



## GLENN COUNTY BEHAVIORAL HEALTH

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### **Mental Health Services Act FY 2018/2019 Annual Update**

**POSTED FOR PUBLIC COMMENT**

May 17, 2018 through June 17, 2018

The MHSA FY 2018/2019 Annual Update is available for public review and comment from May 17, 2018 through June 17, 2018. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Monday, June 18, 2018.

**Public Hearing Information:**

Monday, June 18, 2018, 1:00 pm – 2:30 pm  
Community Recovery and Wellness Center (CRWC) Annex  
Conference Room  
1167 Road 200, Orland, CA 95963

**Comments or Questions? Please contact:**

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*Thank you!*

## MHSA Community Program Planning and Local Review Process

**County:** Glenn      **30-day Public Comment period dates:** May 17, 2018 – June 17, 2018

**Date:** May 17, 2018      **Date of Public Hearing:** Monday, June 18, 2018

### COMMUNITY PROGRAM PLANNING

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2018/2019 Annual Update.*

The Glenn County Behavioral Health (GCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2018/2019 Annual Update builds upon the planning process that we utilized for the development of our most recent Three-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that over 1,200 stakeholders have participated in the planning process since 2005 (a 13-year period).

For the FY 2018/2019 Annual Update planning process that occurred in Spring 2018, we conducted focus groups and stakeholder meetings at our adult wellness center (Harmony House), the Transition Age Youth (TAY) Center, and the System Improvement Committee (SIC), Innovation School Team, the System-wide Mental Health Assessment Response Treatment (SMART) Team, as well as for SB 82 grant planning. The Mental Health, Alcohol and Drug Commission members also provided input throughout the planning process. On a monthly basis, MHSA activities were discussed at a number of different committee meetings, which allowed ongoing input from staff, stakeholders, and consumers. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved.

We have also analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. This outcome data includes analysis of service utilization, reduction in inpatient services, and use of crisis services. Outcome and service utilization data is analyzed and reviewed by the SIC to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our ongoing planning process to continually improve services for our clients and families.

The Prevention and Early Intervention Program (PEI) has been updated to address the new PEI regulations which have become approved in the past year. As a result, we have reviewed each of our existing PEI programs and determined how services can be classified to meet the new PEI regulations. We have had extensive planning periods and stakeholder input to help design our updated PEI programs.

In addition to these stakeholder groups, we routinely discuss and obtain input on the utilization of MHSA funds with our key stakeholders during our monthly System Improvement Committee (SIC) meetings; MHSA Steering Committee; our MHSA Consumer Voice Meetings; Cultural and Linguistic Competence Committee (CLCC); SMART Steering Committee Meetings (our

Innovation Project); Katie A/CCR meetings; AB109 service recipients; and at the Quarterly Mental Health and Alcohol and Drug Commission. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain and enhance services.

Child Welfare Services (CWS) and Behavioral Health (BH) are working closely to implement the components of the Continuum of Care Reform (CCR). This strategy includes plans to implement expanded certification of all foster and relative homes and collaborate with local FFA programs and other residential facilities to certifying Short-Term Residential Therapeutic Programs (STRTP) to be able to bill Medi-Cal.

The proposed Annual Update was developed and approved by the SIC after reviewing data on our current programs (including FSP data); reviewing community needs based on stakeholder input; and determining the most effective way to further meet the needs of our unserved/underserved populations.

- 2. Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.). Include how stakeholder involvement was meaningful.*

The MHSA Annual Update community program planning process included a wide representation from the community, social service agencies, law enforcement, probation, education, and persons with lived experience and family members. Interpreters were available to provide translation services for mono-lingual Spanish speaking clients. This process also included involvement of our TAY and peer mentors. We conducted focus groups and stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. Mental Health, Alcohol and Drug Commission members also provided input throughout the planning process. Consumers comprised the majority of the focus group participants; these discussions centered on housing; Living skills group ideas for both the drop-in centers; Increased behaviors in Kindergarten classrooms due to 80 percent of the youth have never had any intervention prior to school; This dynamic has increased disruptive behaviors and school staff are struggling to find solutions, and overall satisfaction with the current MHSA services. The ideas presented by consumers will be used to enhance MHSA services in the coming year.

We continue to implement our Innovation program, SMART. The SMART meets monthly, with individuals from law enforcement, mental health, probation, schools, and child welfare in attendance. SMART has developed a collaborative process to identify high-risk children, youth, and adults and develop strategies for engaging individuals, family members, and community members in developing creative solutions to help resolve any threats or other complex situations, and implementing a cohesive plan across partner agencies. This collaboration has provided excellent opportunities to improve services in our MHSA programs.

In addition, we specifically engaged health care providers to provide input into our planning process. Our stakeholder process was comprehensive and meaningful. The combination of focus groups, personal interactions, and stakeholder's meeting help to give voice to a broad

range of individuals across our community. This input informed our development, plan, and implementation of our annual update.

### **Planning Focus Groups**

#### Group 1: Mental Health Staff

6 Attendees:

- 1 Male; 5 Females
- 1 TAY; 5 Adults
- 6 White

#### Group 2: HH Consumer Group

15 Attendees:

- 6 Males; 9 Females
- 9 Adult Consumers; 6 Staff
- 12 White; 2 Hispanic; 1 Hmong

#### Group 3: TAY Consumers

8 Attendees:

- 5 Males; 3 Females
- 6 TAY Consumers; 2 Peer Mentors
- 4 White; 4 Hispanic

#### Group 4: SMART Partners

10 Attendees:

- 3 Males; 8 Females
- 10 Adults
- 8 White; 2 Hispanic

#### Group 5: Cultural Competence Task Force

16 Total attendees

- 4 Males; 12 Females
- 3 Peer Mentors; 13 Adults
- 10 White; 6 Hispanic

#### Group 6: SB 82 Stakeholder Planning Meeting

25 Attendees:

- 7 Males; 18 Females
- 4 TAY; 15 Adults; 6 Older Adults
- 21 White; 3 Hispanic; 1 Native American

## LOCAL REVIEW PROCESS

1. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30-day review.*

This proposed MHSA FY 2018/2019 Annual Update has been posted for a 30-day public review and comment period from May 17, 2018 through June 17, 2018. An electronic copy is also posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The posting provides contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. A hard copy of the Annual Update has been distributed to all members of the Mental Health, Alcohol and Drug Commission; System Improvement Committee; consumer groups; and staff. Copies of the Annual Update are available at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center; with partner agencies; and at the local libraries. The Annual Update is also available to clients and family members at all of these sites, on the County website, and upon request.

A public hearing will be held on Monday, June 18, 2018 at 1:00 p.m. – 2:30 p.m. at Community Recovery and Wellness Center (CRWC) Annex Conference Room, 1167 Road 200, Orland, CA 95963.

2. *Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

Input on the MHSA FY 2018/2019 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

## **MHSA Program Component COMMUNITY SERVICES AND SUPPORTS (CSS)**

- 1. Provide a program description (must include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.***

The Glenn County MHSA activities have been very successful. We created a strong foundation of programs with our two wellness centers, Harmony House for adults and older adults, and the Transition Age Youth (TAY) center for youth. These wellness centers have created an alternative to our mental health clinics for supporting individuals in their wellness and recovery.

