



## GLENN COUNTY BEHAVIORAL HEALTH

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### **Mental Health Services Act FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report**

**POSTED FOR PUBLIC COMMENT**  
May 13, 2019 through June 11, 2019

The MHSA FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report is available for public review and comment from May 13, 2019 through June 11, 2019. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Wednesday, June 12, 2019.

**Comments or Questions? Please contact:**

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*Thank you!*



Glenn County Department of  
Behavioral Health hosts the  
Mental Health Services Act

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# MHSA ANNUAL PUBLIC HEARING

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Wednesday, June 12, 2019

12:00PM-1:00PM

Willows Round Table Pizza

1237 W Wood St, Willows, CA

The purpose of the Mental Health Services Act (MHSA) public hearing is to share with the community the feedback received from the community stakeholder input during the 30 day public comment period from May 13, 2019 through June 11, 2019. The public hearing provides a structured process that the county uses in partnership with stakeholders in determining how best to utilize funds that become available for the MHSA components.

**The Public Hearing is for the Glenn County MHSA 19/20 Annual Update & 3-Year PEI Evaluation Report.**

**Where:** Round Table Pizza, 1237 W Wood Street, Willows, CA

**Date:** June 12, 2019

**Time :** 12:00 PM – 1:00 PM

**Comments or Questions? Please Contact:**

Cindy Ross, MHSA Coordinator

Glenn County Behavioral Health

Phone 530-865-1622

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# **MHSA FY 2019/2020 Annual Update and PEI / Innovation Evaluation Report**

## **MHSA COMMUNITY PROGRAM PLANNING**

### ***Community Program Planning Process***

The Glenn County Behavioral Health (GCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2019/2020 Annual Update and Evaluation Report builds upon the planning process that was utilized for the development of the 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 14-year period).

For the FY 2018/2019 Annual Update planning process that occurred in Spring 2018, focus groups and stakeholder meetings were conducted at a variety of locations including the adult wellness center (Harmony House), the Transition Age Youth (TAY) Center drop in and wellness center, the System Improvement Committee (SIC), and the Cultural and Linguistic Competence Committee (CLCC). 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, input was obtained from community stakeholders and through outreach activities to persons who are unserved and/or underserved.

Data was also analyzed on Full-Service Partnership (FSP) services 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 at least quarterly by the SIC each month to monitor clients' progress over time. This data has helped us to understand service utilization, evaluate client improvement, and has been instrumental in the ongoing planning process to continually improve services for clients and families.

The Prevention and Early Intervention Program (PEI) has been updated to address the new PEI regulations required by the state. As a result, each of the existing PEI programs have been reviewed and determined how services can be classified to meet the new PEI regulations. There have been extensive planning periods and stakeholder input to help design, develop, and implement these updated PEI programs.

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

activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategies 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 certify 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 the current programs (including FSP data); reviewing community needs based on stakeholder input; and determining the most effective way to further meet the needs of persons who are unserved/ underserved.

### ***Stakeholders and Meaningful Input***

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 the TAY and peer mentors. Focus groups and stakeholder meetings were conducted at both the 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; life skills and social skill group ideas for both the drop-in centers; transportation needs; transition needs between inpatient to outpatient services; increasing suicide prevention activities in the community; increasing services for LGBTQ youth; increasing parent service for TAY youth; and overall satisfaction with the current MHSA services. The ideas presented by consumers will be used to enhance MHSA services in the coming year.

This is the final year of the SMART Innovation program, with INN funds ending June 30, 2019. 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 all MHSA programs. The community highly values this program and the SMART program will be sustained through CSS funding and Medi-Cal revenue.

In addition, a number of different agency staff were engaged to provide input into the MHSA planning process. This creates a comprehensive and meaningful stakeholder process. The combination of focus groups, personal interactions, and stakeholder's meeting help to give voice to a broad range of individuals across the community. This input informed the development, plan, and implementation of the Annual Update and Evaluation Report.

The MHSA Annual community planning process information was available and distributed at many different venues. Both Wellness Centers had the stakeholder meeting flyers available for consumers; they included the meeting in their monthly calendar; and they used social media to inform the public about time and place of the meetings. The flyer was emailed throughout Health and Human Services Agency to inform both community partners and staff. During staff meetings, the stakeholders' meeting information was discussed and flyers were also handed out for distribution.

## **LOCAL REVIEW PROCESS**

### ***30-Day Posting Period and Circulation Methods***

This proposed MHSA FY 2019/2020 Annual Update and Evaluation Report has been posted for a 30-day public review and comment period from May 13, 2019 through June 11, 2019. 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.

### ***Public Hearing Information***

A public hearing will be held on Wednesday, June 12, 2019, from 12:00 pm to 1:00 pm, at Round Table Pizza, 1237 W. Wood Street, Willows, CA. The public hearing will be conducted as a special meeting of the Glenn County Mental Health Board.

### ***Substantive Recommendations and Changes***

Input on the MHSA FY 2019/2020 Annual Update and Evaluation Report 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).

# COMMUNITY SERVICES AND SUPPORTS COMPONENT

## *CSS Program Description, Data, and Outcomes*

The Glenn County MHSAs activities have been very successful. CSS services created a strong foundation of programs which includes the 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 receiving services mental health clinics for supporting individuals in their wellness and recovery.

### Weekend Wellness Program

The Weekend Wellness Program helps support individuals to successfully live in the community, following discharge from an IMD, board and care, and/or group home. This program was initially funded through the first Innovation Plan. It has been sustained through CSS funding. The program has effectively supported 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 will continue to be offered to the highest need individuals in the county, to help them live successfully in the community.

The Weekend Wellness program meets every Saturday. In FY 2017/18, there were eight (8) individuals who attended the program. Figure 1 shows that there were 45 groups offered, with a total attendance (duplicated) of 197. This shows an average of 4.4 persons per group. In addition to the groups, persons attending Weekend Wellness prepared and shared a meal, attended local and regional events, and occasionally made day trips together to nearby Butte County or other places of interest. These activities helped to create a family-like environment to support these high-need clients who are often isolated over the weekends and provide them with positive social connections with others.

**Figure 1  
CSS Weekend Wellness  
FY 201718**

<b>Weekend Wellness</b>	# Groups	45
	Attendance	197
	Avg. Attendance/Group	4.4

### Full Service Partnership Programs and Wellness Centers

A wide range of wellness and healthy living support services are available at Harmony House and the TAY Center. These healthy support services include nutrition and cooking classes; yoga, exercise, and fitness; creative expression; gender-specific groups; healthy relationships; and meditation. The Peer Mentors and Adult Coaches are also offer age-specific WRAP training

groups with different groups focused on TAY, adults, and older adults. There is also a WRAP group offered for children ages 12-15. There are also wellness support groups available in Spanish to 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, five (5) paid part-time Youth Peer Mentors and five (5) paid part-time Adult Coaches positions to help deliver appropriate services and navigate the mental health system. Peer Mentors and Adult Coaches have lived 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. The Peer Mentors and Adult Coaches are involved with 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 offer additional services to individuals attending the centers and to develop each volunteer’s core employment skills such as arriving on time, performing tasks consistently, and greeting the public in a warm and welcoming manner. The development of these skills help prepares them to gain future employment.

Youth often access services at the TAY Center in Orland, which provides individuals ages 13-25 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 FY 2017/18, TAY Peer Mentors were trained in the evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP). The trained TAY Peer Mentors have offered 10 different groups, with 35 individuals attending (see Figure 2). This calculates into an average of 3.5 youth attending each training. This training has allowed the TAY consumers to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

**Figure 2**  
**CSS WRAP Groups**  
**TAY Center**  
**FY 2017/18**

<b>TAY Center WRAP</b>	# Groups	10
	Attendance	35
	Avg. Attendance/Group	3.5

The Adult and Older Adult program, including the FSP component, includes the adult wellness center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House creates a safe environment for 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 also provides an opportunity for individuals to develop WRAPs and receive comprehensive mental health services. Several adult coaches were also trained in the WRAP evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP).

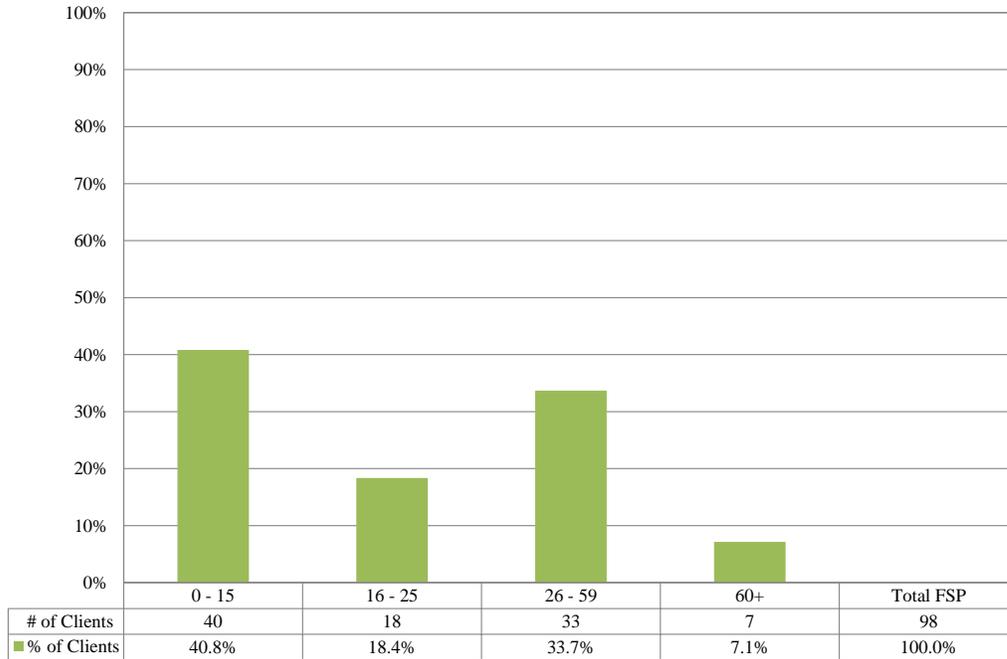
The Adult Coaches offered 22 different groups, with 87 individuals attending (see Figure 3). This calculates into an average of 4 individuals attending each training. This training has allowed adults and older adults consumers to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

