



# PLUMAS COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 23/24

**PLUMAS COUNTY BEHAVIORAL HEALTH**

**Mental Health Services Act**

**Annual Update FY 23/24**

**POSTED FOR PUBLIC COMMENT**

**July 3, 2024 through August 2, 2024**

The MHSA FY2023-2026 Three-Year Plan is available for public review and comment from August 2, 2023 through September 1, 2023. We welcome your written feedback. Comments may also be made during the Public Hearing, to be held on

**Public Hearing Information:**

Behavioral Health Commission Meeting

Wednesday, August 7, 2024 @ 1:00pm Court House Board Room

**Comments or Questions? Please contact:**

Kristy Pierson MHSA Coordinator  
MHSA Three-Year Plan Feedback  
Plumas County Behavioral Health  
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Phone: (530) 283-6307; 7011200 Fax: (530) 283-6045

e-mail: [kpierson@pcbh.services](mailto:kpierson@pcbh.services) *Thank you!*

### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Plumas

Three-Year Program and Expenditure Plan

Annual Update 23/24

Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: <u>Sharon Sousa</u>	Name: <u>Martee Graham</u>
Telephone Number: <u>530-283-6307</u>	Telephone Number: <u>530-283-6249</u>
E-mail: <u>ssousa@pcbh.services</u>	E-mail: <u>marteeniceman@countyofplumas.com</u>
Local Mental Health Mailing Address: <u>270 County Hospital Rd #109 Quincy CA 95971</u>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

SHARON R. SOUSA

Local Mental Health Director (PRINT)

Sharon R. Sousa 09/15/2024

Signature

Date

I hereby certify that for the fiscal year ended June 30, \_\_\_\_\_, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, \_\_\_\_\_. I further certify that for the fiscal year ended June 30, \_\_\_\_\_, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is an Annual Revenue and Expenditure report attached, is true and correct to the best of my knowledge.

Martee Graham Plumas County  
County Auditor Controller / City Financial Officer (PRINT)

Martee Graham 8/15/24

Signature

Date

COUNTY: Plumas

(Check one:)

THREE-YEAR PROGRAM & EXPENDITURE PLAN  
FISCAL YEARS 202\_\_ - 202\_\_ through FY 202\_\_ - 202\_\_

ANNUAL UPDATE FY 2023 - 2024\_\_

UPDATE FY 202\_\_ - 202\_\_

## DESCRIPTION & CHARACTERISTICS OF COUNTY

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 19,443 (*US Census 2022 Population Estimates Program*). Plumas County's largest town is the incorporated city of Portola, home to approximately 2,083 residents (*US Census 2021 Population Estimates Program*). The town of Quincy, the county seat, has an estimated population of 1706, and East Quincy a population of 2279, with the greater Quincy area's (American Valley and surroundings) population at approximately 7,000. The County's population is comprised of 90.3% Caucasian or White, approximately 10.5% identify as Hispanic or Latino, those who identify as two or more races is 4.1%, 3.2% are Native American or Alaska Native, and the balance consists of individuals from other race/ethnicity groups.

*There are over 1,900 veterans who are residents, which represents up to 10.7% of the County population.* Approximately 17% of the population is under 18 years of age with 4% of that being children under the age of 5 (*US Census 2022*); 51% are ages 18-65, with over 65 years at 32%. The US Census shows that 49.8% of the total population is female.

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.

- 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 increased but remains below state and national levels, \$67,885 compared to California's of \$84,097 (*US Census Bureau 2021*).
- 12.6% of county households live below the Federal Poverty level.
- Plumas County ranks 54<sup>th</sup> 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 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> 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 (7<sup>th</sup> grade) to 29% in 2013-15 (9<sup>th</sup> grade) to 39.6% in 2015-17 (11<sup>th</sup> grade).

### Homelessness and the Plumas County 2023 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 2023 Point-in-Time Survey collected data on a total of 128 individuals experiencing homelessness in Plumas County. Of these individuals:

- 52 were sheltered, 76 unsheltered.
- 76 were male, 49 were female.

- Most individuals were ages 25-34 (18%), or ages 55-64 (28%)
- There were 18 children under the age of 17.
- 40% reported they have lived in the county all or the majority of their lives.
- 27% of individuals have only been in the county 1-5 years.
- 3 unsheltered individuals were veterans.
- Less than 7% of reported mental health being a reason for being homeless.
- 19% reported that they were impacted by the 2021 Dixie Fire

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)

Access to affordable permanent housing with supportive services is a significant barrier that prolongs suffering for individuals and their families. The table below gives an overview of the PIT count demographics.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language Spoken	% of Total	Threshold (Y/N)
0-5 yrs.	4.6%	White	84.3%	Female	38.2%	English	92.7%	Y
6-18 yrs.	9.3%	Black or African American	0%	Male	59.3%	Spanish	7.3%	N
18-65 yrs.	81.2%	Asian	0%		Vietnamese			
65 & older	4.6%	Native Hawaiian or other Pacific Islander	0%		Cantonese			
Military Status	% of Total	American Indian or Alaska Native	5.4%		Mandarin			
		Other			Tagalog			
Veteran	2.3%	More than one race	0%		Cambodian			
Active Duty		Ethnicity	% of Total		Hmong			
Civilian					Russian			
		Hispanic	4.6%		Farsi			
		Non-Hispanic	91.4%		Arabic			
					Other (Specify)			

Unserved Populations	Underserved Populations
Veterans	Private insurance
Senior Citizens	Mild/Moderate
	Youth

Plumas County is a frontier county with limited resources in comparison to the rest of California. After Covid 19 and the Dixie fire, Plumas County experienced a large decrease in staffing, especially among the licensed clinicians. Plumas County has had multiple open positions for clinicians for the past 3 years with no applicants. PCBH is currently down 50% of its clinical staff.

Plumas County is still recovering from the Dixie Fire in 2021. The residents of the county continue to experience trauma from this event which creates a greater need to address the trauma among our entire community.

Mental Health has also become a greater focus after Covid-19 and we are finding that multiple agencies are looking to hire their own clinicians and they are able to offer higher wages and better benefits and hours than the county. Over the past 2 years we have lost multiple clinical staff members to other local agencies due to the perks that these agencies can offer.

The needs of the unserved and underserved populations are difficult to address due to a combination of meeting medical necessity for severely mentally ill, alternate insurance carriers and a lack of staffing to provide the services. Plumas County has limited resources and a lack of non-profit agencies to contract with for services. Plumas County also struggles with a lack of managed care options.

Veterans, Senior Citizens, and those with private insurance are referred to managed care providers which is very difficult to find in Plumas County. This leaves these individuals having to travel to Reno or Chico to get mental health services, both of which are anywhere from 1-2 hours away from any given Plumas County community.

Plumas County youth are another underserved population. PCBH has partnered with the local school district to help narrow this gap, but it continues to be a struggle for youth who do not have Medi-Cal insurance. PCBH obtained the MHSSA grant in partnership with Plumas Unified School District in 2021 to help provide free mental health services for all students. This service is called "E-Therapy" and is a telehealth service offered at each school site in the county. During the 23/24 school year E-Therapy provided 114 unduplicated students with services. In other words, an extra 114 students were able to receive mental health services this year that otherwise wouldn't have been able to receive services due to their insurance or difficulties with travel to see a provider.

The fully served clients would include our FSP clients who are eligible for ancillary services that could include, but are not limited to, assistance with utilities, clothing, food, rental assistance, housing, gas or bus passes to get to appointments or a job etc. FSP is a whatever it takes model to help a client stabilize. Non-FSP clients are eligible for up to \$300 a year in ancillary assistance.

Threshold Language	% of Service Providers
English	100%

A. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population currently being served.

Ethnicity	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Race	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Hispanic		1.3%	10%	White		72%	82%
Non-Hispanic				African American or Black		1.3%	1.8%
More Than One Ethnicity				Asian		0.7%	1.3%
Unknown		0.97%	3%	Native Hawaiian or Other Pacific Islander			
				Alaska Native or Native American		2.3%	4.0%
				Other		.01%	1.5%
				More Than One Race			
				Unknown		9.7%	6.6%

Gender	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Female		53%	48%
Male		46%	51%

Language Spoken	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Veteran	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
English	100%	95%	97.4%	Yes			
Spanish		3.8%	1.1%	No			
Vietnamese				Declined to Answer	100%		
Cantonese							
Mandarin							
Tagalog							
Cambodian							
Hmong							
Russian							
Farsi							
Arabic							
Other		0.4%	1.5%				

Disability							
Communication	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Disability Types	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Seeing				Mental (not SMI)			
				Physical/Mobility			
Hearing or Having Speech Understood				Chronic Health Condition			
Other (specify)				Other (specify)			

The main barrier that Plumas County faces for being able to implement programs is the lack of staffing and the lack of resources available in a frontier county. It is difficult to run a program when you don't have people to staff it or community agencies to contract with to provide the services. Plumas County is severely limited on agencies that have the staffing or capacity to run programs as well.

# COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS (CPPP)

## MHSA Community Program Planning and Local Review Process

**County: PLUMAS 30-day Public Comment period:**

**Date of Public Hearing:**

The Plumas County Behavioral Health (PCBH) MHSA Community Program Planning Process for the 23/24 Annual Update and Expenditure Plan, builds upon the continuous planning process that started several years ago and operates under the MHSA 2023-2026 Three Year Plan. Over the past several years, this planning process has developed into obtaining input from diverse stakeholders through focus groups, stakeholder meetings, and survey results.

Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, PCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

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

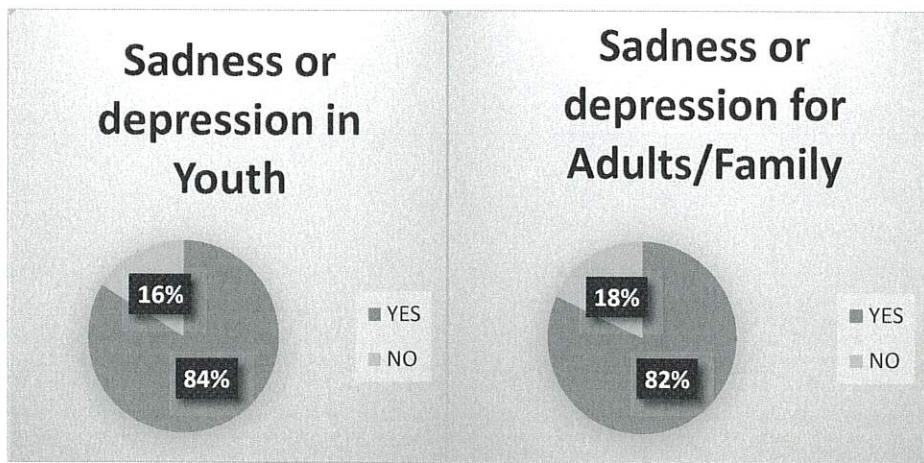
A primary goal of this Annual Update includes a focus on funding for continuing programming that offers expanded services to underserved and unserved populations, with program changes to address stakeholder feedback obtained in the 2023 and 2024 stakeholder meetings and the development of the 2023-2026 Three Year Plan.

MHSA Program staff disseminated over 300 surveys and collected 281 Community Mental Health Priority surveys in February 2023. MHSA program staff obtained input from 32 youth, 9 Law Enforcement, 14 senior citizens, 9 Veterans, 76 school staff, 82 clients and 59 community members.

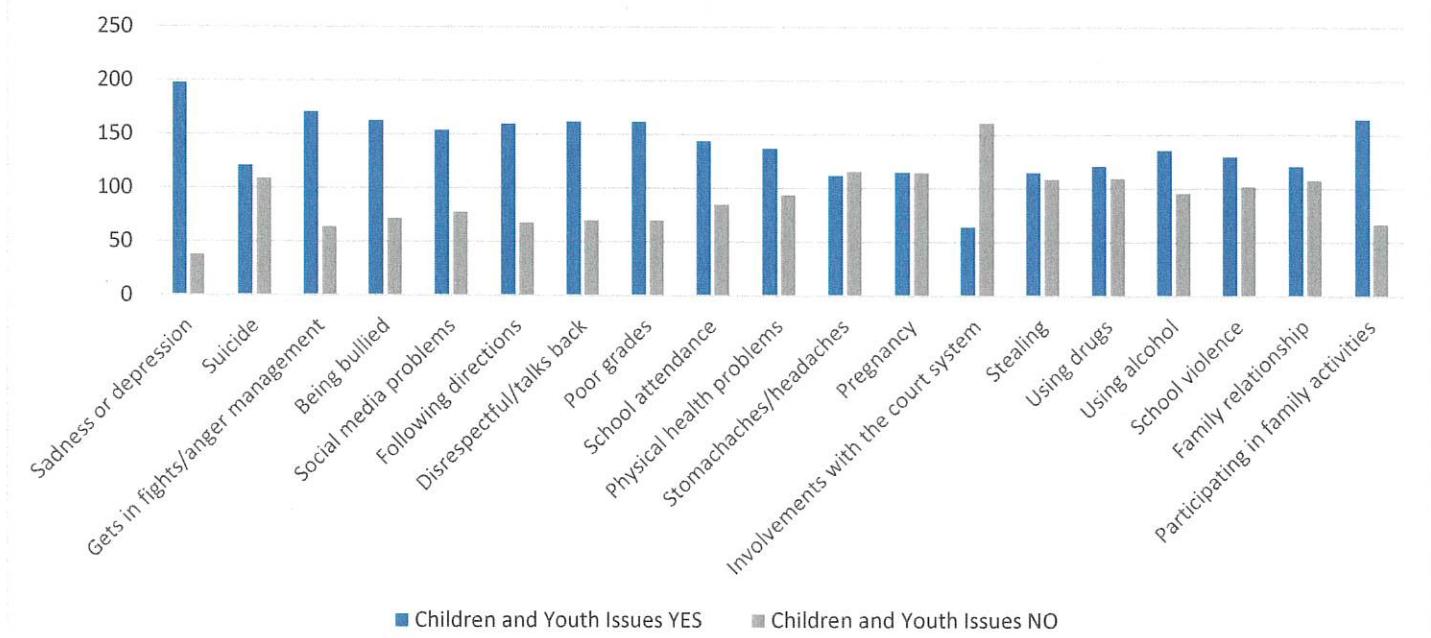
The top areas of concern to stakeholders are:

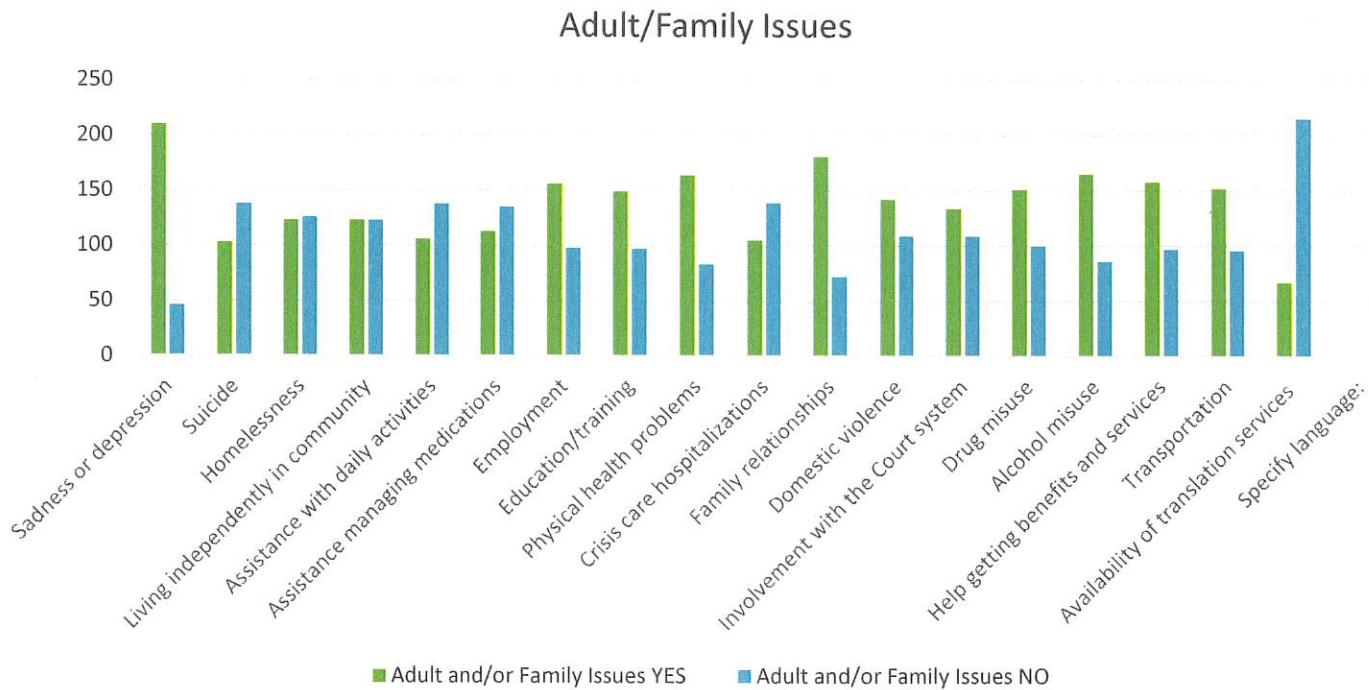
1. Sadness and Depression among youth and adults
2. Improving access to services for children and their families
3. Family Relationships
4. Anger Management
5. Alcohol Misuse
6. Physical health problems
7. Help getting benefits and services
8. Employment
9. Bullying, poor grades and disrespectful youth

