MHSA FY 2021/2022 Annual Update
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: **GLENN**

- ❑ Three-Year Program and Expenditure Plan
- ☑ Annual Update
- ❑ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: **Amy Lindsey, LMFT**	Name: **Humberto Medina, CPA**
Telephone Number: **530-934-6582**	Telephone Number: **530-934-6476**
E-mail: **alindsey@countyofglenn.net**	E-mail: **hmedina@countyofglenn.net**
Local Mental Health Department Mailing Address: **242 North Villa, Willows, CA 95988**	

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

I declare under penalty of perjury under the laws of this state that the foregoing and the attached plan is true and correct to the best of my knowledge.

Amy Lindsey, Mental Health Director
Mental Health Director (PRINT)

Alindsey 9/8/21
Signature *Date*

I hereby certify that for the fiscal year ended June 30, 2020, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is for fiscal year 2019/2020. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Humberto Medina, Director of Finance
County Auditor-Controller (PRINT)

Humberto Medina 09/08/21
Signature *Date*

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

MINUTES
BOARD OF SUPERVISORS
GLENN COUNTY, CALIFORNIA

Tuesday, July 20, 2021

The Chairman of the Board of Supervisors of the County of Glenn, State of California, called the meeting to order at 9:02 a.m.

THE PLEDGE OF ALLEGIANCE WAS RECITED

1. **ROLL CALL**

Proceedings: Roll Call of Supervisors was taken, attendance as follows:
Supervisors Present: Supervisors Carmon, Barr, Arnold, Hahn and Corum
Also Present: Scott H. De Moss, County Administrative Officer
William J. Vanasek, County Counsel
Tina Brothers, ASA II - Deputy Clerk

2. **MINUTES**

Matter: Approve the minutes of June 22, 2021 and June 29, 2021.
Documents: Minutes of June 22, 2021
Minutes of June 29, 2021
Proceedings: On motion of Supervisor Carmon, seconded by Supervisor Barr, it was unanimously ordered to approve the Minutes of June 22, 2021 and June 29, 2021 as presented.

3. **UNSCHEDULED MATTERS**

Matter: Receive comments from the audience, staff and Board Members. Unless the matter qualifies for an exemption under the provisions of Government Code Section 54954.2(b), action or Board discussion cannot be taken on "Unscheduled Matters". (Ralph M. Brown Act)
Proceedings: a. University of California Cooperative Extension Director, Betsy Karle stated when the Governor signed the State Budget it included an increase of funds for the University of California Agricultural and Resources which will allow an opportunity to increase staff members within her department and across the State of California.

4. **CONSENT CALENDAR**

Matter: Review and take actions related to the Consent Calendar as follows:

a. **AGRICULTURAL COMMISSIONER - CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE / NOXIOUS WEED GRANT - AMENDMENT 1**
Authorize the Agricultural Commissioner, or designee, to accept the amended Cooperative Agreement (20-0996-000-SA) with the California Department of Food and Agriculture, upon review and approval of the County Administrative Officer, County Counsel, and the Director of Finance, for the purpose of carrying out a Noxious Weed abatement project in Glenn County. This amendment increases the available revenue and extends the term of the agreement. The proposed agreement will be valid from January 15, 2021 through June 30, 2023 and increases the available revenue from $32,000 to $64,000.
Documents: Agenda Item and Backup
Contract Report Sheet
Amended Cooperative Agreement #20-0996-000-SA
Exhibit A - Recipient and Project Information
Exhibit B - General Terms and Conditions
Revised Reporting and Invoice Schedule

b. **AGRICULTURAL COMMISSIONER - CALIFORNIA DEPARTMENT OF FOOD**

e. On motion of Supervisor Hahn, seconded by Supervisor Barr, it was unanimously ordered to approve the aforesaid matter as presented.

12. **COUNTY ADMINISTRATIVE OFFICER - LIBRARY BUILDING USE BY FRIENDS OF THE LIBRARY GROUPS**

Matter: Pursuant to a request from Supervisor Ken Hahn, provide staff direction on developing a policy for the use of the County owned Library Buildings by the Friends of the Library Groups.

Documents: Agenda Item and Backup
Hall Rental Check List and Application

Proceedings: a. County Administrative Officer Scott De Moss, reviewed the aforesaid matter;
b. Supervisor Hahn confirmed the policy was limited to the friends of the library groups and not the general public, whereby Mr. De Moss stated the policy would only be for the Friends of the Library groups to use county owned libraries for their events;
c. Supervisor Barr asked what is the policy for the Orland and Willows Libraries, whereby Mr. De Moss stated he hasn't reached out to them however he did research other counties and typically counties acknowledge the benefit of allowing this type of use for fund raising to support libraries;
d. Supervisor Carmon stated he feels it would be a great way to bring in extra revenue, felt it wasn't necessary to charge for utilities and is in support of it;
e. Supervisor Arnold stated he is in support of doing whatever the County can do to keep the libraries open;
f. Supervisor Corum stated since the County cannot support them financially, he is in favor of the policy to allow them to meet at no cost. He further stated if there was use of alcohol, security is required at all county locations and they would need to incur the cost;
g. Mr. De Moss stated based on the Board's recommendation, staff will reach out to the local libraries regarding their policies.

10:00 A.M. DEPUTY CLERK TINA BROTHERS LEFT THE MEETING AND CONNIE O'CONNOR ENTERED THE MEETING
10:15 A.M. CONNIE O'CONNOR LEFT THE MEETING AND DEPUTY CLERK TINA BROTHERS ENTERED THE MEETING

13. **DEPARTMENT OF FINANCE - RESOLUTION / DRY PERIOD FINANCING PROGRAM**

Matter: Adopt Resolution 2021-043 *"Approving the Glenn County Dry Period Financing Program."*

Documents: Agenda Item and Backup
Proposed Resolution
Resolution 2021-043

Proceedings: a. Director of Finance, Humberto Medina stated he didn't prepare a report however he was available to answer questions;
b. County Administrative Officer, Scott De Moss asked Mr. Medina to explain what Dry Period Financing means, whereby Mr. Medina stated Dry Period Financing is a short term loan program for all local agencies that are required to deposit their monies at the County Treasurer who would be in need of cash flow in the future, whereby Mr. De Moss further explained this program gives relief to departments in months were revenue is not being received;
c. On motion of Supervisor Barr, seconded by Supervisor Arnold, it was unanimously ordered to approve the aforesaid matter as presented.

14. **HEALTH AND HUMAN SERVICES AGENCY - MENTAL HEALTH SERVICES ACT ANNUAL PLAN UPDATE**

Matter: i. Review and approve the Mental Health Services Act (MHSA) FY 21-22 Annual Update to the MHSA Plan, Prevention and Early Intervention Evaluation Report, and authorize the Glenn County Mental Health Director, or designee, to sign and submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Department of Health Care Services (DHCS); and
ii. Authorize the Glenn County Mental Health Director, or designee, to sign the MHSA County Compliance Certification and submit it to the MHSOAC and DHCS; and
iii. Authorize the Glenn County Mental Health Director, or designee, and the Glenn

County Director of Finance, or designee, to sign the MHSA 2021-2022 Annual Update Fiscal Accountability Certification and submit it to the MHSOAC and DHCS.

Documents: Agenda Item and Backup
Mental Health Services Act Compliance Certification and Fiscal Accountability Certification

Proceedings: a. Health and Human Services Director, Christine Zoppi, reviewed the aforesaid matter;
b. On motion of Supervisor Barr, seconded by Supervisor Hahn, it was unanimously ordered to approve the aforesaid matter.

15. **OFFICE OF EMERGENCY SERVICES - RESOLUTION / CONTINUATION OF LOCAL DROUGHT STATE OF EMERGENCY**

Matter: Hold discussion on the current drought landscape in Glenn County; and consider adopting 2021-044 *"A Resolution of the Glenn County Board of Supervisors to Continue Proclamation of a Local Emergency Due to Drought Conditions in Glenn County."*

Documents: Agenda Item and Backup
Proposed Resolution - Continuing Proclamation
2021 USDA Secretarial Drought Designations
State of California - Proclamation of State Emergency
US Drought Monitor - California
Northern Sierra Precipitation 8 Station Index
Adopted Resolution 2021-032
Glenn County Drought Task Force - Meeting Summary for July 8, 2021
Resolution 2021-044

Proceedings: a. County Administrative Officer, Scott De Moss, reviewed the aforesaid matter;
b. A motion was made by Supervisor Carmon to continue the local emergency, seconded by Supervisor Barr;
c. Supervisor Arnold asked for clarification of the 60-day extension, whereby Mr. De Moss stated the current declaration is scheduled to expire on July 31, 2021 however if the resolution is adopted today, it would start over and expire in 60 days;
d. It was unanimously ordered to approve the aforesaid matter as stated by the motion in (c) above.

16. **PERSONNEL - RESOLUTION / AMEND THE COUNTY-WIDE POSITION ALLOCATION LIST**

Matter: Adopt 2021-044 *"A Resolution to amend the County-wide Position Allocation List"* to add one (1) full time Staff Services Specialist to the Behavioral Health Division of the Health and Human Services Agency.

Documents: Agenda Item and Backup
Exhibit A - Position Allocation List (Red Lined)
Proposed Resolution
Exhibit A - Position Allocation List (Final)
Resolution 2021-045

Proceedings: a. Personnel Director, Linda Durrer, reviewed the aforesaid matter;
b. On motion of Supervisor Barr, seconded by Supervisor Hahn, it was unanimously ordered to approve the aforesaid matter as presented.

17. **PERSONNEL - RESOLUTION / AMEND THE SCHEDULE OF PERSONNEL CLASSES, SALARY RANGES, AND STEPS; COUNTY-WIDE POSITION ALLOCATION LIST; AND BOOK OF CLASS SPECIFICATIONS**

Matter: Adopt 2021-045 *"A Resolution amending the Schedule of Personnel Classes, Salary Ranges, and Steps; County-wide Position Allocation List; and Book of Class Specifications"* to add the position of Child Support Assistant III - range 280.

Documents: Agenda Item and Backup
Exhibit A - Position Allocation List (Redlined)
Proposed Resolution
Exhibit A - Position Allocation List (Final)
Child Support Assistant III - Job Announcement
Resolution 2021-046

Proceedings: Personnel Director, Linda Durrer, reviewed the aforesaid matter;
a. Supervisor Carmon complimented the department for their performance, whereby County Administrative Officer, Scott De Moss stated there was formal notification from the State that the allocation for funding for this department is being increased and recommended the Board to approve this item;

knowledge of the underground water infrastructure;
d. Supervisor Carmon directed staff to have a contingency plan to provide water to the citizens in a timely manner, whereby Supervisor Barr suggested the use of the National Guard, whereby Ms. Travis stated the National Guard is typically triggered by the Governor's declaration and authorization process. At County level, the first step taken to start the process to receive assistance is to contact California Office Emergency Services (CalOES) which has been completed and then follow the local disaster response which will trigger the State response.

