans Services Office completed 33 intake sheets (Information/Benefits Evaluation) that were not already in the Vet Pro system. Thirty-eight veterans were seen in the VA Mobile Center to be screened for Mental Health services. Thirty-six veterans applied for compensation claims as a result of the event. Reno Sierra Nevada Health Medical Center registered 12 veterans for health care. The Collaborative distributed gear with an estimated value of $40,000. Over 70 bags of clothing were distributed as well.

iii. Veterans' Outreach Dinners

Outreach dinners and meetings were held from November through April, providing valuable service and resource information to veterans and their families. Over 80 veterans plus their families attended these dinners:

- Veterans Criminal Justice Dinner – Caroline Cova, the Veteran's Justice Outreach Coordinator from VAMC Reno presented on topics of the possibility of creating a Veteran's Treatment Court in Plumas County, the benefit (to the Court) of creating a "Master List" of organizations that facilitate alternative treatments and the issues the Court encounters when dealing with veterans.
- Greenville American Legion (Post 568) Annual Christmas Dinner
- Calpine Elks Lodge and Plumas County Collaborative Rib Dinner.
- Quincy Elks Lodge and Plumas County Veterans Collaborative Dinner.
- Greenville American Legion (Post 568) Veteran Taco Dinner.

iv. 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
FY18/19 Expenditure	$107,913.00
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:	$1,172.97

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:
According to DataUSA, adults 60 and over make up 34% of Plumas County's population, well over the state's average, and with few services available, elderly in need are highly underserved. Senior Connections provides direct and indirect services to 344 seniors, ages 60+, who are enrolled with Plumas County Senior Services, 66% of whom have reported living at or below the Federal Poverty Level. Fifty-four percent of these seniors live alone, and many are unable to leave their homes regularly due to temporary, though often, permanent disabilities. Often, the only daily human contact many of the 130 home-bound clients have is with the driver who delivers meals to their homes Monday- Friday.

History / program components:
Over the past three years Senior Connections has created a home visiting program to connect with our home-bound seniors, who are at higher risk for 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. Senior Summit

On September 26, 2018, 101 attendees and speakers congregated at the Quincy Vets Hall to give and receive information on the topics addressed. This is the largest single senior outreach in the county, with the objective of creating a time and space for seniors and their caregivers to connect, share, and learn about and access relevant resources. Other information was presented regarding flight care, drug take-back program, transit services, Legal Services of Northern Nevada, IHSS, and senior nutrition, transportation, DAC, Computer support, grief support, and dental.

ii. Senior Resource Workgroup

This group consists of a wide range of partners from Social Services, Friends of the Library, HICAP, Veterans Services, Angel Aid, PCPHA, PCIRC, Specialty In-home Care, the Behavioral Health Commission, Plumas Bank, Seneca Hospital, and Community Connections. It was formed to help coordinate services for seniors more efficiently across the county, and to help address concerns in individual communities. The intent is to inform partners about existing resources, and work together to coordinate improved services. Other functions may include working together to: produce/revise a resource guide; advertise existing services; identify gaps / barriers to service; network and interconnect services; increase communication among senior service providers. This groups was instrumental in designing and promoting the 6th Annual Sr. Summit.

The Senior Resource Group met 6 times during this fiscal year, July 2018 through May 2019. Along with planning the Senior Summit, this group has been active in addressing daily senior needs. In efforts to address the issues of snowbound walkways, driveways for the senior population as well as the Access and Functional Needs population, the group will be addressing opportunities to incorporate high school seniors and juniors to actively participate in the help for our seniors. Planning has begun with outreach to Portola HS, Greenville, HS and Chester HS. Recommendations were also made to contact Probation.

iii. Home Visiting Program

Senior Connections home visiting works with home-bound individuals, community, and services to relieve isolation and encourage connection. This starts with an annual home visit that reviews the client's health history, living arrangements, support networks (or, often lack of one), family, friends, and social environments. During this annual visit, home visitors complete at least one PHQ-2 assessment, followed by a PHQ-9 and a referral to Plumas County Behavioral Health if needed, for each home-bound senior.

This fiscal year, two PHQ-9s were performed, and 10 referrals were made to mental health services. There are more referrals due to client requesting a referral after the PHQ-2 in lieu of completing the PHQ-9 to receive the referral. Additional check-ins and case management are provided on an as-needed basis for those in need of more services, deemed at risk or who are likely to experience a major life change. The home visiting program fosters and utilizes many community partnerships to provide clients with services they need, such as Senior Services, Senior Transportation, Veterans services, local resource centers, Area Agency on Aging, hospitals, and work groups like Community Connections.