10. Domestic Violence
11. Involvement with the court system
12. Homelessness



Children/Youth Issues





Plumas County MHSA Program staff scheduled 2 Community Program Planning meetings for all stakeholders and community members. Both meetings were online, one on April 22<sup>nd</sup> at 10:00am and the other on April 25<sup>th</sup> at 1:00pm. Due to the unknown status of Proposition 1, these meetings were held later than normal so MHSA staff could inform the community about the changes, challenges and limits that Proposition 1 will mean for Plumas County and its current MHSA programs. MHSA staff engaged the stakeholders in open conversations about the current needs and gaps of Plumas County and how the remainder of the 2023-2026 Three Year Plan will operate given the changes that Proposition 1 will bring in 2026 and the time it will take to adjust to these changes so Plumas County can be ready to implement the new guidelines on time.

The MHSA Coordinator conducted the stakeholder surveys in 2023 and the community meetings in April 2024. See Appendix A. for supporting documents.

In the Appendices, the following documents may be included:

- A. The outline of the training or the presentation offered or provided to stakeholders, clients, and family members of clients who are participating in the CPPP.
- B. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP.
- C. Copies of materials used to announce planning meetings and other CPPP activities as well as presentations/handouts for the meetings and other activities.

DEMOGRAPHIC	CPPP PARTICIPANTS	County Total Population
<b>Age Group</b>		
Youth (under 21)	32	
21-59	226	
60 and older	23	
<b>Race/Ethnicity</b>		
American Indian or Alaskan Native	20	
Asian	10	
Black or African American	3	
Hispanic or Latino	19	
Native Hawaiian or Pacific Islander		
White	210	
Multi-racial		
Other	21	
<b>Gender</b>		
Female	170	
Male	86	
Other	25	
<b>Language Spoken at Home</b>		
English	281	
Spanish	unknown	
Other	unknown	

AFFILIATION/AREA OF INTEREST	CPPP PARTICIPANTS
Adults and Older Adults with SMI	82
Families of children & Tay with SMI	32
Behavioral Health Service Providers	
Law Enforcement Agencies	9
Education	76
Social Services Agencies	
Veterans	7
Representatives of Veterans	2
SUD Providers	
Health Care providers	
Senior Citizens	14
Community Members	59
Other	

Plumas County Behavioral Health staff created an MHSA 101 slideshow that covers the basic components, funding categories and the purpose and requirement of each category. However, the slideshow was not shown during the 2024 stakeholder meetings because Proposition 1 will change these guidelines under the new 3 year plan. A hard copy of this slideshow can be found in appendix A. A new slideshow will be developed to cover the guidelines under BHSA that will begin in July 2026 but will need to be available for the community and stakeholders in 2025 for planning purposes.

Plumas County makes every attempt and effort to gain stakeholder involvement and feedback in the MHSA. The MHSA coordinator holds a quarterly MHSA meeting, a quarterly Cultural Competency meeting, attends and reports at the monthly Behavioral Health Commission Meetings. The MHSA Coordinator has also gone out into the community to meet with other agencies, schools, other therapy providers in the community and MHSA contract partners to invite them to any of the meetings and to answer any questions about the MHSA.

The Behavioral Health Commission is updated monthly on the MHSA and is made up of consumers or family members, community members, youth, and a Board of Supervisors attendee. In recent months we have been able to get other community agencies to regularly attend the Commission meetings such as a representative from Veterans Services and Plumas Charter School. The Commission reviews all the MHSA plans and updates before they are posted for the 30-day public comment or sent to the Board of Supervisors for final approval.

Stakeholder meetings were scheduled online and accessible for everyone in each of the 4 communities. Over 300 surveys were handed out throughout the community in 2023 and a total of 281 were returned with stakeholder feedback about problem areas and needed services in this county.

#### Stakeholder Comments and Feedback from the 2023 Stakeholder Survey:

- The Work Crew Reinstated
- Bring back Mountain Visions & Work Crew
- Services are very limited in our county
- More IEP
- A big area of concern in the lack of Mental Health therapist as well as a community care facility for those suffering from mental health issues
- I am answering the questions for people I have seen that need help. So many kids need help
- Suicide for kids as young as 6 yrs old (services needed)
- Help with major PTSD and major anxiety disorder
- We all need to be important mentally, physically, emotionally, spiritually. I am tired of being the mental patient
- Support our library, children and youth activities
- Services county wide for cultural indigenous people of this land
- A close relative uses your services. Dr. B is amazing while I find your therapy/counseling lacking. Doesn't spend more than 10 minutes w/ client and no goals provided. Its like they are filling a quota to get funded.
- I do suffer from mental health issues and heart artery issues. Over past few years I am extremely grateful finding resources to help me

- I believe that many of these services are required. The stories I hear about bullying issues within the school district, youth taking their lives or attempting too. My family member went to PCBH, doctor told him he didn't need meds. He's been manic for 2 months at least, was 5150 but released 2 weeks later and is full on manic again.
- (clients name) has trouble focusing on school work in class. He gets distracted easily. Hard time following directions. He has had been sent to the office many times. He can't ride the bus because of behavior problems. He was suspended from school for fighting.
- Trauma counseling
- Services for children are needed
- Services for children are needed
- Services for children are needed
- Anger management for teens is needed
- Help for teens, NOT severe mental illness, support
- Children: Afraid of shooting
- Fire survivor family therapy is needed
- Family Groups
- Family Groups
- Family group counseling for family unit together (not just individually) more in person in Quincy vs Telehealth
- I just need a different provider my current one isn't helping anymore or available enough. I need case management as well since my previous one quit.
- Children/youth sexual assault is a problem
- People who have Agoraphobia had more access to class/support over the phone.
- Closer facilities for 5150 hospitalizations
- What can I do to help
- Vocational plumbing and heating school
- Some counselors don't call patients back at all
- More help for the parents dealing with unruly kids
- Plumas County needs a Rec center in Portola
- The doctors in the area are not listening to patients. I've had friends sent home only to have to be sent to Reno for proper care. Friend who's 14 year old sent home with "stomach bug" that died in Reno from juvenile diabetes because they wouldn't do the tests the mother asked for. I know multiple cancer patients who were told they didn't have anything wrong. They all got diagnosed in Reno or Chico. We need better doctors.
- I am age 75 (since age 28, have had sensations) I live alone. I am enrolled in one class at FRC British Literature 1785 to present. I walk to -from school. I am in stress reduction group workshop. One day a month I work, recording secretary.
- Education in nutrition, life skills, managing finances, health exercise.
- Our SSC has made a huge difference and is really needed
- I think there is difficulty for people in our community who are just out of high school to access resources while still dependents of family when what they need is to gain independence but can't if parents won't waive them. Its difficult for some populations to find a safe place to be.
- Counseling services in Spanish
- I think many people are not aware of which services are available
- There is so much need for mental health services for youth, family and parents. Housing is also an increasing need for many families
- Parenting classes and support groups
- Need for housing and job employment opportunities. Provide trade education to enhance our community as well as give others more job opportunities.

- Feeling included with peers/relationships is a problem.
- More counselors available across all fields
- More counselors available
- Housing not available
- Sexual abuse
- Homelessness
- Healthy recreational programs and activities
- Open safe place for LBGTQ
- Trauma counseling
- What happened to the counseling for fire victims?
- Low self esteem
- I am NOT aware of M.H. services for non-medi-cal
- Services needed for all, no matter what Insurance!!!!
- Cutting
- Vaping
- Vaping
- Services specifically for younger children counseling
- Unhealthy relationship dynamics – youth
- We don't have enough therapists locally
- Bring back Wilderness therapy, TAY and work programs
- These services might be available but people without medi-cal have a hard time accessing them.
- Sexual harassment
- Parenting skills, motivation, emotional support
- Parenting skills
- Its difficult to quantify how many families have difficulty with parent/family issues. Its not all of these issues all of the time. These items apply to a family for a time/place maybe temporarily. These issues seem to come and go in waves.
- Need someone to help with truancy
- Our SSC and full time counselors are invaluable. I think that readily available and easily accessible MH services are critical too. Especially on weekends, holidays and after school hours.
- Hard to convey understanding of parental situations as I do not have access to them as easily as with students. I do suspect possible domestic unrest in families, but no real direct evidence. I talk with (school staff member) about starting up a parental support group through the school and mental health outlets in the future. Community providers can come in once a month to give parents educational tools. Reading support, parent to parent support, educational work, tracking system, mental health coping skills, financial planning. A link between behavioral health, PRS, PCS, Rethink Industries.
- Addiction to phones, devices, social media
- I had a very interesting conversation with a group of 5<sup>th</sup> graders that expressed their personal issues with being LBGTQ. Many feel as though they can't tell parents and some have not told teachers either. This was very informative conversation to me, learning how some students prefer to be addressed (pronouns) and each sharing issues they have had at home or at school regarding being LBGTQ. I believe they need a place to come together outside their regular friend groups and have these tough conversations.
- My experience is most of the veterans here at EPHC feel they have utilized the services they have needed and want. The younger generation to get what they have coming. Hats, t-shirts, pens, pizza is what these guys want.
- We need more mental health providers and services for the area
- Transportation to outside services in Reno or Chico
- IHSS access not good

- Pro-active Chaplin, availability offered possibly local ministers on a rotation (weekly)
- Divorce: this needs to be its own subject. Have seen this hit our kids/parents hard in the community

The draft 3 year plan will be posted to the county website and announced at the Behavioral Health Commission Meeting and the Board of Supervisors meeting. Hard copies will be printed out and posted at all of the Wellness Centers throughout the county. A hard copy will also be delivered to the following agencies: Plumas Rural Services, Environmental Alternatives, Sheriffs substations, CHP office, Chester Elementary School, Chester High School, Greenville Elementary School, Greenville High School, Quincy Elementary School Pioneer Campus, Quincy Elementary School Alder Campus, Quincy High School, Plumas Charter School, Portola High School, C. Roy Carmichael Elementary School, county libraries in the communities of Portola, Quincy, and Chester, Public Health, Social Services, Quincy Court House, Plumas Sun. Notice of the 30 day public comment will be posted on all public billboards in all 4 communities with a link to the posted draft document. The community of Greenville was lost in the Dixie Fire so the MHSA Coordinator will make contact with the Greenville Long Term Recovery Group and will provide them with a copy of the draft plan and inquire about other ways of advertising for the 30 day public comment within this community. Please see Appendix B for supporting documentation.

In the Appendices, the following documents may be included: newspaper articles, radio ads, flyers, billboards, website postings, email blasts, website screenshots, flyers, notices in social and print media, etc. are examples of methods that were used as described above.

## 10. LOCAL REVIEW PROCESS

### A. 30-DAY PUBLIC COMMENT PERIOD

BEGIN DATE: July 3, 2024    END DATE: August 2, 2024

### B. DATE OF PUBLIC HEARING August 7, 2024

Held by County Behavioral Health Advisory Board (BHAB) or Commission at the close of the 30-day comment period on draft Three-Year Plan/Annual Update.

#### MHSA 23/24 Annual Update Public Comments

- Under PEI programs, the following programs were not included in the report: Roundhouse Council, Plumas Charter School, Tai Chi

These programs have been added to the report and a new copy of the report was sent out to everyone. It was discovered that these program reports had been uploaded and saved into a working file instead of the actual draft plan. I contacted DHCS to get further direction on how to move forward since this mistake was discovered but the 30-day public comment had already started. I was advised by DHCS (Dept. Health Care Services) to add the missing sections to the report and resend it out to everyone with an explanation of the clerical mistake that had occurred. I was advised that we did not need to start a new 30-day public comment.

- Pg 8 – CPPP Abbreviation  
Abbreviation was added to Pg 8
- Pg 8 – Would like Family/caregiver and age added to future surveys

It was recognized that having a spot on the survey to include the age, community they live in, and what demographic they represent (Eg. Family, school, law enforcement, consumers etc) would be beneficial information and the survey will be adjusted to include this information when it is administered again for the next 3-year plan.

- Pg 11 – Would like to see “Family of Adult Children” separated out instead of included with the line item “Families of children & TAY with SMI” because it makes it sound like it is only children being represented. When the survey is adjusted, we will be more diligent about representing family members and care givers that are involved with the adult population.
- Pg 12 - Add “family members” to the description of members on the BH Commission

This was added to pg 12 of the report.

- Pg 12 – Change the wording “The commission reviews all the MHSA plans...” to read “The commission MAY review all the MHSA plans...”

This line is being left as is because the reports are given to the commission to review.

- Pg 26 – Update the amount the contractor will bill PCBH

The amount has been added/updated in the report.

- Some of the percentages and numbers in the report are not equaling 100%

Certain sections of the report where the percentages do not add up to 100% is because the individuals reporting often meet multiple criteria which makes the percentage more than 100%. For example, in the population census, some people will mark that they are Caucasian but will also mark that they are more than one race. There are also individuals who meet more than one criterion in our programs such as someone who is a veteran but also a senior citizen. This shows that we are serving multiple unserved/underserved populations within some of the same programs.

- Pg 10 – Prop 1 is mentioned with no explanation

The details of Prop 1 are still developing and there are large portions of it that continue to change. At this point in time, it is only appropriate to mention Prop 1 and that changes are on the horizon, but given that we don't know all the details yet, we do not want to give any information out that may end up changing or become false as Prop 1 continues to develop.

- Program Planning Meetings – Offer more than 2 and offer evening hours

In the past we have offered 4 community meetings all in the evening but have received little to no participation. In 2023 I only received 2 participants out of all 4 meetings. During 2024 I tried something different to see if I could get better participation. I offered 2 online meetings during the day and received 11 participants. I am continuing to explore different ways of getting better stakeholder participation.

- Quarterly MHSA/Cultural Competency meetings dates and times

The dates, time and links for the meetings are all posted on the Behavioral Health website. The meeting is mentioned during the BH Commission meeting and fliers have been handed out and posted in each center.

The next quarterly meeting is scheduled for Sept. 12, 2024, at 10:00am. Please contact me at [kpierson@pcbh.services](mailto:kpierson@pcbh.services) for the meeting links or further information.

- FSP – Why are enrollment numbers so low?

FSP clients must meet very specific requirements and they must be referred by the assigned clinician. FSP clients are those with the highest set of needs and assistance. A majority of individuals with SMI will not meet the qualifications for FSP.

- Crisis Support for Local Hospitals – Is this happening?