25. **BOARD MEMBER REPORTS AND FUTURE AGENDA ITEMS**

Proceedings: a. The Supervisors gave reports on activities and various meetings they attended;
b. Supervisor Barr requested the surplus vehicle policy be added as a future agenda item for discussion;
c. Supervisor Arnold requested an item be added to the next agenda to vote for a new chairman;
d. Supervisor Corum thanked Supervisor Arnold and Carmon for their past and continued work on the drought adhoc committee. As a board member who could not attend such meetings without violating the Brown Act, contributed by making several phone calls to elected and state officials requesting help to get bottled water and water tanks which was an immediate need and thanked a list of officials who provided help to the County.

11:10 A.M. - THE CHAIRMAN CALLED THE MEETING INTO CLOSED SESSION
12:48 P.M. - THE CHAIRMAN RECONVENED TO OPEN SESSION

26. **CONFERENCE WITH LABOR NEGOTIATOR PURSUANT TO GOVERNMENT CODE 54957.6 (a)**

Matter: Adjourn to Closed Session for conference with the County Chief Labor Negotiator, Linda Durrer, and negotiating team, to discuss and give direction on statutorily permitted subject matters for labor relations concerning the Memorandum of Understanding with the Glenn County Mid Managers Association pursuant to California Government Code Section 54957.6(a).

Proceedings: The Board of Supervisors met in closed session except for Supervisor Arnold who recused himself from this discussion. Staff was given direction on the aforesaid matter. No reportable action was taken.

27. **CONFERENCE WITH LABOR NEGOTIATOR PURSUANT TO GOVERNMENT CODE 54957.6 (a)**

Also Present: Personnel

Matter: Adjourn to Closed Session for conference with the County Chief Labor Negotiator, Linda Durrer, and negotiating team, to discuss and give direction on statutorily permitted subject matters for labor relations concerning the Memorandum of Understanding with the Glenn County General Unit pursuant to California Government Code Section 54957.6(a).

Proceedings: The Board of Supervisors met in closed session except for Supervisor Carmon who recused himself from this discussion. Staff was given direction on the aforesaid matter. No reportable action was taken.

28. The Chairman adjourned the meeting at 12:49 p.m.

_____
KEITH CORUM, Chairman

ATTEST:

Di Aulabaugh
Clerk of the Board of Supervisors

BY: _____
TINA BROTHERS, ASA II - Deputy Clerk

MHSA COUNTY COMPLIANCE CERTIFICATION

County: **GLENN**

❑ Three-Year Program and Expenditure Plan
☑ Annual Update

Local Mental Health Director	Program Lead
Name: **Amy Lindsey, LMFT**	Name: **Cindy Ross, ASW**
Telephone Number: **530-934-6582**	Telephone Number: **530-865-1622**
E-mail: **alindsey@countyofglenn.net**	E-mail: **cross@countyofglenn.net**
Local Mental Health Mailing Address: **242 North Villa Willows, CA 95988**	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and non-supplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update, attached hereto, was adopted by the County Board of Supervisors on July 20, 2021.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Plan are true and correct.

Amy Lindsey, Mental Health Director	Amy Lindsey	9/8/21
Mental Health Director (PRINT)	*Signature*	*Date*

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Glenn County Behavioral Health

MHSA FY 2021/22 Annual Update & FY 2019/20 PEI and INN Evaluation Report

MHSA COMMUNITY PROGRAM PLANNING

The Glenn County Behavioral Health (GCBH) Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) Annual Update and Evaluation Report builds upon the planning process that was utilized for the development of the most recent Three-Year Program and Expenditure 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.

The MHSA annual planning process includes widespread representation from the community, social service agencies, law enforcement, Probation, education, and persons with lived experience and family members. To obtain input on this MHSA Annual Update, focus groups and stakeholder meetings were conducted via Zoom at a variety of locations, including the adult wellness center (Harmony House) and the TAY drop-in and wellness center. Interpreters were available to provide translation services for monolingual Spanish-speaking clients and persons from the community. Information about the focus groups was publicly disseminated via a flyer, wellness center calendars, and social media posts. The flyer was emailed throughout the Glenn County Health and Human Services Agency (HHSA) to inform both community partners and staff. During staff meetings, the focus group meetings were discussed, and informational flyers were also distributed to staff.

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

Stakeholders and Meaningful Input

Focus groups and stakeholder meetings were conducted via Zoom at a variety of locations, including the adult wellness center (Harmony House) and the Transition Age Youth (TAY) drop-in and wellness center. Input was also obtained from community stakeholders and through outreach activities to persons who are unserved and/or underserved. In addition, to ensure a continuous process for improving services and obtaining input for consumers and family members, the planning process and needs assessment included input from Harmony House's monthly Consumer Voice groups and input from the TAY Center during quarterly focus groups. The information obtained during these groups is regularly reported to the monthly System Improvement Committee (SIC); MHSA Steering Committee; quarterly Quality Improvement Committee (QIC); and the Behavioral Health Board to inform planning and program decisions and support a consumer-driven culture throughout the agency.

Recommendations from these groups included discussions about obtaining and maintaining housing; development of life skills; social skill group ideas for both of the wellness centers; transportation needs; transition needs from inpatient to outpatient services; increasing suicide prevention and anti-stigma activities in the community; increasing services for LGBTQ+ youth; increasing services for parents of TAY; serving clients with co-occurring disorders more effectively; and overall satisfaction with the current MHSA services. The ideas presented by consumers were integrated throughout the develop and design of the Annual Update and will be used to enhance MHSA services in the coming year.

In addition, GCBH also collected a survey to obtain input from individuals who could not attend the stakeholder meetings. This survey allowed individuals to participate, provide feedback to the planning process, and help to develop the Annual Update. The survey was available via hard copy and through a link using SurveyMonkey. Information about the survey and the link to the online survey were distributed via email; social media platforms; flyers; at the wellness centers and clinic offices; and during existing structured meetings. As a result, there were approximately 100 diverse individuals in Glenn County who participated in this year's comprehensive planning and capacity/needs assessment activities.

The survey data was analyzed, and the results were used to provide input and guidance in the planning process and helping to identify the programs that would be funded with MHSA (refer to Appendix A for the survey results). 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 to monitor clients' progress over time. This data has helped GCBH to understand service utilization and evaluate client improvement; and it has been instrumental in the ongoing planning process to continually improve services for clients and families.

In addition to these stakeholder focus groups, key stakeholders routinely discuss and provide ongoing input on the utilization of MHSA funds during the monthly SIC meetings; quarterly QIC meetings; MHSA Steering Committee meetings; MHSA Consumer Voice meetings; Cultural and Linguistic Competence Committee meetings; System-wide Mental Health Assessment Response Treatment (SMART) Steering Committee meetings (the previous Innovation project); Katie A./CCR meetings; Glenn County Alliance for Prevention meetings; AB109 meetings; Children's Interagency Coordinating Council (CICC) and at the monthly Behavioral Health Advisory Board meetings. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategies to maintain and enhance services.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report was posted for a 30-day public review and comment period from May 7, 2021 through June 7, 2021. An electronic copy was posted on the County website, and through various GCBH social media platforms. This document was distributed to all members of the Mental Health, Alcohol and Drug Commission; SIC; consumer groups; and GCBH staff. The document was available

via mail or email, upon request. Due to Covid-19 restrictions, limited hard copies were distributed. Hard copies were available at the clinics in Willows and Orland; at the adult and TAY Wellness Centers; and upon request.

An electronic copy of this Annual Update was posted to the following GCBH website: https://www.countyofglenn.net/dept/health-human-services/behavioral-health/mental-health-services-act

Public Hearing Information

Due to Covid-19 restrictions, an online public hearing was conducted for the posted MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report. The public hearing was held online only, via Zoom, on Tuesday, June 8, 2021, starting at 12:00 pm noon. 16 individuals participated in the public hearing, including:

- Nine (9) GCBH staff, including one (1) TAY Peer Mentor
- Four (4) Behavioral Health Board members
- One (1) County Board of Supervisor member
- Two (2) community members/stakeholders

Three (3) participants identified as consumers. 11 participants were White; four (4) were Hispanic; and one (1) participant was Asian. The age groups of participants included TAY (2 participants); adults (13 participants); and older adults (1 participant).

Public Hearing participants expressed support of the data and MHSA program successes.

Substantive Recommendations and Changes

Input on the posted Plan was positive, and stakeholders expressed full support of continuing the excellent services and supports that MHSA funding provides in Glenn County.

No substantive recommendations or changes were presented during the public comment period or during the public hearing.

County Approval and State Submission

This updated MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report was approved, without changes, by the County Board of Supervisors on July 20, 2021.

This final approved document has been submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS

CSS Program Description and Outcomes

The Glenn County MHSA activities have been very successful. Community Services and Supports (CSS) funding created two strong programs: the CSS Comprehensive Service Plan-Full Service Partnership (FSP); and the CSS Comprehensive Service Plan. These two programs encompass a variety of services and activities, including FSPs; outreach and engagement activities; general system development programs; and the two wellness centers.

A. CSS Comprehensive Service Plan-Full Service Partnership (FSP)

The eligibility for the CSS FSP program follows the regulations outlined in California code, and requires that the persons meets criteria for Serious Emotional Disturbance, serious mental illness, or at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental health disorder. For children and youth, these criteria may also include at risk or a recent history of homelessness, school failure, high-risk behaviors, and/or involvement in the criminal justice system. The same criteria apply for adults with the addition of at risk of involuntary hospitalization or inpatient hospitalization, placement in residential treatment, substance use, or at risk of out-of-home placement.

The FSP Program for the Youth & Family unit consists of addressing needs for our high-risk children and youth. Specifically, this includes individuals and families who are involved in the Child Welfare or Probation systems. Services also include work with youth who have been identified through our SMART program as a potential risk in schools and community settings. Children who are participating in the Parent-Child Interaction Therapy (PCIT) program are also considered for the FSP program, to help reduce high risk behaviors that could interfere with school and other relationships in their life.

The FSP team consists of a clinician, case manager, and peer support, when needed. The strengths of the client are identified and used to engage in age appropriate activities to support healthy development. Client-driven Child & Family Team (CFT) meetings develop goals and strategies to promote wellness and recovery in everyday life. These teams are comprised of members chosen by youth that will best support their goals. Each plan is individualized to meet specific needs. Development of family goals is also an important component in the FSP program. The entire family system is supported to help address needs such as housing; parenting; job finding; budgeting; healthy communication; and other goals identified. Flex funds are utilized to support families to receive “whatever it takes” to help the child and/or family achieve their goals. Progress is monitored through CFT meetings and quarterly evaluation forms.