Our Weekend Wellness Program started as an Innovation Project, but is now fully funded with CSS and Medi-Cal dollars. This excellent program helps support individuals to successfully live in the community, following discharge from an IMD, board and care, and/or group home. This program also supports individuals to remain living in the community. This program has been extremely successful and clients feel that the program has been highly effective at providing a supportive “family” environment on the weekends, and has provided an added level of support that they do not receive during the week day programs. Fewer than 5% of all individuals participating in this program have returned to higher levels of care. All other individuals have remained living in the community and continue to thrive and work on their wellness and recovery goals. This program has been so successful that we will continue to offer the program to the highest need individuals in the county, to help them live successfully in the community.

We continue to expand the number of different wellness and healthy living support services that we offer at Harmony House and the TAY Center. These healthy support services include nutrition and cooking classes, yoga, exercise and fitness, and meditation. The Coaches and Peer Mentors are also offering age-specific WRAP training groups with different groups focused on adults, TAY, and Children. We also offer a wellness support group in Spanish to our clients who are monolingual. Workshops that focus on health and wellness are provided throughout the year at the TAY Center and Harmony House.

To ensure a recovery focus and to support consumer voice, we utilize up to four (4) part-time Youth Peer Mentors and four (4) part-time Adult Coaches to help deliver appropriate services and navigate the mental health system. Peer Mentors and Coaches have experience with mental health services and the circumstances affecting clients at various stages of their lives. Through their personal experiences, they are knowledgeable of community resources and how to access them to help with these transitions. Our Peer Mentors and Coaches are involved with our FSP clients, their families (when appropriate), and community support systems, ensuring that FSP clients receive “whatever it takes” to attain their goals and achieve positive outcomes. Both wellness centers also utilize volunteers to both offer additional services to individuals attending the centers and to develop core employment skills such as arriving on time, performing tasks consistently, and greeting the public in a warm and welcoming manner.

Youth often access services at our TAY Center in Orland, which provides individuals ages 15-25 with a safe, comfortable place to receive services and participate in age-appropriate activities. The TAY Center offers a youth-driven, youth-friendly environment offering peer support,

communication skills, expressive arts, mentoring, and counseling. The TAY Center is located in a comfortable house that welcomes youth to participate in healthy activities. Youth are involved in activities to reduce stigma, depression, and suicidal behavior, and to develop strength-based skills. Youth are also involved in reducing stigma for youth who are LGBTQ, and have successfully implemented programs in the high schools. In 2016, TAY Peer Mentors were trained in the evidence-based curriculum, Wellness Recovery Action Plan (WRAP). This training has allowed the TAY consumers to create a wellness plan from a peer-led group. Data shows that we have approximately 35 unique visitors each month.

The Adult and Older Adult programs, including the FSP component, include the adult wellness center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House allows adults and older adults to come together, participate in a number of different groups and classes, practice cooking skills in the fully equipped kitchen, and socialize in the living room and/or family room. This consumer-driven program is designed to promote health, recovery, and wellness for adults and older adults. It provides an opportunity for individuals to develop WRAPs and receive comprehensive mental health services. Exhibit 6 data shows that the HH has approximately 63 unique visitors a month.

We continue to provide Outreach and Engagement activities to persons in the community who are at-risk of needing mental health services. We also offer outreach to the homeless population in the county. When needed, individuals are able to take showers when they visit Harmony House. They are encouraged to access other services, after they have developed trusting relationships with the Harmony House staff and clients. The TAY Center also provides clothing to individuals and families through donations from the community. TAY Clothing Closet has approximately 95 community member's visit annually.

Services are available at our two mental health clinics: the outpatient clinic located in Willows; and the Community, Recovery, and Wellness Center (CRWC) in Orland. The CRWC is the location where we offer primary care services. We developed a Transitions Learning Center (TLC) for individuals in the AB109 program and other community members to help link individuals to needed services. These individuals can receive several of their services at the TLC. These services may include primary care, mental health, psychiatry, substance use treatment, employment skills, and linkage to benefits. We may utilize CSS funds to support any of our other funding source shortages including, but not limited to, the SAMHSA Block Grant, ERMHS program, and CHAT.

We have stationed an eligibility worker and an Employment Training Worker from CalWORKS at TLC, one-half day each week. These staff help meet the needs of individuals as they transition into the community and help them to develop job-readiness skills. We also have a certified teacher visit the TLC every week to help individuals obtain their GED and/or high school diploma. Individuals are also linked to trade schools in the region, to help them develop skills for specific jobs (e.g., truck driving; auto mechanics; plumbing). Other groups that are offered include Relapse Prevention and Anger Management.

As we design groups of services at the TLC, we are cognizant of individuals with different gang affiliations. We develop different groups to ensure that we are creating a safe environment for

these individuals. In addition, we offer two evidence-based programs to develop skills in anger management (*Courage to Change* and *What's Good About Your Anger*, a 12-week curriculum). We continue to improve our programs to enhance family relationships across all age groups; increase family activities to promote wellness and improved outcomes; expand our services for persons with co-occurring mental health and substance use disorders; and reduce depression and suicidal behavior.

We have focused on expanding our programs and collaborating with our partner agencies, including schools, law enforcement, social services, jail, and probation. We continue to expand our services for children enrolled in the Katie A program. Mental Health and Child Welfare staff work closely to coordinate services, attend Child and Family Team meetings (CFT), and provide services to these high-risk families. In addition, we have expanded efforts to reduce bullying and improve anger management skills in school age children and youth.

Child Welfare Services (CWS) and Behavioral Health (BH) are working closely to implement the components of the Continuum of Care Reform (CCR). This strategy includes plans to implement expanded certification of all foster and relative homes and collaborate with local FFA programs and other residential facilities to certifying Short-Term Residential Therapeutic Programs (STRTP) to be able to bill Medi-Cal. STRTP is a residential facility operated by a public agency, or private organization, and licensed by the Department of Health Care Services, that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children. The care and supervision provided by a STRTP shall be nonmedical, except as otherwise permitted by law.

Over the past year, there have been continued efforts between CWS, Probation, and Mental Health to collaborate for the best interest of children and placement. Currently, we are working together with CWS, Probation and local school districts to support CCR. The effort seeks to expand upon Katie A/reform infrastructure. Activities we have utilized in Glenn County include monthly Mental Health and CWS planning meetings and bi-weekly Multi-Disciplinary Team (MDT) called Katie A meetings to talk about cases, expansion of child and family teaming (CFT) and increased home-based mental health services. A part of the reform is restructuring group-home placement to support youth and families to have shorter stays and to continue to be in their community. The youth and family program manager has been partnering with the Resource Family Agency unit of CWS to research choices for a therapeutic foster care home model for Glenn County.

Our Behavioral Health system is also implementing a tiered service model to ensure intensive services are being provided to reduce the need for higher placement. The use of Wellness Teams (therapist, case manager, parent partner and/or peer mentor) throughout the behavioral health system will support family reunification and reduce the use of STRTP's. We are implementing an attachment based therapeutic model Dyadic Developmental Psychotherapy (DDP), which will support the CCR efforts to address mental health needs within the reform.