No, when I previously reached out to the hospitals about this support, I did not receive a response from any of the 3 community hospitals. After speaking with the individual who submitted the comment, they were able to put me in contact with the appropriate hospital staff at PDH and I am working with that individual to get a contract in place. The staff member at PDH was able to give me contact information for EPHC and Seneca but I have not received a response from them at this point in time.

- PEI Funding Percentages – Pg 41 adds up to 121.6%

I have updated this line in the report to remove the percentages. While there is overlap in the categories that we serve, it was recognized that these percentages are confusing for the public. The largest portion of PEI funds are dedicated to those under 25 at 75% of the PEI allocation.

- Remaining Comments Received

I received numerous comments from an individual that were not related to MHSA or the Annual Update. I spoke with this individual and explained MHSA and the annual update to them (they were under the impression that the MHSA report included ALL Mental Health services and funding sources). After explaining the MHSA to them, I was able to answer some of the non-MHSA related questions and was able to refer them to the appropriate staff to answer any questions I was unable to address.

In the Appendices, the following documents are included: copies of the Meeting Notice(s), as well as the Meeting Agenda and Minutes from the County BHAB.

11. DATE OF ADOPTION BY COUNTY BOARD OF SUPERVISORS: \_\_\_\_\_

In the Appendices, the County Board of Supervisors' Board Resolution/Minute Order is included.

## REPORT ON PRIOR FISCAL YEAR ACTIVITIES (FY 2023-24)

### MHSA Community Services and Supports (CSS)

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

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

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

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

#### Service Utilization

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

To understand service utilization for our existing behavioral health services, data was analyzed to show the number of CSS clients served in Calendar Years 2022 and 2023 by age and race/ethnicity.

#### PCBH CSS Clients (FY22-23) By Age

0 - 20 years	176	36.5%
21 - 24 years	22	4.8%
25 - 65 years	237	51.8%
65+ years	35	7.6%
Total	457	100%

#### PCBH CSS Clients (FY22-23) By Ethnicity

White, Non-Hispanic	282	61.7%
Hispanic - Mexican	45	9.8%
Native American	8	1.7%
Other Ethnicities	7	1.5%
Unknown	115	25.1%
<b>Total</b>	<b>457</b>	<b>100%</b>

N<11 = not reportable – combined in “Other”

#### **PCBH CSS Clients (FY22-23) By Gender**

Male	218	49.6%
Female	221	50.3%
Other		NR
<b>Total</b>	<b>439</b>	<b>100%</b>

NR = not reportable due to N<11

The Plumas County MHSA Three-Year Plan, 2023-26, continues to serve Plumas County consumers and their families in each community through a comprehensive plan of improving Systems of Care behavioral health access in all communities. It continues to improve access to services and to provide high-quality and expanded services in the schools through school-based services and in the communities at PCBH Wellness Centers. The plan continues the Department's goals of client and family driven services with opportunities for Full-Service Partners to improve their outcomes through meaningful employment and education.

Improvements in expansion of service deliveries by PCBH include increased behavioral health services in the County jail, a completely revised system to meet DHCS's standards for network adequacy, ensuring new client contact and the intake/assessment appointment occur within the 10-day window, an improved access through the Department's open access model at all 3 clinic locations with plans to return to the Greenville after the wellness center there was lost in the Dixie Fire. PCBH has expanded telehealth days of operation with 3 new contracted telehealth providers. PCBH was able to rent office space in the community of Greenville 2 days a week to provide telehealth and telemed services in this community. PCBH has been unable to locate an appropriate option to re-open a Wellness Center in Greenville.

## A. Full-Service Partnerships

Plumas County's current Full-Service Partnership program enrolls from fifteen (15) to thirty (30) clients at any given time (FSP census in 2022/2023 for the entire year was 25), who demonstrate the highest need for supports and services, based on criteria including a diagnosis of severe mental illness, or severe emotional disturbance in a minor, and other risk factors, including but not limited to being homeless or at risk for homelessness, hospitalization, or incarceration. PCBH continues to make progress in developments and supports for the FSP program. Since 2020 a formalized procedure has been used to review each client for enrollment as full-service partners through the Department's Utilization Management (UM) review process, with quarterly re-assessment and status updates.

In any given program year through June 30, 2026, MHSA Plan Year, PCBH is projecting it will provide Full-Service Partnership services and supports to the following number of clients by MHSA age category:

Projected FSP Enrollment by Age:

<b>0 - 15 years</b>	<b>6</b>	<b>15%</b>
<b>16 - 25 years</b>	<b>10</b>	<b>25%</b>
<b>26 - 59 years</b>	<b>14</b>	<b>35%</b>
<b>60+ years</b>	<b>8</b>	<b>20%</b>
<b>Total</b>	<b>40</b>	<b>100%</b>

In Fiscal year 23/24 the FSP Enrollment had a large decrease, only serving 18 individuals as FSP. 10 of these individuals were housed, 3 provided emergency lodging, and 11 were provided non-housing related ancillary services.

For the past 8 years, PCBH has been contracting with Environmental Alternative, Inc. (EA) to assist with the identified need for greater oversight, intensive case management and housing stability for the Department's Full-Service Partner clients. The program has shown success in helping FSP clients to stabilize, remain housed, engaged in therapy, and working with their case managers in decreasing functional impairments and homelessness, prolonged suffering, and unemployment. There has been a decrease in negative outcomes associated with a serious mental illness for full-service partners, specifically hospitalization, incarceration, and homelessness.

EA's program has become more comprehensive by adding therapeutic services to those already in place and an on-site 24/7 peer staff. Participants will be identified and referred by PCBH Utilization Management process, and a service plan will be created by PCBH clinical staff and EA to best meet the participant's needs and treatment goals, while the partner lives in a safe, stable environment and receives a scaffolded "whatever it takes" system of support and resources.

Last year EA and PCBH partnered for EA to add a work crew to their service delivery which will further help clients to gain daily living skills such as budgeting, banking, establishing a consistent schedule, learning skills appropriate for the work force, communication and a safe environment for clients to learn skills for managing their symptoms. Unfortunately, due to staffing shortages, EA was unable to get its work crew up and running during the 23/24 fiscal year.

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 problem list for ongoing therapeutic services.

In Fiscal Year 2023-24, PCBH provided outreach and engagement and client support services to more than 25 new and re-engaging clients. PCBH provided direct support for clients, such as clothing vouchers, one-time supports, emergency food assistance, bus passes, etc. Emergency lodging through outreach and engagement services and emergency lodging through client support services were also achieved.

Some of these clients were later enrolled in Full-Service Partnership housing programs with local contracted service provider – 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.

1.	<b>Program Name</b>	Environmental Alternatives Full-Service Partnership (FSP) Program and Transitional Housing						
	<b>Program Partner</b>	Environmental Alternatives, Inc.						
	<b>FY24/25 Budget</b>	Up to \$765,113 MHSA funds/\$157,000 in federal funds Additional \$500,000 for necessary maintenance and repairs to sustain appropriate housing units and create ADA access units.						
	<b>Program Type</b>	New	<input checked="" type="checkbox"/>	Continuing				
	<b>MHSA Emphasis</b>	General Systems Development (Non-FSP)	<input checked="" type="checkbox"/>	Full-Service Partnership (FSP)				
	<b>Age Groups Served</b>	Outreach and Engagement (O/E) Children (0-15)						
		X	Transitional Age Youth (16-25)					
		X	Adult (26-59)					
		X	Older Adult (60+)					
	<b>Expected Enrollment FY24/25</b>	14 adults and older adults enrolled at any one time (FY22/23 served over the course of one year)						
	<b>Anticipated Cost per Client:</b>	\$25,000-\$47,900						

### **Program Deliverables**

Environmental Alternatives is a non-profit organization with the knowledge and ability to fulfill the mission of providing comprehensive services to homeless PCBH FSP clients and offers a program tailored to meet their identified needs. EA will be taking on our 4 transitional housing units as of July 1, 2023. These 4 units are for a lower level of care and do not require 24/7/365 overview. These units are designed to house a client for up to 3 months in preparation for obtaining their own housing.

## **Goal**

The goal of this program is to provide up to ten (10) qualified individuals (longer term housing) and four (4) individuals (transition housing) who meet eligibility for *MHSA Full-Service Partnership* through Plumas County Behavioral Health's Utilization Management (UM) review process with:

- a single-occupancy residence, up to 50% of the units will be designated as Transitional Sober Living Environment (TSLE) housing for co-occurring individuals, and a broad array of services and supports to promote:
- a stable and secure living arrangement
- progressively increased normalcy and integration in accord with participant capacities
- sustained periods of non-incarceration and non-hospitalization with decreases in overall incarcerations and hospitalizations
- optimal use of existing community resources
- accommodations for mental and physical disabilities
- improved health outcomes and quality of life
- harm reduction interventions to support sober living
- individualized goals and outcomes to improve independent living skills
- individualized permanent housing planning to optimize community integration upon program exit
- individualized vocational/educational planning and support

## **Program Philosophy**

The qualifying population has been identified as needing targeted help and services because of higher than average risk factors for homelessness, incarceration, hospitalization and/or failure to respond favorably to normal intervention efforts. It is therefore important for this program to maintain a tolerance for and understanding of participant setbacks. For example, participants who have been previously discharged from the program should not be automatically rejected for future services. Rather, it challenges the program to develop alternative strategies and practices for handling especially difficult cases. Flexibility and consistency are hallmarks of the program's orientation.

Success for the targeted population is best measured by identifying small gains and evolving stability, as viewed against a background of less desirable outcomes for these individuals. Program tolerance for non-conformity and abnormality is the norm, while implementing program and community standards for greater participant acceptance.

It is the program's belief that participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. Therefore, all participants are assigned a staff mentor whose major responsibility is to develop a trusting and comforting relationship. Employees assigned that task assume the complex role of an advocate, facilitator, coordinator and guide to participants. Thus, this program intends to blend the role of a standard case manager with characteristics of an emotionally invested mentor. The interpersonal bond becomes a foundational resource in assisting participants to sustain progress and stability.

## **I. TARGET POPULATION:**

County-referred MHSA FSP clients who are Plumas County Medi-Cal beneficiaries:

These are Seriously Mentally Ill (SMI) adults, many of whom will have a co-occurring substance use disorder (SUD) diagnosis, as identified by Plumas County Behavioral Health's Utilization Management review process.

For these FSP participants, there are up to ten (10) units available across two program campuses during this contract period and four (4) transitional units. For services to be eligible for payment, all eligible clients must be approved by the County specifically, as follows:

- A. The County will provide initial signed approval for service authorization.**
- B. All MHSA FSPs will require a County-approved Utilization Review (UR) process every three months.**

## **II. PROGRAM DELIVERABLES:**

- A. Wraparound services will include formal therapeutic interventions (i.e. risk assessment, crisis prevention and stabilization, individualized treatment planning, targeted case management, and access and utilization of formal and informal supports and referrals).**
- B. 24/7/365 Coverage - Contractor will be available 24 hours per day, seven days per week, and 365 days per year (24/7/365), with a minimum of five client contacts each week, to facilitate the therapeutic, rehabilitative, case management, and transportation needs of each client; to ensure clients have access to the support they need, including meeting clients who are in crisis in the emergency room. The exception being the 4 transitional units which are designed for clients to have independence as they move towards obtaining their own housing over a 3 month period.**

Response staff may include case managers, rehab counselors, therapists, and peer support staff. Staff changes will be communicated to PCBH immediately and no later than one business day, so that EHR access may be revoked.

- C. Maintain consistent high-fidelity FSP Community-Integrated Service, with wraparound principles.**

- D. Provide individual and group services specific to each client's unique needs, including but not limited to:
      - 1. Feedback Informed Treatment (FIT)
      - 2. Trauma Focused Cognitive Behavioral Therapy (TFCBT)
      - 3. Dialectical Behavioral Therapy (DBT)
      - 4. Substance Use Disorder support and intervention
      - 5. Motivational Interviewing (MI)
      - 6. Seeking Safety
  - E. Consistent outreach and engagement strategies to enable each client to live in his/her own residence, to find and maintain meaningful activities in their community – whether vocational, educational, or service-oriented, to better manage symptoms of his/her illness, and to receive support in maintaining optimism that their recovery is achievable:
    - 1. Feedback Informed Treatment (FIT) to increase client engagement and maximize clinician responsiveness to client perception of outcomes
    - 2. Motivational interviewing
    - 3. Education regarding available services
    - 4. Determining and re-evaluating at 3-month intervals, each client's strengths and challenges, interests, risk indicators and life goals
    - 5. Assuring services are provided in ways that meet the cultural and linguistic needs of each client
    - 6. Assuring client identification and development of meaningful life activities and roles within his/her community
    - 7. Locate and secure safe, affordable and appropriate housing options based on each client's needs and stated preferences
    - 8. Concurrent/Collaborative Documentation
  - F. Provide clients with the following housing retention support strategies:
    - 1. Assistance with obtaining federal housing subsidies (Housing Choice Voucher Program) as available
    - 2. Training in skills necessary to maintain acquired housing
    - 3. Timely linkage with utility resources
    - 4. Payment of rental and utility obligations
    - 5. Housing repair and maintenance
    - 6. Budget skill development
    - 7. Client rental share of cost to build skills in self sufficiency
    - 8. Unit turnover at time of move out
  - G. Provide vocational readiness support and training to all clients, including:
    - 1. Developing employment resources in the community through linkage and partnerships
    - 2. Partnering with community-based employment services to assess work skills and training needs

- H. Assist participants with linkage to and coordinate supports with primary care team and Conservator, as assigned.
- I. After-care services for clients transitioning to independent permanent housing:
  - 1. Case management, titrating to less frequency, as appropriate to need
  - 2. Therapy a minimum of two times per month
  - 3. Service delivery type, duration and frequency to be determined by periodic PCBH UM review.

### **III. MONITORING:**

Contractor shall track and report quarterly to MHSA or as noted on the following:

- A. Partnership Assessment Form (PAF) for FSP Clients due: no later than twenty (20) days from the date of referral
- B. Quarterly (3M) Report for FSP Clients due: no later ten (10) days after the completion of each three-month service
- C. Key Event Tracking (KET) Forms for FSP Clients due: within 72 hours of the key event occurrence (i.e., Psychiatric Hospital Days, Incarceration Days, Homeless Days, Emergency Interventions, Employment Change, etc.)
- D. Utilize and provide County with Client Feedback Informed Treatment (FIT) trajectories.
- E. Bi-annual Adult Needs and Strengths (ANSA) and Milestones of Recovery Survey (MORS) completion for each client, as well as development of the participant's Individual Services and Supports Plan (ISSP).
- F. Bi-Annual completion of the State Consumer Perception Survey and applicable MHSA stakeholder input.
- G. Additional indicators of effectiveness and timeliness of engagement strategies, including:
  - 1. Stability and tenure of community-based housing
  - 2. Participation in non-mental health activities in the community
  - 3. Service utilization (e.g., groups)
  - 4. Each clients' self-report through individual wellness self-perception surveys at 3-month intervals beginning at the 6<sup>th</sup> month after enrollment.
- H. Meet quarterly with PCBH program staff to review compliance with program deliverables,

monitoring, and participant outcome measures

#### **IV. MEASURABLE PROGRAM OUTCOMES:**

Contractor will ensure that the following program participant outcomes are achieved:

- A. 80% of program participants will demonstrate a 75% decrease in incarcerations and hospitalizations compared to their pre-program levels in the year prior to program enrollment.**
- B. 80% of program participants will have completed an employment and training needs assessment within the first six months of enrollment in the program.**
- C. 80% of program participants who remain in the program at least 9 months will obtain a community-based job or volunteer opportunity that is commensurate with their skill level and that aligns with their mental health treatment goals.**
- D. 60% of program participants will report an increased overall wellness in their self-perception score at the end of the program year, including improved measures of physical wellness, a sense of belonging, hope for their recovery, and greater life purpose.**
- E. 60% of program participants living with a co-occurring severe mental illness and a substance use disorder will engage in SUD treatment at least 80% of their sessions.**
- F. Contractor will provide Medi-Cal billable specialty mental health services with a productivity expectation set at 50%.**

#### **Other Program Outcomes**

- Maintain housing stability – with plan to move to permanent housing
- Improve functioning and self sufficiency
- Increase engagement in treatment and case management services
- Establish positive support system
- Community of practice standard

*Federal Financial Participation (FFP)* will be reimbursed to the department for Medi-Cal billable direct services based on the approved Plumas County Behavioral Health Medi-Cal Fee Schedule. This program incorporates funding braided from the following agencies:

MHSA, SAMHSA Mental Health and Substance Abuse Prevention and Treatment Funding:

23-24 Description of Funding Source	Not to exceed:
MHSA Community Services and Supports FSP Program	\$765,113.00
SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG) Housing Services (TSLE)	\$100,000.00
Repairs, Maintenance, upkeep of Housing units	\$500,000.00
<b>Total</b>	<b>\$1,365,113.00</b>

### **MHSA FSP and SAMHSA Housing Programs**

For FSP therapeutic, housing, and supportive services, Contractor will bill a monthly bundled rate of \$7,105.00 per participant for the ten (10) long term units. This reflects an array of "whatever it takes" therapeutic and case management services, including but not limited to tracking medication supply and availability, psychiatric and therapy appointments, attorney, probation, and/or court obligations, and medical treatment coordination. Staff to participant ratio is 1:5 in accordance with need for heightened participant monitoring. Contractor will bill a monthly bundled rate of \$ for the four (4) transitional units.