The FSP program for adults is similar, with a focus on helping adults and older adults live in the community; volunteer and/or obtain employment; develop positive social support networks; and manage their physical and mental health problems to help achieve wellness and recovery. The strengths of the client are identified and used to engage in wellness and recovery activities. Client-driven Wellness Team meetings are utilized to help clients express their service needs, and identify their own wellness goals and action plan. Wellness Teams are comprised of

members chosen by the client, and typically include a case manager, a therapist, Harmony House coaches, family members, and a Probation Officer, as appropriate. The team meets regularly to review the client's progress. The clients input is emphasized in an effort to empower the client and to ensure that consumer driven services are being utilized.

Flex funds are also available to adults and older adults to receive "whatever it takes" to help clients achieve their goals. Flex funds may be used to support housing relocation; pay security deposits and first month's rent; help furnish the space; and teach clients to manage their money.

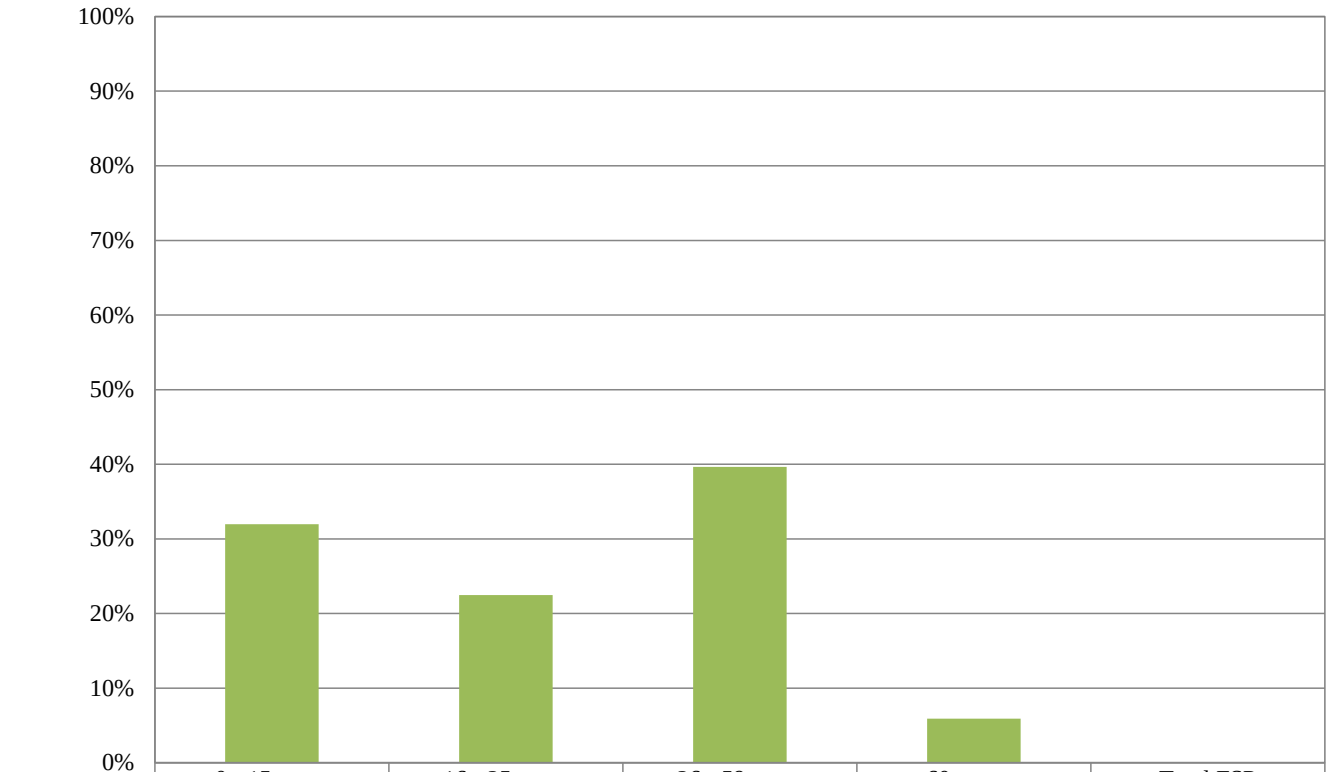
During FY 2020/21, GCBH created a new structure to gather local data on its FSP clients. Having local data available to inform about homelessness, incarcerations, and Wellness Team and Child and Family team meetings, GCBH will be able to continuously evaluate and improve services to respond to more effectively to meet the client's needs.

- CSS FSP Data

The number of clients that received FSP services increased from 159 in FY 2018/19 to 169 in FY 2019/20. This data clearly demonstrates to system's value in utilizing these important services for high-need clients, whenever possible.

The FSP program served 169 people in FY 2019/20 (see Figure 1). Of the people served, 54 (32.0%) were children ages 0-15; 38 (22.5%) were TAY ages 16-25; 67 (39.6%) were adults ages 26-59; and 10 (5.9%) were older adults ages 60 and older.

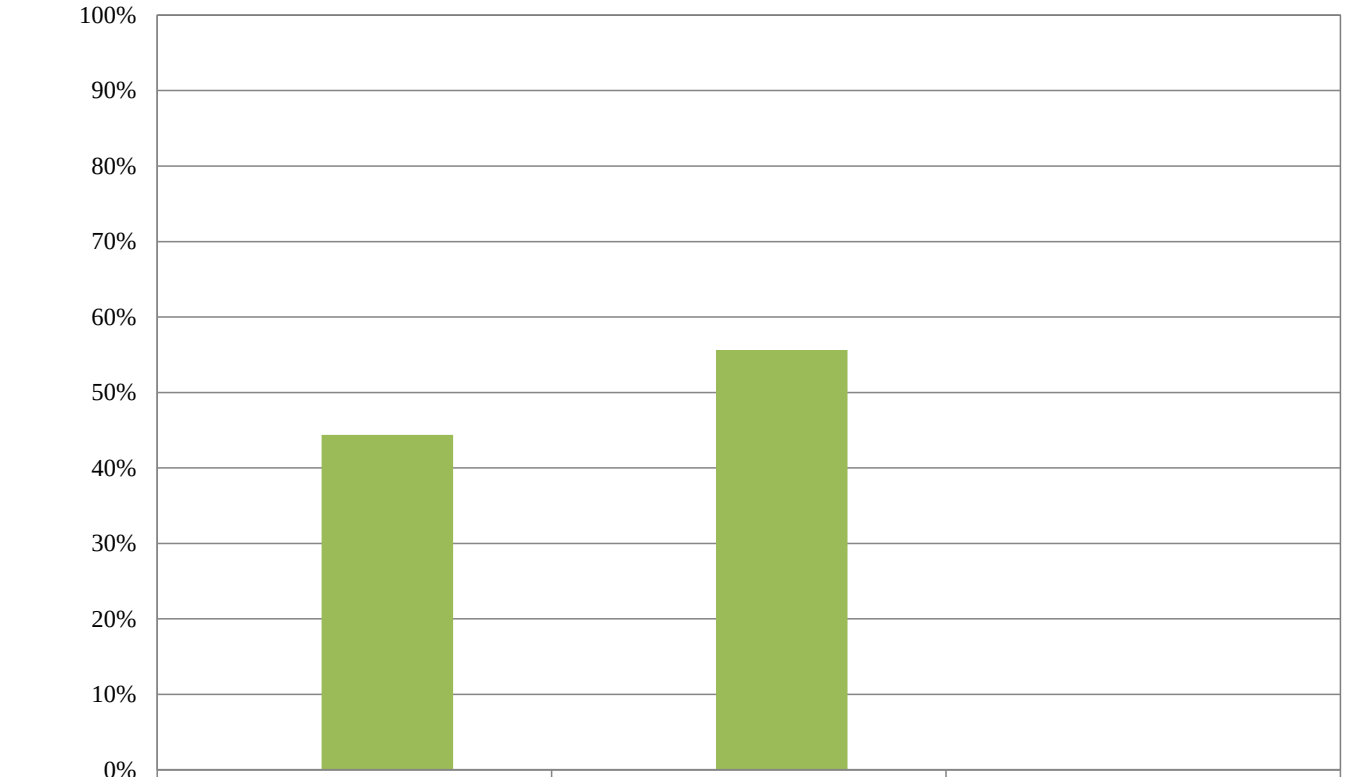
Figure 1
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2019/20



	0 - 15 years	16 - 25 years	26 - 59 years	60+ years	Total FSP
# of Clients	54	38	67	10	169
% of Clients	32.0%	22.5%	39.6%	5.9%	100.0%

Of the 169 people enrolled in the FSP program in FY 2019/20 (see Figure 2), 75 were male (44.4%) and 94 were female (55.6%).

Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2019/20

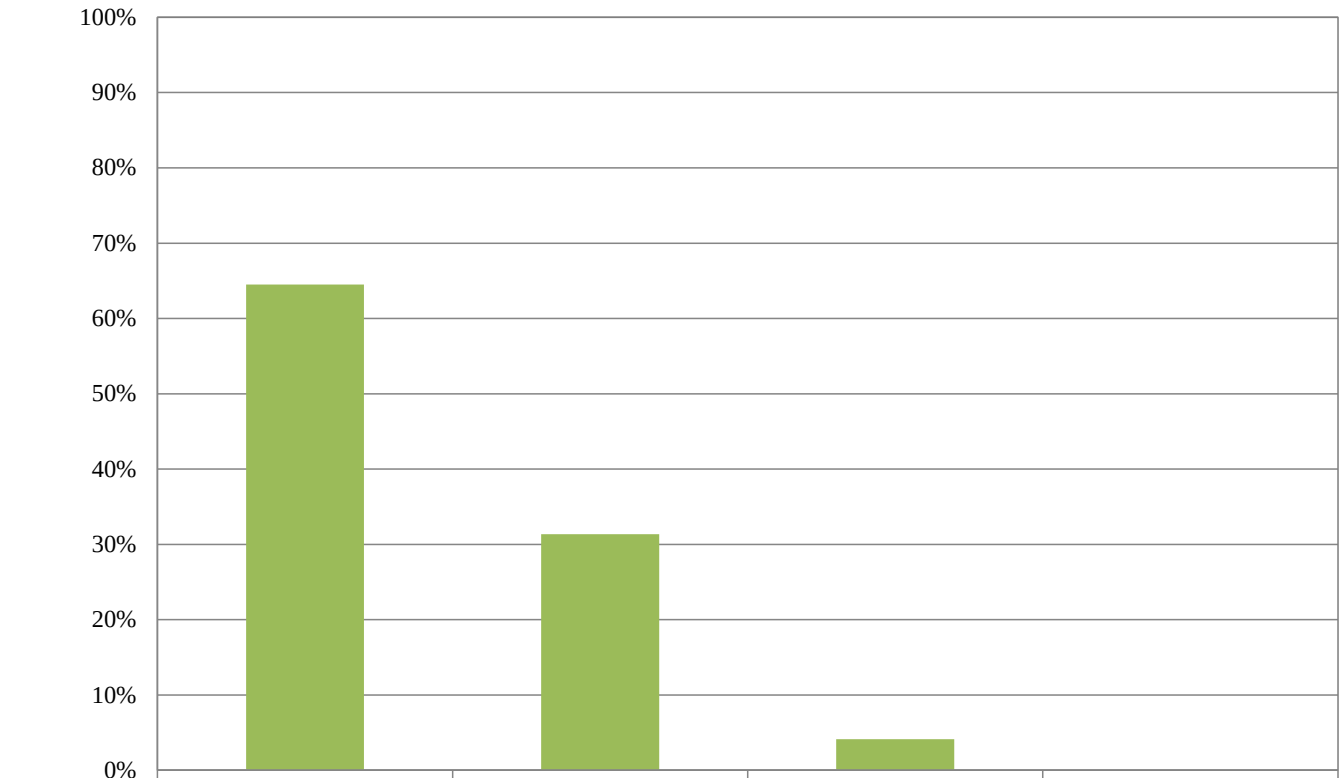


	Male	Female	Total FSP
# of Clients	75	94	169
% of Clients	44.4%	55.6%	100.0%

Of the 169 people enrolled in the FSP program in FY 2019/20 (see Figure 3), 109 were White (64.5%); 53 were Hispanic (31.4%); and seven (7) were Other Race/Ethnicity (4.1%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