We have also enhanced our services to support early recognition of depression, suicide, and help reduce the stigma of accessing mental health services. We offer training in the community to develop skills in recognizing signs and symptoms of depression and suicide, and offer skills so

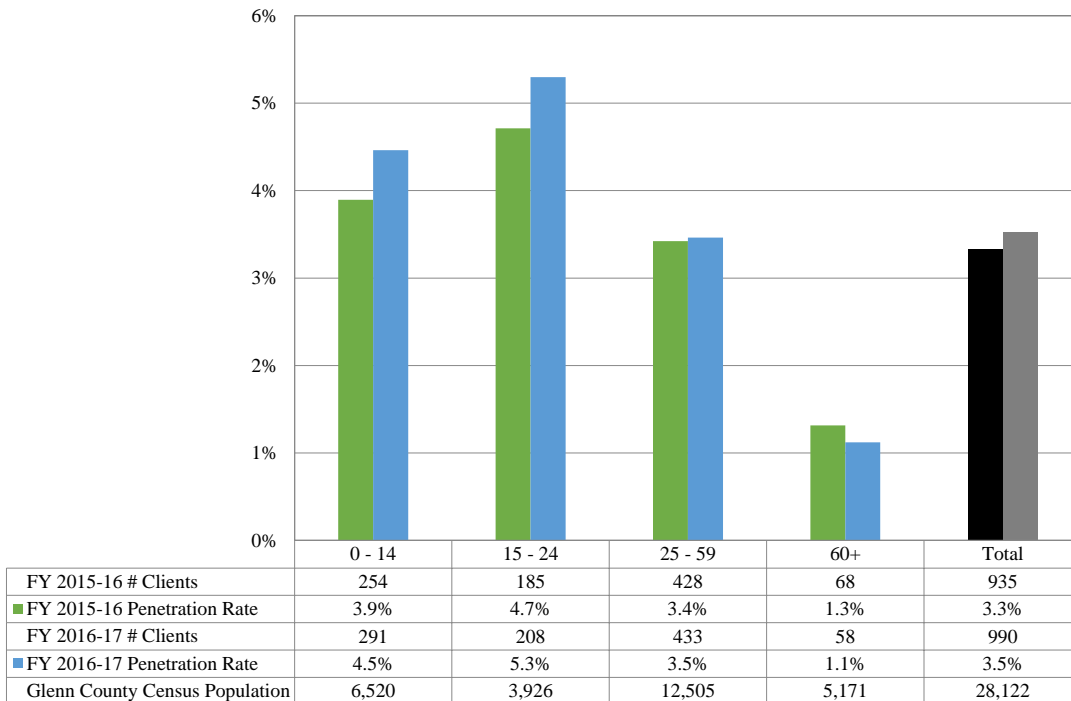


that community members will know how to make referrals and support the individual. This approach includes offering SAFETALK for partner agencies and other members in our community. Individuals at both TAY and Harmony House receive support for developing a Wellness and Recovery Action Plan (WRAP). We also supported a Crisis Intervention Training for local Law Enforcement and mental health staff. This 4-day training helped strengthen the relationships between law enforcement and mental health staff, and enhance skills to resolve crisis situations in the community, whenever possible.

In the community, employees of the Public Library have been trained to offer Mental Health First Aid training throughout the community. There are a number of homeless individuals in the community who frequently utilize the Public Library. Many of these individuals have mental illness struggles. This training has supported individuals and library personnel in the community; to having a bigger understanding of mental health issues of the homeless population to offer additional support and services to the frequented homeless.

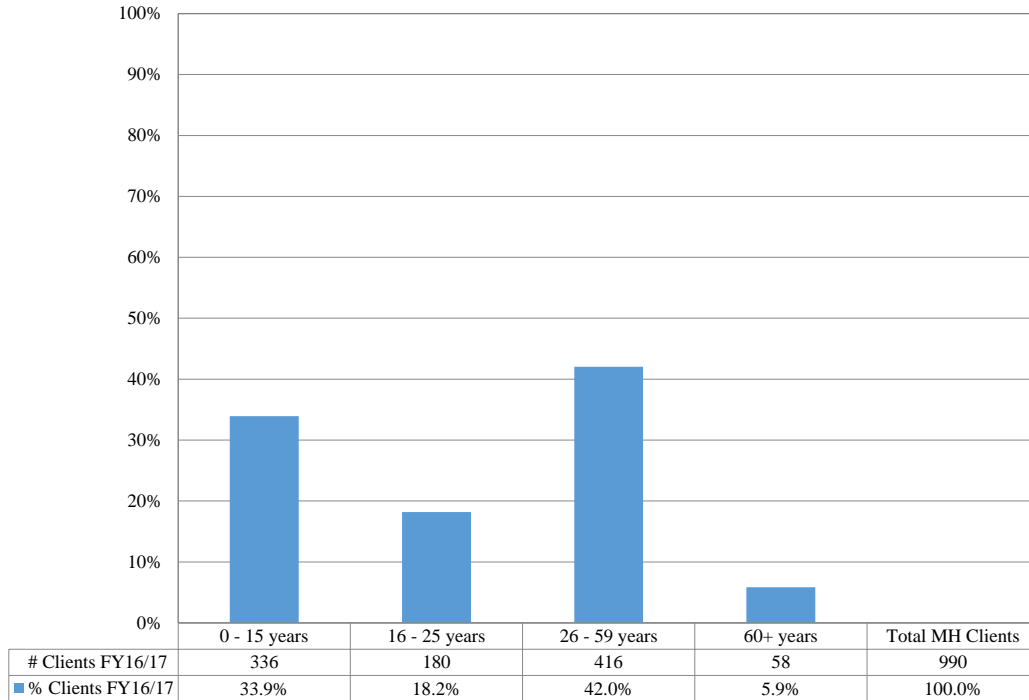
The graphs below show the penetration rate and number of CSS clients served, by age, race/ethnicity, preferred language, and gender. The mental health penetration rate graph shows that the number of persons served has increased over the past two years. The penetration rate (number of persons receiving mental health services out of the total population) has increased from 3.3% in FY 2015/16 to 3.5% in FY 2016/17. The total number of persons served has increased from 935 to 990 in this two-year period.