In some cases, participants who may have difficulty transitioning to an EA therapist may continue to receive therapy from the existing PCBH provider until such time as a transition is suitable. In such cases, the fee for bundled care shall be reduced by \$600 per month, from \$7,105.00 to \$6,505.00.

Individuals who have successfully completed this program and have moved into an independent permanent living arrangement may be provided with a continuation of therapeutic and case management services by Contractor, and costs for these services will be based on the current, approved Plumas County Behavioral Health Medi-Cal Fee Schedule.

Federal SAMHSA funds will be used to pay for transitional sober living environment housing for PCBH clients living with a co-occurring severe mental illness (SMI) and a substance use disorder. TSLE housing costs will be invoiced under a separate line item of up to \$1,222 per month for rent, utilities, and furnishing.

During the 24/25 and 25/26 fiscal years, EA will be working with PCBH to determine what maintenance and upkeep types of projects will need to be completed to sustain the housing units and ensure that they are up to code. Some of these projects may include, but are not limited to, new roofing, plumbing repairs, ADA updates, mold removal, safety repairs etc. Up to an additional \$500,000 may be spent to help secure/improve/maintain these housing units for PCBH clients.

<b>2. Program Name</b>	Plumas County Wellness Centers: Chester, Quincy, Greenville & Portola		
<b>Program Agency</b>	Plumas County Behavioral Health		
<b>FY24/25 Budget</b>	Up to \$218,000 Operating Costs + \$514,000 Personnel Costs		
<b>Program Type</b>	New	X	Continuing
<b>MHSA CSS Program</b>	X General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
	X Outreach and Engagement		
<b>Age Groups Served</b>	X Children (0-15)		
	X Transitional Age Youth (16-25)		
	X Adult (26-59)		
	X Older Adult (60+)		
<b>Expected Number Reached and Served in FY24/25:</b>	2,500 unduplicated across four centers		
<b>Estimated Average Cost Per Visit:</b>	\$70.00 (before Medi-Cal services offset as FFP)		

Wellness Centers in Plumas County have played a crucial role in the expansion of mental health and substance disorders services across the county. These centers are an essential location for outreach to community members and engagement of clients in the breadth of services offered at PCBH.

In the Fall of 2021, the Greenville Wellness Center was lost in the Dixie Fire. PCBH has worked with the Greenville Long Term Recovery team to develop a plan for getting a wellness center back in Greenville. There are currently no options for a Wellness Center in Greenville due to the complete destruction of the town and there being no buildings to rent. Land and property owners are tied up in litigation with PG&E which prevents them from doing anything with their land until the lawsuits are completed. PCBH cannot own or build anything and are at the mercy of finding a building to rent once rebuilding starts. PCBH was able to locate office space with the Plumas District Hospital Clinic in Greenville to allow for 1-2 days a week of therapy and tele-med services only until we can get a full Wellness Center back in the community.

In early 2021, Plumas County Behavioral Health began renovation plans for the Quincy wellness Center. The Drop-in Center in Quincy was located outside of town and was difficult for some clients to access. The Drop in Center was County owned property and the County made the decision to sell the property which required plans for relocating the Drop In Center which is now called the Quincy Wellness Center. The process was completed, and we moved into the new center in June of 2022. The Quincy Wellness Center as well as the Portola and Chester Wellness Centers are staffed by one site supervisor (located at the QWC) and three site coordinators, 1 located at each of the 3 centers.

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. Over the past 9 years, the Wellness Centers have proven to be an integral part of each community and has greatly decreased the challenges for individuals to access services.

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, one in each of the wellness centers in Portola, Quincy and Chester (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
- Telepsychiatry and telemedicine services
- 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
- Resource referrals to PCIRC and other service-based agencies; ongoing food/clothing distributions
- 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. Each site has community access desktops and libraries of books and DVDs.

The centers are located in each community, and they provide peer to peer support for clients and family members in need; the peer advocates will also help the Wellness Center site coordinator to identify community needs for developing wellness programming, and when possible, they may facilitate peer-run groups/activities.

Each of the centers will offer a range of services that are consumer-focused and recovery-based, helping PCBH to enhance and to improve access to our mental health services system. These services will include wellness and recovery focused programs such as nutrition, smoking cessation; individual and group services; as well as consumer-run activities (art, yoga), walking, and other activities that focus on engagement and wellness.

Each center has both clinical and case management staff, a site coordinator, four-wheel drive vehicle(s), and other transportation options. Additionally, community and agency partners who might be centralized in another part of the county are able to meet additional local needs by using "flex" space to provide one on one counseling and supports. Examples of this partnership include Social Services eligibility and social workers, Veterans Services case management and outreach workers, as well as Plumas Rural Services children and families' programs.

## **Outcomes**

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

General Systems Development: Community-Based Wellness Centers

FY23/24 Wellness Center Utilization (July 2023 – May 2024)

Chester – 1538

Portola – 1361

Quincy – 1428

<b>3. Program Name</b>	Adult and Transition Age Youth (TAY) Peer Employment Program				
<b>Program Agency</b>	Plumas County Behavioral Health				
<b>FY24/25 Budget</b>	\$50,000.00				
<b>Program Type</b>	New	X	Continuing		
<b>MHSA CSS Program</b>	General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)		
	Outreach and Engagement				
<b>Age Groups Served</b>	X	Children (0-15)			
	X	Transitional Age Youth (16-25)			
	X	Adult (26-59)			
	X	Older Adult (60+)			
<b>Expected Number Reached and Served in FY24/25:</b>	10 Adult and 12 TAY clients				
<b>Estimated Average Cost Per Client:</b>	\$4,500 for adults and \$1,500 for TAY clients				

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 or SSDI. These consumers participate and contribute to their communities by working abbreviated work schedules and are often 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 up to 9 months running from early spring to late fall depending on weather conditions. Clients are limited to 1 term in the adult work crew to allow for more clients to access this service and to prevent clients from becoming financially dependent on the program.

The Adult Peer Employment Program plans to enroll ten clients with an average attendance of eight participants per session. Outcomes will include participants who will transition to community-based employment and participants will report decreased feelings of isolation, an increase in self-confidence, and increased motivation to search for job opportunities outside of the program. Clients will also learn daily living skills such as budgeting, money management, banking, resume building, interviewing skills etc.

The program was moved to the Community Services and Supports (CSS) component in FY18/19 to better align with the goals of the CSS component, offering a supportive employment program to consumers living with a serious mental illness (SMI).

During Covid-19 and the Dixie Fire, PCBH lost staffing and had to put a halt to the adult work program. We were able to re-establish the program in Spring of 2023.

Plumas County Behavioral Health began its Transition 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. During 2020 and 2021 the program experienced a lot of changes from not being able to operate at all due to Covid restrictions to an increase in the workable season and hours due to lifted regulations when outdoors and the youth remaining out of school and having more flexible schedules and workable hours outside of summer. Unfortunately, during the summer of 2021, Plumas County was victim to the Dixie Fire and the program was not able to run due to unhealthy air quality from the smoke. In late summer of 2021, the community of Greenville was lost to the Dixie Fire which resulted in the loss of staffing and the overall loss of the program. PCBH would like to bring back the TAY program and has plans to do so but due to continues staffing shortages it has been difficult to find the appropriate staffing necessary to run this program. PCBH has identified a staff member who is completing their Masters Degree and will be available to run this program beginning Summer of 2024.

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. The Programs bridge two program fiscal years: from late June through early August. Workdays are typically 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, Rugged Roots Farm 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 take place on the South Park Trail system of the Cascades, Bucks Lake Wilderness, and Mt. Hough, and may include trail building and maintenance, trail engineering, and removal of forest overgrowth.

Projects with Rugged Roots Farm take place at the farm site in Quincy and includes agriculture and the farm to fork model of healthy foods and production and distribution. The Rugged Roots Farm also offers

different community opportunities to access healthy foods such as their "Farm Bucks" program, accepting EBT and distributing a box of fresh fruits and vegetables weekly to the Wellness Centers throughout the county.

One day a week, clients may spend 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 provide therapeutic interventions to individual participants and to the group. Treatment modalities utilized included Cognitive Behavioral Therapy, Solution-Focused Therapy and Mindfulness-Based Cognitive Therapy.

All participants will complete the program from start to finish. All participants are expected to complete 80% or more of the work activities (17/21 workdays). Progress will be monitored through documentation by program staff in individual Electronic Health Records and in communication with participants' individual treatment teams.

It is expected that 80% of participants may be able to terminate services shortly after program completion by meeting all their treatment goals.

Previous participants have gone on to obtain internships through the Forest Service, employment within PCBH, and other community agencies. Throughout the duration of the program, participants will receive 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 CSS funding is 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 was moved to the Community Services and Supports (CSS) component to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI) or serious mental disturbance (SED). Program cost per participant is less than \$1,500 per year.

Due to the potential for environmental risks to clients, PCBH will provide snacks and water or Gatorade to help prevent any environmental illness such as heat stroke or low blood sugar that could result in an emergency while out in the field on the TAY or Adult work crew. The safety of our staff and clients is our number 1 priority.

<b>4. Program Name</b>	Environmental Alternatives FSP Work Program				
<b>Program Agency</b>	Environmental Alternatives				
<b>FY23/24 Budget</b>	\$50,000.00				
<b>Program Type</b>	<input checked="" type="checkbox"/>	New	Continuing		
<b>MHSA CSS Program</b>		General Systems Development (Non-FSP)	<input checked="" type="checkbox"/> Full-Service Partnership (FSP)		
		Outreach and Engagement			
<b>Age Groups Served</b>		Children (0-15)			
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)			
	<input checked="" type="checkbox"/>	Adult (26-59)			
	<input checked="" type="checkbox"/>	Older Adult (60+)			
<b>Expected Number Reached and Served in FY24/25:</b>	14 Adults				
<b>Estimated Average Cost Per Client:</b>	\$3500				

The Work Program at Environmental Alternatives will operate similarly to the PCBH Adult work program but E.A. will focus working with the FSP population that is housed through E.A. and receives their case management services from E.A. staff.

E.A. 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. Clients will also learn daily living skills such as budgeting, money management, banking, resume building, interviewing skills etc. The goal for clients in the E.A. work program will be to transition from E.A. housing to their own established housing while having gained the skills to be financially independent of E.A. and PCBH services.

EA was unable to get a work program up and running during the 23/24 Fiscal year due to a shortage in staffing. PCBH is hopeful that EA will be able to obtain a full staff and begin this program in 2025.

<b>5.</b>	<b>Program Name</b>	Housing Purchase TBD		
<b>Program Partner</b>	TBD			
<b>FY24/25 Budget</b>	Up to \$800,000			
<b>Program Type</b>	<input checked="" type="checkbox"/> New			Continuing
<b>MHSA Emphasis</b>		<input checked="" type="checkbox"/> General Systems Development (Non-FSP)	<input checked="" type="checkbox"/>	Full-Service Partnership (FSP)
	Outreach and Engagement (O/E)			
<b>Age Groups Served</b>	Children (0-15)			
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		
<b>Expected Enrollment FY24/25</b>				
<b>Anticipated Cost per Client:</b>	One time cost to obtain additional housing units			

### Program Deliverables

PCBH was in the process of having discussions with the Spanish Creek Motel and partnering agencies to acquire the property to expand the amount of transitional housing units we have for the SMI population. Unfortunately, the property was sold to another individual before these discussions could be finalized. PCBH has continued to look for potential housing options throughout the 23/24 fiscal year.

### **Goal**

The goal of this program is to provide up to ten (10) qualified individuals who meet eligibility for *MHSA Full-Service Partnership* through Plumas County Behavioral Health's Utilization Management (UM) review process with:

- a single-occupancy residence.

- a stable and secure living arrangement.
- progressively increased normalcy and integration in accord with participant capacities
- sustained periods of non-incarceration and non-hospitalization with decreases in overall incarcerations and hospitalizations
- optimal use of existing community resources
- accommodations for mental and physical disabilities
- improved health outcomes and quality of life
- harm reduction interventions to support sober living
- individualized goals and outcomes to improve independent living skills
- individualized permanent housing planning to optimize community integration upon program exit
- individualized vocational/educational planning and support

During the 23/24 Fiscal year, PCBH has been working to identify potential options for additional housing throughout Plumas County. PCBH has identified 2 options for potential housing options and will continue to explore these options into the 24/25 fiscal year. The information on these 2 potential options is too early to report any details on in this annual update.

6.	<b>Program Name</b>	Dixie Fire Replacement Vehicles				
<b>Program Partner</b>		Plumas County Behavioral Health				
<b>FY24/25 Budget</b>		\$90,000 (insurance replacement), up to \$250,000 for program and Wellness Center vehicles				
<b>Program Type</b>		<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuing			
<b>MHSA Emphasis</b>		<input checked="" type="checkbox"/> General Systems Development (Non-FSP)	<input checked="" type="checkbox"/> Full-Service Partnership (FSP)			
		<input checked="" type="checkbox"/> Outreach and Engagement (O/E)				
<b>Age Groups Served</b>		<input checked="" type="checkbox"/> Children (0-15)				
		<input checked="" type="checkbox"/> Transitional Age Youth (16-25)				
		<input checked="" type="checkbox"/> Adult (26-59)				
		<input checked="" type="checkbox"/> Older Adult (60+)				
<b>Expected Enrollment FY 24/25</b>		3 replacement vehicles covered by insurance from loss in the Dixie Fire. Additional 3 vehicles including but not limited to a multi-passenger vehicle, utility vehicle, utility trailer for groups and work programs.				
<b>Anticipated Cost per Client:</b>		Case Managers and clinicians will have access to use these vehicles to provide services up to 250 clients annually				

### **Program Deliverables**

In August of 2021 the Dixie Fire went through the community of Greenville and destroyed the Greenville Wellness center along with 3 MHSA vehicles. The 3 vehicles that were destroyed in the fire will be replaced with insurance payouts. However, it was determined that additional vehicles would be needed to run programs more effectively and efficiently. One of these situations is the PCBH work crews. Typically, staff need to utilize multiple MHSA vehicles to get participants to and from the work sites. To make this process more efficient with staffing shortages, it would be more effective to have a larger multi-passenger vehicle that can accommodate both the participants and the equipment needed.

The program equipment is something that is required at each job site and in order to keep the equipment safe, secure and accessible the purchase of a utility trailer would greatly impact the work crews ability to operate effectively and consistently.