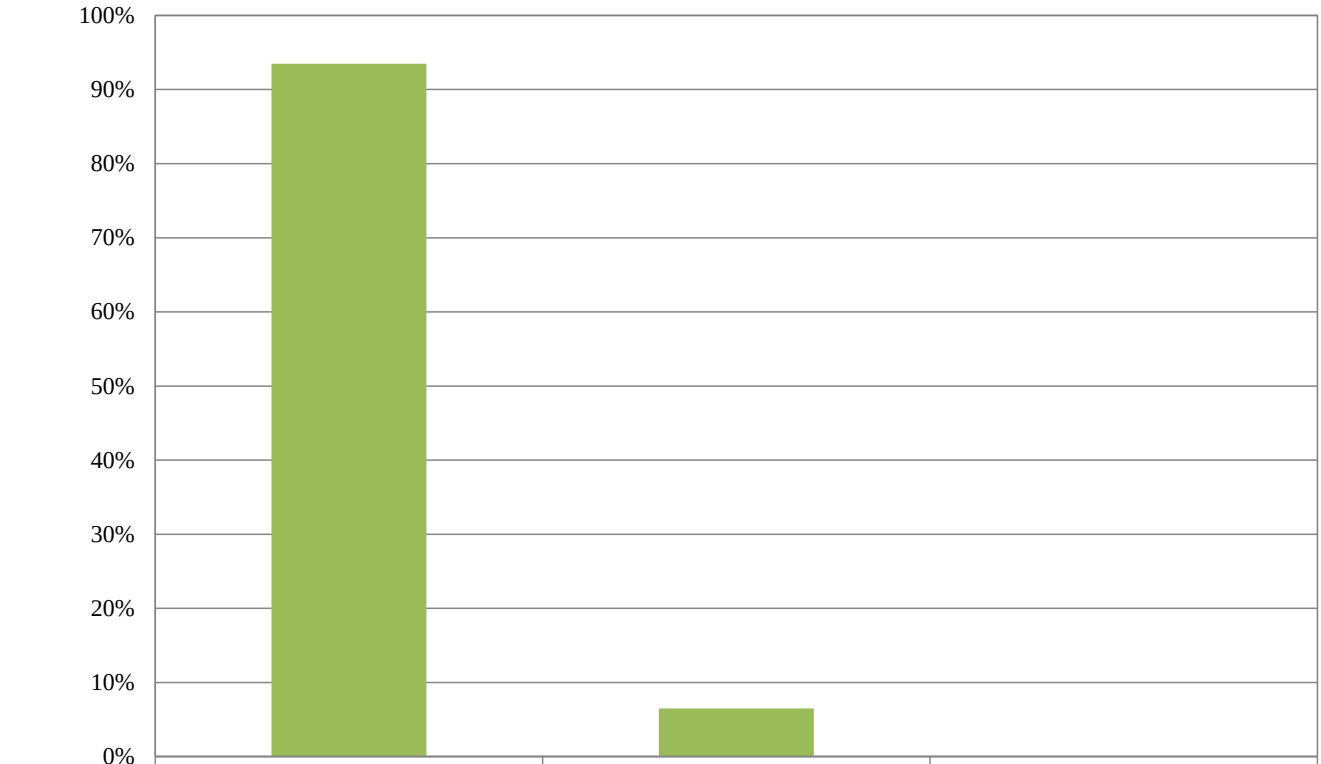
Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2019/20



	White	Hispanic	Other	Total FSP
# of Clients	109	53	7	169
% of Clients	64.5%	31.4%	4.1%	100.0%

Of the 169 people enrolled in the FSP program in FY 2019/20 (see Figure 4), 158 (93.5%) were English speakers and 11 (6.5%) reported Spanish as their Primary Language.

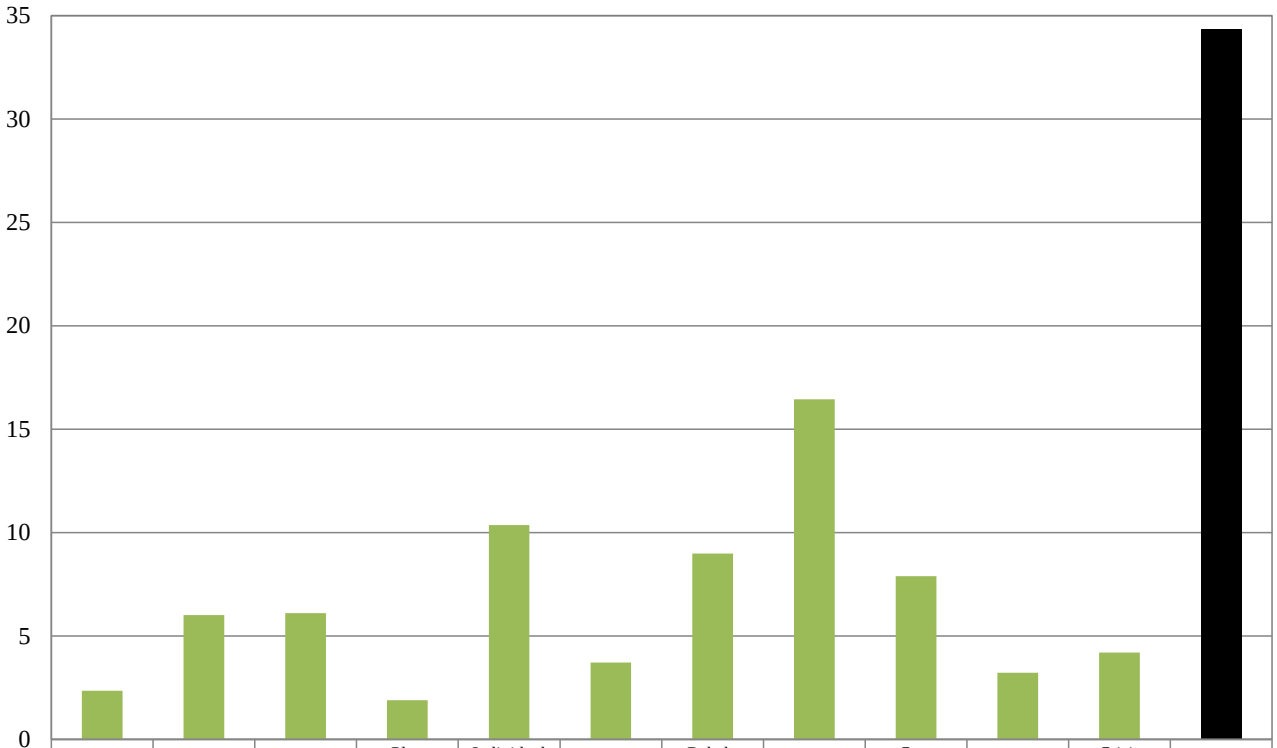
Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2019/20



	English	Spanish	Total FSP
# of Clients	158	11	169
% of Clients	93.5%	6.5%	100.0%

FSP clients are some of the highest need clients served by GCBH. Clients receive a full array of services, as shown in Figure 5 below. The 169 clients that received FSP services in FY 2019/20 received 5,807.63 hours of services, which calculates into an average of 34.6 hours per person. Of the 169 clients, 138 received assessment; 118 received plan development, 136 received individual therapy, 136 received case management, and 87 received medication services. There were 48 of the 169 FSP clients that received crisis intervention, which shows that only 28.4% needed this intensive service. This data also reflects that 71.6% of the FSP clients did not receive crisis services in the fiscal year, which positively reflects the positive outcomes from outpatient services for these clients to help them manage their wellness and recovery.

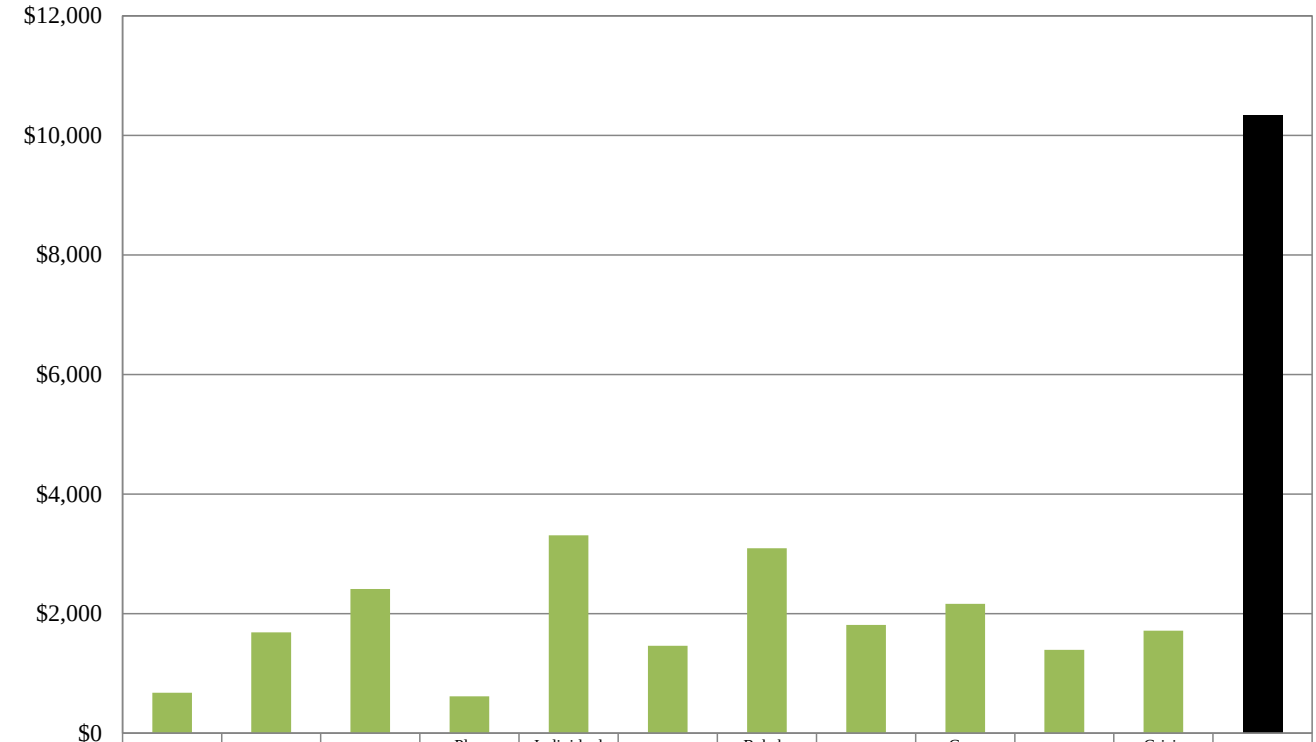
Figure 5
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2019/20