This year, 130 homebound participants were on the meal delivery program, with losses either due to death or relocation, equating to a total of 92 participants by June of 2019. Sixty-five of these seniors received contact from a home visitor, which resulted in 162+ total case management contacts, 177 information dissemination contacts (includes callbacks and

referrals), and 67 referrals to outside agencies: mental health and substance abuse services, Veterans services, Adult Protectives Services, housing referrals, Legal Services of Northern California, MediCare advising (HICAPP), hospice services, dental, vision, and hearing care, utility assistance, In-Home Services and Supports, and NV Medicaid linkage.

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

- Beat the Heat (CDC)
- Fall Prevention (CDC)
- Medications Tracker (FDA)
- Important Contact Information (Plumas County)
- Vaccine information
- Opioid Safety (Plumas County), Take back, and syringe disposal
- Crisis Info: Sexual Assault Freedom and Education, Plumas County Resources to End Family Violence, Resource Center info
- Passages info (Area Agency on Aging): caregiver support, MediCare counseling, other resources for seniors
- Legal Services of Northern California
- Money Saving Programs for Seniors (Legal Services of Northern California)
- Plumas County Community Development Commission info: affordable housing, weatherization, utility assistance, utility-saving tips
- In-Home Support Services (IHSS)
- Medi-Cal & Medi-Care Info
- CalFresh
- Vision & Dental info
- Local events calendars and flyers, i.e. farmer's market, Passages' Savvy Senior series, Senior Summit
- FILE of LIFE – magnetic refrigerator identification card
- Fraud Prevention placemat series for congregate and homebound participants – from Consumer Fraud Protection Board.
- Veteran Services info

In FY19-20, like all remaining MSHA PEI programs, the Senior Connections Program will experience a reduction in funding and scope of work.

C.

Program Name	Club Live/Friday Night Live Youth Prevention
Program Partner	Plumas County Public Health Agency
FY18/19 Expenditure	$27,181.99
PEI Program Type	Prevention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	School failure, prolonged suffering, and suicide risk
Number of Participants	76
Program cost per participant:	$357.66

1. Stigma & Discrimination Reduction

Junior High and High School Aged Youth: Club Live and Friday Night Live programs, which are youth development programs (funded to promote the prevention of alcohol and other drug use, and other risky behaviors), are currently successfully implemented at all Plumas County public Jr/Sr high schools and are the perfect facet to implement stigma reduction campaigns and activities in all communities served by this program (Chester, Portola, Quincy, and Greenville).

These programs are youth driven and ran; giving the youth involved the opportunity to learn how to implement sustainable community change. Friday Night Live and Club Live are coordinated and facilitated by a Public Health Agency Prevention Program employee, serving as an advisor, to ensure that these programs are implemented with fidelity and continue to obtain proven effectiveness.

2. Peer Involvement & Peer Run Programs

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

Youth Development provides opportunities to build skills which strengthens bonds to school and improves overall wellness. Youth Development programs such as Club Live and Friday Night Live reduce the risk of mental health-related problems by enhancing interpersonal skills, increasing self-efficacy, peer relations and supportive adult relationships. These programs are evaluated yearly through the administration of *Youth Development Surveys* which are reviewed at the state level and released to counties for review and improvement of their programs.

These programs are successfully implemented at all Jr/Sr high schools in Plumas County, which is a different population than is served by other MHSA funded programs who meet with youth in the charter and continuation schools. Friday Night Live and Club Live advisors work closely with the MHSA-funded Student Services Coordinators at each campus to implement these programs effectively and with fidelity, while also making sure that services are based on the specific needs of students at each diverse campus.

To increase the effectiveness and sustainability of these programs, additional funding is needed for weekly after school and summer programs in each community. The benefits of after school and summer programs are that students get to meet for a longer time, allowing them to develop additional skills and lasting relationships that the short lunch meetings may not have allowed for. Summer programs also allow youth continuation of social and emotional supports, so that programs are not solely limited to the school year.

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

3. Program Year Activities

August 2018 - Annual Awareness Gallery at the Plumas-Sierra Fair

Display of information and resources set up for the duration of the fair. Issues include alcohol and drug prevention, LGBQT, suicide prevention, mental health stigma reduction, and other issues pertinent to youth prevention. Fair goers have access to information on local, state and national resources. Friday Night Live members host the booth under the supervision of FNL advisors and also provide information on positive alternatives to risky behaviors in Plumas County, and activities for youth to participate in during the fair such as life-size Janga, coloring books, and other games.

August 2018 - Running with the Bears booth

FNL members hosted a support booth at the Running with the Bears marathon in Greenville. The booth offered fresh fruit and water. While staffing the booth, FNL advisors discussed various health-related topics with the youth, including how nutrition affects mental health. This provided an opportunity to engage with the community and promote positive norms.