### **Goal**

The goal of the vehicle purchases will be to provide staff members with safe and reliable vehicles for providing in-the-field services to clients. Plumas county is a frontier county spread out over 2,553 square miles. This requires PCBH staff to travel to multiple communities and locations to provide adequate services to their clients.

The goals of the multi-passenger vehicles and utility trailer will be to reduce the amount of time spent organizing, loading, and transporting both program participants and equipment for the work crews and group activities. This will allow for more direct intervention time spent with clients.

Vehicles were not purchased during the 23/24 fiscal year but the process for researching appropriate vehicle options was started. This process will continue into the 24/25 fiscal year with a goal to purchase the vehicles before June 30, 2025.

7.	<b>Program Name</b>	Crisis Support for Local Hospitals				
	<b>Program Partner</b>	Eastern Plumas Health Care, Plumas District Hospital, & Seneca				
	<b>FY24/25 Budget</b>	\$60,000				
	<b>Program Type</b>	<input checked="" type="checkbox"/> New		Continuing		
	<b>MHSA Emphasis</b>	<input checked="" type="checkbox"/> General Systems Development (Non-FSP)	<input checked="" type="checkbox"/> Full-Service Partnership (FSP)			
		Outreach and Engagement (O/E)				
	<b>Age Groups Served</b>	Children (0-15)				
		<input checked="" type="checkbox"/> Transitional Age Youth (16-25)				
		<input checked="" type="checkbox"/> Adult (26-59)				
		<input checked="" type="checkbox"/> Older Adult (60+)				
	<b>Expected Enrollment FY24/25</b>	Up to 120 individual crisis situations				
	<b>Anticipated Cost per Client:</b>	\$500				

### **Program Deliverables**

The purpose of this program is to provide support to the local hospitals that are dealing with 5150 holds and assessments. Since Plumas County is rural, all 5150 hospitalizations are out of county placements. It can often be difficult to locate and secure a bed in contracted hospitals which requires patients to be in the local Emergency Room for multiple hours. This contract will help the hospitals to find supporting staff to sit with these patients while they are waiting for a bed. It is imperative that the emergency rooms have adequate staff to sit with these patients to keep them safe while not reducing the staff that is available to handle other emergencies. A patient on a 5150 hold must always be watched. This program will help provide the funding needed for the hospitals to hire sitters to ensure that not only the 5150 patient is being appropriately cared for but that there are still adequate staff to handle other life-threatening emergencies in the ER.

### **Goal**

The goal of this program will be to improve access and care for those in crisis and in need of round-the-clock observation. This will not only improve care for SMI patients in the emergency room, but it will also improve the collaboration and working relationships between PCBH and the local hospitals.

When agencies can work together and have positive working relationships, we are able to improve the care we provide to our patients.

During the 23/24 fiscal year, PCBH and the local hospitals were not able to get finalized contracts in place but this is a benefit we hope will be available in the next fiscal year.

## *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 and Seniors are other large populations in Plumas County which receive PEI funding for programs targeting these underserved populations.

For FY 24/25 most of the PEI program budgets were increased in order to help the partners expand their services and find ways of maintaining services after July 1, 2026 when the new BHSA takes affect and most of these programs will be at risk of losing support from MHSA funds.

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.

<b>Program Name</b>	Veterans Services Office – Veterans Outreach
<b>Program Partner</b>	Plumas County Public Health Agency
<b>FY2024/25 Expenditure</b>	\$95,000
<b>PEI Program Type</b>	Improving Timely Access to Services for Underserved Populations
<b>Age Groups Served</b>	Transitional Age Youth (16-25) Adult (26-59) Older Adult (60+)
<b>Reduction of Negative Outcomes:</b>	Unemployment, homelessness, suicide, and prolonged suffering
<b>Number of Participants</b>	Targeted outreach: 1,807 veterans MHSA demographic data collected: 474
<b>Program cost per participant:</b>	\$105.49

Fiscal Year 22-23 resulted in highly successful veteran and dependent contacts, submitted claims for both VA disability payments and VHA healthcare admittance. The outreach program initiated in Fiscal Year 21-22 continued into Fiscal Year 22-23. The year resulted in \$526,937 dollars in retroactive VA payments to county veterans, new monthly disability payments averaging \$81,450, totaling \$1,504,334 in new VA money paid to county veterans or their dependents. This year was the highest on record for the county and calculated to a 76% increase in the previous 10-year average. Total submitted claims for the year totaled 149, which was the second highest (3 short of the highest) claim submissions on record and was a 35% increase on the running 10-year average. Plumas County is the 6<sup>th</sup> smallest veteran population in the state but out produced the next 5 larger veteran populations in claim payments. The Fiscal Year 22-23 continued with the plan to connect with veterans and their families at community and evening class events.

#### SERVICE ORGANIZATION MEETINGS:

- Quincy CA VFW Post # 3825. Attended meetings with attendees in parentheses on 07/19 (6), 08/16 (5), 12/20 (4), 01/17 (5), 02/21 (7), 03/20 (6), 04/17 (7), 05/15 (7). Eight (8) meetings attended and 47 attendees. Topic presentations at meetings on VA Community Care utilization, new VA Burial Urn for ashes, and Update on PACT Act claim dates.
- Portola CA VFW Post # 3758. Attended meetings with attendees in parentheses on 08/01 (6), 09/05 (7), 12/05 (5), 02/06 (7), 04/01 (5). Five (5) meetings attended with 30 attendees. Topic presentations on VA Community Care utilization, new VA Burial Urn for ashes, and PACT ACT claim dates.
- Portola CA American Legion Post # 3755. Attended meetings with attendees in parentheses on 08/02 (8), and 04/02 (9). Two (2) meetings attended with 17 attendees. Topic presentation on VA Community Care utilization and new VA Burial urn for ashes.

- Greenville CA American Legion Post # 568. Attended meeting dates with attendees in parentheses on 08/08 (5), 09/12 (6), 11/14 (5), 12/12 (5), 03/12 (6), 03/09 (7). Six (6) meeting attended with 34 attendees.
- American Legion District 3 meetings attended in Susanville CA – 09/16, 11/18, 03/23.
- VFW District 15 meetings attended in various locations in the northern CA area – 02/10, 05/11.
- **TOTALS FOR SERVICE ORGANIZATION MEETINGS** – 26 meetings with presentations to 69 attendees.

#### OFFICES OPEN IN PORTOLA CA

- July 18, August 1 and 15, September 5 and 19, October 17, November 7 and 21, December 5 and 19, January 2 and 16, February 6 and 20, March 5 and 19, April 2 and 16, May 7 and 21 and June 4 and 18. (3.5 contacts per session on average for total of 77 contacts).

#### OFFICE OPEN IN CHESTER CA

- July 11 and 25, August 8 and 22, September 12 and 26, October 10, November 14 and 28, December 12, January 9 and 23, February 27, March 12 and 26, April 9 and 23, May 14 and 28 (3.5 contact per session on average total contacts of 66 contacts).

#### EVENING PRESENTATIONS “VA 101 – DISABILITY COMPENSATION CLAIMS WITH EMPHASIS ON INCREASES AND SECONDARY CONDITIONS”

- Portola CA - 04/25/2024 eleven (11) attendees.
- Quincy CA - 04/26/2024 eleven (11) attendees.
- Chester CA - 04/30/2024 five (5) attendees.

#### COMMUNITY EVENTS INFORMATIONAL BOOTH STAFFING

- Greenville CA Gold Digger Days on July 15, 2023 (20 contacts)
- Plumas/Sierra County Fair, Quincy CA on July 27, 28, 29, and 30, 2023
- Plumas/Sierra Veteran Lucheon on August 8, 2023
- Eastern Plumas District Hospital Wellness Fair on August 26, 2023
- Feather River College Career Day on September 11, 2023
- Quincy Ground Hog Days on February 2, 2024 (7contacts)
- Plumas County Children Fair, Quincy, CA on May 11, 2024 (9 contacts)
- Lassen County Veteran Stand Down on May 18, 2024 (5 contacts)
- Memorial Day Ceremony, Quincy CA on May 29, 2024 (7contacts)

#### PLUMAS/SIERRA COUNTY VETERAN STAND DOWN

- August 11 and 12, 2023
- 43 veteran contacts.

## PLUMAS CRISIS RESOURCE INTERVENTION CENTER NEW EMPLOYEE TRAINING

- Training held on 11/27/2023
- 5 new employees trained on the VA and CalVet benefit stream available to veterans and dependents who connect with the Center.

## THE VETERAN ADDICTION CRISIS, TREATMENT THAT WORKS -PROJECT OPIOID USA

- National Webinar, November 30, 2022.

<b>Program Name</b>	Senior Connections
<b>Program Partner</b>	Plumas County Public Health Agency
<b>FY24/25 Expenditure</b>	\$95,000
<b>PEI Program Type</b>	Access and Linkage to Treatment
<b>Age Groups Served</b>	Adult (26-59) Older Adult (60+)
<b>Reduction of Negative Outcomes:</b>	Prolonged suffering and suicide
<b>Number of Participants</b>	Targeted outreach: 344 seniors MHSA demographic data collected: 92 seniors Case-managed home visits: 65 seniors
<b>Program cost per participant:</b>	\$351.35

#### Overview:

Senior Connections has been designed to enhance basic-need programs for 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 inhomebound seniors, who are indentified as underserved in Plumas County.

#### Enrollment/ targeted “underserved” group:

The MHSA-funded precention program employs strategies of improving timely access to services of underserved population and access and linkage to treatment through support of home visits by a public health education senior specialist to homebound seniors through linkage with the Senior Nutrition Program, and screens participants for early signs of depression or other mental illness.

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

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

#### History/ program components:

Over the past 6 years Senior Connections has created a home visiting program to connect with out home-bound seniors, who are at higher risk for developing physical and menatl illnesses, as well as for premature death. It is designed to encourage social connections, assess risks, and refer to appropriate services and esources. 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 the Senior Connection staff has the homebound visiting program.

Future projects include creating a resource link on the PCPHA website for resources and interesting articles our seniors, families and caregivers. Continue to hand out information flyers to congregate sites and lunches delivered. In collaboration with AFN, PRS and MDT in supporting, protecting, and providing services to this population.

#### Home Visiting Program

Visit 200-210 low-mobility individuals in their homes to relieve isolation and decrease prolonged suffering of depression, anxiety, or other potential health related issues, broadening access to health and social services, and connecting them to community.

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

#### Visiting Client Number: 210

Fourth quarter reports the number of intakes for homebound seniors receiving meals was 210. This is an increase of 5 from the last report. The three congregate sites are now all in full operation. Senior Nutrition continued to deliver meals to senior households over the last 12 months. Some deliveries include caretakers. 210 documented "regular" homebound meal participants reporting is based on what information was available at the time. Some of the participants still require weekend meals or additional meals, for some these are the only meals they have available. Per area we had the following additions and deletions. Portola gained 14, Quincy gained 5, Greenville lost 12 and Chester gained 1.

The Senior Connections Program Manager continued with pilot program of delivering meals with and without the normal drivers to the Portola and Chester homebound participants on a frequent basis. During this time, brief, but informative conversations took place to assess isolation issues, mental and chronic health issues and create a caring resource that could be trusted. This type of "eyeballs on" more of the participants allowed more to be seen and better follow-up visits with more focused information provided. Home visits would also be coordinated with IHSS and APS

when needed. Information was provided as requested on County services and referrals outside the area. Many of the participants looked forward to the regular weekly or at times, several times a week delivery of their meals and visiting.

The senior summit was not sponsored this year due to site considerations, (County Fair grounds, Quincy Veterans Hall) and the request to try more than 1 location due to driving distances from Chester and Portola. We will look to the 2024-2025 fiscal year to plan the next event. Fear of COVID and flu was also a deterrent for the event.

Activity name: Home Visits and Referrals	Q1#	Q2#	Q3#	Q4#	22-23 Total
Number of Home-Bound Seniors receiving contact from home visitor	35	40	42	36	153
Number of case management and information sharing contacts (clients, referrals, callbacks)	41	36	55+	39	171+
Total number of referrals	18	13	22	25	78+
• Mental Health Services	7	4	5	6	22
• Veterans Services	2	2	3	4	11
• Senior Life Solutions		1	1		2
• Adult Protective Services	1	1	2	3	7
• Housing	1	3	2	3	9
• Legal Services of Northern California		1	3	1	5
• HICAPP Medicare Advising	1	3	2	4	10
• Home Health		1	2	1	4
• Utilities Assistance / CA Lifeline phone		1		1	2
• Transportation			1	1	2
• IHSS	4	3	2	2	11
• Caregiver Support	4	3	3	5	15
• Vision and Hearing	2	4	6	5	17
• Meal participation		1	1	1	3
• Alzheimer's		2	1		3
• Parkinson				1	1
Number of referral follow-up surveys*:	15	11	18	22	66

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

	<b>Program Name</b>	Native Youth, Family, and Elders Prevention Program					
<b>Program Partner</b>	Roundhouse Council						
<b>FY24/25 Budget Cost</b>	\$95,000.00						
<b>Program Status</b>		New	<input checked="" type="checkbox"/>	Continuing			
<b>Emphasis</b>	<input checked="" type="checkbox"/>	Prevention		Early Intervention			
<b>Age Groups Served</b>	<input checked="" type="checkbox"/>	Children (0-15)					
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)					
	<input checked="" type="checkbox"/>	Adult (26-59)					
	<input checked="" type="checkbox"/>	Older Adult (60+)					
<b>Program and/or Strategy</b>		Access & Linkage		Early Intervention			
		Outreach for Increasing Recognition	<input checked="" type="checkbox"/>	Suicide Prevention or Other Prevention Program			
	<input checked="" type="checkbox"/>	Stigma & Discrimination		Improving Timely Access to Services			
<b>Estimated number to be served</b>	40						
<b>Estimated cost per person</b>	\$1,250.00						

Roundhouse Council is a community-based non-profit organization dedicated to providing language and cultural activities and education and resource support to Native American youth, families, and elders in Plumas County. This program focuses on reducing negative outcomes that may result from untreated mental illness, including school failure, suicide, and prolonged suffering.

Unfortunately, during the Dixie Fire in 2021, Roundhouse lost their Greenville facility and many of the items used in the following programming. The Roundhouse Council is working to re-establish the programming they lost during the fire and has plans to get back to providing all of the following services once their center is rebuild in the Greenville area. Roundhouse continues to offer the services and programming that they are able to including language services, children and youth services and community education through tribal activities and presentations.

#### Youth Activities

Roundhouse Council will work with local Native youth, providing them afterschool, weekend, and summer programming. Youth are offered Language, Traditional Dance, Hand game practice, along with youth prevention strategies, such as wellness groups and teen activity nights, as well as Native-specific mental illness stigma and discrimination reduction strategies. When appropriate, the organization provides a means for warm referral to other agencies, including Plumas County Behavioral Health, for its participants and their families.

### Wellness Groups

Roundhouse Council will partner with two main facilitators who travel regularly to Indian Valley from out of county. Roundhouse Council's Cultural Coordinator will assist current facilitators during their groups, optimizing the effectiveness of these interactions, measuring attendance and collecting participant demographics, and moderating communication among participants and community members.

Roundhouse Council staff has made connections with other tribes and villages and will invite them to visit and share their knowledge with our students on a one on one basis and in a group setting - these individuals will visit this program site multiple times over to impart generational and tribal knowledge.

Staff will continue to reach out to Native individuals who have experience working with Native youth programs and who would like to offer their knowledge to assist in our current youth programs. The skill level of these facilitators ranges in program knowledge geared towards Native American people and the different ways they interpret and internalize information that pertains to mental, physical and spiritual wellness: White Bison, 12-step programs, *Fatherhood and Motherhood Is Sacred*, Sacred Native Institute's *Healthy Relationships*, and *Tobacco Is Sacred, Drugs and Alcohol Are Not Traditional*, are a few programs these facilitators are trained to provide.