**Glenn County Mental Health Services**  
***Mental Health Penetration Rate, by Age***  
 FY 2015-16 and FY 2016-17



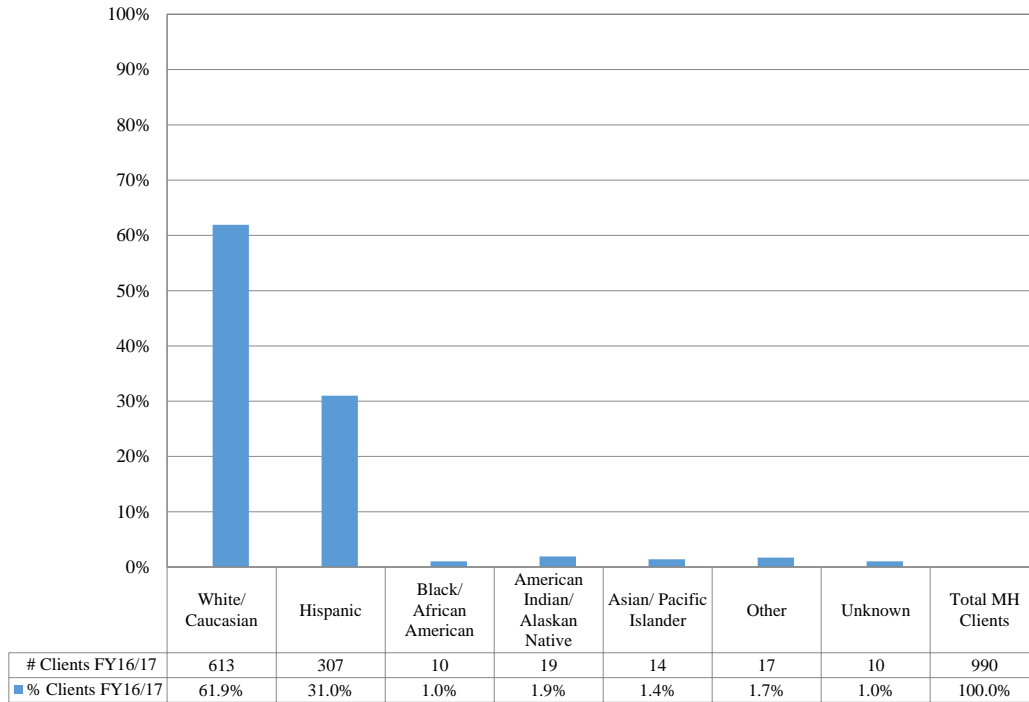
The following graph, Number and Percent of Mental Health Clients by Age, shows data for FY 2016/17. For the 990 individuals served, 33.9% were children ages 0-15 years; 18.2% were Transition Age Youth (TAY) ages 16-25 years; 42.0% were Adults ages 26-59 years; and 5.9% were Older Adults ages 60+ years.

**Glenn County Mental Health Services**  
*Number and Percent of Mental Health Clients by Age*  
 FY 2016-17



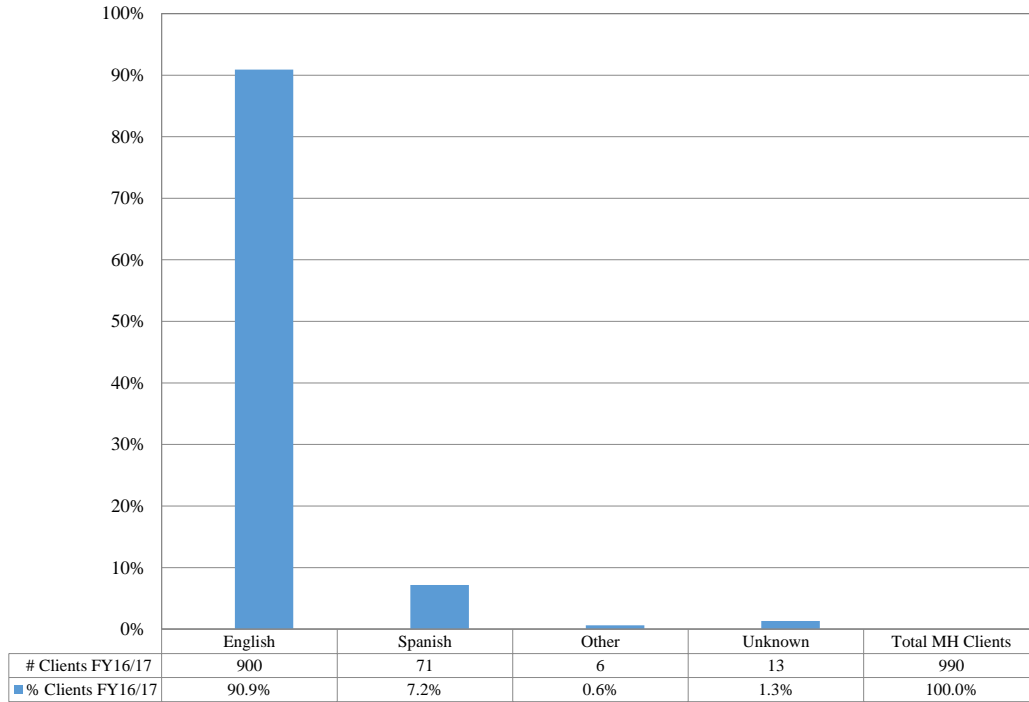
The next graph, Number and Percent of Mental Health Clients by Race/Ethnicity, shows data for FY 2016/17. For the 990 individuals served, 61.9% were Caucasian; 31.0% were Hispanic; 1.0% were Black/African American; 1.9% American Indian/Alaskan Native; 1.4% were Asian/Pacific Islander; 1.7% were Other; and 1.0% were Unknown.

**Glenn County Mental Health Services**  
**Number and Percent of Mental Health Clients by Race/Ethnicity**  
 FY 2016-17



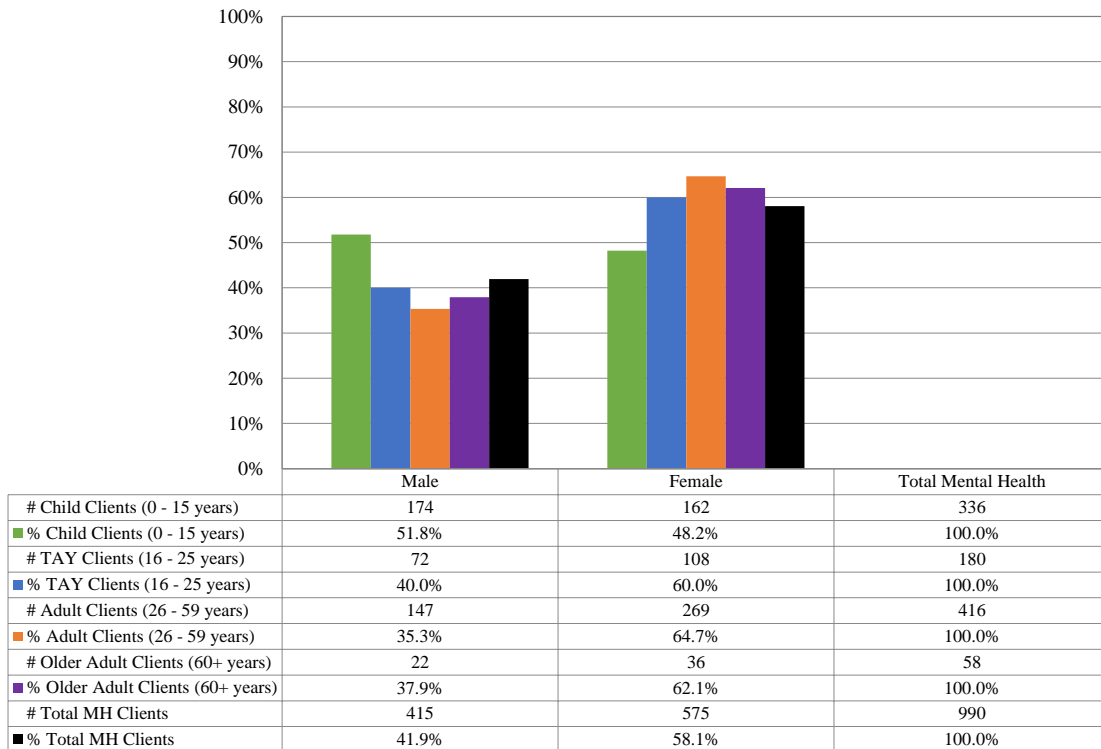
The next graph, Number and Percent of Mental Health Clients by Preferred Language, shows data for FY 2016/17. For the 990 individuals served, 90.9% had a preferred language of English; 7.2% Spanish, 0.6% Other, and 1.3% Unknown.