September 2018 - June 2019 Countywide Weekly Chapter Lunch Meetings- Chester Jr/Sr High School, Greenville Jr/Sr High School, Quincy Jr/Sr High School, and Portola Jr/Sr High School

Weekly lunch meetings at all public junior/senior high schools in Plumas County. Issues addressed include Mental Health Awareness and Stigma Reduction, Alcohol and Drug Prevention and Education, Reduction in Youth Isolation at Schools, Positive Alternatives to Alcohol and Other Drug Use, and other issues pertinent to youth.

October 2018 - Youth Development Conference- Great America, Santa Clara
Plumas County Friday Night Live and Club Live members had the opportunity to attend the Youth Development Conference in Santa Clara this fall. Youth learned about interventions and activities they could implement in their communities, the importance of writing grants and program sustainability, and developed other leadership skills they were able to bring back to the county.

October 2018 – Red Ribbon Week
Plumas County Friday Night Live and Club Live members presented to students at the elementary school in Greenville, educating the younger youth about the adverse effects of alcohol and other drugs.

March 2019 - REACH for the Future Conference
The REACH for the Future Conference is a Youth Development conference in Richardson Springs/Chico, that focuses on building leadership skills and resiliency among youth. There are two separate conferences one for middle school students and one for high school students that Plumas County youth have the opportunity to attend through their FNL/CL chapters. One component of the conference is Challenge Day, which provides youth and their communities with experimental programs that demonstrate the possibility to love and connection through the celebration of diversity, truth and full expression. The vision of Challenge Day is that every child loves in a world where they feel safe, loved, and celebrated.

May 2019 - World Café, Quincy Jr/Sr High School
The Quincy High School Club Live and Friday Night Live chapters facilitated a World Café event at their high school this year. FNL members chose 12 topics they thought were important for youth in their community to discuss, and invited topic experts to lead open conversations with students. This provided youth with a voice, and decision makers to gain a youth perspective on issues. Every student in the school got the chance to visit each table and voice their opinions and concerns about these topics, while hearing from experts in the field.

Due to Plumas County MHSA PEI budget limitations, the local Club Live/Friday Night Live program stopped receiving MHSA support at the end of the FY18-19 program year. Activities will be incorporated into other program work plans.

MHSA funding allowed for the expansion of these programs to additional transitional aged youth, through partnership with the college, allowing additional Plumas County youth to attend conferences and providing afterschool and summer meetings to areas that would normally not have access to services without the supplementation of this funding source. MHSA specific funding allows

for the existing infrastructure to designate more resources on decreasing the stigma associated with obtaining mental health services, conducting outreach to the community at large and at-risk populations and to focus on suicide prevention efforts.

The Friday Night Live program, along with other PCPHA Alcohol and Drug Prevention Programs, which provide for staff time and support for these programs, will be sustained through other funding streams, such as the Partnership for Success Grant, the Substance Abuse Prevention and Treatment Block Grant and through the California FNL Partnership.

D.

Program Name	Young Child Mental Health Program
Program Partner	Plumas Rural Services
FY18/19 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

Plumas Rural Services (PRS) launched the Infant Mental Health program under a contract with First 5 Plumas since 2014. The Young Child Mental Health Program, funded through MHSA funding began in 2015, and is a continuation and expansion of that program.

Children age 0-5 are often identified as requiring some kind of intervention early on by childcare providers and programs that serve them, primarily as a result of behavior issues. PRS has established a system of referrals throughout the County with childcare providers, Head Start, local schools/preschools, county agencies/departments, medical professionals, and more. Professionals throughout the county who have concerns about a young child's behavioral or mental health (or that of a family member, which impacts the young child) can make a referral to PRS' Infant Mental Health program. PRS provides timely access to behavioral health screening and assessment and behavioral/mental health services for the child and its family, as appropriate. Clients are typically referred from CPS or other providers as identified above directly, though 27% of the referrals, on average, are Behavioral Health consumer families (hence the CSS percentage identified). In order to serve these clients in a timely fashion, PRS begins services based on the initial referral.

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

Therapists provide services either in the counseling space at PRS' office in Quincy or in the family's home, depending on which setting is most effective for the family. This

program includes therapists in outlying areas to mitigate transportation program costs and barriers to service.

The therapists ensure clients receive referrals for additional services (including, for example, to Behavioral Health if there is a need) and follow-up on treatment plans. Therapists also work with other professionals involved in client families' lives, as permitted by the client or required by law, to ensure treatment plans and service delivery strategies are aligned with other service providers' activities. This may range from multi-disciplinary team meetings with CPS staff to behavior consultations with childcare providers or teachers.