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total FSP
Total Hours	325.15	234.50	195.38	224.27	1,410.05	201.00	971.23	690.67	1,073.27	280.42	201.70	5,807.63
Und. Clts	138	39	32	118	136	54	108	42	136	87	48	169
Hrs/Clt	2.36	6.01	6.11	1.90	10.37	3.72	8.99	16.44	7.89	3.22	4.20	34.36

Figure 6 shows the dollars per FSP client for each of the services they received in FY 2019/20. Across all services, the total dollars for FSP clients were $1,747,346 with an average of $10,339 per person. These are some of the highest need clients served by GCBH.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Dollars, Clients, by Dollars per Client, by Service Type
FY 2019/20



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total FSP
Total Dollars	$93,756	$65,850	$77,223	$73,064	$450,224	$79,022	$334,199	$76,038	$294,303	$121,331	$82,336	$1,747,346
Und. Clts	138	39	32	118	136	54	108	42	136	87	48	169
Dollars/Clt	$679	$1,688	$2,413	$619	$3,310	$1,463	$3,094	$1,810	$2,164	$1,395	$1,715	$10,339

B. CSS Comprehensive Service Plan

The CSS Comprehensive Service Plan program includes the following activities and services: outreach and engagement activities; SMART Team services; telepsychiatry services; wellness center activities; and housing services.

1. 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 offer outreach to persons who are homeless to help link them to needed services. The TAY Center also provides clothing to individuals and families through donations from the community. The TAY Clothing Closet has approximately 100 community member's visit annually. Over this last year, during the pandemic, the Clothes Closet was made available through individual appointments. When needed, individuals are able to take showers by appointment at Harmony House. When regulations change with Covid-19, these outreach activities will resume back to daily slots available for the community. Clients are encouraged to access other services, after they have developed trusting relationships with the Harmony House staff and clients.

Figure 7 shows that there were 80 outreach contacts in FY 2019/20.

Figure 7
CSS Outreach and Engagement Contacts
FY 2019/20

Outreach & Engagement Contacts
80

In addition, GCBH has two (2) evidence-based programs that are offered to FSP clients who are participating in Behavioral Health Treatment Court or AB109 services. These programs help develop skills in anger management: 1) Courage to Change; and 2) What's Good About Your Anger.

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/CCR/Pathways program continue to be expanded. GCBH and CWS staff work closely to coordinate services, attend CFT meetings, 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.

GCBH and CWS are working closely to implement the components of the Continuum of Care Reform (CCR). This strategy includes long-term plans to implement expanded certification of all foster and relative homes, and to collaborate with local Foster Family Agency (FFA) programs and other residential facilities to certify Short-Term Residential Therapeutic Programs (STRTP) to allow Medi-Cal billing. STRTP is a level of certification for residential facilities that are operated by a public agency, or private organization, and licensed by the Department of Health Care Services (DHCS). The STRTP 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 needing this higher level of services. The care and supervision provided by a STRTP is non-medical, except as otherwise permitted by law. Behavioral Health, CWS, and Probation have continued to collaborate to implement Therapeutic Foster Care (TFC) in Glenn County. This collaboration with our Resource Family Agencies (RFA) unit and other FFAs help expand the capacity to keep our high needs youth in Glenn County.

The GCBH Intensive Services for Youth program identifies youth who have involvement in Child Welfare Services (CWS); Probation; Far Northern; local school districts; primary care providers; or other community-based programs. Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) are part of the GCBH tiered-service model to ensure that intensive services are provided to reduce the need for higher levels of care. The use of Child and Family Teams (including therapist, case manager, and parent partner and/or peer mentor) support family reunification and reduce the use of STRTPs. GCBH is implementing an attachment-based therapeutic model called Dyadic Developmental Psychotherapy (DDP), which will support the CCR efforts to address mental health needs.

As partners in supporting CCR, GCBH has also been supporting CWS with the implementation of the Family Urgent Response System (FURS). The intent of the Family Urgent Response System (FURS) is to support children, youth and caregivers through immediate response to situations before they escalate into placement disruptions, law enforcement contacts, and psychiatric hospitalizations. This program was designed to fill the gaps of the CCR. GCBH partners with CWS and RFA programs to assist in training and coordinating of care clients who access this service.

FURS provides 24/7 immediate phone-based and in-person support during situations of instability in the home. CDSS provides a 24-hour crisis line that coordinates with local counties who have established their individualized FURS program by coordinating with Probation, CWS, and BH. The crisis line workers determine if immediate response is needed or a referral back to the county of origin. Through the use of CFTs, families are able to receive follow up and ongoing support after accessing the FURS hotline.

Over the past year, there have been continued efforts between CWS, Probation, and GCBH to collaborate to support the goals of the child and family while in placement. Currently, GCBH works closely with CWS, Probation and local school districts to support CCR. The effort seeks to expand upon Katie A/CCR/Pathways infrastructure. Activities utilized in Glenn County include monthly Mental Health and CWS Multi-Agency Placement (MAP) Team meetings and biweekly Multi-Disciplinary Team (MDT) meetings to discuss cases, expand CFT's and increase home-based mental health services. The MDT collaborates to implement the use of the Child

and Adolescent Needs and Strengths (CANS) tool as a communication tool to identify family needs and develop a shared case plan. Another component of the reform is to restructure group-home placements to support youth and families to have shorter lengths of stay and to continue support children and youth to remain in their community, whenever possible. The GCBH Youth and Family Program Manager has been partnering with the RFA and CWS to identify opportunities to develop a TFC home for Glenn County.

GCBH continues to expand its relationship with local school districts to provide intensive services to youth and their families to support stronger outcomes in the school, addressing suicide and reducing the need for higher levels of care in the education setting.

GCBH provides enhanced services to support early recognition of depression and suicidal behavior as well as 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 Wellness and Recovery Action Plan (WRAP).

In the community, employees of the Public Library have been trained to offer Mental Health First Aid (MHFA) 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 symptoms of mental illness. This training has supported community members and library personnel to have an enhanced understanding of mental health issues of the homeless population. This helps to provide additional support and skills to help persons who are 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.

2. SMART Team Activities

A GCBH Innovation Plan, the System-wide Mental Health Assessment Response Treatment (SMART) Team, was approved in 2015 and ended on June 30, 2019. The SMART program is being 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.

The SMART Team's collaborative relationship created a coordinated network to identify high-risk children and youth; identify strategies for engaging family members; and develop creative solutions to resolve threats or other complex situations in a timely and competent manner. The SMART Team also coordinated services to implement a cohesive plan across partner agencies. This collaboration helped to develop a strong, trusting relationship across agency partners, and identify coordinated solutions to improve services across the system, and achieve positive outcomes for children, youth, and their families.

The SMART Team model was to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats and incidents that could cause concern for future violence. The SMART Team responded to situations across the county and conducted a comprehensive mental health and crisis evaluation. In addition, a comprehensive threat assessment tool, called MOSAIC, was purchased and used across the five years of the project, to consistently assess and determine the level for risk of each individual. The MOSAIC uses an error avoidance computer-assisted method for completing comprehensive assessments.

The SMART Team uses the MOSAIC to interview key people in the child/youth's life. The MOSAIC then provides a score to help identify key risk factors for each youth, as well as provide information on the potential for risk in the future. This comprehensive instrument informs which risk factors should be addressed and monitored closely and provides the team with concerns that could arise in the future. Information about home life, history of trauma, history of suicidal ideation and threat-making, and criminal behavior is compiled to yield the risk score.

In an effort to further improve outcomes for the children and youth involved in these incidents, the SMART Team also follows up with each student, school, teacher, and/or family member, to offer and/or deliver mental health services that are individualized to the student and family. There are some youth which receive brief, intensive services from the SMART Team; and in other cases the team provides the services over a long period of time to help stabilize the student and minimize risk factors. In addition, the SMART Team links the individual to ongoing mental health, co-occurring treatment, and/or probation services to ensure that the incident is fully resolved.

The SMART Team provided schools with training on the importance of assessing and responding to school threats and situations that could rise to violence in the future. The SMART Team has worked with each school to develop an on-site team with the training and skills to respond, when appropriate. The MOSAIC provided the tools to fully understand a situation and resolve it in the most timely and effective manner, while keeping the community safe. As the SMART Team continues to deliver services and supports to the family, they learn the importance of everyone working together, and that everyone has the same goals for supporting healthy outcomes.

3. Telepsychiatry Services

GCBH Telepsychiatry services are available for medication assessments and ongoing monitoring through Kingsview, an out-of-county organizational contract provider, that also provides support to our Electronic Health Record (EHR), Cerner. This creates a comprehensive telehealth system where Kingsview contracts with the psychiatrist, and the psychiatrist has access to the Glenn EHR to review client charts and document each telepsychiatry visit.

Telepsychiatry appointments are available at the GCBH clinic Tuesday through Friday each week, with a floating clinic one (1) Monday per month. For new clients, transferring jail clients, and reopened clients, initial telepsychiatry appointments are scheduled for 90 minutes. All

subsequent medication appointments are scheduled for 30 minutes. One (1) 90-minute emergency appointment is set aside weekly for the clients who are recently discharged from the psychiatric hospital as part of efforts to stabilize medications.

Designated GCBH case managers function as the liaison between the Telepsychiatrist and GCBH clients. The administrative staff is responsible for scheduling appointments. The case managers assist the Telepsychiatrist and the client during appointments and subsequently verify that documentation is completed by the Telepsychiatrist.

Prior to the telepsychiatry session, the GCBH Telepsychiatrist reviews the client's EHR chart to review all of the services delivered to the client, including clinical assessments; clinical case notes from therapist and case manager; and laboratory examinations and results.