**Glenn County Mental Health Services**  
**Number and Percent of Mental Health Clients by Preferred Language**  
 FY 2016-17



The next graph, Number and Percent of Mental Health Clients by Gender and Age, shows data for FY 2016/17. Children ages 0-15 years had a higher number of males than females. There were 174 males (51.8%) and 162 females (48.2%). TAY served a higher number of females. There were 72 males (40.0%) and 108 females (60.0%). Similarly, Adults also served more females. There were 147 male adults served (35.3%) and 269 females (64.7%). Older Adults also show the same trend, with 22 males (37.9%) and 36 females (62.1%). Across all ages, there were 415 males (41.9%) and 575 females served (58.1%).

**Glenn County Mental Health Services**  
**Number and Percent of Mental Health Clients by Gender and Age**  
 FY 2016-17

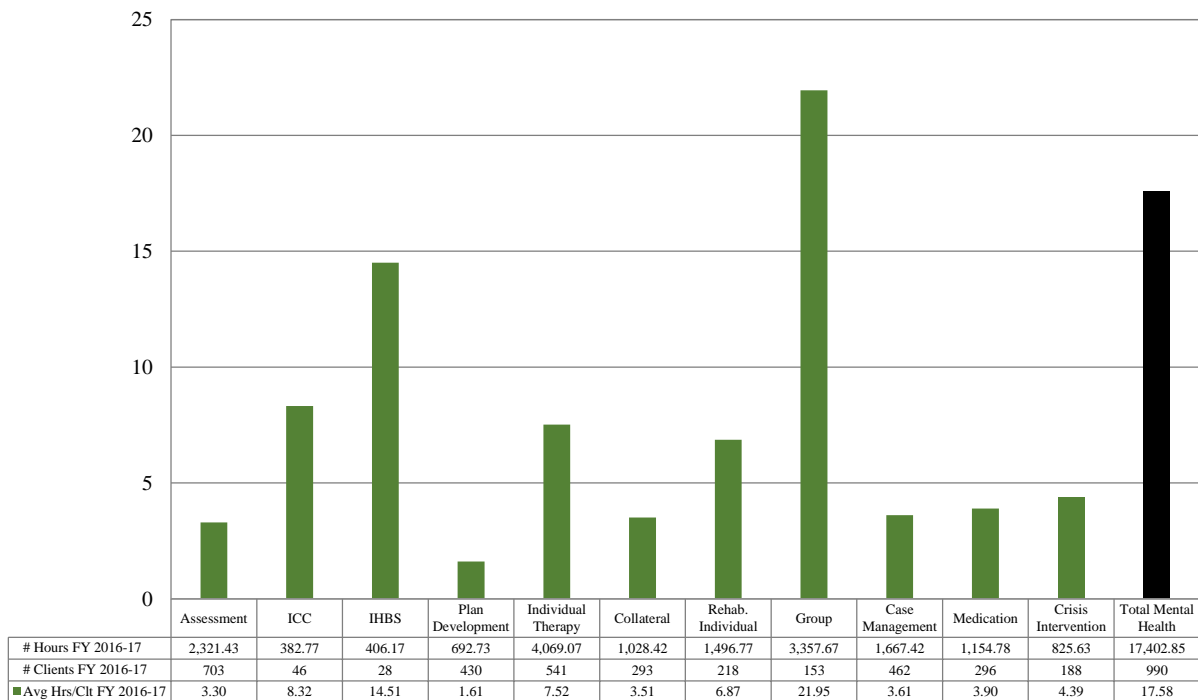


The final graph shows the total mental health hours of service by type of service, the number of clients receiving that services, and the average hours per client by type of service. Please note that a client may receive more than one type of service in the year.

Across all services, the 990 clients served in FY 2016/17 received a total of 17,402.85 hours of service. This data averages to 17.58 hours per client. For Assessment, 703 clients received an assessment. The total number of assessment hours was 2,321.43. This data calculates into each assessment averaging 3.30 hours per client.

Katie A. is an intensive service program for children who are involved in the Child Welfare system. Katie A. includes Intensive Care Coordination (ICC) services and Intensive Home Based Services (IHBS) services. There were 46 children who received 382.77 hours of ICC services, for an average of 8.32 hours per child. There were 28 children who received 406.17 hours of IHBS services for an average of 14.51 hours per child. It is important to understand the total number of clients receiving each type of service, when reviewing this graph.

**Glenn County Mental Health**  
**Total Mental Health Hours, Clients, and Hours per Client, by Service Type**  
 FY 2016-17



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

We are also in the process of expanding our mental health staffing to meeting the needs of our expanding Medi-Cal population and to expand services to serve persons with mental health conditions referred from our local managed care organization. We currently have a MOU with the two local managed care health plans (Anthem; California Health and Wellness) that provides us the opportunity to refer clients between levels of care as needed. We have quarterly meetings

with both managed care plans that work toward improving the service delivery system, expanding the provider networks, and reducing barriers to access to care.

This has expanded the number of clients who are being seen at our clinic and creates a shortage of mental health clinicians for delivering services. We continue to develop strategies to support staff to manage higher caseloads and meet the needs of all of our clients. We are also identifying opportunities to train staff to utilize brief therapy, when appropriate.

A continued ongoing challenge is the recruiting and hiring of clinical personnel in Glenn County. We have taken the approach of “grow your own” and have invested in our existing staff to continue their education through distance learning and having flexible schedules to meet the needs of our clients. This year, five (5) of our employees will graduate from the California State University, Chico MSW Program. We hope to fill existing positions with these graduates and continue to recruit additional staff. The challenge of hiring bi lingual, bi-cultural staff continues to be a challenge. Glenn County’s Hispanic monolingual community continues to grow. While we have been able to hire more bilingual, bicultural staff, the growing needs of our community, and the individuals and families, continue to expand beyond our current bilingual staff capacity. The Cultural Competency Committee and the Ethnic Services Committee (ESC) having been addressing outreach barriers and identifying creative options for recruiting additional bilingual employees. The ESC has also created resources to continue staff’s education and support for translation and identified specific solutions for serving monolingual families and individuals.