Beyond traditional therapy sessions, this proposal also covers the delivery of Parent Child Interaction Therapy (PCIT) for Plumas families. PCIT is a service for children age 2-7 offered as an additional therapy modality to guide parents in positive, developmentally appropriate interaction with their children as a means to heal their family.

Over the course of the 2018-19 fiscal year, Young Child Mental Health served 26 families; within those families, 59 individuals received treatment, 30 of whom were parents/guardians and 29 children. The following services were completed:

- Crisis intervention: 0
- Parental support/guidance: 1
- Individual therapy sessions, Adult: 48
- Individual therapy sessions, Child: 85
- Play therapy sessions, Child: 11
- Couples therapy sessions: 13
- Family therapy sessions: 11
- PCIT sessions: 0
- Transportation: 11
- Case conferencing with partners (agencies, schools, community programs, etc.):17
- Case management: 1

Program Activity Description	Outcome
Total enrolled	59 individuals across 26 families were enrolled during the fiscal year; all families are now exited from services
Referrals to other service providers	0
Provide timely access to mental/behavioral health services to a minimum of 35 children age 0-5 and their family members	Treated 7, impacted 23 children age 0-5; treated 52, impacted 12 additional family members

This program will be billed via insurance and Medi-Cal next year, which means that services for other family members to promote the child's treatment outcomes will not be covered as a part of the services for the individual referred.

The program has now completed transition to billing through insurance carriers and Medi-Cal.

In addition to these treatment numbers, an additional 2 family members (1 child 0-5 and 1 adult 60+) were impacted by the treatment their family members received.

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

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

E.

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.

SafeBase provided individual and group paraprofessional counseling weekly at Indian Valley Academy, Chester Charter School, Jim Beckwourth Community School, Long Valley Charter School, Plumas County Community School, and Plumas Charter School.

Girl's Rite held afterschool activities 2-4 times/month, including longer "Fun Friday" events once per month and occasional excursions out of the county to provide participants with exposure to other communities, cities and opportunities. The program had participants journaling routinely and engaging in conflict resolution work, peer mentoring, talking about goal setting & planning for achievement, and many peer presentations about self-care (how to take care of physical body, mental health, etc.).

The Girl's Rite program is a prevention program for girls age 11-18. Grounded in research on girls' development, Girl's Rite provides an all-girl space that supports girls' capacity for self-confidence; physical and emotional resiliency; healthy relationships; and regular physical activity. Girl's Rite is delivered in Quincy with afterschool meetings for 2 hours twice per month during the school year.

During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication. Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Professional women in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the girls' community. Once per month during the school year, a longer activity is planned, such as bowling, cooking a meal, etc. During the spring, youth attended the annual Reach for the Future youth conference in Chico, CA. Hosted by the Butte County Department of Behavioral Health, the Reach Conference is based on a Youth Development framework, providing leadership skills, support, and opportunities for young people. The summer program meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

Program Activity Description	Outcome
Number of youth enrolled in Youth Services Program.	86 (64 SafeBase, 25 Girl's Rite; 3 in both)
Number of referrals provided to other service providers.	2
Weekly group paraprofessional counseling sessions for at-risk youth at schools in Chester, Indian Valley, Quincy and Portola.	628 duplicated service count
Onsite and remote one-on-one paraprofessional counseling availability for at-risk youth from the above schools.	50 sessions; 14 individuals
14 monthly afterschool meetings of Girl's Rite program in Quincy. (Not included in the data count is the one overnight excursion with 6 girls and the REACH youth conference with 10 girls).	32 afterschool meetings; 368 duplicated count
6 full-day excursions of Girl's Rite program over the summer.	Not captured in this program year
1 multi-day campout with Girl's Rite participants over the summer.	Not captured in this program year

F.

Program Name	Mountain Visions Program
Program Partner	Plumas Rural Services
FY18/19 Expenditure	$76,587.94
PEI Program Type	Early Intervention
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
Reduction of Negative Outcomes:	Prolonged suffering, school failure/dropout, removal of child from their family's home
Number of Participants	16
Program cost per participant:	$4,786.75

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

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

Plumas County Behavioral Health Therapists identify and refer youth clients appropriate for this program. Program staff do intake and enrollment with these clients. Many participants have experienced substance abuse, physical & emotional abuse and have resultant behavioral issues, thus the program assures that participants have access to individualized therapeutic intervention each program day. Such contacts average approximately two individual therapeutic contacts per day per participant. Additionally, participants are seen in a group process two times per day. The group process assures that individuals can practice new skill development in a controlled therapeutic environment. As participants improve within the program they are encouraged to discover

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

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

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

Mountain Visions held eight 1-day outdoor excursions, one 3-day excursion, and one 12-day excursion with youth participants. Excursions include morning and afternoon/evening group counseling sessions and daily (or more frequent, as needed) individual counseling sessions with participants. During each excursion, some youth participants are also engaged in leadership activities; nine total youth were engaged in leadership activities across all excursions. Parent follow-up contacts are made for each youth participant for each excursion, and as necessary family group counseling sessions were held outside of the outdoor excursions to promote client mental health outcomes.