**Figure 3**  
**CSS WRAP Groups**  
*Harmony House*  
**FY 2017/18**

<b>Harmony House WRAP</b>	# Groups	22
	Attendance	87
	Avg. Attendance/Group	4.0

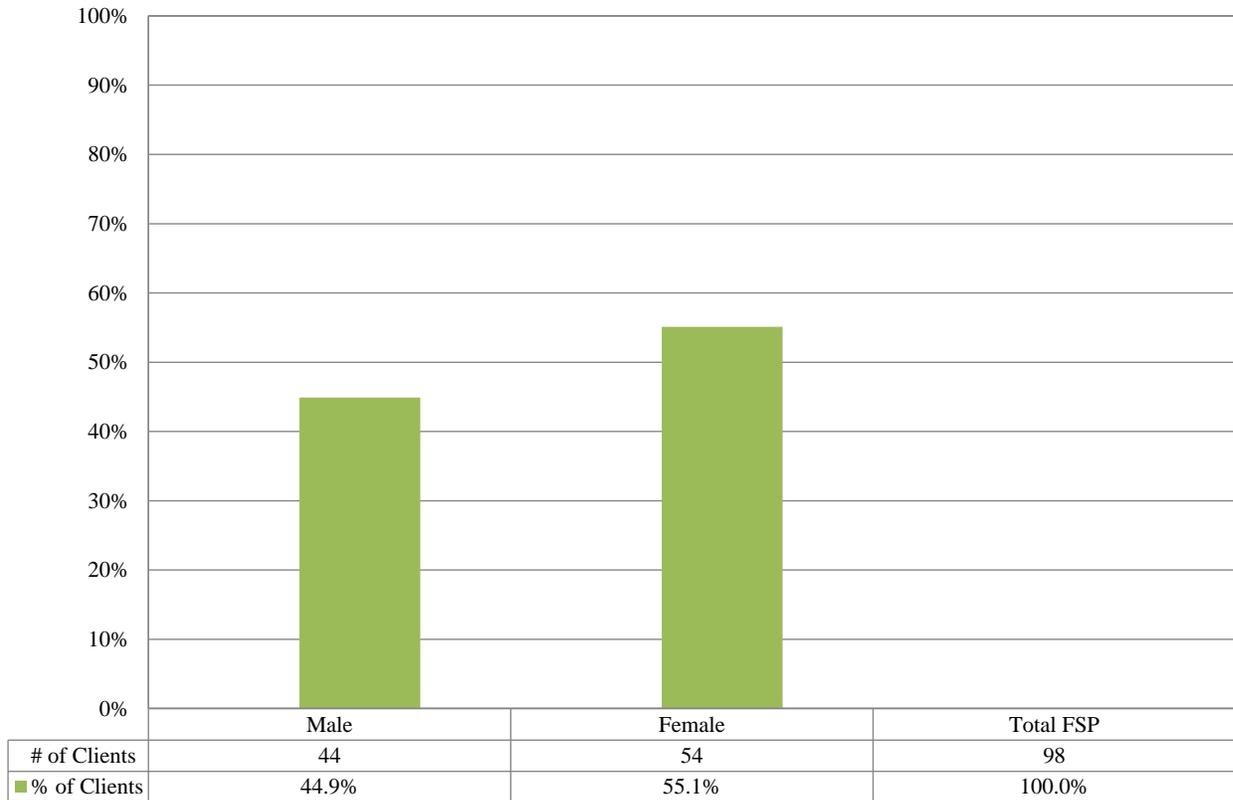
The FSP program served 98 people in FY 2017/18 (see Figure 4). Of the 98 people receiving FSP services, 40 (40.8%) were children ages 0-15; 18 (18.4%) were TAY ages 16-25; 33 (33.7%) were adults ages 26-59; and 7 (7.1%) were older adults ages 60 and older.

**Figure 4**  
**CSS Full Service Partnership Services**  
*Number and Percent of Mental Health FSP Clients, by Age*  
**FY 2017/18**



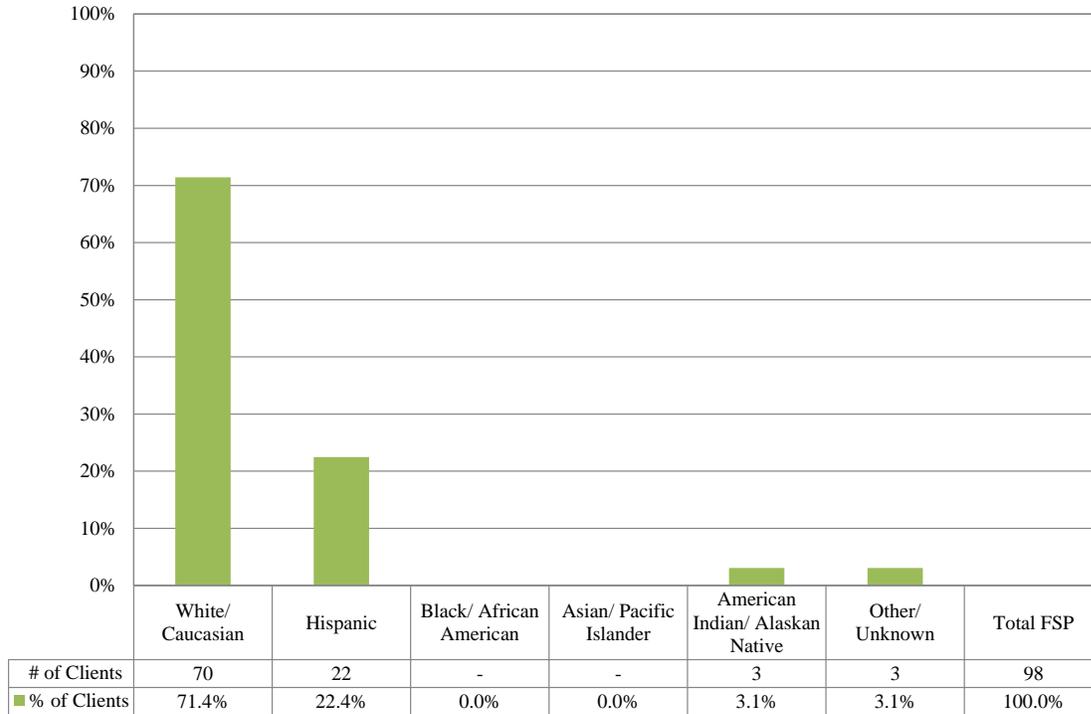
Of the 98 people enrolled in the FSP program in FY 2017/18 (see Figure 5), 44 (44.9%) were male and 54 (55.1%) were female.

**Figure 5**  
**CSS Full Service Partnership Services**  
*Number and Percent of Mental Health FSP Clients, by Gender*  
**FY 2017/18**



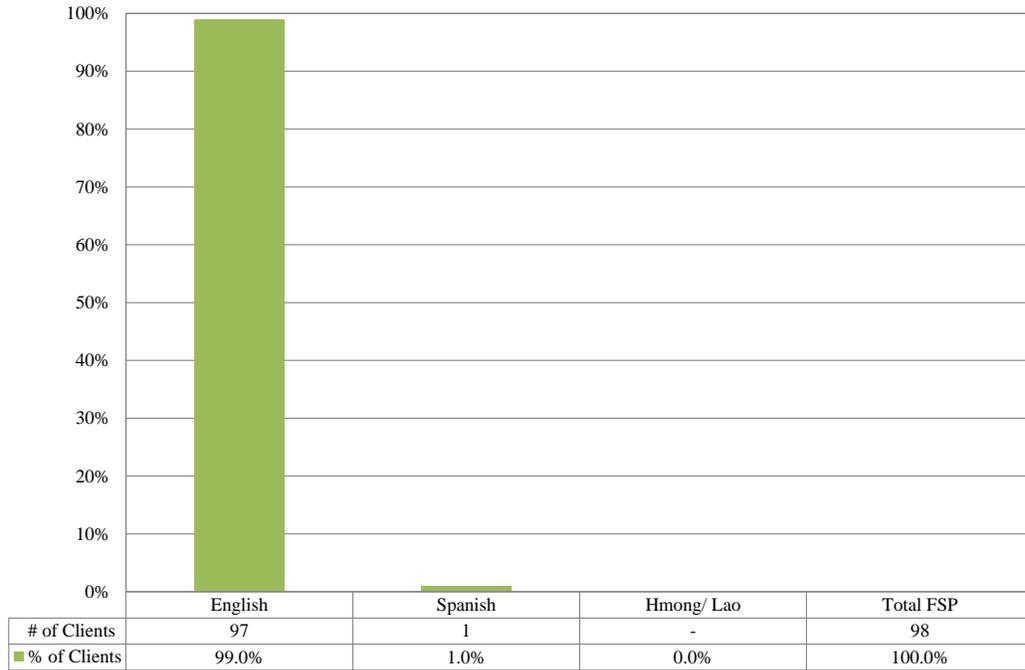
Of the 98 people enrolled in the FSP program in FY 2017/18 (see Figure 6), 71 (71.4%) were white; 22 (22.4%) were Hispanic; 3 (3.1%) were American Indian; and 3 (3.1%) were Other/Unknown race/ethnicity.

**Figure 6**  
**CSS Full Service Partnership Services**  
*Number and Percent of Mental Health FSP Clients, by Race/Ethnicity*  
**FY 2017/18**



Of the 98 people enrolled in the FSP program in FY 2017/18 (see Figure 7), 97 (99%) were English speakers and 1 (1%) preferred receiving services in Spanish.

**Figure 7**  
**CSS Full Service Partnership Services**  
*Number and Percent of Mental Health FSP Clients, by Preferred Language*  
**FY 2017/18**



FSP clients are some of the highest need clients served by GCBH. Clients receive a full array of services, as shown in Figure 8 below. The 98 clients that received FSP services in FY 2017/18, receive 4,080 hours of services, which calculates into an average of 41.64 hours per person. Of the 98 clients, 89 received assessment; 73 received plan development, 71 received individual therapy, 83 received case management, and 58 received medication services. There were 36 of the 98 FSP clients that received crisis intervention, which shows that approximately 40% needed this immediate services. This also reflects that 60% of the FSP clients did not need crisis intervention, which positively reflects the support these clients receive in the community to help them manage their recovery and wellness.

**Figure 8**  
**CSS Full Service Partnership Services**  
**Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type**  
**FY 2017/18**

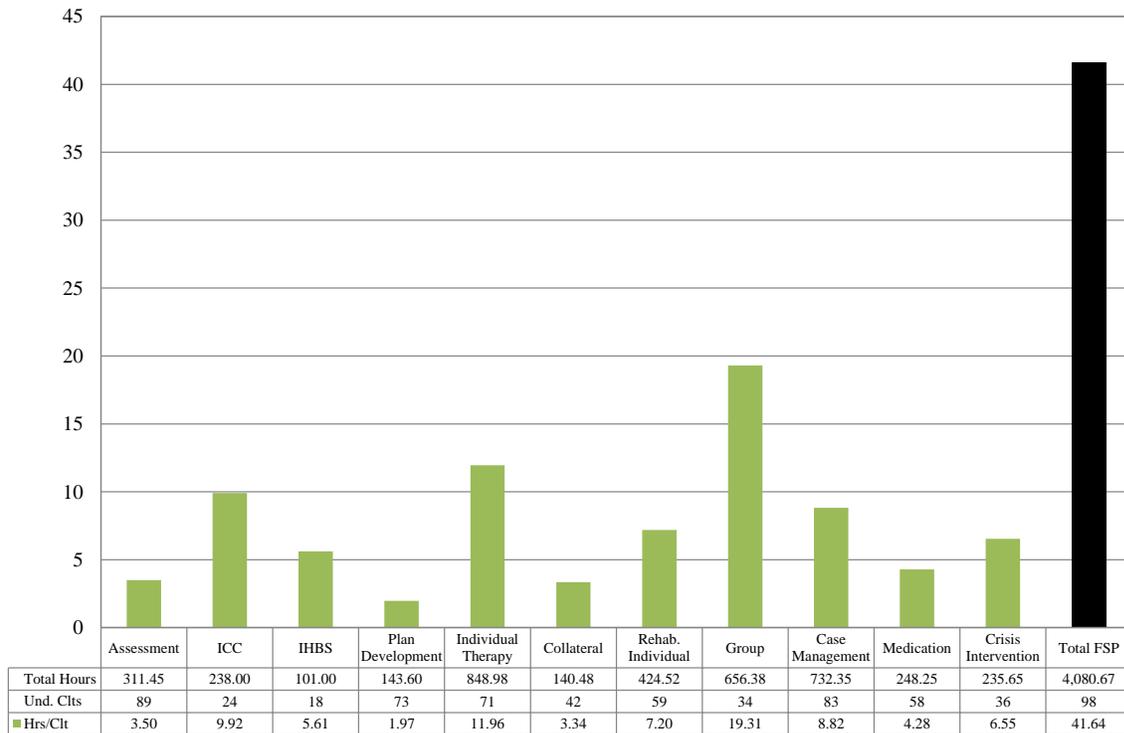
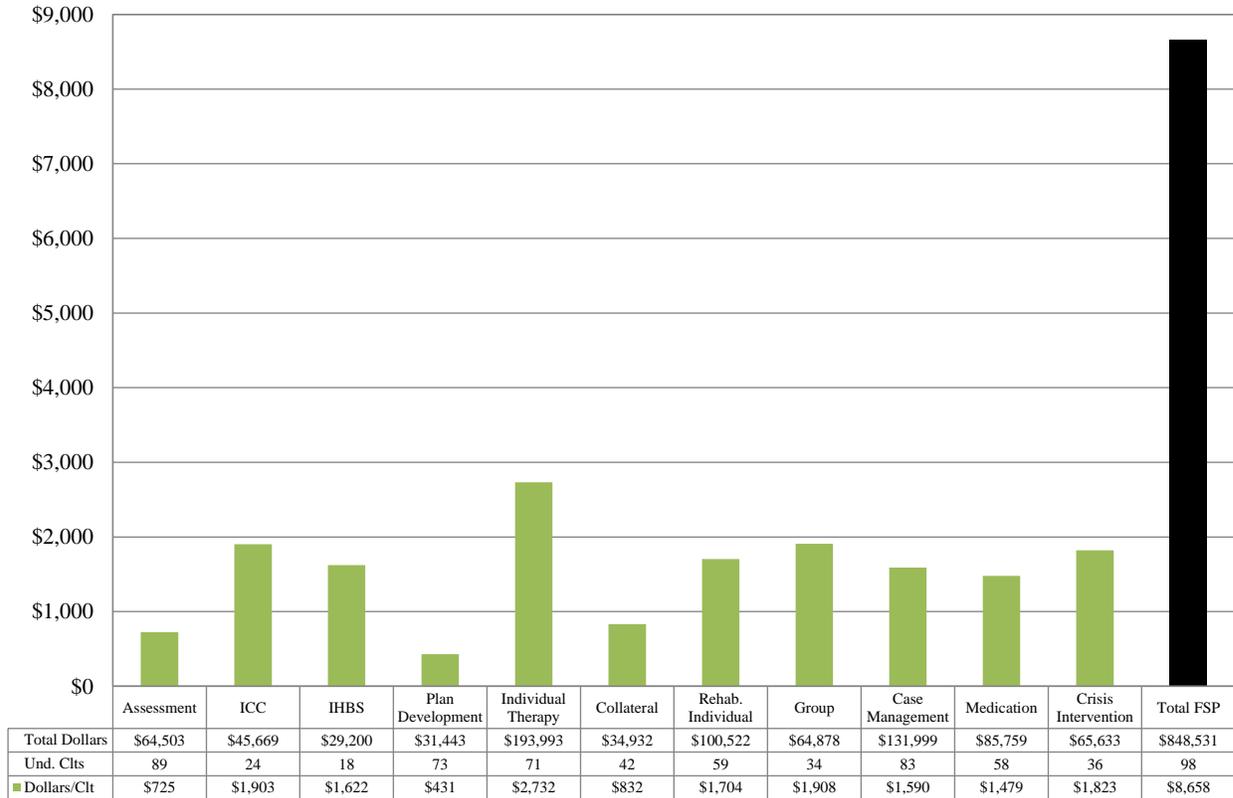