***3. List any significant changes from previous fiscal year, if applicable.***

Previously-released WET funding allocations are no longer available after FY 17/18, but Glenn County will continue to fund select WET projects through CSS. We contract with Relias Learning for access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. Consumer employees also have access to this system and find it valuable for general mental health training and information. In addition, we offer a stipend to MSW and/or MFT interns each semester who are working at the Mental Health Clinic to help pay for mileage and other expenses. This program allows us to recruit individuals from California State University, Chico, and other institutional organizations, who might otherwise be unable to intern in our county due to commuting costs.

Over this last year, Glenn County has revived the Dos Rios Continuum of Care (CoC) to address the homeless needs in the community. The Dos Rios Continuum of Care is a three county collaborative established to promote solutions for currently homeless individuals and families. This year, the CoC has developed and adopted a Housing Strategic Plan for 2017-2026. The Housing Strategic Plan is a collaborative model to prevent and end homelessness in these communities. The committee has engaged various housing steering committees to come together to share resources, receive feedback, and generate creative solutions to end homelessness in these communities.

## **MHSA Program Component PREVENTION AND EARLY INTERVENTION (PEI)**

- 1. *Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

The new PEI regulations have outlined additional categories for delivering PEI services, including 1) Prevention; 2) Early Intervention; 3) Outreach; 4) Stigma Reduction; and 6) Suicide Prevention. Each of these PEI areas are described below, with descriptions of programs funded under each category.

- 1) **Prevention:**** We have identified two programs for the Prevention component, Prevention Activities; and Access and Linkage.
  - a. Prevention Activities included in this component include a number of different activities offered by our TAY Peer Mentors at our schools and Adult Coaches at Harmony House. The Peer Mentors make presentations to the schools using prevention programs, such as Say It Straight and a variety of Bullying Programs. Wellness and Recovery Plans (WRAP) are taught to both TAY and Adults who attend the drop-in centers. A WRAP plan helps individuals to recognize triggers to exacerbating their mental health symptoms as well as identify support persons in their life to call, when needing additional support.
  - b. Strengthening Families Program is the second evidence-based program selected for the Early Intervention component of PEI. Strengthening Families is a 14-session, evidence-based parenting skills, children's social skills, and family life skills training program specifically designed for high-risk families. Parents and children participate in Strengthening Families programs both separately and together. There were 12 families enrolled and completed the program over the last year. It is offered twice each year. Mental Health staff are funded through these PEI funds, while SUD staff are funded through the Alcohol and Drug program.
  - c. The Adult Coaches and Harmony House staff also offer courses in developing an individual's Wellness and Recovery Plan (WRAP). These WRAP trainings are available to children, TAY, and adults. In the next year, there are plans to expand these WRAP trainings to include individuals in the Jail or on probation at the Transitions Learning Center (TLC). These staff are also involved in the Change Festival and SPEAKS (Safety Prevention Education/ Environment Awareness Knowledge Stigma) events. There are also a number of different community events throughout the year where TAY Peer Mentors and/or Coaches set up tables to hand out information on mental health, suicide, stigma, substance use treatment, and community resources.
  - d. Access and Linkage activities includes continuing staffing our Welcoming Line to provide a "warm line" which is available to anyone in the community who has



questions about mental health, needs linkage to other services, or needs a friendly voice. Currently, the line is open from 1:00 pm – 5:00 pm, Monday through Friday. The Welcoming Line is located at our MHSA Adult Wellness Center, Harmony House, and is staffed by trained individuals who are Coaches and Case Managers. It provides preventative services, responding to callers' questions about services, and quickly linking individuals to services, when needed. In addition, staff have a scheduled list of current clients who could benefit from a supportive phone call. Welcoming Line staff call these individuals each week and provide outreach and a connection to individuals who may feel isolated and appreciate a weekly supportive call from a peer.

The Welcoming Line project is designed to improve access to unserved and underserved populations by immediately connecting the caller to an individual who is knowledgeable about resources, and is willing to listen to the caller and determine the need for services. The Welcoming Line is utilized by many different populations, including individuals and family members experiencing stress; LGBTQ individuals; and older adults. In addition, TAY Peer Mentors also provide outreach to transition age youth and provide extra support to youth over phone. By offering immediate interactions and supportive responses to callers, we provide the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms. We have also identified a number of people who need some extra support. We call them on a regular schedule to provide that support. In the next year, we are going to offer more training opportunities to consumer volunteers, which will allow them to participate in answering the welcome line.

Across the past twelve (12) months, there were over 700 calls to the Welcome Line. In addition, staff makes over 998 calls to individuals to provide support and linkage to other services. The majority of calls are supportive calls for existing clients, providing important linkage and a warm, welcoming voice to support them when they are feeling alone and isolated.

- 2) **Early Intervention:** Early Intervention programs require a strong evaluation component, that includes use of an Evidence-Based Program, with pre- and post-outcomes measures to demonstrate program effectiveness. We have identified two programs for the Early Intervention component: Parent-Child Interaction Therapy (PCIT) and Strengthening Families.
  - a. Parent-Child Interaction Therapy (PCIT) is an evidence-based practice which utilizes a specially equipped treatment room to train parents in parenting and behavioral management skills. PCIT provides families with very direct and individualized parenting skills that are developed through a process in which parents receive instruction through an earpiece that is linked to a therapist/intern. The therapist/intern, from behind a one-way mirror, observes interactions between the parent and child, coaches the development of relationship enhancement techniques, and gives behavioral interventions for how to respond to difficult parent/child situations. Each training session lasts about 1 hour; occurs for approximately 15-20

weekly visits; and shows very strong outcomes for both parents and children. Staff may provide in-home support to generalize the skills learned in the home setting, including replacement skills.

PCIT is utilized for parents of children 0-8 years of age. PCIT combines the social-emotional development of children as related to the parent-child relationship alongside ways to help improve behaviors that have proven important for successful school performance, and to help families reduce domestic violence, child abuse and neglect.

We utilize one existing clinical staff, which have been certified as a PCIT trainer, for training other staff to utilize this evidence-based practice. Currently we have 5 clinicians and 4 case managers providing services to the community. This strategy includes training bilingual, bicultural staff to implement PCIT for our Spanish-speaking families. This training continues to expand our capacity to offer these exemplary services to our Hispanic population. There were 47 families who received PCIT this fiscal year. Fifteen (15) families were Spanish speaking.

- 3) **Outreach:** The Outreach Program includes many of the activities of Case Managers, TAY Peer Mentors, and Adult Coaches. Staff provide outreach to the community; have tabling events to inform individuals of signs and symptoms of mental health and suicide; and provide linkages to services. This provides ongoing opportunities to reach out into the community and provide information regarding access and linkage to services.
- 4) **Stigma Reduction:** We utilize PEI funds to offer stigma reduction activities. All of our PEI activities have a component that helps to reduce stigma. It is difficult to separate out Stigma Reduction from our broad range of activities for Suicide Prevention, Outreach, and other prevention activities. It is also difficult to measure a reduction in stigma separate from the outcome from other PEI programs. We will continue to develop activities to reduce stigma, and will utilize tools recommended by DHCS for measuring the reduction of stigma, as they are developed. Staff also work closely with CalMHSA on Each Mind Matters.