Mountain Visions completed 10 wilderness trips with at-risk youth participants. Participants engaged in at least 2 group counseling sessions with licensed mental health therapists per day on each trip. Participants also received individual counseling sessions on these trips with therapists as needed to support their mental health and/or build their resilience and protective factors. Older youth received leadership skill building opportunities on the trips as well. There have been no barriers to service.

Description of Program Activities	Outcomes
Youth clients enrolled	16
Referrals to other service providers	None: participants are receiving MH services when referred from PCBH
Individual counseling sessions	400
Group counseling sessions	31 sessions; 228 duplicated contacts
Family counseling sessions	7
Parent follow-up contacts	274
Leadership training/work experience opportunities provided	61

Due to the MHSA program moving CSS programs that were found during the 2018 DHCS program review to be funded in the wrong component to the PEI component in FY18-19, and because of subsequent reductions to PEI funding after four years of spending down remaining unspent PEI funds, the Mountain Visions Therapeutic Wilderness Program was discontinued at the end of 18-19 MSHA program year.

G.

Program Name	Student Mental Health and Wellness Center
Program Partner	Feather River College
FY18/19 Expenditure	$114,341.64
PEI Program Type	Early Intervention
Age Groups Served	Transition Age Youth (16-25)
	Adult (26-59)
Reduction of Negative Outcomes:	Prolonged suffering, suicide risk, school failure/dropout
Number of Participants:	Active clients served: 76 Student outreach: >350
Program cost per participant:	$1,504.50, exclusive of outreach activities

In Spring 2017, Feather River College and Plumas County Behavioral Health partnered to implement a Student Wellness Center program on the FRC campus in Quincy, CA. Plumas County had seen an increase in TAY age-related suicides, overdoses, drug and alcohol abuse, and sexual violence. Many of these incidences occurred within the TAY population at the local community college, Feather River College.

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

In addressing this population with higher risk factors, Feather River College requested to create in partnership with Plumas County Behavioral Health a Student Wellness Center/Safe Space on the school's Quincy campus, which opened Fall semester 2017.

The purpose of FRC's Student Mental Health and Wellness Center (MHWC) is to provide a full-time space and staffing on campus to deal with the various behavioral health issues faced by the student population at FRC with a focus on triage, intervention and prevention of behavioral health issues. This program collaborates with other local agencies to provide training, outreach, and prevention education.

The Wellness Center coordinates education seminars and outreach activities related to mental health and wellness; they provide a first line support, crisis counseling, and referral service as needed and counseling for lower level cases and refer severely mentally ill clients as appropriate. Wellness Center staff provide a presence on campus with the goals of alcohol/drug education, suicide prevention, sexual assault awareness, personal and crisis counseling, supportive services for students and referrals with coordinating agencies. The intended outcomes are to provide significant on-campus education, as well as preventative counseling, intervention and referral services to partnering service providers for FRC students.

The Student Mental Health and Wellness Center was envisioned to create a positive and proactive presence on campus that will work with students, provide education, offer

personal and crisis counseling in a safe space atmosphere, and be a resource for the mental health needs of FRC students.

Deliverables:
Feather River College Mental Health and Wellness Center provides full-time on-campus mental health services to the student population, focusing on intervention, triage, and crisis prevention. The Wellness Center provides personal and group counseling, crisis intervention, and referrals to outside agencies as needed; consults and advises staff and faculty on student behavioral issues; collaborates with other community agencies and offers programs and guest speakers on mental health and stigma-reduction topics.

The Wellness Center provided services to 76 active clients. The Wellness Center Counselor and Interim Counselor have provided over 270 counseling sessions in the 2018-19 academic year. The underserved and unserved populations targeted include low-income, first-generation college students, minority students, and LGBTQ+ students.

Counseling and Crisis Intervention
The Wellness Center Counselor continued to provide crisis intervention, outreach programs, and personal counseling to students, as well as consultations and assistance to faculty and staff dealing with students in crisis or struggling in class. Students attended 141 individual counseling sessions in this period.

Programs and Outreach Events
Sept 2018 – The Wellness Center offered a guest speaker/film presentation program featuring a screening of the documentary “Mind/Game,” followed by speech and Q&A with WNBA player Chamique Holdsclaw and Academy Award winning filmmaker Rick Goldsmith. Holdsclaw spoke with students about overcoming her bipolar disorder to become a successful elite athlete. Approximately 350 students attended the event. Other programs offered in September included a candlelight vigil and suicide survivors walk for Suicide Prevention and Awareness Month.