Figure 9 shows the dollars per FSP client for each of the services they received in FY 2017/18. Across all services, the total dollars for FSP clients was \$848,531, with an average of \$8,658 per person. These are some of the highest need clients served by GCBH.

**Figure 9**  
**CSS Full Service Partnership Services**  
*Total Mental Health FSP Dollars, Clients, by Dollars per Client, by Service Type*  
**FY 2017/18**



### CSS Outreach and Engagement Activities

Case managers provide CSS Outreach and Engagement activities to persons in the community who are at-risk of needing mental health services. Case managers also offer outreach to persons who are homeless population to help link them to needed services. 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. The TAY Clothing Closet has approximately 95 community members visit annually. Figure 10 shows that there were 210 outreach contacts in FY 2017/18.

**Figure 10**  
**CSS Outreach and Engagement Contacts**  
**FY 2017/18**

Outreach & Engagement Contacts
210

CSS services are available at the two GCBH mental health clinics: the outpatient clinic located in Willows; and the Community, Recovery, and Wellness Center (CRWC) in Orland. The CRWC is also the location of the Transitions Learning Center (TLC). TLC offers services 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 mental health, psychiatry, substance use treatment, employment skills, and linkage to benefits. CSS funds are occasionally used to supplement services for individuals that receive services through the SAMHSA Block Grant, the Education Related Mental Health Services (ERMHS) program, and the Child Abuse Treatment (CHAT) program.

To support the TLC and CSS program, an eligibility worker and an Employment Training Worker from CalWORKS are co-located 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. There is also have a certified teacher that visits 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.

In addition, two evidence-based programs are offered, which help develop skills in anger management (*Courage to Change* and *What's Good About Your Anger*, a 12-week curriculum).

All programs strive to continually improve services to enhance family relationships across all age groups; increase family activities to promote wellness and improved outcomes; expand services for persons with co-occurring mental health and substance use disorders; and reduce depression and suicidal behavior. Persons involved in programs are asked to provide feedback and input on the groups and services offered, so new and engaging activities can support individuals as they develop skills to improve wellness, recovery, and achieve improved outcomes.

GCBH continues to expand programs and collaborate with partner agencies, including schools, law enforcement, social services, jail, and probation. In addition, services for children enrolled in the Katie A program continue to be expanded. 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, there are 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, GCBH works closely with CWS, Probation and local school districts to support CCR. The effort seeks to expand upon Katie A/reform infrastructure. Activities 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.

GCBH 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. GCBH is implementing an attachment based therapeutic model Dyadic Developmental Psychotherapy (DDP), which will support the CCR efforts to address mental health needs within the reform.

GCBH also enhanced services to support early recognition of depression, suicide, and help reduce the stigma of accessing mental health services. A number of trainings in the community are offered to help 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 the community. Individuals at both TAY and Harmony House receive support for developing a WRAP. GCBH 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. GCBH collaborates with the library personnel for helping deliver the safeTALK trainings. They are assisting in the trainings as the “Community Supporter.” The community supporter is utilized during the training for extra support for attendees if they get triggered by the content and need some extra support.

#### SMART Team

The previously-approved Innovation Project, System-wide Mental Health Assessment Response Treatment (SMART) Team, will be terminated as an INN project on June 30, 2019. The SMART program will be sustained through CSS funding, and will continue to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats, suicidal behavior, and/or bullying.

CSS General System Development Programs

Figure 11 shows the penetration rate and number of CSS clients served for two fiscal years. This data is shown by age. This penetration rate graph shows that the number of persons served has decreased slightly over the past two years, from 990 persons served in FY 2016/17 to 961 in FY 2017/18. The penetration rate (number of persons receiving mental health services out of the total population) has decreased from 3.5% in FY 2016/17 to 3.4% in FY 2017/18. One age group, Transition Age Youth (TAY), increased both number served from 208 to 244 and the related penetration rate, from 5.3% to 6.2%.

**Figure 11**  
***Mental Health Penetration Rate, by Age***  
**FY 2016/17 and FY 2017/18**

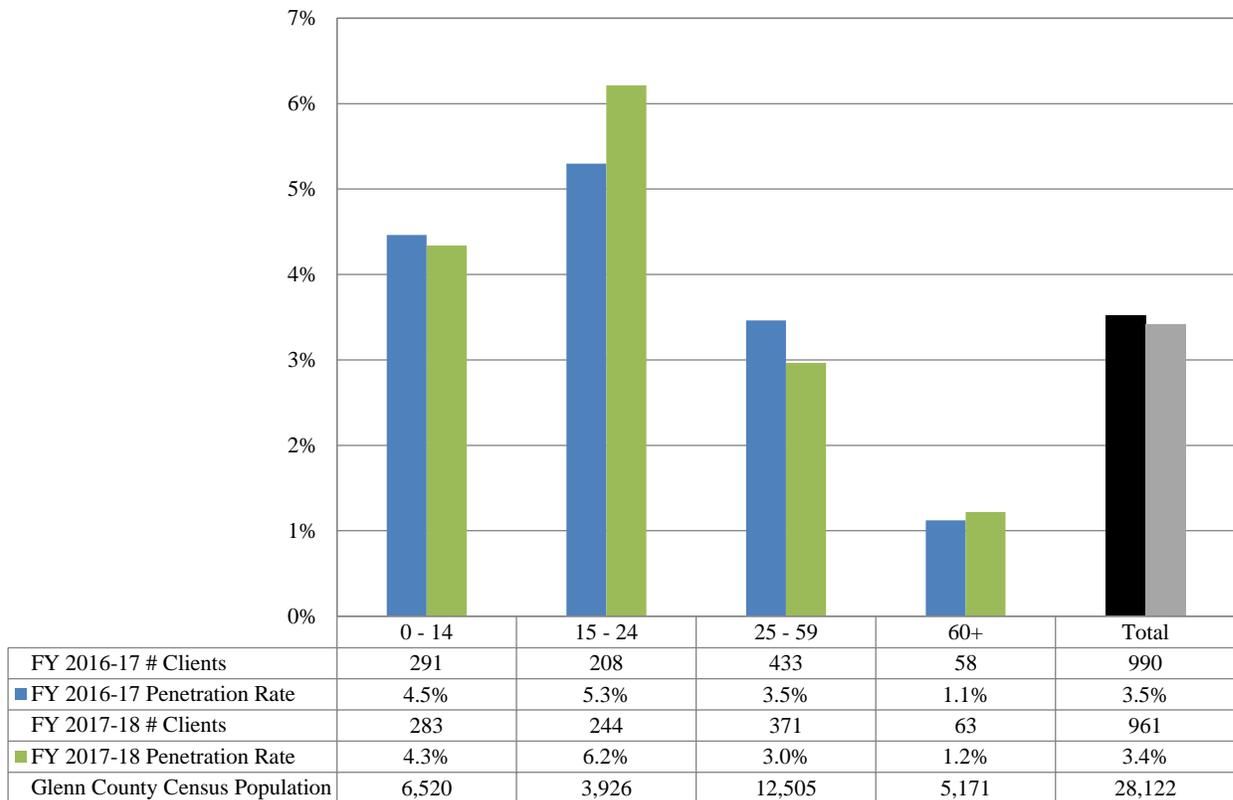


Figure 12 shows the Number and Percent of Mental Health Clients by Age, shows data for FY 2017/18. For the 961 individuals served, 33.7% were children ages 0-15 years; 23.4% were Transition Age Youth (TAY) ages 16-25 years; 36.3% were Adults ages 26-59 years; and 6.6% were Older Adults ages 60+ years.

**Figure 12**  
*Number and Percent of Mental Health Clients, by Age*  
**FY 2017/18**

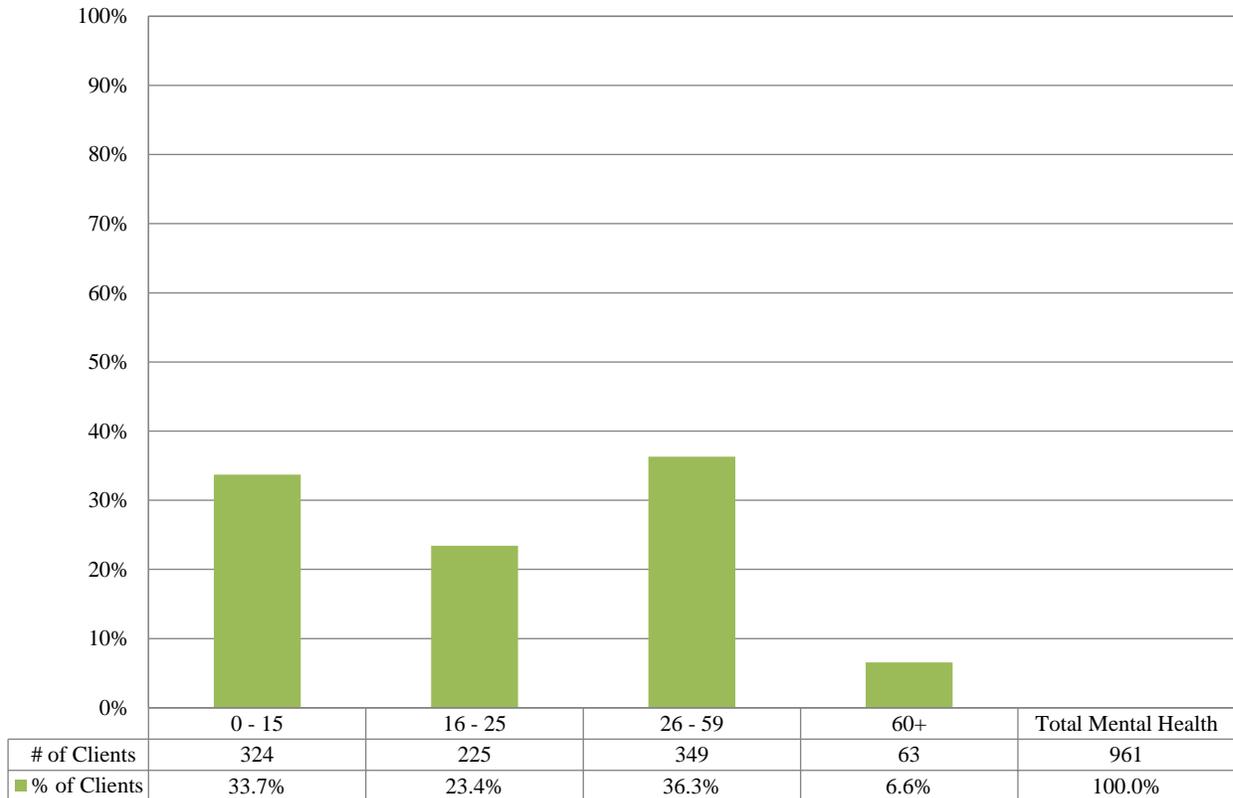


Figure 13 shows the Number and Percent of Mental Health Clients by Gender and Age for FY 2017/18. Children ages 0-15 years had a higher number of males than females. There were 177 males (54.6%) and 147 females (45.4%). TAY served a higher number of females. There were 101 males (44.9%) and 124 females (55.1%). Similarly, Adults also served more females. There were 126 male adults served (36.1%) and 223 females (63.9%). Older Adults also show the same trend, with 25 males (39.7%) and 38 females (60.3%). Across all ages, there were 429 males (44.6%) and 532 females served (55.4%).