The Telepsychiatrist conducts an assessment during the session that includes relevant psychiatric, developmental, social, medical and substance abuse histories, and a mental status exam. Client medications are ordered and filled at the client's pharmacy of choices. Clients with mail order services are also accommodated. Client medications are filled through electronic submission via the EHR. The Public Health Nurse is available to provide injection for the clients who are prescribed with injectable psychotropic medications.

It is the goal of GCBH to schedule an appointment date with the Telepsychiatrist within 15 business days of a need for medication services has been identified. GCBH staff works diligently to meet this timeliness standard.

In order to reduce client no-show rate for the telepsychiatry appointment, GCBH recently implemented a texting reminder program to send out notifications prior to client's appointment. Clients are given options to confirm, decline, or request to reschedule the appointment. Clients' responses have been positive and the no-show rates have decreased.

Telepsychiatry staff partners with the GCBH Ethic Services Committee to provide culturally sensitive and competent interpretation services for monolingual clients. An interpreter attends the Telepsychiatric appointment with each monolingual client and serves as their linkage and cultural broker. Clients have expressed their appreciation for this service to help receive services in their preferred language. Telepsychiatrists are able to improve the communication and to make the most informed recommendation for the clients.

GCBH recognizes the importance to provide our clients with the options of telepsychiatry or in-person psychiatric service. Due to the shortage of psychiatrists, there has been a lack of applicants to fill the in person vacancy. GCMH has an active contract with locum tenens, and is in the process of recruiting a psychiatrist to work in the office one day per week. GCBH staff continues to recruit new staff to meet ongoing the program needs.

This telehealth program has been very effective for this small, rural county, and provides ongoing, stable psychiatry services to build positive relationships with both clients and staff. Overall, approximately 47% of mental health clients receive telepsychiatry services.

4. Wellness Center Activities

The Transition Age Youth (TAY) Center is located in Orland in a comfortable house setting that welcomes youth to participate in healthy and rehabilitative exercises and activities. Youth are supported by adult allies. Youth often access services at the TAY Center, which provides individuals ages 15-25 with a safe, comfortable environment to access services and participate in age-appropriate activities. The TAY Center offers a trauma-informed, youth-driven, youth-friendly setting offering peer support, communication skills, expressive arts, mentoring, and counseling. Youth are involved in activities to reduce stigma; address trauma; reduce depression symptoms and suicidal behavior; and develop strength-based skills. Youth are also involved in reducing stigma for youth who are LGBTQ+. Staff and paid Peer Mentors have successfully implemented outreach and engagement programs in the high schools and middle schools.

The TAY Center and Peer Mentors are an integral part of the trauma-informed intensive services and FSP program. Peer Mentors participate within the treatment team to support youth-driven services and advocacy for mental health. They meet individually and in group settings with the youth. Peer Mentors work closely with case managers and clinicians to help youth meet their goals.

TAY Center groups focus on the wellness and discovery period of the TAY population, and focus on overall wellbeing and mental health. Groups provide skill-building opportunities focusing on five (5) core competencies: social skills, life skills, creative expression, cultural competency, and community service. This model provides wraparound mental health services that also operate to assist youth to prepare for early adulthood. Groups are created and led by Peer Mentors who staff the program, supported by the TAY manager and case management staff. The program continuously includes youth voice in order to maintain a youth-driven and guided program and to promote resilience in the youth and the community.

Harmony House, the wellness center for adults and older adults, is also located in Orland, in a comfortable house that creates a safe environment for clients to come together. Harmony House is a community-focused wellness center that lends itself to a welcoming and socially friendly environment. Harmony House is staffed by a Case Manager III who supervises peer support staff, known as Coaches, who offer a broad range of groups and classes that support activities of daily living and skills to live independently. A wide range of wellness and healthy living support services are available at Harmony House to support individuals to promote wellness and recovery.

Individuals are encouraged to attend health and wellness by offering a variety of groups and activities such as arts and crafts; Kitchen Creation (cooking); Wellness Recovery Action Plan (WRAP); stress management; anger management; codependency; Bouncing Back (a PTSD workshop); budgeting; men's and women's; and grief and loss. All of these groups focus on Wellness and Recovery. Note that groups are subject to change.

The staff at the Harmony House help individuals learn skills to manage their symptoms and preventing crisis behaviors, including suicidal behavior. Other healthy support services include

nutrition and cooking classes; yoga, exercise, and fitness; creative expression; gender-specific groups; healthy relationships; and meditation.

During the Covid-19 stay-at-home orders, Harmony House and the TAY Center were closed to public access. To continue services, Wellness Center staff utilized Zoom and other social media platforms to communicate and deliver individual/group services. Coaches and Peer Mentors made daily and weekly call-outs to check in with clients, as well as managing the Welcome Line Monday through Friday. As Covid-19 restrictions eased, Harmony House and the TAY Center were able to meet with clients on a one-on-one appointment basis. In-person scheduled groups returned in an outside setting. The Wellness Centers continue to problem-solve to meet clients' needs while navigating through Covid-19 restrictions as they arise.

In addition to services at TAY and Harmony House, CSS services are also available at the two GCBH Behavioral Health clinics: the outpatient clinic located in Willows; and the Community, Recovery, and Wellness Center (CRWC) in Orland (note that the building in Orland is being renamed "Behavioral Health Services."). The CRWC is also the location of the Transitions Learning Center (TLC). TLC offers services individuals in the AB109 program and the Behavioral Health Treatment Court 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.

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 develop skills to live independently in 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.

5. Housing Services

Through the past several MHSA CPP activities, many consumers and community members expressed a need to address the homelessness in this small, rural community. The housing component utilizes CSS FSP Flexible Funding to help consumers move into independent living situations. Strategies include providing assistance to access housing; using hotel vouchers; providing assistance with security deposits and funds for first month rent; and providing funds to assist with utility payments.

In FY 2019/20, 51 individuals were provided eviction prevention and or housing assistance, including 22 people who received support for transitional housing and 19 people who received rental assistance. In FY 2020/21 to date, GCBH has provided 27 individuals with eviction

prevention and/or housing assistance. This assistance included 11 consumers received transitional housing assistance and 16 consumers who received housing assistance.

Dos Rios Continuum of Care

Over the past 3 years, 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 homeless individuals and families. The CoC 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 and 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 HHSA applied for the No Place Like Home (NPLH) non-competitive grant funding. This application process included community stakeholder engagement; an update to the County's Homeless Plan; and a Resolution from the County Board of Supervisors.

HHSA was successful in earmarking NPLH non-competitive grant funds in 2019. This application process included community stakeholder engagement; an update to the County's Homeless Plan; and a Resolution from the County Board of Supervisors. Stakeholder engagement meetings were held on May 9, 2019 and May 22, 2019. A number of stakeholders attended and provided valuable feedback. Participants included:

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

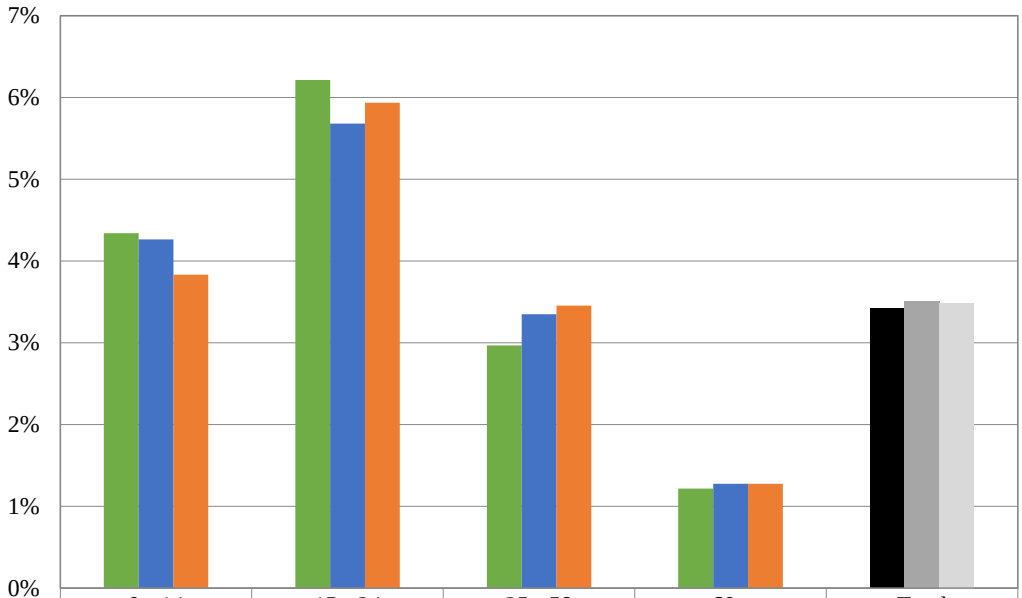
Currently, HHSA intends to submit a NPLH Competitive application for round 4, in late 2021. In order to submit this application through a Request for Qualification (RFP) process, HHSA began a relationship with a Development Sponsor, Rural Communities Housing Development Corporation (RCHDC). HHSA and RCHDC have been coordinating efforts together to write the proposal and began discussions about programming that will be available onsite.

- CSS Data

Figure 8 shows the Penetration Rate and number of CSS clients served for three fiscal years. This data is shown by age. The Penetration Rate graph shows that the number of persons served has increased slightly over the past three years, from 961 persons served in FY 2017/18, to 986 in FY 2018/19, and 981 in FY 2019/20. The Penetration Rate (number of persons receiving mental health services out of the total population) increased from 3.4% in FY 2017/18 to 3.5% in FY 2018/19 and FY 2019/20.

By age group, the Penetration Rate varies for each age group. Children had a decrease from 283 to 250 across the three years. Transition Age Youth decreased from 244 to 233 youth served across the three years. The corresponding Penetration Rate across the three years was 6.2% to 5.9%. Adults show an increase with 371 clients in FY 2017/18 to 432 clients in FY 2019/20. This data shows an increase in Penetration Rate from 3.0% to 3.5% in the three years. Older adults showed a small increase from 1.2% to 1.3%.