November 2018 – The Wellness Center in coordination with the SAMHSA grant offered an introductory training on mindfulness techniques to reduce stress, as well as weekly Mindfulness Mondays, which gave students the opportunity to start the week with reflections on self-care and a space to share thoughts on mental health and wellness with peers.

December 2018 – The Wellness Center in coordination with the SAMHSA grant offered a Mindfulness and Stress-Reduction Workshop; a health trivia night, which encouraged students to share their knowledge of mental health topics; and provided free chair massages from a licensed massage therapist to help students cope with stress during finals week.

January 2019 – The Wellness Center partnered with the SAMSHA grant and Plumas Rural Services to offer *SafeTalk* Suicide Prevention training.

February 2019 – Guest speaker Sandy Holman gave a presentation on mental health and wellness with a focus on issues especially pertinent to minority students in recognition of Black History Month.

March 2019 – The Wellness Center again hosted free chair massages to help students cope with stress and anxiety.

April 2019 – The MHWC hosted a workshop on understanding and surviving trauma, and a program on sexual health and STDs.

May 2019 – The MHWC offered a variety of events in recognition of Mental Health Awareness Month. The Wellness Center Counselor facilitated a Kindness Rocks event where students decorated rocks with messages of support and strength, which were then displayed on campus. The Center also hosted a Puppy Therapy event allowing students to de-stress by spending time with therapy dogs; a Meditation and Movement program to help students learn stress-reduction techniques related to yoga and stretching; and created a Green Ribbon Wall display where students and staff posted messages of support and encouragement.

February – May 2019 – Counseling and Crisis Intervention: A part-time Interim Counselor was appointed to provide counseling services and crisis interventions until a full-time Counselor can be hired; 130 individual counseling sessions and two group sessions have been provided in this period.

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

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

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

Description of Program Activities	Outcomes
1-on-1 counseling	76 individual students received more than 270 counseling sessions in the 18-19 academic year.
Consultations with Faculty/Staff	More than 30 consultations were provided to faculty and staff regarding student behavioral issues and concerns.
Crisis interventions	The MHWC Counselor and Interim Counselor provided approx. 39 crisis interventions to 34 individual students.

Outreach events	The MHWC provided more than 15 outreach events (see timeline above), and the MHWC Counselor performed outreach to various programs and departments (academic, athletic, and student clubs) on more than 30 occasions.
Referrals	The MHWC provided 38 students referrals to other county agencies and practitioners (data not available for Fall ‘18)
Suicide Risk Assessments/Interventions	The MHWC Interim Counselor assessed 38 individuals for suicide risk. 30 individuals were found to be at risk of suicide, with 14 at serious risk. All individuals received counseling, referrals to other resources, and ongoing follow-ups/safety checks by Counselor, coaches, RAs, etc. (data not available for Fall ’18)

Like most PEI programs, the FRC Student Mental Wellness Center experiences reduced funding in FY19/20 and MHSA funding slated to end, June 2020.

H.

Program Name	School-Based Prevention Services
Program Partner	Plumas Unified School District
FY18/19 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.

The PUSD/MHSA PEI project continues to be beneficial to our communities in terms of successful provision of prevention services, creation of School Based Response Teams and innovative collaborative funding. MHSA provides funding for salaries/benefits of Student Service Coordinators in each community and support for Lead Student Service Coordinator supervision to ensure quality of service delivery. PUSD provides funding for administrative oversight of staff/school site project development/payroll processing/HR support/contract management/fiscal supervision, IT equipment/staff support, infrastructure (buildings/maintenance support), training support for implementation of Positive Behavior Interventions and Supports (PBIS) and additional training in continued support of the mission of the project. Another addition PUSD has implemented is the Behavioral Health Specialist positions that are being hired and trained to provide Tier III therapy services within the school setting. SMART Team is also being established across the county to deal with school-based threats.

Key successes that have been experienced are the increased provision of social/emotional skill building and learning for staff and student/family support through the Student Service Coordinator (SSC) positions, completion of protocol for potential threats across agencies involved, training of staff on social/emotional supports and the value it adds to academic and positive behavioral outcomes. Communication continues to

improve with outside agencies as does increased access to services for students/families due to presence of para-professional social work support (SSC) and progress on implementation of PBIS at each school site. Each school site is now practicing with fidelity on both Tiers I and II of PBIS implementation.