**Figure 13**  
***Number and Percent of Mental Health Clients, by Gender and Age***  
**FY 2017/18**

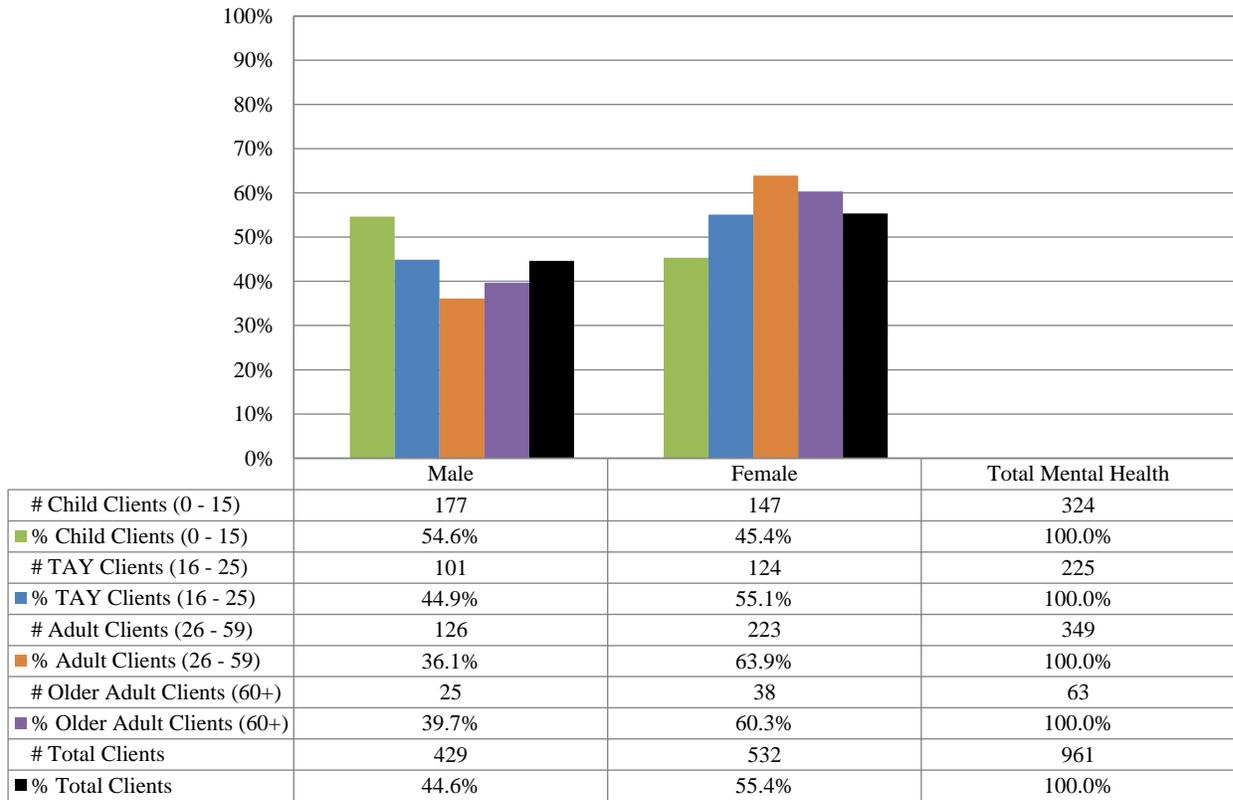


Figure 14 shows the Number and Percent of Mental Health Clients by Race/Ethnicity for FY 2017/18. For the 961 individuals served, 57.4% were Caucasian; 34.2% were Hispanic; 1.4% were Black/African American; 1.4% were Asian/Pacific Islander; 2.2% American Indian/Alaskan Native; 3.4% were Other/ Unknown.

**Figure 14**  
*Number and Percent of Mental Health Clients, by Race/Ethnicity*  
**FY 2017/18**

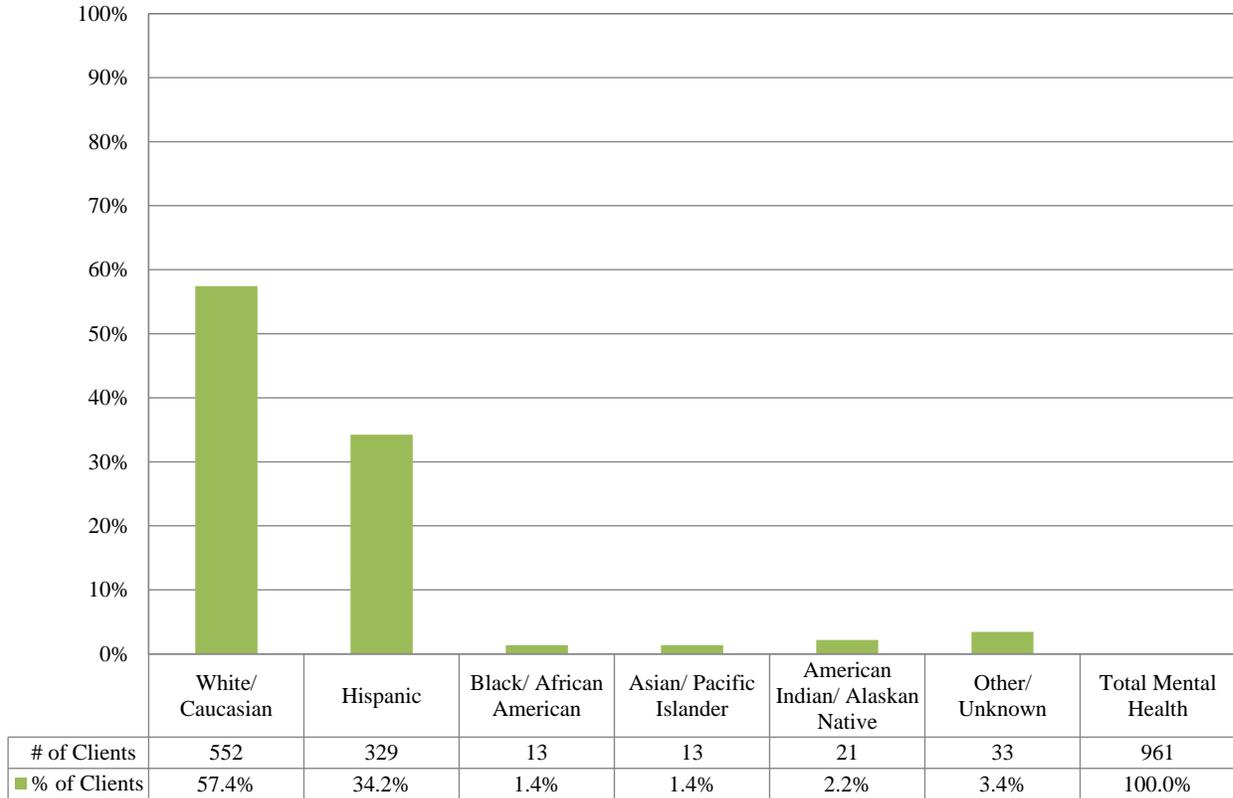
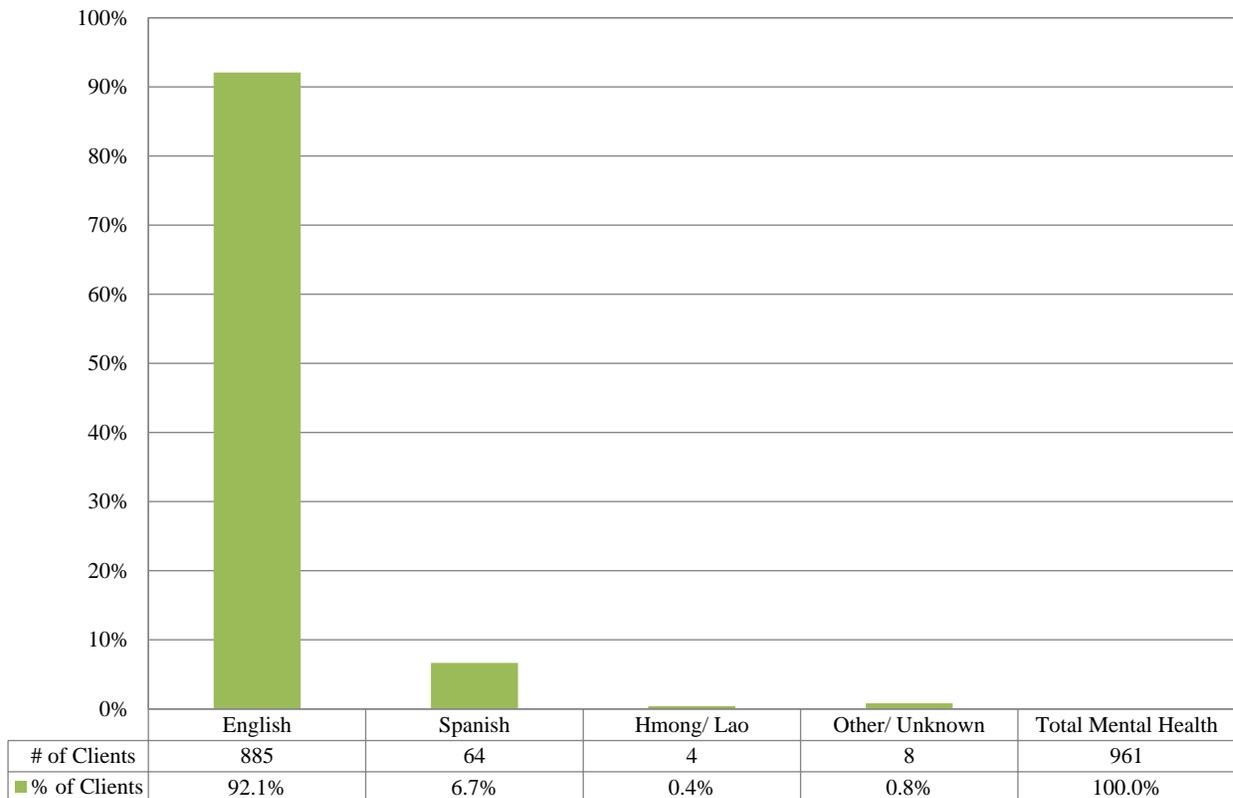


Figure 15 shows the Number and Percent of Mental Health Clients by Preferred Language for FY 2017/18. For the 961 individuals served, 92.1% had a preferred language of English; 6.7% Spanish, 0.4% Hmong/Lao, and 0.8% Other / Unknown.