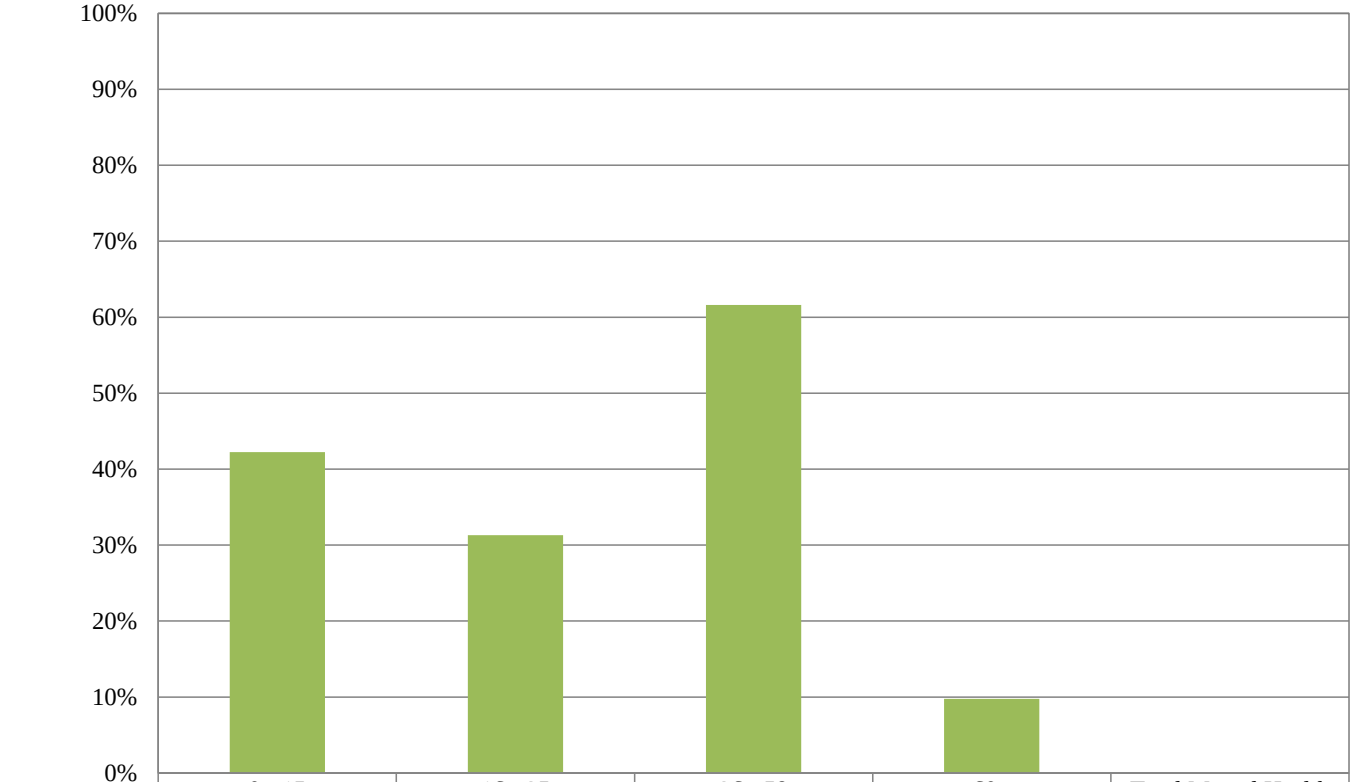
Figure 8
Mental Health Penetration Rate, by Age
FY 2017/18 to FY 2019/20



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2017-18 # Participants	283	244	371	63	961
FY 2017-18 Penetration Rate	4.3%	6.2%	3.0%	1.2%	3.4%
FY 2018-19 # Participants	278	223	419	66	986
FY 2018-19 Penetration Rate	4.3%	5.7%	3.4%	1.3%	3.5%
FY 2019-20 # Participants	250	233	432	66	981
FY 2019-20 Penetration Rate	3.8%	5.9%	3.5%	1.3%	3.5%
Glenn County Census Population	6,520	3,926	12,505	5,171	28,122

Figure 9 shows the number and percent of Mental Health clients by age for FY 2019/20. For the 981 individuals served, 42.2% were children ages 0-15 years; 31.3% were TAY ages 16-25 years; 61.6% were Adults ages 26-59 years; and 9.7% were Older Adults ages 60+ years.

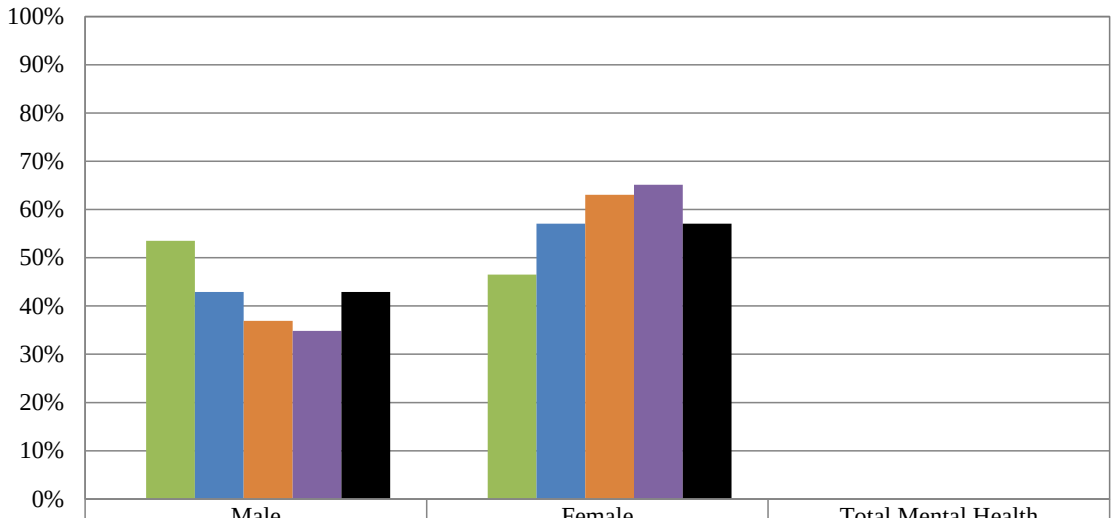
Figure 9
Number and Percent of Mental Health Clients, by Age
FY 2019/20



	0 - 15	16 - 25	26 - 59	60+	Total Mental Health
# of Clients	286	212	417	66	981
% of Clients	42.2%	31.3%	61.6%	9.7%	144.9%

Figure 10 shows the number and percent of Mental Health clients by gender and age for FY 2019/20. Children ages 0-15 years had a higher number of males than females. There were 153 males (53.5%) and 133 females (46.5%). TAY served a higher number of females. There were 91 males (42.9%) and 121 females (57.1%). Similarly, Adults also served more females. There were 154 male adults served (36.9%) and 263 females (63.1%). Older Adults also show the same trend, with 23 males (34.8%) and 43 females (65.2%). Across all ages, there were more females served with 560 females (57.1%) served compared to 421 males (42.9%).

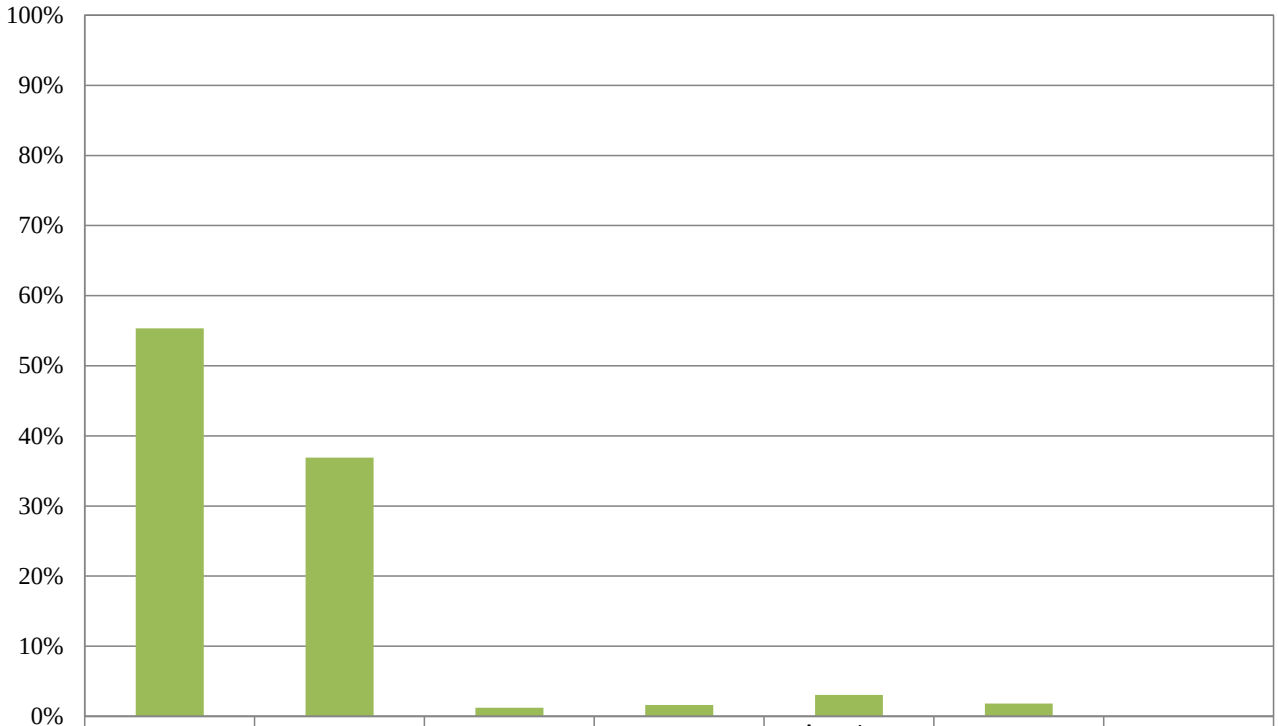
Figure 10
Number and Percent of Mental Health Clients, by <u>Gender and Age</u>
FY 2019/20



	Male	Female	Total Mental Health
# Child Clients (0 - 15)	153	133	286
% Child Clients (0 - 15)	53.5%	46.5%	100.0%
# TAY Clients (16 - 25)	91	121	212
% TAY Clients (16 - 25)	42.9%	57.1%	100.0%
# Adult Clients (26 - 59)	154	263	417
% Adult Clients (26 - 59)	36.9%	63.1%	100.0%
# Older Adult Clients (60+)	23	43	66
% Older Adult Clients (60+)	34.8%	65.2%	100.0%
# Total Clients	421	560	981
% Total Clients	42.9%	57.1%	100.0%

Figure 11 shows the number and percent of Mental Health clients by Race/Ethnicity for FY 2019/20. For the 981 individuals served, 55.4% were White; 36.9% were Hispanic; 1.2% were Black; 1.6% were Asian/Pacific Islander; 3.1% American Indian/Alaskan Native; 1.8% were Other/ Unknown.