With the implementation of PBIS every student within Plumas Unified School District is a participant in the program. All students receive Tier I services through the school-wide behavior expectations and acknowledgements. With a consistent and universal approach applied across each school site, each student experiences the benefit in school safety and a more positive school climate. Universal approach also allows for accurate data collection that identifies appropriate students for Tier II and Tier III interventions. Data at each school site is reviewed and Tier II intervention is decided upon based on need and the Request for Assistance process. When a student doesn't show improvement through Tier II interventions, a referral is placed for services to a Tier III provider when indicated by symptom expression.

Children specifically have been identified as being unserved or underserved historically. Research shows children who do receive services often do most successfully with engagement if that happens at their school site. Providing staff training, paraprofessional social work staff in each community and PBIS allows for a systematic tiered approach to school-based services. Applying this across Plumas Unified School District allows for the majority of students in Plumas County to have increase to access and outreach.

With the addition of all staff participating in suicide prevention training, the knowledge base of the staff is improved to better identify those in need of Behavioral Health interventions. Paraprofessional social work staff, SSC's, have increased training on local resources and social emotional interventions. Nurses, counselors, principals and vice-principals have additional more extensive training on emergency response/suicide prevention and intervention.

Additionally, 2018/19 year included the instructional coaching focus on Eliminating Barriers to Learning which highlighted staff training in trauma informed practices in classrooms, identification of signs of mental distress, the effects of poverty on education and risk factors and resources for LGBTQ youth. In 2018/2019, training has included a district-wide Active Shooter training with local law enforcement and emergency personnel and all the school staff. Instructional coaching this year is focused also on the social-emotional domain in primarily addressing resiliency factors and skills to assist staff in building resiliency in our students.

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 actually 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 definitely 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.

Additionally, following the PBIS practices of frequent meetings and staffing of students utilizing data to determine level of intervention has been very helpful. Staff has been able to recognize how some students present with symptoms briefly and are not in need of intensive intervention over time. The value of documentation and frequent meetings have also assisted staff in being accountable to the student interventions agreed upon lessening the chance for students to get worse prior to receiving supports.

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.

Funding will be decreased for FY19-20. PUSD added Behavioral Health Specialist positions for 19-20 school year, and this was expected to help students get Tier III services in a more accessible manner, as well as assist the Behavioral Health Department in ensuring SMI children receiving access to appropriate services.

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

Program Name	Statewide Suicide Prevention Program and Mental Health Awareness Campaign
Program Partner	CalMHSA
FY18/19 Expenditure	$25,000.00
PEI Program Type	Suicide Prevention
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
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 (Tiers I and II) 96 for Early Intervention services (Tier 3)
Program cost per participant:	$138.75 per student districtwide

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.

IX. Workforce Education and Training (WET)

a. Adult Peer Employment Program

The Adult Peer Work Program at PCBH enrolls highly motivated clients who wish to return to work in some capacity, some of whom receive Supplement Security Income. These consumers participate and contribute to their communities by working abbreviated work schedules and are supervised by an outside work site supervisor;

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

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

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

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

b. Transitional Age Youth (TAY) Peer Employment Program – Summer 2019

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

The TAY Peer Employment Program is a collaborative, community-based mental health program which supports the participant in building emotional self-regulation and other stress-reducing coping skills in a vocational and social setting; the program operates for seven weeks over the course of each summer. Last year's program bridged two

program fiscal years: from June 26th to August 8th. Workdays were Monday through Wednesday from 9AM to 1PM.

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

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

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

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

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

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

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

c. *Peer Advocate Certification Program*

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

d. Plumas Rural Services – Countywide Behavioral Health Training Program

Plumas County Behavioral Health contracts with Plumas Rural Services (PRS) for coordination of its Countywide Behavioral Health Training. This contract is funded through Mental Health Services Act Workforce, Education, and Training (WET) monies, as articulated in the Plumas County MHSA 3-Year Plan, 2017-2020.

Since PCBH does not have a designated training coordinator for its large staff, the MHSA program identified a need to partner with a local agency who has the capacity and expertise to help the department to coordinate it's a behavioral health countywide training plan; PCBH staff and the PRS training manager work closely to identify commonalities across multiple departments and agencies which partner to provide direct services to many of the same clients.

The Behavioral Health Countywide Training Program was developed from this need and is more fully explained in the current MHSA Program and Expenditure Plan, 2017-20. PCBH collaborates with Plumas Rural Services to provide identification of training priorities for in-house, cross-agency, and stakeholder trainings, in cultural competency, crisis response and de-escalation, as well as 5150 in-service for hospital and other allied agencies staff. In 2019, PRS was awarded a SAMHSA training grant to provide countywide training in Mental Health First Aid and ASIST. This additional opportunity took resource pressure off this program to allow MHSA resources to be directed at a higher level for crisis response, culturally competency, and clinical practicum trainings. Prior to this funding, MH First Aid and ASIST was supported through this MHSA program and delivered to county stakeholders throughout the year.