**Figure 15**  
***Number and Percent of Mental Health Clients, by Preferred Language***  
**FY 2017/18**

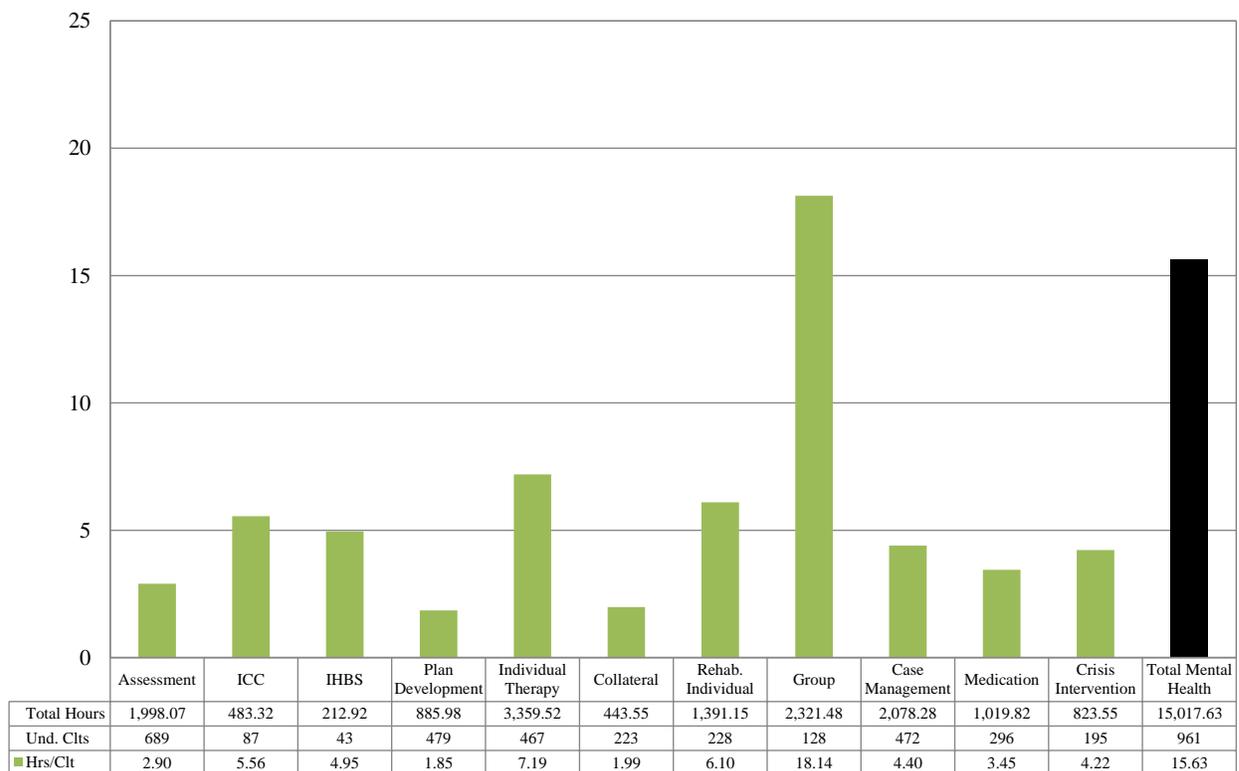


The next graph shows the total mental health hours of service for FY 2017/18 by type of service, the number of clients receiving that services, and the average hours per client by type of service see (Figure 16). Please note that a client may receive more than one type of service in the year.

Across all services, the 961 clients served in FY 2017/18 received a total of 15,017.63 hours of service. This data averages to 15.63 hours per client. For Assessment, 689 clients received an assessment. The total number of assessment hours was 1,998.07. This data calculates into each assessment averaging 2.90 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 87 children who received 483.32 hours of ICC services, for an average of 5.56 hours per child. There were 43 children who received 212.92 hours of IHBS services for an average of 4.95 hours per child. It is important to understand the total number of clients receiving each type of service, when reviewing this graph.

**Figure 16**  
***Total Mental Health Hours, Clients, and Hours per Client, by Service Type***  
**FY 2017/18**



### ***CSS Program Challenges and Mitigation Efforts***

GCBH is in the process of expanding the mental health staffing to meeting the needs of the increasing Medi-Cal population and to expand services to serve persons with mental health conditions referred from the local managed care organization. We currently have an 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 expansion has increased the number of clients who are being seen at the GCBH clinic and therefore creates a shortage of the number of mental health clinicians that are available for delivering services. Management team continues to develop strategies to hire additional clinical staff, support staff to manage higher caseloads, and meet the needs of all 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 current staff to by supporting them to continue their education through distance learning and having flexible schedules to meet the needs of clients. Over the last few years, a total of seven (7) of employees have/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 bilingual, bicultural 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 the community, and the individuals and families, continue to expand beyond the current bilingual staff capacity. The Cultural Competency Committee and the Ethnic Services Committee (ESC) have 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 providing quality interpretation and identified specific solutions for serving monolingual families and individuals.

### ***Significant CSS Program Changes in FY 2019/2020***

Over this past 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. Currently, Dos Rios is working on cohesion throughout the partnership, increasing community engagement, and are in the process of applying for and receiving grant funds in order to serve clients with the overall goal of preventing poverty.

Glenn County Health and Human Services (HHS) is currently in the process of applying for the No Place Like Home (NPLH) non-competitive grant funding. This application process includes community stakeholder engagement; an update to the County’s Homeless Plan; and a Resolution

from the County Board of Supervisors. The stakeholder engagement meetings are May 9, 2019 and May 22, 2019. A number of stakeholders have been invited to participate, including:

- County representatives from Behavioral Health, Public Health, Probation/Criminal Justice, Social Services, Housing
- The local Continuum of Care
- Cities and the county (representing unincorporated areas)
- Housing and Homeless Services Providers
- County health plans, community clinics and health centers
- Public Housing Authority
- Family caregivers/consumers living with serious mental illness

The final NPLH application is due August 2019.

## HOUSING COMPONENT

During the MHSA Community Program Planning Process for FY 16/17, many consumers and community members expressed a need to address the homelessness in this small, rural community. This opportunity creates additional funds to help consumers move into independent living situations. During the initial planning, consumers stated that they would like to see these funds be utilized to help stabilize housing for consumers. This use included providing assistance to access housing, using hotel vouchers, assistance with security deposits and funds for first month rent. It was also suggested that these funds assist with utility payments. Consumers and community members expressed a desire to utilize the Housing First Model, and stated that they believed that assistance should be utilized to stabilize housing for all consumers. Consumers and community members did not want to provide permanent housing. During the MHSA Community Program Planning and Local Review Process for the most recent Three-Year Program and Expenditure Plan, consumers and family members continued to express a need for and desire to provide services for consumers coming out of inpatient hospitalization, further stating that these individuals needed transitional housing to be successful and stable in the community.

GCBH has contracted with Butte County to provide volunteer Residential Crisis Stabilization Services at Iris House in Chico. These services are for consumers who are coming out of inpatient hospitalization who are facing homelessness. Services are available for a three month period. Services include access to a psychiatrist, and a case manager. Case manager services include assistance with Social Security applications, access to resources and housing stabilization. Groups are provided that teaches consumers budgeting, cooking and basic activities of daily living. A case manager coordinates services with the facility, attends staff meetings and works directly with all Glenn County consumers. At present, services have been offered services to nine (9) consumers and have had great success. Glenn County consumers were all able to utilize this housing resource and are now in stable housing.

in the last twelve months, five (5) consumers would have been homeless without these services. Services included assigning a case manager, offering groups at Harmony House and/or TAY Center, and providing hotel vouchers for 17 stays. Iris House is also available to serve women with a dual diagnosis and serious mental illness to remain stable in the community. Services are available for persons transitioning from the hospital and/or residential services into the community. Housing funds will continue to be utilized to assist persons who are homeless or at risk of homelessness to access services to meet their needs.

As stated above, it is the plan to continue to offer housing assistance that will include Voluntary Crisis Residential Stabilization at Iris House in Chico. Hotel vouchers, security deposits, first month rent, utilities, and payments for household items will be available to those consumers who are homeless or at risk of homelessness.

## PREVENTION AND EARLY INTERVENTION COMPONENT

PEI funding categories include Prevention, Early Intervention, Outreach, Access/Linkage, Stigma Reduction, and Suicide Prevention.

This section also includes the required PEI Evaluation Report, analyzing 2 years of data (FY 2016/2017 and 2017/2018). Outcomes are reported for Early Intervention programs. Client data that shows fewer than 10 individuals is included in the “Other” category or in the “Other/Unknown” category to protect privacy and confidentiality in this small county.

### *PEI Program Descriptions, Data, and Outcomes*

#### **A. Prevention Programs**

1. Prevention Activities included in this component include a number of different activities offered by TAY Peer Mentors at local schools and Adult Coaches at Harmony House. The Peer Mentors make presentations and table at the local schools regarding suicide prevention and mental health stigma reduction; and to also support anti-bullying campaigns.

Figure 17 shows the wide variety of Peer Mentor School Outreach activities offered in FY 2017/18. There were 33 different events with an estimated 902 persons contacted through these outreach activities. The 13 school outreach events offered by the Peer Mentors reached 538 children and youth.

**Figure 17**  
**PEI Prevention Activities**  
*TAY Peer Mentor School Outreach Activities*  
**FY 2017/18**

	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Olympiads	1	Unknown
School outreach	13	538
School outreach, Suicide Prevention, Stigma Reduction	2	70
TAY Upstanders Workshop	13	174

	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Willows Intermediate School Tabling	2	80
Youth MOVE National, Dare to Dream Grant: Hidden Voices Presentation	2	40
<b>Total Outreach (All Activities)</b>	<b>33</b>	<b>902</b>

2. Strengthening Families Program is an evidence-based program selected for this Prevention component of PEI. Strengthening Families is an 11-15 session, evidence-based program that develops parenting skills, children's social skills, and family life skills training specifically designed for high-risk families. Parents and children participate in Strengthening Families programs both separately and together. 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.

Figure 18 shows the data for the Strengthening Families groups offered in both FY 2016/17 and FY 2017/18. In FY 2016/17, there were 109 groups, with an attendance of 904 (duplicated count), for an average of 8.3 persons per group. In FY 2017/18, there were 112 groups, with an attendance of 800 (duplicated count), for an average of 7.1 persons per group.

**Figure 18**  
**PEI Strengthening Families Group Services**  
*Number of Groups, Attendance, and Average Attendance per Group\**  
**FY 2016/17 and FY 2017/18**

		<b>FY 2016/17</b>	<b>FY 2017/18</b>
Littles	# Groups	24	24
	Attendance	104	104
	Avg. Attendance/Group	4.3	4.3
Teen Group	# Groups	24	24
	Attendance	135	64
	Avg. Attendance/Group	5.6	2.7

		<b>FY 2016/17</b>	<b>FY 2017/18</b>
Tween Group	# Groups	22	11
	Attendance	65	42
	Avg. Attendance/Group	3.0	3.8
Family Group	# Groups	15	26
	Attendance	373	413
	Avg. Attendance/Group	24.9	15.9
Parents Group	# Groups	24	27
	Attendance	227	177
	Avg. Attendance/Group	9.5	6.6
<b>Total Attendance (All Groups)</b>	# Groups	<b>109</b>	<b>112</b>
	Attendance	<b>904</b>	<b>800</b>
	Avg. Attendance/Group	<b>8.3</b>	<b>7.1</b>

**\*Attendees are counted for each group attended. Each person may attend one or more groups each week.**

Figure 19 shows the Number and Percent of Strengthening Families attendees, by age for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 45 children (42.9%), 31 adults (29.5%). There were 29 persons with unknown age (27.6%). In FY 2017/18, there were 67 unique individuals served. There were 20 children (29.9%) and 14 adults (20.9). There were 33 persons with unknown age (49.2%).