These are family-oriented programs that can be formulated to focus on youth and multi-generational participants. The importance of reaching out to different individuals and inviting them to participate in this program helps to keep the program new for returning participants, while continuing to bring in the facilitators who have already built rapport with them.

Staff has reached out to the local Tribal TANF office in Greenville to partner on creation of wellness-focused groups; this is an opportunity to reach more Native people in the community who may not currently participate in Roundhouse Council programs and will allow Roundhouse facilitators to partner with other Native American educators utilized by the TANF program to create future events and programs designed specifically for Native youth.

### Skill Building

Roundhouse facilitators will continue to work with local youth on traditional dance, hand-games, and Native language. These lessons are taught and retaught to assist youth in retaining the cultural curriculum to pass the teachings on to others in their families and communities for those who didn't have this opportunity, and as a legacy for the next generation of Native children.

Roundhouse Council will invite additional facilitators to share their unique talents with student participants, such as their ability to make dance regalia. Dance regalia can take years to make: the

work that goes into dance regalia is time consuming and tedious. There are many individual pieces that need to be made in order to create a full dance outfit.

Many of these pieces are made with natural materials and need to be treated as live spirits; part of the teachings of making one's own dance *Reigns*, another term for regalia, is that they must make them in a good way, because the emotions one feels while creating the dance Rigens is what one puts into the feathers, requiring the participant to want to feel happy for the Rigens to offer up good prayers. Creating one's own dance Rigens also demonstrates the owner's sense of pride in self and teaches patience.

### Language Program

There was a time in Native American History when tribes were not allowed to speak their language or practice their religion; practices that were punishable by death. The traditional teachings that RC can share with Native youth was passed down by Elders who retained the teaching of prior generations who practiced in fear of what could happen should they get caught. To be able to continue what RC has started with Native youth is a blessing from their Creator and is a solemn responsibility.

Roundhouse Council's Language program was born out of long-held recordings of local Elders who spoke the Maidu Language. Together with these recordings, the Maidu dictionary, and primary sources online and in the Berkeley Archives, RC and its educators have been able to start a language program.

The facilitators have used these recordings and created lesson plans for the Language group. This has been an ongoing learning process for the youth who participate in the Language group. Unfortunately, Maidu is not the first Language of RC participants, and without regular practice by RC's Language group, it will not survive for this and subsequent generations.

### Gatherings of Native Americans

Roundhouse Council will plan and host a GONA, or Gathering of Native Americans, each year of the Plan; this is where collaboration and partnerships with other Native programs will be beneficial: during a GONA the need for multiple facilitators is required for the breakout sessions and to assist if needed when the conversation intensifies, for the potential of one-on-one counseling, when needed. Roundhouse Council has observed that many Native adults are not as willing to participate in weekly groups, but they are willing to participate in occasional functions, such as a GONA, Big Time or Hand game Tournament.

GONAs are intended to provide tools for emotional, spiritual and physical wellness and subject matter can be based around issues that are important to youth, adults and multi-generations.

Big Times are also Gatherings of the people and are an opportunity for Native communities to gather to Dance and Pray for the people. A Big Time will be held for a few hours or many days: some Big Times are just for an opportunity to be social with other groups, while others are spiritual.

Hand game tournaments are a Traditional game that is believed to have been around since the beginning of time. The game has since been modernized and Tournaments now are played for money prizes, while for prior generations, play was for merchandise, such as tools or jewelry.

While Hand game tournaments are incentivized with prizes, the game is deeply rooted in the ritual of play and connected through time singing the same songs. The songs are unique to people's Tribal areas but have been shared along the Hand game Circuit.

GONAs, Big Times, and Hand game Tournaments are traditional ways for Native People to come together to share their common history and culture. These events highlight Tribal commonalities and differences drawing on the strengths that all Tribal people share: the love of their culture and the motivation to preserve it for future generations.

### Family Night Dinners and Elder Luncheons

During the next three years, Roundhouse Council will continue to work with students on culturally specific programs focusing on Tribal youth's mental, physical and spiritual wellness. Roundhouse Council will continue to meet the needs of the community by hosting bi-weekly Family Night dinners and monthly Elders' Luncheons.

While these meals help to supplement participating families' monthly food budgets, especially for struggling families who receive county aid, such as food stamps, they provide opportunities for Roundhouse Council leaders to assess wellbeing and to provide outreach when needed.

During family nights, the community members play games, tell stories, watch movies, or just visit. This allows Native families to stretch their monthly food budgets and have a break from cooking. Family night dinners offer a time for families to socialize in a safe and welcoming environment, while participating in activities that focus on harm reduction and are drug and alcohol free.

The Elders' Luncheons serve Elders from Indian Valley and Quincy. This has been a longtime function of Roundhouse Council, and it provides an opportunity for Native Elders to get out of their homes and visit amongst each other. No activities are planned during this time because the Elders would rather chat with each other and socialize about the "good ol' days." Before everyone goes home the staff likes to share program schedules, in case any of the Elders would like to join Language group activities, family night dinners, cultural field trips, or offer to share their lived experience and knowledge during youth wellness groups.

### Program Participants and Outcomes

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

- 100% of those participating in Multi-Generational Wellness programs will have an increased knowledge of and connection to Native American culture, traditions, skills and language
- 100% of those participating will have increased connections to supports and linkages to services that may identify early signs of a mental illness, reducing mental health disparities among Native American families and decreasing prolonged suffering, suicide, and school failure
- 100% of those participating will receive timely access to supports and will experience reduced perceptions of stigma and discrimination in seeking and receiving mental health services
- All participants will have an increased sense of connection to family and community

Roundhouse Council will use sign-in sheets to show participation. Participation is voluntary and to have continual participation shows success of the program, along with feedback from the facilitators. Evaluation forms will be filled out by group facilitators to indicate their perceptions of group progress and to indicate when changes or adjustments are required. There will also be check-ins with all participants on a quarterly basis to assess to what extent the participants perceive the groups are progressing and if they are needed.

The Executive Director of Roundhouse Council will be responsible to guide staff in collecting demographic and outcomes data for Plumas County Behavioral Health MHSA Program, including sexual orientation and gender identity information, as age appropriate. The Executive Director will prepare required program and outcomes reports and submit these upon the established timelines of the MHSA Program.

Roundhouse Council regularly seeks federal, state, foundation, and corporate grant funding to support and sustain programming. The agency utilizes grant writing services provided by the Lassen-Plumas-Sierra Community Action Agency as in-kind to their program for development and support of long-term sustainability.

<b>Program Name</b>	Youth Prevention Services – Visions
<b>Program Partner</b>	Plumas Rural Services
<b>FY24/25 Expenditure</b>	\$30,000
<b>PEI Program Type</b>	Prevention: Access and Linkage to Treatment and Suicide Prevention
<b>Age Groups Served</b>	Children and their families (0-15) Transitional Age Youth (TAY) (16-25)
<b>Reduction of Negative Outcomes:</b>	Suicide risk, school failure/dropout, removal of children from their homes, and prolonged suffering
<b>Number of Participants</b>	15
<b>Program cost per participant:</b>	\$1200

The Visions Youth Prevention Program provides prevention services for up to 15 girls and nonbinary youth, ages 11-18. Originally grounded in research on girls' development, the program was updated in 2022-23 to reflect the changing needs of adolescents and the youth-led desire to increase inclusion in the program. Youth participants in the formerly named Girl's Rite program saw a need to offer this space for their nonbinary classmates in 2022, and the Visions program developed through their leadership and drive.

Visions provides space for girls and nonbinary youth that supports participants' capacity for building self-confidence, physical and emotional resiliency, healthy relationships, and participating in regular physical activity. This work promotes these five protective and promotive factors of the Youth Thrive prevention framework, which is a trauma-informed, strengths-based youth development program to mitigate risk of and/or reduce negative outcomes that may result from untreated mental illness, such as suicide risk, school failure or dropout, and risk of removal of an adolescent from the family home. We know these risks increase significantly for LGBTQ+ youth, including gender non-conforming youth.

According to a 2011 study in the Journal of Adventure Education and Outdoor Learning, "all-girls programs create a space for adolescent girls to feel safe, increase their connection with others, and provide freedom from stereotypes." Furthermore, outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy, and initiative, with positive results persisting for years.

Visions will be delivered in Quincy with after-school meetings every week 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. Through regular discussion and interaction, the coordinator

fosters bonds with participants that enables them to use her as a resource when they are facing challenges, including providing warm referrals for mental health assessment, as needed.

Professional women, nonbinary adults and other ally adults in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the participants' own community. In addition to promoting protective factors described above, this work fosters an early introduction to possible future professions for participants, giving them relatable role models within their community and aspirational goals that insulate against future risks of unemployment and homelessness.

Program facilitator deliverables include:

- Holding two (2) afterschool meetings per month during the school year
- Leading seven (7) full-day excursions over the summer
- Leading one (1) multi-day campout over the summer
- Attending one (1) youth leadership development conference (the Reach Conference)
- Referrals to an early intervention or other mental health services will be tracked, reported, and a follow-up call or meeting with the participant and family will be conducted.

Measurable outcomes:

This prevention and improving timely access program will focus on reducing negative outcomes that may result from an untreated mental illness through building protective factors. By the end of the program year and through participant self-assessment or self-perception questionnaires, the program expects:

- increase of at least 60% of enrolled youth who report a perception of increased self-confidence.
- increase of at least 40% of enrolled youth who report a perception of an improved or a healthier relationship with family members or other primary social connections.
- increase of at least 40% of enrolled youth who report perception of improved emotional self-regulation or emotional resiliency.
- Decrease of at least 40% of enrolled youth reporting feelings of depression, sadness, or suicidal ideation.

Data collection methods:

PRS collects MHSA-specific demographic data for participants from initial enrollment forms. The Visions Coordinator tracks participation at meetings and other events. PRS also collects data on protective and promotive factors intended to mitigate risk and enhance healthy development and wellbeing. This data on factors of youth resilience, access to system of supports, social/emotional/physical well-being is surveyed via a pre- and post-questionnaire; answers to this questionnaire also help the coordinator to hone meeting topics for participants' needs.

c.

<b>Program Name</b>	School-Based Prevention Services
<b>Program Partner</b>	Plumas Unified School District
<b>FYI 24/25 Expenditure</b>	\$251,932.00
<b>PEI Program Type</b>	Prevention and Early Intervention
<b>Age Groups Served</b>	Children and their families (0-15) Transition Age Youth (16-25)
<b>Reduction of Negative Outcomes:</b>	School failure/dropout, suicide, removal of child from their family's home, prolonged suffering
<b>Number of Participants</b>	1275
<b>Program cost per participant:</b>	\$198 per student

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

**Background:**

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

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

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in conjunction with Student Services Coordinator support. Each school site has an intervention team that meets at least 2x monthly to review data and students in need of intervention.

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

\*\*Due to change over in PUSD administrative staff, nothing was reported during this reporting period. The previous reporting information is outlined below for reference. The services were being provided during this period but the reporting information was lost with the staff that were in the positions at the time.

The MHSA Coordinator and QA Manager have met with PUSD during 2023 to re-establish the expectations and reporting requirements.

#### **Explanation:**

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

#### **Challenges:**

##### **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 I 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 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 in 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 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 occurred.

Types of treatments individuals may be referred to:

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

Individuals Who Followed through on Referrals and Engaged in Treatment:

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

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

The most notable challenge has been the lack of Behavioral Health providers in our area despite significant recruitment efforts. It is easier now to track how many referrals the schools have sent to the different provider options for our students, however as seen above tracking 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 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 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 team's 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.

A.  Suicide Prevention Program and Mental Health Awareness Campaign

<b>Program Name</b>	Suicide Prevention Program and Mental Health Awareness Campaign
<b>Program Partner</b>	PCBH, FRC, PUSD
<b>FY 24/25 Expenditure</b>	\$40,000.00
<b>PEI Program Type</b>	Suicide Prevention / Community awareness
<b>Age Groups Served</b>	Children and their families (0-15) Transition Age Youth (16-25) Adult (26-59) Older Adult (60+)
<b>Reduction of Negative Outcomes:</b>	Community awareness allows the different community members to also be a support to each other.

MHSA funding supports Plumas County's

During the 22/23 FY the materials received from CalMHSA were all in Spanish and therefore only a small percentage of consumers were able to utilize and benefit from these materials.

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.

During the 23/24 FY PCBH staff took on the challenge to create a county wide Awareness program for suicide prevention and mental health awareness. During the month of September, Suicide Prevention signs were put up in each community and at each Wellness Center. Both banners and yard signs were used to help build awareness throughout the county. Each clinical office was also equipped with suicide prevention gear and swag for clients and community members. Staff also attended local events like the college job fair and Dixie Fire recovery events to help expand the outreach to the community. During the month of May, PCBH staff prepared "Wellness Kits" for all the 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students throughout the county. The Wellness Kits included a copy of "The 5-Minute Mindfulness Journal for Teens" along with Mental Health Awareness items including stress balls, stickers, pens, ChapStick, pencil, and mini frisbees. Mental Health Awareness signage was also put up throughout the county using banners and yard signs. Each Wellness Center also provided copies of the journals and swag for clients and community members.

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)	1376
Transitional Age Youth (TAY) (16-25)	369
Adult (26-59)	36
Older Adult (60+)	94
Declined to state	0
Total	1875

- Race

American Indian or Alaska Native	140
Asian	4
Black or African American	46
Native Hawaiian or other Pacific Islander	NR
White	1456
Other	NR
More than one race	NR
Declined to state	
Total	1646

- Ethnicity

Hispanic or Latino as follows		
	Caribbean	NR
	Central American	NR
	Mexican/Mexican-American/Chicano	336
	Puerto Rican	NR
	South American	NR
	Other	NR
	Declined to state	134
Non-Hispanic or non-Latino as follows		67
	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	358
Decline to state	
Total	895

- Primary Language – Plumas County has no threshold language

English	1737
Spanish	121
Other	2
Declined to state	NR
Total	1860

- Sexual Orientation

Gay or Lesbian	NR
Heterosexual or Straight	129
Bisexual	NR
Questioning or unsure of sexual orientation	NR
Queer	NR
Another sexual orientation	NR
Declined to state	1718
Total	1847

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:			
	Communication domain separately by each of the following:	Difficulty seeing	1
	85	Difficulty hearing, or having speech understood	2
		Other (specify)	NR
	Mental domain not including a mental illness (including but not limited to a learning disability,		292

	developmental disability, dementia)		
	Physical/mobility domain		1
	Chronic health condition (including, but not limited to, chronic pain)		38
	Other: NR		
No			
Decline to state			
Total*			334

\*Respondents may have chosen more than one category

- Veteran status

Yes		292
No		1462
Decline to state		
Total		1754

- Gender

Assigned at birth	Male	997
	Female	873
	Decline to state	5
Total		
Current gender identity	Male	
	Female	
	Transgender	NR
	Genderqueer	NR
	Questioning or unsure of gender identity	NR
	Another gender identity	NR
	Decline to state	
Total		1875

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

	<b>Program Name</b>	School-Based Mental Health Services and Multi-Tiered Systems of Support					
<b>Program Partner</b>	Plumas Charter School						
<b>FY24/25 Cost</b>	\$140,000						
<b>Program Status</b>	<input checked="" type="checkbox"/> New			<input type="checkbox"/> Continuing			
<b>Emphasis</b>	<input checked="" type="checkbox"/> Prevention		<input checked="" type="checkbox"/> Early Intervention				
<b>Age Groups Served</b>	<input checked="" type="checkbox"/> Children (0-15)						
	<input checked="" type="checkbox"/> Transitional Age Youth (16-25)						
	<input checked="" type="checkbox"/> Adult (26-59)						
	<input checked="" type="checkbox"/> Older Adult (60+)						
<b>Program and/or Strategy</b>	<input checked="" type="checkbox"/> Access & Linkage	<input checked="" type="checkbox"/>	Early Intervention				
	<input checked="" type="checkbox"/> Outreach for Increasing Recognition	<input checked="" type="checkbox"/>	Suicide Prevention or Other Prevention Program				
	<input checked="" type="checkbox"/> Stigma & Discrimination	<input checked="" type="checkbox"/>	Improving Timely Access to Services				
<b>Estimated number to be served</b>	Up to 350						
<b>Estimated cost per person</b>	\$400.00						

PCBH will be contracting with the local Charter School to expand school based services and to meet increasing need for school-based mental health services, to serve up to an additional 350 students.