On May 1, 2018, the Glenn County Board of Supervisors made a proclamation to support National Children's Mental Health Awareness Day. Children's Mental Health Awareness Day focuses attention on how we can support children in our communities struggling with mental health issues. By proclaiming May 10, 2018, as "National Children's Mental Health Day," the county increases awareness of the importance of children's mental health and shows that positive mental health is essential to a child's healthy development. This proclamation supports our annual stigma event CHANGE (Creating Hope and Wellness And New Growth Everywhere). We also plan to submit an application to the Board of Supervisors to make a proclamation to support National Suicide Prevention Awareness Week. In doing these proclamations, we hope to address on a broader scale the impact of stigma in our community.

- 5) **Suicide Prevention:** The Suicide Prevention Program works to provide a number of suicide prevention activities in the county. These activities include training of staff and

first responders to recognize the warning signs of suicidal behavior; developing and disseminating techniques to improve community response to situations involving suicide threat; and developing resources and linkages across agencies and within the community for individuals in crisis. Coaches/Peer Mentors, Case Managers, and clinicians are all involved in outreach and suicide prevention training activities.

Staff work closely with CalMHSa to develop and expand our suicide prevention activities. We conduct outreach activities to both youth in the community and to the general adult and older adult population throughout the county. The youth outreach activities include handing out flyers and brochures; developing posters; and dispersing tangible items (such as wristbands) at the local high schools. Outreach to adults and older adults occur at community events, such as health fairs, churches, and other venues, and include educational materials and informational meetings.

Over the last year, one of Glenn County's local high schools experienced two (2) suicides within a few months. To support the school community and to address the concerns of the students, students and school staff together initiated having a National Alliance on Mental Illness (NAMI) Campus Chapter at the high school. During the school's monthly collaborative meeting, the TAY Center immediately began partnering with the Chapter to support continued youth-initiated suicide prevention efforts. Through this partnership, the Chapter applied and was awarded the Each Mind Matters' School Mini-Grant. The TAY Center is partnering with NAMI to support their efforts for Mental Health Awareness Month; as well as providing continued support throughout the school year.

We also conducted a number of suicide prevention trainings through the year at the local high schools and with other community agencies (e.g., law enforcement, Child Welfare Services, Adult Protective Services, etc.). We utilized the evidence-based practice SAFETALK. These trainings include information on identifying risk factors for suicide; utilizing protective factors; and recognizing and responding to the warning signs of suicide. Collaboration between agencies increases support and awareness within the community.

We participated in a Tri-County consortium with Butte and Tehama County called "Care Enough To Act." The three counties meet quarterly to discuss suicide prevention activities, and share materials and ideas for strengthening our community's skills in suicide prevention. In addition, Glenn County Transition Age Youth (TAY) provide ongoing suicide prevention and bullying presentations to the local classrooms. They have completed 12 TAY Up-stander Workshops in the Jr High and High Schools in the community this past year. In total, we have reached 40 students that have made a commitment to be leaders of change within their school to prevent bullying and suicide. The TAY Peer Mentors also set up a table at lunch time with information on suicide prevention, bullying, and other mental health information throughout the school year. Approximately 275 students were served during these events.

The TAY also participated in the CHANGE (Celebrating Health and Wellness And New Growth Everywhere) Festival, in Orland, where 60 community youth and families came

together to celebrate Change. The Change Festival was in honor of National Children's Mental Health Day.

The TAY Center and Harmony House work in collaboration with Glenn County Cultural and Linguistic Competency Committee to organize this festival for youth and families to reduce stigma for youth and their families. Last year, the festival attracted over one hundred people. The event includes resources for youth and families, as well as games and activities for children, music, face painting and a cake walk. Everyone released a balloon with hopes to end stigma.

The TAY Center and Harmony House also supported the Glenn County SPEAKS (Safety Prevention Education/Environment Awareness Knowledge Stigma) event on World Suicide Prevention Day, September 11. Over 300 community members attended. This event included 15 resource tables with information and handouts, a law enforcement K9 unit, bounce house, speakers (family member and personal story of recovery), Free Raffle, and a cake walk. The Music DJ, Bob Pasero (retired Orland PD chief), was the Mater of Ceremony and closed the event with a candle lighting and Native American Drumming ceremony. The event challenged mental health stigma and helped educate the community regarding sign of depression and suicide.

There were two youth suicides in Glenn County last summer. The TAY Center was active in supporting the youth at the local schools and tribe. Youth and staff responded to the teaching staff and 20 youth for support and provided resources for three (3) days after the youth's suicide. In addition, TAY youth and staff developed family resource packets and youth resource packets to local high schools and junior high schools. The packets included information regarding how to talk to youth about grief and loss, the crisis line number, and how to make a referral to mental health services. There was also information about Each Mind Matters, Know the Signs, and the TAY Center. All the teachers gave students resource cards and was provided with a script about how to talk with the youth about suicide.

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

The PEI programs address many of the key issues that were identified in our surveys from last year's planning process. The community is very supportive of our PEI programs, including the ongoing training in identifying depression, suicide, and bullying, and are excited about the new PEI programs being developed for FY 2018/2019. As our staffing has changed, we realized the need to have more staff to be trained to deliver safeTalk. It has been a challenge to find SafeTALK trainings in the region, that offer the Train the Trainer (T4T) training. On April 2, 2018, two (2) staff attended the safeTALK T4T training in Auburn. There is also a plan to have three (3) more staff attend a training that will be offered in October. This training will allow us to have a bigger team to address community needs.

## ***3. List any significant changes from previous fiscal year, if applicable.***

Significant changes to the PEI program are described above, to address the updates in the PEI regulations.

## **MHSA Program Component INNOVATION (INN)**

- 1. Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person). Include achievements and notable performance outcomes.***

The System-wide Mental Health Assessment Response Treatment (SMART) Team is comprised of key individuals from each of the following agencies: mental health, probation, law enforcement, child welfare, and the schools. The SMART Team meets weekly, with individuals from law enforcement, mental health, probation, schools, and child welfare in attendance. This cross-agency collaboration has created a strong and cohesive team across the sheriff's office, local police departments, mental health, social service, education, and alcohol and drug services. Children, TAY, and adults receive services from SMART.

SMART's collaborative relationship has developed a coordinated process to identify high-risk children and youth, develop strategies for engaging family members, developing creative solutions to help resolve any threats or other complex situations, and implementing a cohesive plan across partner agencies. This collaboration has helped to develop a strong, trusting relationship across agency partners, and identifies coordinated solutions to improve services across our MHSA services and accomplish positive outcomes for children, youth, and families.

The SMART Team's collaborative process responds quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats, suicidal behavior, and/or bullying. The SMART Team responds to situations across the county and conducts a comprehensive mental health and crisis evaluation. An evidence-based practice, MOSAIC, is used to determine the level of risk, for each child. This data also helps to identify the most effective strategy in each situation, and provides protocols to help respond and evaluate the situation to support a positive outcome for each situation.

In an effort to further improve outcomes for the children and youth involved in these incidents, the SMART Team also follows up with each student, classroom, teacher, and/or family member, to deliver brief therapy and assess the need for additional follow-up services. When a student needs ongoing treatment, the SMART Team links the individual to ongoing mental health, co-occurring treatment, or probation services to follow-up periodically to ensure that the incident is fully resolved.