**Figure 19**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Age*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
Children/Youth (0-15)	45	42.9%	20	29.9%
TAY (16-25)	-	-	-	-
Adults (26-59)	31	29.5%	14	20.9%
Older Adults (60+)	-	-	-	-
Prefer not to answer	-	-	-	-
Unknown	29	27.6%	33	49.2%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

Figure 20 shows the Number and Percent of Strengthening Families attendees, by Gender at Birth for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 20 males (19%) and 33 females (31.4%). There were 27 persons with unknown gender at birth (25.7%). In FY 2017/18, there were 67 unique individuals served. There were 16 males (23.9%) and 22 females (32.8%). There were 29 persons with unknown gender at birth (43.3%).

**Figure 20**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Gender at Birth*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
Male	20	19.0%	16	23.9%
Female	33	31.4%	22	32.8%
Prefer not to answer	-	-	-	-
N/A	25	23.8%	-	-
Unknown	27	25.7%	29	43.3%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

Figure 21 shows the Number and Percent of Strengthening Families attendees, by Current Gender Identity for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 38 males (36.2%) and 44 females (41.9%). There were 23 persons with other/unknown Current Gender Identity (21%). In FY 2017/18, there were 67 unique individuals served. There were 16 males (23.9%) and 22 females (32.8%). There were 29 persons with other/unknown Current Gender Identity (43.3%).

**Figure 21**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Current Gender Identity*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
Male	38	36.2%	16	23.9%
Female	44	41.9%	22	32.8%
Transgender (Male to Female)	-	-	-	-
Transgender (Female to Male)	-	-	-	-
Transgender (undefined)	-	-	-	-
Genderqueer	-	-	-	-
Questioning or unsure	-	-	-	-
Another gender identity	-	-	-	-
Prefer not to answer	-	-	-	-
Other/Unknown	23	21.0%	29	43.3%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

Figure 22 shows the Number and Percent of Strengthening Families attendees, by Race/Ethnicity for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 53 persons who were White/Caucasian (50.5%), 16 Hispanic/Latino (15.2%), 28 (26.7%) Other Race/Ethnicity, and 8 persons with Unknown race/ethnicity (7.6%). In FY 2017/18, there were 67 unique individuals served. There were 15 persons who were White/Caucasian (22.4%), 15 Hispanic/Latino (22.4%), 16 Other Race/Ethnicity (23.9%), and 21 persons with unknown Race/Ethnicity (31.3%). There were 29 persons with Unknown race/ethnicity (31.3%). Note: There were a small number of persons in several of the categories, so these individuals were included in the “Other Race/Ethnicity” category to maintain their confidentiality.

**Figure 22**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Race/Ethnicity*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
White/ Caucasian	53	50.5%	15	22.4%
Hispanic/ Latino	16	15.2%	15	22.4%
American Indian or Alaska Native	-	-	-	-
Asian	-	-	-	-
Black/ African American	-	-	-	-
Native Hawaiian or other Pacific Islander	-	-	-	-
Other Race/Ethnicity	28	26.7%	16	23.9%
Prefer not to answer	-	-	-	-
Unknown	8	7.6%	21	31.3%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

Figure 23 shows the Number and Percent of Strengthening Families attendees, by Language for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 84 (80%) persons who reported English as their primary language. There were 21 persons with Unknown language (20%). In FY 2017/18, there were 67 unique individuals served. There were 33 (49.3%) persons who reported English as their primary language; and 5 (7.5%) who reported Spanish. There were 29 persons with Unknown language (43.3%).

**Figure 23**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Language*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
English	84	80.0%	33	49.3%
Spanish	-	-	5	7.5%
Other	-	-	-	-
Prefer not to answer	-	-	-	-
Unknown	21	20.0%	29	43.3%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

Figure 24 shows the Number and Percent of Strengthening Families attendees, by Onset of Mental Health Symptoms for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 105 unique individuals served. There were 9 (8.6%) individuals that reported that their symptoms were present less than 12 months, 22 (21%) individuals reported that their symptoms were present 1-4 years, and 14 (13.3%) individuals reported that their symptoms were present 5 years or longer. In FY 2017/18, there were 67 unique individuals served. There were 7 (10.4%) individuals that reported that their symptoms were present less than 12 months, 8 (11.9%) individuals that reported that their symptoms were present 1-4 years, and 3 (4.5%) individuals that reported that their symptoms were present 5 years or longer.

**Figure 24**  
**PEI Strengthening Families Group Services**  
*Number\* and Percent of Clients, by Onset of Symptoms*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
Less than 12 months	9	8.6%	7	10.4%
1 – 4 years ago	22	21.0%	8	11.9%
5 + years	14	13.3%	3	4.5%
N/A	28	26.7%	16	23.9%
Prefer not to answer	1	1.0%	1	1.5%
Unknown	31	29.5%	32	47.8%
<b>Total</b>	<b>105</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>

**\*Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Program.**

3. Wellness and Recovery Plan (WRAP): The Adult Coaches and Harmony House staff also offer courses in developing an individual’s 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).

In FY 2017/18, TAY Peer Mentors were trained in the evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP). The trained TAY Peer Mentors have offered 10 different groups, with 35 individuals attending (see Figure 25). This calculates into an average of 3.5 youth attending each training. This training has allowed the TAY consumers to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

**Figure 25**  
**WRAP Groups**  
**TAY Center**  
**FY 2017/18**

<b>TAY Center WRAP</b>	# Groups	10
	Attendance	35
	Avg. Attendance/Group	3.5

The Adult and Older Adult program, including the FSP component, includes the adult wellness center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House creates a safe environment for 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 also provides an opportunity for individuals to develop WRAPs and receive comprehensive mental health services. Several adult coaches were also trained in the WRAP evidence-based curriculum to support others to develop a personal Wellness Recovery Action Plan (WRAP).

The Adult Coaches offered 22 different groups, with 87 individuals attending (see Figure 26). This calculates into an average of 4 individuals attending each training. This training has allowed adults and older adults consumers to create a wellness plan and the skills needed to utilize this individualized document to help support their wellness and recovery.

**Figure 26**  
**CSS WRAP Groups**  
*Harmony House*  
**FY 2017/18**

<b>Harmony House WRAP</b>	# Groups	22
	Attendance	87
	Avg. Attendance/Group	4.0

**B. Early Intervention Program**

1. Parent-Child Interaction Therapy (PCIT): 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, adult 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 2-8 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 Spanish-speaking families. This training continues to expand capacity to offer these exemplary services to the Hispanic population in the county.

Figure 27 shows the Number and Percent of Families served by the PCIT program by age for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 42 children served in the PCIT program. There were 9 children ages 0-3 (21.4%), 27 children ages 4-7 (64.3%), and 6 children ages 8 and older (14.3%). In FY 2017/18, there were 36 children served in the PCIT program. There were 4 children ages 0-3 (11.1%), 26 children ages 4-7 (72.2%), and 6 children ages 8 and older (16.7%).

**Figure 27**  
**PEI PCIT**  
*Number and Percent of Clients, by Age*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
0 - 3 years	9	21.4%	4	11.1%
4 - 7 years	27	64.3%	26	72.2%
8+ years	6	14.3%	6	16.7%
<b>Total PCIT Clients</b>	<b>42</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>

Figure 28 shows the Number and Percent of Families served by the PCIT program by gender for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 42 children served in the PCIT program. There were 27 children who were male (64.3%) and 15 children who were female (35.7%). In FY 2017/18, there were 36 children served in the PCIT program. There were 25 children who were male (69.4%) and 11 children who were female (30.6%).

**Figure 28**  
**PEI PCIT**  
*Number and Percent of Clients, by Gender*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
Male	27	64.3%	25	69.4%
Female	15	35.7%	11	30.6%
<b>Total PCIT Clients</b>	<b>42</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>

Figure 29 shows the Number and Percent of Families served by the PCIT program by Race/Ethnicity for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 42 children served in the PCIT program. There were 21 children who were white/Caucasian (50%), 20 who were Hispanic (47.6%), and one (1) Other Race/Ethnicity (2.4%). In FY 2017/18, there were 36 children served in the PCIT program. There were 10 children who were white/Caucasian (27.8%), 22 who were Hispanic (61.1%), and four (4) Other Race/Ethnicity (11.1%).

**Figure 29**  
**PEI PCIT**  
*Number and Percent of Clients, by Race/Ethnicity*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
White/ Caucasian	21	50.0%	10	27.8%
Hispanic	20	47.6%	22	61.1%
Other Race/Ethnicity	1	2.4%	4	11.1%
<b>Total PCIT Clients</b>	<b>42</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>

Figure 30 shows the Number and Percent of Families served by the PCIT program by Language for FY 2016/17 and FY 2017/18. In FY 2016/17, there were 42 children served in the PCIT program. There were 33 children with a primary language of English (78.6%), 8 with a primary language of Spanish (19%), and one (1) Unknown (2.4%). In FY 2017/18, there were 36 children served in the PCIT program. There were 31 children with a primary language of English (86.1%) and five (5) with a primary language of Spanish (13.9%).

**Figure 30**  
**PEI PCIT**  
*Number and Percent of Clients, by Language*  
**FY 2016/17 and FY 2017/18**

	<b>FY 2016/17 # Clients</b>	<b>FY 2016/17 % Clients</b>	<b>FY 2017/18 # Clients</b>	<b>FY 2017/18 % Clients</b>
English	33	78.6%	31	86.1%
Spanish	8	19.0%	5	13.9%
Unknown	1	2.4%	-	-
<b>Total PCIT Clients</b>	<b>42</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>

Figure 31 shows the Number and Percent of Families served by the PCIT program who had both a pre and post score on the Parent Stress Index in FY 2016/17 and FY 2017/18. In FY 2016/17, there were 2 parents that had both pre and post test scores. In FY 2017/18, there were 9 parents that had both pre and post test scores. All parents (100%) had an improved/best score when comparing their score at the beginning of the program and at the end.