The prevention and early intervention components of the program utilize MTSS (Multi Tiered System of Support) research supported framework developed out of the University of Oregon and now implemented nationwide. MTSS is under the umbrella of PBIS and allows for data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. Plumas Charter currently uses MTSS and will begin working to implement PBIS. This has been further expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

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

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

Research out of the University of Oregon has shown that 60% of students who participate in Tier II level supports when non-responsive to Tier I will reintegrate into Tier I level functioning and not require referrals to the most intensive Tier III supports. This is precisely where both prevention and early intervention occur as students who begin to manifest signs of mental illness typically rise to this level of need for support. If we apply the evidence-based interventions with these students, research tells us that 60% will not go on to need Tier III level of supports, which often includes treatment for severe mental illness.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process.

Individuals who are assessed and require a mild to moderate level of mental health services will be referred to Plumas Charter for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community- and school-based specialty mental health services by PCBH staff.

Other Tier III supports provided by Plumas Charter include IEP evaluation and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

**Prevention:** Both Tier I and Tier II services provided at each school site through PBIS are focused on social/emotional and behavioral supports. When schools address social/emotional and behavioral issues within the framework of PBIS, data reports that this helps reduce risk factors for developing a potentially serious mental illness and builds protective factors such as emotional literacy, emotional regulation skills, improved conflict resolution and relationship skills. Tiers I and II support the goal of improving mental health, including the reduction of negative outcomes such as suicidality, school failure and drop out, and prolonged suffering. Tiers I, II and III are focused on capturing data points to determine levels of support including specific risk factors such as biological family history, neurological history, behavioral/social/economic/environmental risks, chronic medical conditions, adverse childhood experiences (ACEs), trauma, ongoing stress, exposure to drugs, poverty, family conflict, domestic

violence, racism and social inequities, prolonged isolation, previous mental illness, previous suicide attempts, and family history of mental illness or suicide attempts.

**Early Intervention:** Tier I and II supports also promote recovery and related improved functional outcomes for a mental illness early in its emergence. The data points gathered in the intervention team process through behavioral referrals and parent and teacher requests for assistance allow Plumas Charter to identify the risk factors above through prevention and promote recovery through the Tier II, and when needed, Tier III supports applied to the students and families in need.

Functional outcomes addressed include intervention with suicide risk, interventions applied to address risk of school failure and drop out, and intervention to identify and decrease prolonged suffering. Plumas Charter Early Intervention supports also include supports for family members of students, provided by or supported through Plumas Charter staff.

**Deliverables:**

- Plumas Charter will provide PBIS Tier I and Tier II infrastructure practice with fidelity in all communities within the district.
- Plumas Charter will provide a .5 FTE Student Services Coordinator/Behavioral Health Clinician in each community with student population less than 400 as funding allows.
- Plumas Charter will provide evidence-based Tier II interventions to students who are in need as determined by intervention teams (data collections and requests for assistance)
- Plumas Charter will provide awareness activities on campuses physically and virtually through social media for suicide prevention as well as mental health awareness.
- Plumas Charter will provide referral to PCBH for all Tier III individuals for assessment and level of care determination.
- Plumas Charter will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care.

**Measurable outcomes:**

- Plumas Charter will improve timely access to services for the underserved population of school children and youth. Site-based intervention teams meet once to four times monthly to review student data and requests for assistance. It is through this process that students are identified for necessary Tier II and Tier III services. Plumas Charter will be able to report out the number of students referred to services across the district quarterly (see below for collection method).
- Plumas Charter will provide access and linkage to treatment through the intervention teams student data screening process as well as through requests generated from awareness month activities – suicide prevention and mental health awareness. Intervention teams meet once to four times monthly. Referrals are generated through the Request for Assistance process at each site and intervention team recommendations through data analysis on students.
- Plumas Charter will provide supports using non-stigmatizing and non-discriminatory strategies by providing a tiered approach to supports which starts with application to the entire student body as well as awareness activities both on physical campus and virtually through social media outlets. Making it available to all students decreases stigma and discrimination.
- PCBH will be able to measure the access to services by comparing the number of intakes completed from school referrals with the reported number of referrals from Plumas Charter at the quarterly reporting periods.

- Plumas Charter will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care. The productivity standard is set at 50% due to other prevention and referral related tasks.

Data collection methods:

- Plumas Charter will utilize their student database to extract demographic reporting of students served.
- Plumas Charter will utilize intervention team data-based decision making to ensure identification of students in need of Tier II supports in each community.
- Plumas Charter will report the number of students within the district receiving Tier II evidence-based supports. These numbers will be collected through intervention team meeting minutes by school site.
- Plumas Charter will report the number of students within the district receiving Tier III referrals to mental health services, reporting PCBH referrals and non-profit or private referrals separately. These numbers will be collected through intervention team meeting minutes by school site.
- Plumas Charter will report the number of family members of students at risk that are supported by Plumas Charter Staff across the district. These numbers will be collected by Plumas Charter Staff documentation of daily contacts.

Projected number of students served through Tier I and Tier II supports:

Children and their families (0-15)	>250
Transition Age Youth (TAY) (16-25)	>50
Adult (26-59)	0
Older Adult (60+)	0

Contractor will provide services in accordance with the following provisions.

## I. Service Locations

Services will be provided at the following location(s).

### **Plumas Charter School Quincy Campus**

**1425 E. Main**

**Quincy CA, 95971**

**Indian Valley Academy – Taylorsville**

**Taylorsville, CA 95983**

**Plumas Charter School Chester Campus**

**135 Main St**

**Chester, CA 96020**

**II. Purpose**

Provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) for full scope Medi-Cal eligible Plumas County children, ages 5-21, through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program for elementary, junior high, and high school students enrolled at Plumas Charter School, who don't respond to Tier I and Tier II PBIS interventions and supports. A listing and description of these services are detailed in Section VI of this Scope of Work.

**Goal**

The goal of the EPSDT SMHS is to provide school-based screenings and referrals for assessment by PCBH Utilization Review process and to provide school-based mental health services for individuals who meet criteria for mild to moderate mental health services.

**III. Target Population**

County-referred Plumas County Medi-Cal beneficiaries.

These are children and youth who will be assessed by PCBH staff in each community and identified by Plumas County Behavioral Health Utilization Review team as either needing mild to moderate mental health services or moderate to severe specialty mental health services. It is expected that Plumas Charter will provide mild to moderate school-based mental health services. For services to be eligible for payment, all eligible clients must be approved by the County specifically, as follows:

1. The County will require periodic review for continued service authorization through the Utilization Review (UR) process.

**IV. MONITORING**

Track and report annually or as noted on the following:

- I. Child and Adolescent Needs and Strengths-50 (CANS): The CANS tool is an evidence-based tool to measure children and youth functional outcomes in California. The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. The CANS is completed at intake, every six months thereafter, and at discharge.
- J. The Pediatric Symptom Checklist (PSC) is a 35-item parent/caregiver-report psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC is completed at intake, every six months thereafter, and at discharge.
- K. Bi-Annual completion of: State Consumer Perception Survey.
- L. Chart reviews will be conducted by PCBH staff to support compliance with Medi-Cal documentation standards. Plumas Charter will be held to the documentation standards that are expected by the Department of Healthcare Services.

	<b>Program Name</b>	Tai Chi					
<b>Program Partner</b>	Kiara Vicini						
<b>FY24/25 Cost</b>	\$25,000						
<b>Program Status</b>		New	<input checked="" type="checkbox"/>	Continuing			
<b>Emphasis</b>	<input checked="" type="checkbox"/>	Prevention		Early Intervention			
<b>Age Groups Served</b>		Children (0-15)					
		Transitional Age Youth (16-25)					
	<input checked="" type="checkbox"/>	Adult (26-59)					
	<input checked="" type="checkbox"/>	Older Adult (60+)					
<b>Program and/or Strategy</b>	<input checked="" type="checkbox"/>	Access & Linkage		Early Intervention			
	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition		Suicide Prevention			
		Stigma & Discrimination	<input checked="" type="checkbox"/>	Improving Timely Access to Services			
<b>Estimated number to be served</b>	Up to 100						
<b>Estimated cost per person</b>	\$180.00						

The Tai Chi program falls under the description of activities available at the Wellness Centers (please see page 29). It was recognized that this program was serving primarily senior citizens which is an underserved population and therefore it was more appropriate for the Tai Chi program to be a PEI supported program.

## INNOVATION (INN)

In the fall of 2022, Plumas County joined the Crisis Now Collaborative Innovation project. The MHSA Coordinator worked with the coordinating agency into the spring of 2023 to develop an innovation project that would work for Plumas County. It was determined that the cost of this innovation project would cost more than Plumas Counties annual allocation and therefore it was not feasible for Plumas County to continue with this innovation project. Plumas County will continue to try and find an appropriate innovation project for the county dynamics.

In Fiscal year 23/24 the MHSA reform was announced and voted on which will change how everything operates, and INN will no longer be its own funding category. Considering these changes, Plumas County has not entered into any new innovation projects.

## Workforce Education and Training (WET)

### WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there has been an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County Behavioral Health identified a need for greater local incentives in efforts to “grow our own” behavioral health staff for hard-to-fill clinical and other positions.

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

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

funding and volatility available with the statewide OSHPD program. FY 23/24 five applicants applied for grants and five grants were offered.

### *Relias Training (WET)*

Training continues to drive clinical practice and influence organizational performance.

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

In FY 24/25 PCBH plans to allocate funds to each staff member for them to obtain required trainings that are not offered through Relias including but not limited to, trainings for CEU's to help with staff retention, specific trainings related to the individual's specialty or special interests (Eg. Art therapy for children, DBT, EMDR), training specific to their job etc.

The budgeted amount for WET during FY 24/25 will be \$128,000 which will include Relias, Loan Assumption, supporting appropriate countywide department training and the allocation for staff members. PCBH has recognized the need to invest in our staff and to provide them with the resources and training they need to meet their full potential within our department.

## Capital Facilities and Technology Needs (CFTN)

Plumas County Behavioral Health had no Capital Facilities and Technology Needs program nor plan to expend CFTN funds in FY 24/25.

### FY 2023-24 THROUGH FY 2025-26 THREE-YEAR MHSA EXPENDITURE PLAN & FUNDING SUMMARY AND COMPONENT WORKSHEETS

County:	Fiscal Year 2023-24					
	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	
<b><i>Full-Service Partnership Programs</i></b>						
1. ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	1,046,000	779,000			110,000	157,000
3.. Spanish Creek Motel Purchase for housing	800,000	800,000				
4. PCBH Personnel and Operations for FSP Clients	978,647	978,647				
<b><i>Non-FSP Programs (General Systems Development and Outreach and Engagement)</i></b>						
1. PCBH PERSONNEL AND OPERATIONS	940,268	940,268				
2. Local Hospital Crisis Support	60,000	60,000				
3. TAY WORK PROGRAM	20,000	20,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	100,000	100,000				
6. WET FUNDS Transfer	84,457	84,457				
7. Vehicles	250,000	250,000				
Subtotal						157,000
<b>CSS Administration</b>	120,489	120,489				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>				0	110,000	157,000
<b>FSP Programs as Percent of Total</b>	59%					

**Plumas County Behavioral Health Personnel and Operations Detail – FY23-24**

PCBH Personnel				
Position Description	Location/Description	Annual Salary	Full-Time Equivalent	Total with Benefits
MHSA Coordinator	Quincy	85,503.18	1.00	121,861.24
Client Housing and Supports Case Manager	Greenville		1.00	
Wellness Center Supervising Site Coordinator	All	54,331.70	1.00	85,468.48
Wellness Center Site Coordinator	Quincy -	42,558.21	1.00	69,868.13
Wellness Center Site Coordinator	Portola	43,314.11	1.00	70,911.20
Wellness Center Site Coordinator	Chester	42,265.60	1.00	87,293.96
BH Client Support Services Tech	All	44,494.14	1.00	82,379.22
BH Client Support Services Tech	All	35,936.85	1.00	60,731.32
BH Management Analyst	Quincy	17,638.40	0.25	26,837.10
BH Information Systems Technician	Quincy	9,889.32	0.20	15,745.50
BH Clinical Records	Quincy	24,211.20	0.50	35,346.73
BH Administrative Assistant	Quincy	22,409.15	0.50	36,299.65
Case Management Specialist	Quincy	40,778.64	0.50	70,433.33
Case Management Specialist	Portola	30,586.40	0.50	47,454.25
Case Management Specialist	All	55,036.80	1.00	104,271.04
Case Management Specialist	Quincy	37,300.70	0.50	56,719.32
BH Therapist	Portola	33,166.75	0.50	56,257.68
BH Therapist	Chester	17,316.00	0.25	30,975.79
BH Therapist	Quincy	34,085.76	0.50	48,972.65
BH Therapist	Quincy	69,264.00	1.00	123,903.15
Additional Benefits, Overtime, & Retirement				30,000
<b>Personnel Total</b>		<b>740,086.91</b>		<b>1,231,729.74</b>
<b>PCBH Operations</b>				
Wellness Center Peer Advocates	All	\$100,000	3.50	\$100,000
TAY and Adult Work Crew	All	\$50,000	5.00	\$50,000
Client Resources	Bus passes, grocery cards, petty cash for purchases by CM, clothing vouchers, and client incentives			\$30,000
Client Water - 4 sites @ \$500/year				\$2,000
MHSA Advertising				\$8,000
MHSA Community Planning Process				\$50,000
PCBH Computers (laptops and desktops)				\$10,000

Furnishings/Improvements				\$5,000
Transportation (Fuel and maintenance)				\$18,500
Office Supplies/Equipment				\$20,000
Telecom Contribution to PC				\$40,000
Plumas County - Norcal Housing CoC - Participation fee and HMIS licensure fee				\$7,500
Behavioral Health Commission	Computers, meeting ads, annual meeting			\$4,000
<b>PCBH Operations Total</b>				<b>\$345,000</b>
<b>PCBH Wellness Centers</b>				
Wellness Center Rentals and Utilities				\$130,000
Wellness Integration and Peer Support Activities (stipends and events x 3 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		\$10,000		\$30,000
Materials and Supplies x 3 sites		\$5,000		\$15,000
Office Supplies		\$5,000		\$15,000
Furnishings		\$2,000		\$6,000
Consumables Chester, Greenville, & Portola		\$5,000		\$15,000
Janitorial and other contracted services (snow removal, etc.)		\$2,000		\$6,000
<b>Wellness Centers Total</b>				<b>\$217,000</b>
Total MHSA Program Costs				\$1,793,730
Administrative Costs @ 10%				\$179,373
<b>CSS PCBH Operations Total</b>				<b>\$1,973,103</b>

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	<b>FISCAL YEAR 2023-24</b>					
	<b>A</b> Estimated Total Mental Health Expenditures	<b>B</b> Estimated PEI Funding	<b>C</b> Estimated Medi-Cal FFP	<b>D</b> Estimated 1991 Realignment	<b>E</b> Estimated Behavioral Health Subaccount	<b>F</b> Estimated Other Funding
<b>PEI Programs – Prevention and Early Intervention</b>						
1. Veterans Services Outreach, Referral and Access to Care	50,000	50,000				
2. Plumas County Public Health Agency – Senior Connections	65,000	65,000				
3. PUSD – School-Based Mental Health Services and Multi-Tiered Systems of Support	251,932	251,932				
4. Roundhouse Council – Native Youth, Family, and Elders	50,000	50,000				
5. Plumas Rural Services – Visions Youth Prevention Program	18,882	18,882				
6. Suicide Prevention and Mental Health Awareness PCBH, FRC, PUSD	15,000	15,000				
7. Plumas Charter School	70,000	70,000				
8. Plumas Arts	25,000	25,000				
<b>PEI Administration</b>	54,581	54,581				
<b>Total PEI Program Estimated</b>	<b>600,395</b>	<b>600,395</b>				