The following is an update of progress in relation to the training plan and implementation.

The training needs identified included:

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

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

Progress July 2018-December 2018

Update on Events

Completed events:

Topic	Location	Date	Number of Participants
ASIST	Quincy	7/25-7/26-18	PCBH Staff – 8 Other agencies - 11
Domestic Violence and Human Trafficking	Quincy	10/25/18	PCBH Staff – 13 Other agencies - 37
safeTALK	Quincy	11/2/18	PCBH Staff – 3 Other agencies - 13
Mental Health First Aid	PCSO	11/14/18 11/28/18	11 Waiting on evals from Gina for day 2
SUDS	Quincy	12/5/18	PCBH
safeTALK	Chester	12/5/18	3

safeTALK	FRC	12/5/18	4
Cultural Competency	Quincy	1/25/2018	50

Scheduled Events 2019

Topic	Location	Date	No. Spaces / No. Reg.
ASIST	Portola	1/31-2/1/2019	24/
ASIST	Chester	3/27-3/28/2019	24/
ASIST	Quincy	7/24-7/25/2019	24/
Mental Health First Aid	Quincy	2/8-3/1/2019	10/
Mental Health First Aid	Portola Chester	TBA	20/ 20/
Suicide Talk FRC	Quincy/Campus	1/10/19	30/
safeTALK	Portola Greenville Quincy	TBA	30/ 30/ 30/

Topic	Location	Date	Number of Participants
ASIST – PRS MHAT Grant	Portola	1/31-2/1/19	PCBH Staff – 1 Other agencies - 10
Mental Health First Aid – PRS MHAT Grant	Quincy	Feb 2019	PCBH Staff – 3 Other agencies - 5
5150 – CIBHS	Quincy	3/20/2019	PCBH – 5 Other agencies - 21
ASIST – PRS MHAT Grant	Chester	3/27-28/2019	PCBH Staff – 3 Other agencies - 11
5150 – CIBHS	Quincy	4/3/2019	PCBH Staff – 4 Other agencies - 16
safeTALK – PRS MHAT	Portola	4/10/2019	PCBH Staff – 0 Other agencies - 6
safeTALK – Campus Suicide Prev Grant	FRC	4/30/2019	PCBH Staff – 0 Other agencies - 19

safeTALK – MHAT grant	Quincy – PCIRC Crisis Line volunteers	5/1/2019	PCBH Staff - 0 Other agencies - 11
Mental Health First Aid – MHAT	Quincy - FRC	5/14-5/15/2019	PCBH Staff – 2 Other Agencies - 11
DBT 2 Day Workshop	Quincy	5/20-21/2019	PCBH Staff – 26 Other Agencies - 8
Topic	Location	Date	No. Spaces / No. Reg.
ASIST	Quincy	7/26-27/2018	20/18 (9 PCBH)
Mental Health First Aid	Greenville	TBC	30 per day / 0
Customer Service and De-escalation Skills	Quincy	9/26/2018	10/3 (0 PCBH)
Domestic Violence Awareness Training	Quincy	10/25/2018	50

Future Event Planning:

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

FY18-19 and 19-20 Upcoming Trainings and Priorities

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

2) **Domestic Violence Awareness Training Event**
   - Provided by PRS
   - For domestic violence awareness month

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

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

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

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

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

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

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

While there 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. Staff shortages and leadership changes prior to FY18-19 made it difficult to implement a local MHSA Loan Assumption Program.

During Year 1 of this plan (FY16-17), the MHSA Coordinator worked with PCBH leadership, County Counsel and Human Resources, and the BH Commission and Board of Supervisors to finalize this process. In Year 3, PCBH enrolled two full-time employees who completed the application process and were funded, and the department expects to fund a total of four to six applicants in FY19-20.

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.

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 FY18-19.

In March 2019, PCBH was instructed through communication with DHCS to remit reverted CFTN funds originally allocated to the County in FY2007-08 in the amount of $17,528, for which Plumas County had never identified nor planned to spend. This amount was identified by DHCS in an October 1, 2018, letter which was received by PCBH after the County Board of Supervisors had already approved the MHSA AB 114 Reversion Plan (September 2018). The MHSA staff did not have adequate planning time, information, nor capacity to amend the previously approved and submitted reversion plan by the deadline of January 1, 2019. When requested, DHCS would not extend the deadline to allow the county adequate time to amend the AB 114 Reversion Plan to accommodate use of these funds.

Revised Fiscal Worksheets for FY2019-20

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

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

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

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

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