**Figure 31**  
**PEI PCIT**  
*Parent Stress Index: Total Score Pre/Post Outcome*  
**FY 2016/17 and FY 2017/18**

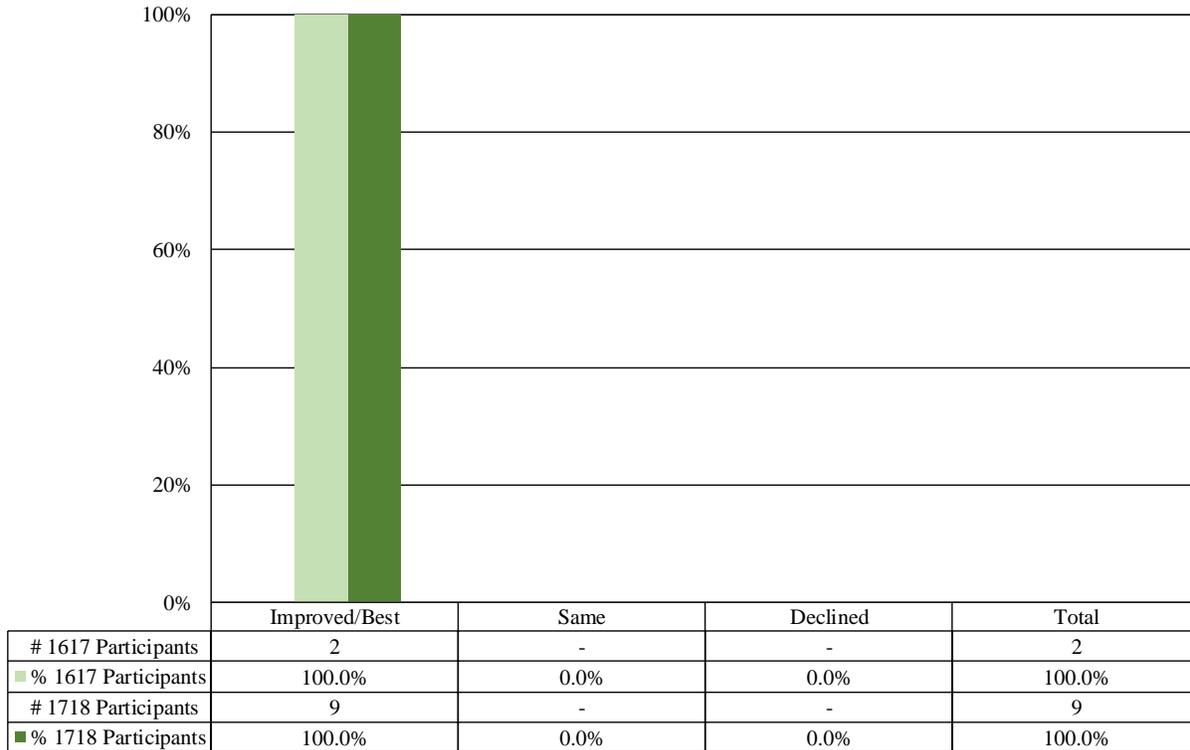
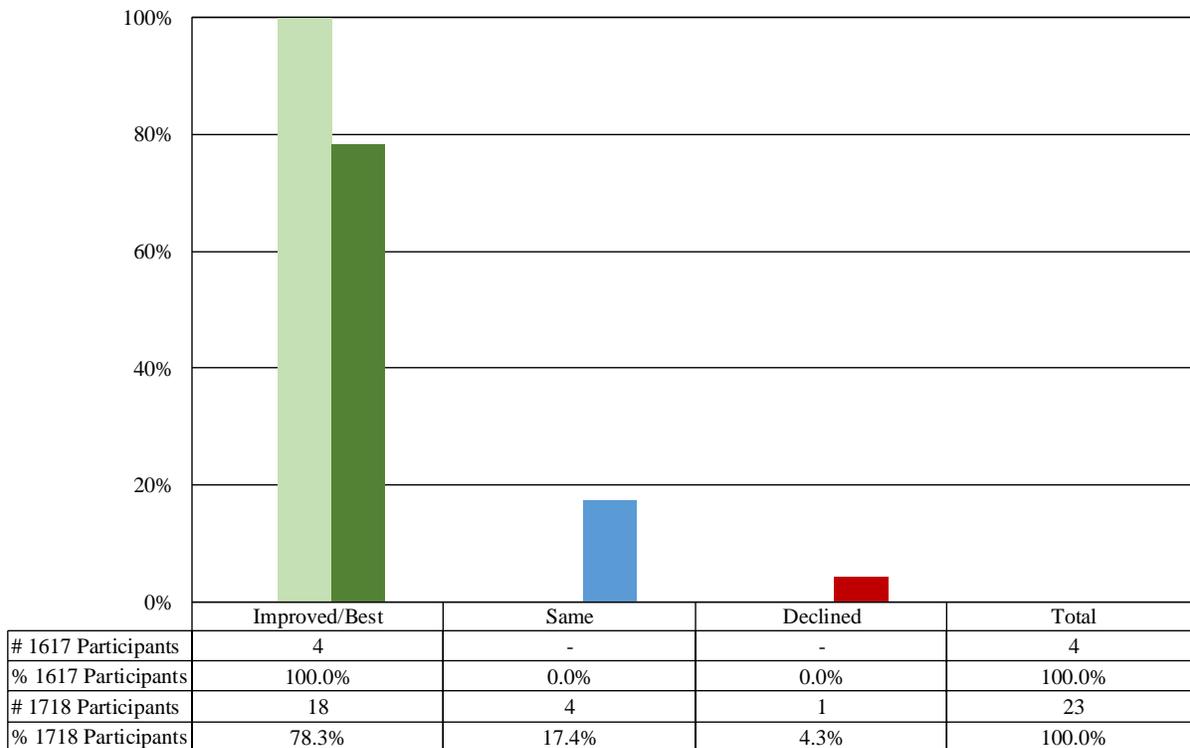


Figure 32 shows the Number and Percent of Families served by the PCIT program who had both a pre and post score on the Eyberg Child Behavior Inventory in FY 2016/17 and FY 2017/18. In FY 2016/17, there were 4 children that had both pre and post test scores. All 4 children (100%) showed improved/best scores pre and post. In FY 2017/18, there were 23 children that had both pre and post test scores. Of these 23 children, 18 showed improved/best (78.3%), four (4) showed they had the same score pre and post (17.4%), and one (1) showed a decline in scores (4.3%). This data shows excellent outcomes for the PCIT program, using this evidence-based program.

**Figure 32**  
**PEI PCIT**  
***Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome***  
**FY 2016/17 and FY 2017/18**



### C. Outreach Program

1. 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.

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 Adult Coaches set up tables to hand out information on mental health, suicide, stigma, substance use treatment, and community resources.

Figure 33 shows the wide variety of PEI Outreach activities offered in FY 2016/17. There were 56 different events with an estimated 2,453 persons contacted through these outreach activities. The 13 school outreach events offered by the Peer Mentors reached 538 children and youth.

**Figure 33**  
**PEI Outreach Activities**  
**FY 2016/17**

Outreach Activity	Number of Outreach Activities/ Events	Number of Outreach Contacts
Anti-Bullying Presentation	1	25
Art in the Park	3	166
CHANGE Festival	2	120
Chico Outreach	1	15
CK Price Tabling	2	70
Community Outreach & Engagement	3	37
Consumer Voice	2	8
Cultural Competency Event	1	80
Freshmen Orientation	1	128
Glenn County Community Tobacco Assessment Meeting	1	18
Glenn County Fair	4	753
Impromptu Presentation	1	12

<b>Outreach Activity</b>	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Linked Client to MH Services	1	3
MHSA Focus Group/ Consumer Voice	1	6
Out of Darkness	1	90
Presentation at NVIH	1	4
Provided information mental health services	1	3
Recovery Happens	3	175
SARB	3	38
School Outreach	3	90
SMART Outreach	1	10
Social Media	1	2
Glenn County SPEAKS	3	150
Speech (Presentation)	1	50
Student Outreach	1	50
Tabling	2	75
TAY Haunted House	2	148
TAY Suicide Prevention Workshop	4	85
Torres Shelter Meeting	1	4
Welcome Packet Mailer	3	22
WRAP Presentation	1	16
<b>Total Outreach (All Activities)</b>	<b>56</b>	<b>2,453</b>

Figure 34 shows the wide variety of PEI Outreach activities offered in FY 2017/18. There were 19 different events with an estimated 4,324 persons contacted through these outreach activities.

**Figure 34**  
**PEI Outreach Activities**  
**FY 2017/18**

<b>Program(s)</b>	<b>Outreach Activity</b>	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Harmony House	Cancer Center Iverson House Veterans Clinic	1	3
Harmony House Stigma Reduction	CHANGE Festival	2	94
Outreach Stigma Reduction	Celebration of Women	1	25
Outreach	Cultural Competency Multicultural Event	1	30
Harmony House	Flag Day "Freedom Lemonade"	1	77
Harmony House	Glenn County SPEAKS	1	327
Outreach	Haunted House	1	70
Harmony House Suicide Prevention	Out of Darkness	1	375
Harmony House Outreach Stigma Reduction	Recovery Happens	1	320
Outreach Stigma Reduction Suicide Prevention	School Outreach	2	115
Harmony House	Summer Blast Event	1	24
Outreach	Summer Kick Off	1	60
Harmony House	Tabling - Ampla	1	20
Harmony House	Tabling - Fair	4	2784
<b>Total Outreach (All Activities)</b>		<b>19</b>	<b>4,324</b>

Figure 35 shows the wide variety of Peer Mentor School Outreach activities offered in FY 2017/18. There were 33 different events with an estimated 902 persons contacted through these outreach activities. Specifically, the 13 school outreach events offered by the Peer Mentors reached 538 children and youth.

**Figure 35**  
**PEI Outreach Activities**  
*TAY Peer Mentor School Outreach*  
**FY 2017/18**

	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Olympiads	1	Unknown
School outreach	13	538
School outreach, Suicide Prevention, Stigma Reduction	2	70
TAY Upstanders Workshop	13	174
WIS Tabling	2	80
Youth MOVE National, Dare to Dream Grant: Hidden Voices Presentation	2	40
<b>Total Outreach (All Activities)</b>	<b>33</b>	<b>902</b>

**D. Access and Linkage Programs**

1. Access and Linkage activities includes continuing staffing the 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 the MHSA Adult Wellness Center, Harmony House, and is staffed by trained adults 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.

Figure 36 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2016/17 and 2017/18. In FY 2016/17, there were 700 calls into the Welcoming Line and 990 calls to reach out to persons in the community to check in with them and identify any needs. In FY 2017/18, there were 526 calls into the Welcoming Line and 1,288 calls out to persons in the community to check in with them and identify any needs. The outreach calls provide an important linkage for persons who are isolated and have been frequent callers to the Welcoming line. The majority of outreach 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.

**Figure 36**  
**PEI Access and Linkage**  
*Calls into the Welcoming Line and out for Outreach*  
**FY 2016/17 and 2017/18**

	<b># Calls into Welcoming Line</b>	<b># Calls out for Outreach</b>	<b>Total Calls</b>
2016/17	700	990	<b>1,690</b>
2017/18	526	1,288	<b>1,814</b>

### **E. Stigma Reduction Program**

1. Stigma Reduction: We utilize PEI funds to offer stigma reduction activities. All of the PEI activities have a component that helps to reduce stigma. It is difficult to separate out Stigma Reduction from the 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.

Figure 37 shows the PEI Stigma Reduction Outreach Activities for FY 2016/17. There were 12 different events with an estimated 528 persons contacted through these outreach activities and events.

**Figure 37**  
**PEI Stigma Reduction**  
*Stigma Reduction Outreach Activities*  
**FY 2016/17**

<b>Outreach Activity</b>	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
CHANGE Festival	2	120
Consumer Voice	2	8
Recovery Happens	3	175
Glenn County SPEAKS	3	150
Tabling - Schools	2	75
<b>Total Outreach (All Activities)</b>	<b>12</b>	<b>528</b>

Figure 38 shows the PEI Stigma Reduction Outreach Activities for FY 2017/18. There were 5 different events with an estimated 766 persons contacted through these outreach activities and events.

**Figure 38**  
**PEI Stigma Reduction**  
*Stigma Reduction Outreach Activities*  
**FY 2017/18**

Outreach Activity	Number of Outreach Activities/ Events	Number of Outreach Contacts
CHANGE Festival	2	94
Celebration of Women	1	25
Glenn County SPEAKS	1	327
Recovery Happens	1	320
<b>Total Outreach (All Activities)</b>	<b>5</b>	<b>766</b>

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 GCBH can support children in communities to help them address their 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 an annual stigma event CHANGE (Creating Hope and Wellness And New Growth Everywhere). GCBH also plans to submit an application to the Board of Supervisors to make a proclamation to support National Suicide Prevention Awareness Week. In doing these proclamations, will help address the impact of stigma across the county on a broader scale.

On May 7, 2019, the Glenn County Board of supervisors made a proclamation to support May as Mental Health Awareness Day focusing attention on how to support the California statewide Mental Health Stigma reduction initiative. This year’s theme is “Strength in Community.” This past year, California saw more than its fair share of devastation – both natural and human made. Communities were left distraught in the wake of it all and wondered how they would “bounce back.” The good news is that resilience is not a trait that people either have or do not have – each person can learn how to build resiliency.

## F. Suicide Prevention Program

1. Suicide Prevention Program: This 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. Adult Coaches, Youth 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 suicide prevention activities. Outreach activities are offered 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 past 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 Orland Unified School District's monthly collaborative meeting, the TAY Center immediately began partnering with the Chapter to support continued and increased youth-initiated suicide prevention efforts. Through this partnership, the Chapter applied and was awarded the Each Mind Matters' School (youth-guided) 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.

A number of suicide prevention trainings were offered throughout the year at the local high schools and with other community agencies (e.g., law enforcement, Child Welfare Services, Adult Protective Services, etc.). The evidence-based practice safeTALK was utilized for these trainings. 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.

In addition, Glenn County Transition Age Youth (TAY) staff and program supervisor provide ongoing suicide prevention and bullying presentations to the local classrooms, along with presentations at the beginning of the school year on how teachers and school staff can assist youth to become engaged in suicide prevention and stigma reduction efforts around mental health. They have completed 12 TAY Up-stander Workshops in the Jr High and High Schools in the community this past year. In total, there are 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. Youth are also encouraged to engage by applying the knowledge they have learned about mental health during engagement with the TAY Peer Mentors. This is also a time where youth are provided local and national mental health and crisis resources, as well as LGBTQ and language specific resources. Approximately 275 students were served during these events.