The SMART team has served over 84 children, youth, and their families since it was implemented in 2014. In FY 2016/17, the team provided services to 45 individuals and their families. We have been successful in resolving immediate threatening situations at the schools, and work closely with high risk children and youth, and their families. SMART families are often referred to mental health services for ongoing treatment, as well as linking them to other resources in the community. The majority of children and youth are receiving ongoing mental health services and they are regularly attending school. One youth who was not attending school has been placed in a residential treatment facility to support her to develop skills in managing her behavior. Many of the children have Individual Education Plans (IEP) and these plans have been

updated to address additional needs identified during the SMART assessment process. For other children, and IEP was developed, based upon the identified needs.

In April 2018, two members of the SMART team attended the Advanced Threat Assessment Academy that was hosted and presented by Gavin De Becker and Associates. Gavin De Becker and Associates is one of the leading threat management entities in the world, and they specialize in threat assessment, violence prevention, and how to protect high profile individuals. The extensive 4-day training closely examined topics such as core concepts of violence prediction; inappropriate pursuit on a college campus; active shooter: prevention, response, and important dynamics; and facts of “the classroom avenger.”

In addition, one of the most important components of the academy was the practical exercise in which attendees engaged in an interactive, hands-on, threat assessment and threat management exercise. Attendees were placed in groups with other professionals of various different disciplines. By having a combined practice team, the various skills and knowledge that were taught were put to practical use with a real-life scenario. Most of the threat assessment practitioners that presented at the academy had a background of experience in the FBI, CIA, Secret Service and/or military. Therefore, the practitioners were well-adept in identifying safety risks with individuals and knowing how to mitigate potential threats. The SMART team members were also able to receive direct consultation about the evidence-based MOSAIC Threat Assessment Tool that we have utilized to gather information on all consumers served through the SMART program. This training was very valuable, and the information learned will be shared with our SMART Team in Glenn County.

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

We have been very pleased with our initial implementation of this new Innovation Project. Initially, we did not obtain the parent’s signed consent to coordinate service across multiple agencies. As a result, once the immediate crisis was resolved, the parents were not always as willing to sign the consent. As a result, we now obtain their consent at our first contact with the family, when the crisis is acute. At this critical time, the parents are willing to work with us to support collaboration across agencies, to help resolve the crisis. As we continue to deliver services and supports to the family, they learn the importance of everyone working together, and that everyone has the same goals for supporting healthy outcomes.

We are still working to enhance the coordination of services across all of our school districts and individual schools. We provide periodic presentation on the SMART Team, how to make a referral, and the importance of collaboration to meet the needs of the child and youth. These schools want to avoid “labeling” the child or youth, but at times may create barriers to getting the support needed to resolve a complex situation. As the SMART Team has more successes and resolves threat situations in a collaborative manner, we are able to address some of these barriers.

## ***3. List any significant changes from previous fiscal year, if applicable.***

There are no significant changes to the INN Program in FY 2018/2019. See below for the Innovation Reversion Plan.

## **Reversion Plan for 2008/09 Innovation Funds**

Glenn County FY 2008/09 Innovation funds are subject to reversion. The plan to spend these funds prior to reversion include the following activities:

- 1) Train Mental Health staff in Therapeutic Crisis Intervention (TCI), an evidence-based crisis prevention and intervention-based curriculum. TCI training is a five-day intensive training that teaches staff how to help youth and families in constructive ways to handle crisis situations. The purpose of the TCI system is to prevent a crisis from occurring, de-escalating crisis situations, effectively manage an acute crisis, create a consistent standard methodology for teaching staff how to respond to crisis situations, and to create a shared language for staff to discuss with families and youth to help them learn to use the crisis situation to grow and develop new skills, rather than having a setback from the experience;
- 2) Support the SMART team to attain more time from their partnerships with the Sheriff's office to support mobile crisis services and provide additional supportive case management services to youth and families.

**MHSA Program Component  
WORKFORCE EDUCATION AND TRAINING (WET)**

NOTE: Previously-released WET funding allocations are no longer available after FY 17/18, but we will continue to fund two (2) WET projects through CSS: 1) Relias Learning and 2) Intern Stipends. Additional WET projects may be developed as future funding allows.



**MHSA Program Component  
CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CFTN)**

NOTE: Our initial Capital Facilities/Technological Needs (CFTN) projects have been fully and successfully implemented. No new CFTN allocations or funding transfers have been made at this time. Additional CFTN projects may be developed as future funding allows.

**FY 2018/2019 Mental Health Services Act Annual Update  
Funding Summary**

County: Glenn

Date: 5/17/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2018/2019 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	3,236,568	219,621	219,808	0	0	
2. Estimated New FY 2018/2019 Funding	1,890,153	472,584	124,413			
3. Transfer in FY 2018/2019 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2018/2019						0
5. Estimated Available Funding for FY 2018/2019	5,126,721	692,205	344,221	0	0	
<b>B. Estimated FY 2018/2019 MHSA Expenditures</b>	2,956,018	513,810	247,774	0	0	
<b>G. Estimated FY 2018/2019 Unspent Fund Balance</b>	2,170,703	178,395	96,447	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	88,510
2. Contributions to the Local Prudent Reserve in FY 2018/2019	0
3. Distributions from the Local Prudent Reserve in FY 2018/2019	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	88,510

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

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

County: GLENN

Date: 5/7/18

	Fiscal Year 2018/19					
	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>FSP Programs</b>						
1. MHSA CSS Comprehensive Service Plan	1,903,317	753,948	930,495	4,798	156,517	57,559
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. MHSA CSS Comprehensive Service Plan	4,894,243	1,938,723	2,392,701	12,338	402,472	148,009
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	411,480	263,347	148,133			
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	7,209,040	2,956,018	3,471,329	17,136	558,989	205,568
<b>FSP Programs as Percent of Total</b>	64.4%					

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

County: GLENN

Date: 5/7/18

	<b>Fiscal Year 2018/19</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</b>						
1. Strengthening Families	25,440	25,440				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
<b>PEI Programs -Access &amp; Linkage</b>	0					
9. Access & Linkage	73,274	73,274				
<b>PEI Programs - Early Intervention</b>						
10. Parent-Child Interaction Therapy	123,327	13,934	70,394		38,999	
11.	0					
<b>PEI Programs - Outreach</b>	0					
12. Outreach	63,673	63,673				
<b>PEI Programs - Stigma Reduction</b>	0					
13. Stigma Reduction	11,459	11,459				
<b>PEI Programs - Suicide Prevention</b>	0					
14. Suicide Prevention	274,649	274,649				
15.	0					
16.	0					
<b>PEI Administration</b>	51,381	51,381				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>623,203</b>	<b>513,810</b>	<b>70,394</b>	<b>0</b>	<b>38,999</b>	<b>0</b>

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

County: GLENN

Date: 5/7/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Fiscal Year 2018/19	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. SMART	285,817	135,266	98,552		51,999	
2. 08-09 Reversion Funds Plan	104,392	104,392				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	14,029	8,116	5,913			
<b>Total INN Program Estimated Expenditures</b>	404,238	247,774	104,465	0	51,999	0