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act**

**Expenditure Plan Innovation (INN) Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	Fiscal Year 2023-24					
	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
<b>INN Programs</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	0	0	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Workforce Education and Training (WET) Component Worksheet**

County: PLUMAS

Date: 07/01/23

	Fiscal Year 2023-24					
	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
<b>WET Programs</b>						
1. Behavioral Health Employee Loan Assumption Program	40,000	40,000				
2. Regional WET Partnership	14,737	14,737				
3. Relias Web-Based Training Program	12,000	12,000				
4. PCBH Clinical Training Priorities	17,720	17,720				
<b>WET Administration</b>	8,445	8,445				
<b>Total WET Program Estimated Expenditures</b>	<b>92,902</b>	<b>92,902</b>	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Capital Facilities and Technology Needs (CFTN)  
Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	Fiscal Year 2023-24					
	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	
<b>CFTN Programs - Capital Facilities Projects</b>						
Greenville Wellness Center Re-Build	0 0 0 0 0 0					
<b>CFTN Programs - Technological Needs Projects</b>						
Greenville Wellness Center Technology	0 0 0 0					
Public Wellness Center Computers	3500.00 0 0 0 0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>3500.00</b>	0	0	0	0	0

**FY 23-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Community Services and Supports (CSS) Component Worksheet**

C

County: **PLUMAS**

Date: **07/01/23**

	Fiscal Year 2024-25					
	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
<b>Full-Service Partnership Programs</b>						
1. ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	879,000	879,000				157,000
2. Motel Purchase for housing	800,000	800,000				
3. Environmental Alternatives – Housing Repairs and Maintenance	500,000	500,000				
4. PCBH Personnel and Operations for FSP Clients	978,647	978,647				
<b>Non-FSP Programs (General Systems Development and Outreach and Engagement)</b>						
1. PCBH PERSONNEL AND OPERATIONS	940,268	940,268				
2. Local Hospital Crisis Support	60,000	60,000				
3. TAY WORK PROGRAM	20,000	20,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	100,000	100,000				
6. WET FUNDS Transfer	84,457	84,457				
7. Vehicles	250,000	250,000				
Subtotal	1,984,725	1,984,725				157,000
<b>CSS Administration</b>	148,472	148,472				
<b>CSS MHSA Housing Program Assigned Funds</b>	3,157,647	3,157,647				
<b>Total CSS Program Estimated Expenditures</b>	4,642,372	4,642,372		0	0	157,000
<b>FSP Programs as Percent of Total</b>	64%					

**Plumas County Behavioral Health Personnel and Operations Detail – FY24-25**

*\*These costs could increase by up to 15% due to annual raises and increases in operating costs*

PCBH Personnel				
Position Description	Location/Description	Annual Salary	Full-Time Equivalent	Total with Benefits
MHSA Coordinator	Quincy	85,503.18	1.00	121,861.24
Client Housing and Supports Case Manager	Greenville		1.00	
Wellness Center Supervising Site Coordinator	All	54,331.70	1.00	85,468.48
Wellness Center Site Coordinator	Quincy -	42,558.21	1.00	69,868.13
Wellness Center Site Coordinator	Portola	43,314.11	1.00	70,911.20
Wellness Center Site Coordinator	Chester	42,265.60	1.00	87,293.96
BH Client Support Services Tech	All	44,494.14	1.00	82,379.22
BH Client Support Services Tech	All	35,936.85	1.00	60,731.32
BH Management Analyst	Quincy	17,638.40	0.25	26,837.10
BH Information Systems Technician	Quincy	9,889.32	0.20	15,745.50
BH Clinical Records	Quincy	24,211.20	0.50	35,346.73
BH Administrative Assistant	Quincy	22,409.15	0.50	36,299.66
Case Management Specialist	Quincy	40,778.64	0.50	70,433.33
Case Management Specialist	Portola	30,586.40	0.50	47,454.25
Case Management Specialist	All	55,036.80	1.00	104,271.04
Case Management Specialist	Quincy	37,300.70	0.50	56,719.32
BH Therapist	Portola	33,166.75	0.50	56,257.68
BH Therapist	Chester	17,316.00	0.25	30,975.79
BH Therapist	Quincy	34,085.76	0.50	48,972.65
BH Therapist	Quincy	69,264.00	1.00	123,903.15
Additional Benefits, Overtime, & Retirement				30,000
<b>Personnel Total</b>		<b>740,086.91</b>		<b>1,231,729.74</b>
<b>PCBH Operations</b>				
Wellness Center Peer Advocates	All	\$100,000	3.50	\$100,000
TAY and Adult Work Crew	All	\$50,000	5.00	\$50,000
Client Resources	Bus passes, grocery cards, petty cash for purchases by CM, clothing vouchers, and client incentives			\$30,000
Client Water - 4 sites @ \$500/year				\$2,000
MHSA Advertising				\$8,000
MHSA Community Planning Process				\$50,000
PCBH Computers (laptops and desktops)				\$10,000

Furnishings/Improvements				\$5,000
Transportation (Fuel and maintenance)				\$18,500
Office Supplies/Equipment				\$20,000
Telecom Contribution to PCBH				\$40,000
Day/Adult Work Program Costs				\$150,000
Plumas County - Norcal Housing CoC - Participation fee and HMIS licensure fee				\$7,500
Behavioral Health Commission	Computers, meeting ads, annual meeting			\$4,000
<b>PCBH Operations Total</b>				<b>\$345,000</b>
<b>PCBH Wellness Centers</b>				
Wellness Center Rentals and Utilities				\$130,000
Wellness Integration and Peer Support Activities (stipends and events x 3 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		\$10,000		\$30,000
Materials and Supplies x 3 sites		\$5,000		\$20,000
Office Supplies		\$5,000		\$20,000
Furnishings		\$, 2,000		\$6,000
Consumables Chester, Greenville, & Portola		\$5,000		\$15,000
Janitorial and other contracted services (snow removal, etc.)		\$2,000		\$6,000
<b>Wellness Centers Total</b>				<b>\$217,000</b>
Total MHSA Program Costs				\$1,793,730
Administrative Costs @ 10%				\$179,373
<b>CSS PCBH Operations Total</b>				<b>\$1,973,103</b>

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	<b>FISCAL YEAR 2024-25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs – Prevention and Early Intervention</b>						
1. Veterans Services Outreach, Referral and Access to Care	95,000	95,000				
2. Plumas County Public Health Agency – Senior Connections	95,000	95,000				
3. PUSD – School-Based Mental Health Services and Multi-Tiered Systems of Support	251,932	251,932				
4. Roundhouse Council – Native Youth, Family, and Elders	95,000	95,000				
5. Plumas Rural Services – Visions Youth Prevention Program	30,000	30,000				
6. Suicide Prevention and Mental Health Awareness PCBH, FRC, PUSD	40,000	40,000				
7. Plumas Charter School	140,000	140,000				
8. Tai Chi	25,000	25,000				
<b>PEI Administration</b>	54,581	54,581				
<b>Total PEI Program Estimated</b>	<b>826,513</b>					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act**

**Expenditure Plan Innovation (INN) Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	Fiscal Year 2024-25					
	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	
<b>INN Programs</b>						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	0	0	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Workforce Education and Training (WET) Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	Fiscal Year 2024-25					
	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	
<b>WET Programs</b>						
1. Behavioral Health Employee Loan Assumption Program	40,000	40,000				
2. Regional WET Partnership	14,737	14,737				
3. Relias Web-Based Training Program	12,000	12,000				
4. PCBH Clinical Training Priorities	17,720	17,720				
<b>WET Administration</b>	8,445	8,445				
<b>Total WET Program Estimated Expenditures</b>	<b>92,902</b>	<b>92,902</b>	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act  
Expenditure Plan Capital Facilities and Technology Needs (CFTN)  
Component Worksheet**

County: **PLUMAS**

Date: **07/01/23**

	<b>Fiscal Year 2024-25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>	
<b>CFTN Programs - Capital Facilities Projects</b>						
Greenville Wellness Center Re-Build	0 0 0 0 0 0					
<b>CFTN Programs - Technological Needs Projects</b>						
Greenville Wellness Center Technology	0 0 0 0 0 0					
Public Wellness Center Computers	3500.00 0 0 0 0 0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>3500.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**APPENDICES**  
**Plumas County Mental Health**  
***Stakeholder Survey***

Plumas County Mental Health is updating our Mental Health Services Act (MHSA) three-year plan. We are asking community agencies to provide us information on our existing services and to identify issues for children/youth and parents/families who need mental health services. Please indicate each issue as a concern or not by circling "Yes" or "No".

***Children and Youth Issues***

<b><i>Children/Youth</i></b>		
Sadness or depression	<b>Yes</b>	<b>No</b>
Suicide	<b>Yes</b>	<b>No</b>
Gets in fights/anger management	<b>Yes</b>	<b>No</b>
Being bullied	<b>Yes</b>	<b>No</b>
Social media problems	<b>Yes</b>	<b>No</b>
Lying	<b>Yes</b>	<b>No</b>
Following directions	<b>Yes</b>	<b>No</b>
Disrespectful/talks back	<b>Yes</b>	<b>No</b>
Poor grades	<b>Yes</b>	<b>No</b>
School attendance	<b>Yes</b>	<b>No</b>
Physical health problems	<b>Yes</b>	<b>No</b>
Stomachaches/headaches	<b>Yes</b>	<b>No</b>
Pregnancy	<b>Yes</b>	<b>No</b>
Involvement with the Court system	<b>Yes</b>	<b>No</b>
Stealing	<b>Yes</b>	<b>No</b>
Using drugs	<b>Yes</b>	<b>No</b>
Using alcohol	<b>Yes</b>	<b>No</b>
School violence	<b>Yes</b>	<b>No</b>
Family relationship	<b>Yes</b>	<b>No</b>
Participating in family activities	<b>Yes</b>	<b>No</b>
Other: _____		

***Adult and/or Family Issues***

<b><i>Parent/Family</i></b>		
Sadness or depression	<b>Yes</b>	<b>No</b>
Suicide	<b>Yes</b>	<b>No</b>
Homelessness	<b>Yes</b>	<b>No</b>
Living independently in community	<b>Yes</b>	<b>No</b>
Assistance with daily activities	<b>Yes</b>	<b>No</b>
Assistance managing medications	<b>Yes</b>	<b>No</b>
Employment	<b>Yes</b>	<b>No</b>
Education/training	<b>Yes</b>	<b>No</b>
Physical health problems	<b>Yes</b>	<b>No</b>
Crisis care hospitalizations	<b>Yes</b>	<b>No</b>
Family relationships	<b>Yes</b>	<b>No</b>
Domestic violence	<b>Yes</b>	<b>No</b>
Involvement with the Court system	<b>Yes</b>	<b>No</b>
Drug misuse	<b>Yes</b>	<b>No</b>
Alcohol misuse	<b>Yes</b>	<b>No</b>
Help getting benefits and services	<b>Yes</b>	<b>No</b>
Transportation	<b>Yes</b>	<b>No</b>
Availability of translation services Specify language: _____	<b>Yes</b>	<b>No</b>
Other: _____		

**Additional comments or concerns:**

## ***Questions about Mental Health Services***

**1. What Mental Health services are you currently aware of being available in Plumas County? (Please check all that apply.)**

<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Couples Counseling
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Alcohol and Other Drug Counseling
<input type="checkbox"/> Case Management	<input type="checkbox"/> Psychiatric Medication Management
<input type="checkbox"/> Other <i>(Specify):</i> _____	

I am not aware of any Mental Health services in Plumas County.

**2. Are there other Mental Health services needed in Plumas County? (Please check all that apply.)**

<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Couples Counseling
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Alcohol and Other Drug Counseling
<input type="checkbox"/> Case Management	<input type="checkbox"/> Psychiatric Medication Management
<input type="checkbox"/> Services available in another language <i>(Specify):</i> _____	<input type="checkbox"/> Other <i>(Specify):</i> _____

***Please tell us a little about yourself:***

**Stakeholder agency/organization you are affiliated with:**

**Job function within agency/organization you are affiliated with:**

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Race/Ethnicity:</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
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Please return your completed survey by **February 17th** to:

MHSA - Plumas County Mental Health  
270 County Hospital Rd #109  
Quincy, CA 95971

Questions? Please call us: (530) 283-6307 ext 1200

***Thank you for your participation!***

## **Mental Health Services Act Join Us for a Community Meeting!**

Learn how the Mental Health Services Act (MHSA) funding and programs benefit our communities.

Share your ideas with Behavioral Health staff on how we can improve community mental health programming.

**Who:** Behavioral Health clients & their family members and Plumas County residents (all MHSA stakeholders)

**Why:** Plumas County Behavioral Health would like your feedback and input. Your feedback is important and appreciated!

### **Where and When: Chester, Greenville, Quincy, and Portola Communities**

**Please Join us online:  
Monday, April 22<sup>nd</sup>, 2024 10:00am**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZjcwYWYwMjAtNzk2YS00ZDFhLTkxODAtZTAwMjQxMzlkNzM1%40thread.v2/0?context=%7b%22Tid%22%3a%22e891a1de-5579-4a76-9478-a11eae388174%22%2c%22Oid%22%3a%222074979d-8df6-447c-9941-f5c072b731d2%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjcwYWYwMjAtNzk2YS00ZDFhLTkxODAtZTAwMjQxMzlkNzM1%40thread.v2/0?context=%7b%22Tid%22%3a%22e891a1de-5579-4a76-9478-a11eae388174%22%2c%22Oid%22%3a%222074979d-8df6-447c-9941-f5c072b731d2%22%7d)

**or Thursday, April 25<sup>th</sup>, 2024 1:00pm**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_OGY3NTM4ZTMtMmNINS00MmUzLThINGItNTE0ZmFjODg4NjVI%40thread.v2/0?context=%7b%22Tid%22%3a%22e891a1de-5579-4a76-9478-a11eae388174%22%2c%22Oid%22%3a%222074979d-8df6-447c-9941-f5c072b731d2%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_OGY3NTM4ZTMtMmNINS00MmUzLThINGItNTE0ZmFjODg4NjVI%40thread.v2/0?context=%7b%22Tid%22%3a%22e891a1de-5579-4a76-9478-a11eae388174%22%2c%22Oid%22%3a%222074979d-8df6-447c-9941-f5c072b731d2%22%7d)

**Questions? Please contact: Kristy Pierson, Plumas County  
MHSA Coordinator, at (530) 283-6307, ext. 7011200  
or [kpierson@pcbh.services](mailto:kpierson@pcbh.services)**

**Plumas County Behavioral Health**

**Invites you to attend**

**The Quarterly MHSA and Cultural Competency Meetings**

**Your input is important!**

**Please join us on:**

**March 14, 2024 10:00 a.m.**

**June 13, 2024 10:00 a.m.**

**September 12, 2024 10:00 a.m.**

**December 12, 2024 10:00 a.m.**

**Please contact Kristy Pierson at [kprierson@pcbh.services](mailto:kprierson@pcbh.services) for the link to this meeting. You can also attend the meeting from your local Wellness Center.**

These meetings will focus on discussions related to the Mental Health Services Act (MHSA) funding and available services, along with cultural competency discussions for appropriate and positive service delivery.

## MENTAL HEALTH SERVICES ACT

### PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Plumas

Fiscal Year: 23/24

#### Local Mental Health Director

Name: Sharon Sousa

Telephone: 530-283-6307

Email: ssousa@pcbh.services

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

SHARON R. SOUSA

Local Mental Health Director (PRINT NAME) Signature

Sharon R. Sousa, cmpt 08/15/2024

Date

<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)  
DHCS 1819 (02/19)