TAY also participated in the CHANGE Festival in Orland, where 60 community youth and families came together to celebrate Change, an annual observance of Children's Mental Health Awareness Week & Mental Health Awareness Month. This event is free and provides resources to the community. This event also aims to support community attendees to understand how to reduce mental health stigma in the community.

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. There were (2) local bands that performed at the event. All the band members were people with lived experience. One of the bands was a group from Butte County's drop-in center, The Hubb, in Paradise. The other band name was called the Symptomatics. The event closed 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.

Over this past year, there was a suicide in one of the high schools in Glenn County during school hours. Last year, the county experienced three (3) suicides at a different high school. Due to their experience, the schools have been asking for support with identifying and making linkages to services to continue to support prevention. 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.

Figure 39 shows the PEI Suicide Prevention Outreach Activities for FY 2016/17. There were 16 different events with an estimated 668 persons contacted through these Suicide Prevention outreach activities and events.

**Figure 39**  
**PEI Suicide Prevention**  
*Suicide Prevention Outreach Activities*  
**FY 2016/17**

<b>Outreach Activity</b>	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
CHANGE Festival	2	120
School Outreach	3	90
Glenn County SPEAKS	3	150
Tabling - Schools	2	75
TAY Haunted House	2	148
TAY Suicide Prevention Workshop	4	85
<b>Total Outreach (All Activities)</b>	<b>16</b>	<b>668</b>

Figure 40 shows the PEI Suicide Prevention Outreach Activities for FY 2017/18. There were 6 different events with an estimated 911 persons contacted through these Suicide Prevention outreach activities and events.

**Figure 40**  
**PEI Suicide Prevention**  
*Suicide Prevention Outreach Activities*  
**FY 2017/18**

<b>Outreach Activity</b>	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
CHANGE Festival	2	94
Glenn County SPEAKS	1	327
Out of Darkness	1	375
School Outreach	2	115
<b>Total Outreach (All Activities)</b>	<b>6</b>	<b>911</b>

Figure 41 shows the PEI Suicide Prevention TAY Peer Mentor School Outreach Activities for FY 2017/18. There were 33 different events with an estimated 902 persons contacted through these Suicide Prevention TAY Peer Mentor School Outreach Activities outreach activities and events.

**Figure 41**  
**PEI Suicide Prevention**  
*Suicide Prevention TAY Peer Mentor School Outreach*  
**FY 2017/18**

	<b>Number of Outreach Activities/ Events</b>	<b>Number of Outreach Contacts</b>
Olympiads	1	Unknown
School outreach	13	538
School outreach, Suicide Prevention, Stigma Reduction	2	70
TAY Upstanders Workshop	13	174
Willows Intermediate School Tabling	2	80
Youth MOVE National, Dare to Dream Grant: Hidden Voices Presentation	2	40
<b>Total Outreach (All Activities)</b>	<b>33</b>	<b>902</b>

***PEI Evaluation Report***

GCBH is a small, rural county that has a very robust MHSA PEI program. The PEI program has been fully implemented across all components. PEI funding has created the opportunity to expand services; outreach into the community to identify unserved and underserved individuals; and develop strategies to utilize evidence-based practices and measure outcomes. PEI funding has developed programs to meet the needs of individuals who may not meet medical necessity criteria but who benefit from prevention and early intervention services.

Prevention Programs were effective at reaching out into the community, including schools, to support anti-bullying and a Strengthening Families program to develop parenting skills, develop

children's social skills, and improve communication across family members. This program was implemented to address early signs of mental health and support the develop of strong and healthy families. Services were available in English and Spanish.

The PEI funding also supported the development of Wellness and Recovery Plans (WRAP) for adults, TAY, and children. Trained Adult Coaches and Peer Mentors offered a number of groups throughout the year. Clients were very positive about the opportunity to develop an individualized WRAP that meets their unique needs and have found them to be extremely helpful in managing their symptoms. These groups are offered in English and Spanish.

The Early Intervention Program, Parent-Child Interaction Therapy (PCIT), is also offered in English and Spanish. The PCIT program trains parents in parenting and behavioral management skills across several months. This program is focused on young children, but provides important parenting skills that are effective for children of all ages. Data shows very positive outcomes for children and families.

The Outreach Program provides outreach to the community through tabling events and other activities to inform individuals of signs and symptoms of mental health and suicide, reduce stigma, and provide linkages to services. Over 2,000 people were reached through these activities.

The Access and Linkage Program includes the Welcoming Line. This provides a "warm line" for clients to call to talk with someone, obtain useful information, and be linked to services when needed. The staff also call out to people who are frequent users of the Welcoming Line, to connect with them routinely to provide additional support. This program has been very effective at helping people reduce the need to call the crisis line and/or be hospitalized.

Stigma Reduction activities are infused throughout the PEI program. In addition, staff work closely with CalMHSA on Each Mind Matters. Unfortunately, Glenn County has a high rate of suicide, especially among youth. The Suicide Prevention programs provide training to both staff and first responders to recognize the warning signs of suicidal behavior; develop and disseminate techniques to improve community response to situations involving suicide threat; and develop resources and linkages across agencies and within the community for individuals in crisis.

### ***PEI Program Challenges and Mitigation Efforts***

The PEI programs address many of the key issues that were identified in surveys collected from last year's planning process. The community is very supportive of the 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 staffing has changed, there is a 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 were two more staff trained in 2018/19 year to enhance the team of trainers and to continue to address the needs of the community. Our safeTALK trainings were also postponed due to the effects of the CAMP fire. Two (2) of the three (3) planned trainings were delivered.

### ***Significant PEI Program Changes in FY 2019/20***

Based upon feedback from the public hearing, additional strategies will be developed to publicize the suicide number across the county. Recently, GCBH has worked with the local newspaper to publish some art work developed by clients and include the phone numbers for accessing the Suicide Hot Line phone number, as well as the GCBH Crisis number. Other strategies for letting the community know about the programs offered, including expanding the use of social media and other venues that are relevant to the Latino population in Glenn County, will be developed. Also, to meet the needs of the community needs, there is a plan to increase the number of safeTALK trainings offered with a hope to create a suicide safer community.

## INNOVATION COMPONENT

The previously-approved Innovation Project, System-wide Mental Health Assessment Response Treatment (SMART) Team, will be terminated as an INN project on June 30, 2019. The SMART program will be sustained through CSS funding. A final report of the SMART Team project will be completed and disseminated within 6 months of the termination date.

A new INN project, the Access, Response, and Triage Team (ARTT), is scheduled for MHSOAC review in May 2019. If approved, GCBH will begin implementation in FY 2019/2020. Data and outcomes on the new project will be first reported in the next Three-Year Program and Expenditure Plan, to be developed in early 2020.

## **WORKFORCE EDUCATION AND TRAINING COMPONENT**

In FY 2019/2020, WET funds will continue to be available through AB 114 reversion funds.

These funds will be used to support the activities implemented through the previous WET allocations, including a 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, GCBH will continue to 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 GCBH to recruit individuals from California State University, Chico, and other institutional organizations, who might otherwise be unable to intern in Glenn County due to commuting costs.

## **CAPITAL FACILITIES & TECHNOLOGICAL NEEDS COMPONENT**

The initial Capital Facilities/Technological Needs (CFTN) projects have been fully and successfully implemented.

In FY 19/20, GCBH will transfer CSS funds (\$10,000) to Capital Facilities. These CF funds will be used to make alterations to existing MSHA buildings to better meet the requirements of the Americans with Disabilities Act (ADA). GCBH anticipates fully implementing the ADA alterations by the end of FY 19/20.

**FY 2019/2020 Mental Health Services Act Annual Update  
Funding Summary**

County: Glenn

Date: 5/9/19

	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 2019/2020 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,001,533	\$ 337,237	\$ 89,462	\$ 39,732	\$ -	
2. Estimated New FY 2019/2020 Funding	\$ 2,154,887	\$ 583,775	\$ 141,839			
3. Transfer in FY 2019/2020 <sup>a/</sup>	\$ (10,000)			\$ -	\$ 10,000	\$ -
4. Access Local Prudent Reserve in FY 2019/2020						\$ -
5. Estimated Available Funding for FY 2019/2020	\$ 4,146,420	\$ 921,012	\$ 231,301	\$ 39,732	\$ 10,000	
<b>B. Estimated FY 2019/2020 MHSA Expenditures</b>	\$ 2,876,812	\$ 538,776	\$ 144,877	\$ 39,732	\$ 10,000	
<b>C. Estimated FY 2019/2020 Unspent Fund Balance</b>	\$ 1,269,608	\$ 382,236	\$ 86,424	\$ -	\$ -	

<b>D. 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	\$ -
3. Distributions from the Local Prudent Reserve in FY 2018/2019	\$ -
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 2019/2020 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Glenn

Date: 4/1/19

	<b>Fiscal Year 2019/2020</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 CSS 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>FSP Programs</b>						
1. MHSa CSS Comprehensive Service Plan	\$ 1,560,606	\$ 731,770	\$ 633,031	\$ 27,975	\$ 122,899	\$ 44,931
2.	\$ -					
3.	\$ -					
4.	\$ -					
5.	\$ -					
<b>Non-FSP Programs</b>						
6. MHSa CSS Comprehensive Service Plan	\$ 3,934,073	1,881,695	1,548,878	71,936	316,027	115,537
7.	\$ -					
8.	\$ -					
9.	\$ -					
10.	\$ -					
<b>CSS Administration</b>	\$ 411,480	263,347	148,133			
<b>CSS MHSa Housing Program Assigned Funds</b>	\$ -					
<b>Total CSS Program Estimated Expenditures</b>	\$ 5,906,159	\$ 2,876,812	\$ 2,330,042	\$ 99,911	\$ 438,926	\$ 160,468
<b>FSP Programs as Percent of Total</b>	54.2%					

**FY 2019/2020 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: Glenn

Date: 4/1/19

	<b>Fiscal Year 2019/2020</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</b>						
<i>Note type of program: Prevention; Early Intervention; Outreach; Access; Stigma Reduction; or Suicide Prevention</i>						
1. Strengthening Families (Prevention)	\$ 37,475	\$ 37,475				
2. Access & Linkage (Access & Linkage)	\$ 67,500	\$ 67,500				
3. Parent-Child Interaction Therapy (Early Intervention)	\$ 136,280	\$ 67,500	\$ 49,277		\$ 19,503	
4. Outreach	\$ 66,150	\$ 66,150				
5. Stigma Reduction	\$ 11,866	\$ 11,866				
6. Suicide Prevention	\$ 234,407	\$ 234,407				
7.	\$ -					
8.	\$ -					
9.	\$ -					
10.	\$ -					
<b>PEI Administration</b>	\$ 53,878	\$ 53,878				
<b>PEI Assigned Funds</b>	\$ -					
<b>Total PEI Program Estimated Expenditures</b>	\$ 607,556	\$ 538,776	\$ 49,277	\$ -	\$ 19,503	\$ -

**FY 2019/2020 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Glenn

Date: 4/1/19

	<b>Fiscal Year 2019/2020</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 INN 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>INN Programs</b>						
1. Access, Response, and Triage Team (ARTT)	526,553	144,877	302,101	22,075		57,500
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	526,553	144,877	302,101	22,075	0	57,500

**FY 2019/2020 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Glenn

Date: 4/25/19

	<b>Fiscal Year 2019/2020</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 WET 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>WET Programs</b>						
1. Existing WET Projects (using AB 114 funds)	39,732	39,732				
2.	0					
3.	0					
4.	0					
5.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	39,732	39,732	0	0	0	0

**FY 2019/2020 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Glenn

Date: 5/9/19

	<b>Fiscal Year 2019/2020</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</b> <i>Note type of program: Capital Facilities or Technological Needs</i>						
1. MHSA Building Alterations	10,000	10,000				
2.	0					
3.	0					
4.	0					
5.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	10,000	10,000	0	0	0	0