Figure 11
Number and Percent of Mental Health Clients, by <u>Race/Ethnicity</u>
FY 2019/20

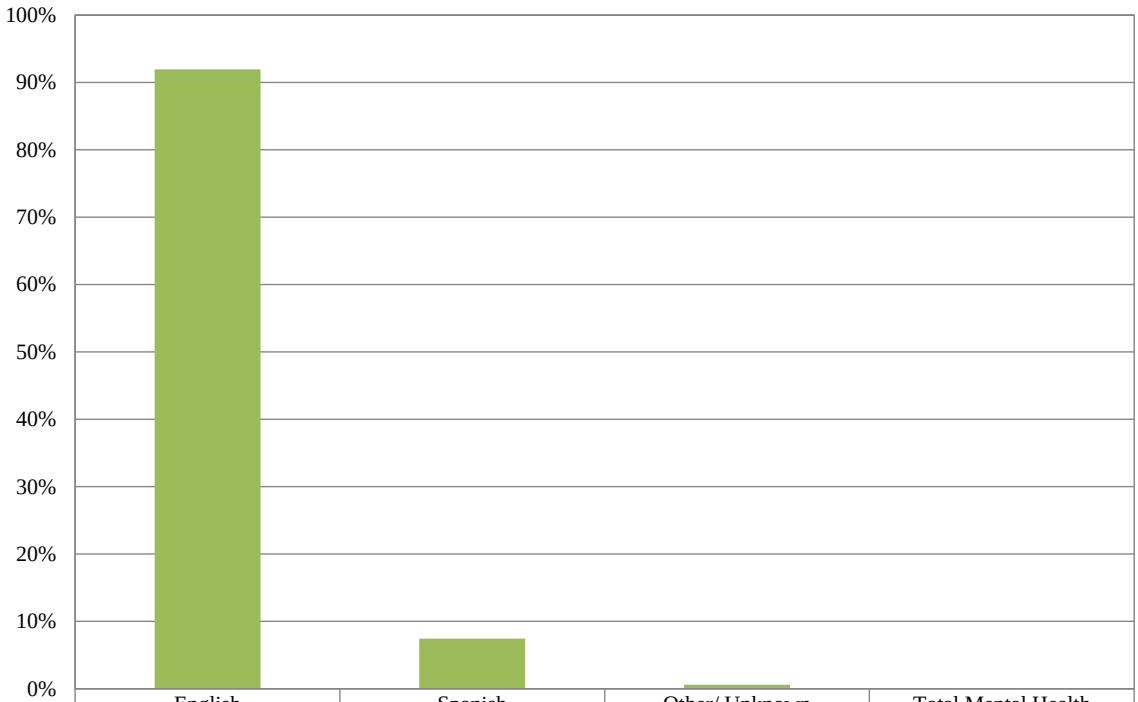


	White	Hispanic	Black	Asian/ Pacific Islander	American Indian/ Alaskan Native	Other/ Unknown	Total Mental Health
# of Clients	543	362	12	16	30	18	981
% of Clients	55.4%	36.9%	1.2%	1.6%	3.1%	1.8%	100.0%

Figure 12 shows the number and percent of Mental Health Clients by Preferred Language for FY 2019/20. For the 981 individuals served, 91.9% had a preferred language of English, 7.4% Spanish, and 0.6% Other/ Unknown languages.

Note: The Preferred Language category of Hmong/ Lao has been combined into Other/ Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 12
Number and Percent of Mental Health Clients, by Preferred Language
FY 2019/20



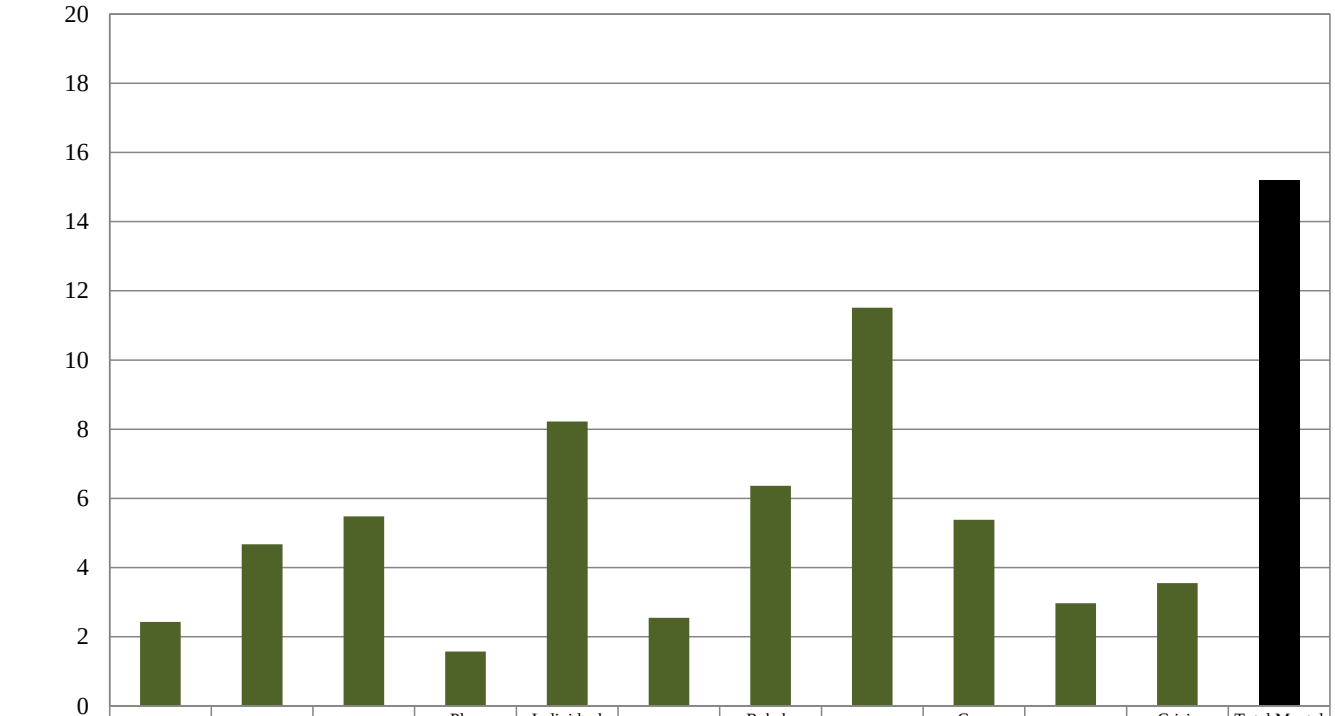
	English	Spanish	Other/ Unknown	Total Mental Health
# of Clients	902	73	6	981
% of Clients	91.9%	7.4%	0.6%	100.0%

The next graph (Figure 13) shows the total mental health hours of service for FY 2019/20 by type of service, the number of clients receiving each service, and the average hours per client by type of service. Please note that a client may receive more than one type of service in the year.

Across all services, the 981 clients served in FY 2019/20 received a total of 14,889.68 hours of service. This data averages to 15.18 hours per client. For Assessment, 704 clients received an assessment. The total number of assessment hours was 1,710.28. This data calculates into each client receiving 2.43 hours of assessment services.

Two newer Medi-Cal codes include Intensive Care Coordination (ICC) services and Intensive Home-Based Services (IHBS) services. There were 65 children who received 303.58 hours of ICC services, for an average of 4.67 hours per child. There were 45 children who received 246.63 hours of IHBS services for an average of 5.48 hours per child. It is important to check to determine the total number of clients receiving each type of service, when reviewing this graph. The number of clients varies for each type of service. For example, there were 704 clients that received an Assessment and 398 that received Case Management. Clients can receive one or more services each year.

Figure 13
Total Mental Health Hours, Clients, and Hours per Client, by Service Type
FY 2019/20



	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total Mental Health
Total Hours	1,710.28	303.58	246.63	830.38	4,415.65	455.87	1,412.10	1,773.08	2,140.48	887.50	714.12	14,889.68
Und. Clts	704	65	45	528	537	179	222	154	398	299	201	981
Hrs/Clt	2.43	4.67	5.48	1.57	8.22	2.55	6.36	11.51	5.38	2.97	3.55	15.18

CSS Program Challenges and Mitigation Efforts

GCBH continually strives to hire more bilingual, bicultural staff to meet the growing needs of the community. Similarly, GCBH is in the process of expanding the mental health staffing to meet the needs of the increasing Medi-Cal population and to expand services to serve persons with mental health needs who are referred from the local managed care organization.

The expansion in the number of persons who are Medi-Cal eligible has increased the number of clients who are being seen at the GCBH clinic; and as a result, creates a shortage of the number of mental health clinicians available for delivering services. The management team continues to develop strategies to hire additional clinical staff, support staff to manage higher caseloads, and meet the needs of all clients. GCBH is also identifying opportunities to train staff to utilize brief therapy, when appropriate.

A continued ongoing challenge is ability to recruit and hire clinical personnel in Glenn County. GCBH has taken the approach of "grow your own" and have invested in current staff by supporting them to continue their education through distance learning and having flexible schedules to meet the needs of clients. Over the past few years, a total of seven (7) of employees have/will graduate from the California State University, Chico Master of Social Work (MSW) Program. GCBH hopes to fill existing positions with these graduates and continue to recruit additional staff.

The challenge of hiring bilingual, bicultural staff remains difficult. Glenn County's Hispanic monolingual community continues to grow. While GCBH has 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 staff. 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.

To effectively serve the community during Covid-19 pandemic and honor the health and safety of GCBH staff, GCBH applied for an Information Technology (IT) grant. This grant award allowed all staff to provide telehealth services to underserved populations, by providing staff with laptops and IT support during the stay-at-home orders.

Significant CSS Program Changes in Next Fiscal Year

- In response to community requests, GCBH will expand services for individuals with co-occurring mental health and substance use disorders. GCBH will identify co-occurring evidence-based and best practices; implement the chosen strategies; and train staff to use them to engage and treat this population. GCBH will also develop the MDT teams to ensure that key staff are included to facilitate improved coordination for clients with co-occurring impairments. GCBH may also launch a strategic initiative to solidify the system's commitment to fill this gap in services. GCBH will adhere to state guidelines regarding the use of MHSA funds for co-occurring clients.

- GCBH chose a new psychiatry/telepsychiatry provider, after contracting with Kings View for telepsychiatry services for several years. The new psychiatry contract will provide GCBH with an in-person Psychiatrist once a month, in addition to telepsychiatry each week.

- As Covid-19 state guidelines change, GCBH will be transitioning staff from working at home to providing services in the clinics. GCBH welcomes this positive change, while adhering to state guidelines for seeing clients in the clinics and providing transportation services.

- In April 2021, GCBH was conditionally awarded one of the Mental Health Student Services Act (MHSSA) grants from the MHSOAC. Pending available funds and contract execution, the grant program may begin in July 2021. MHHSA funding will support our existing Children's System of Care (CSOC) to strengthen relationships with partner agencies and expand delivery of school-based, culturally-responsive mental health services at locations that are easily accessible to students and families. In FY 2021/22, CSS funding will be used to support this grant program as needed.

PREVENTION AND EARLY INTERVENTION

PEI funding categories include Prevention, Early Intervention, Outreach, Access/Linkage, Stigma Reduction, and Suicide Prevention. Programs that are funded from each of these categories are discussed below.

This section also includes the required annual PEI Evaluation Report, analyzing one (1) year of data (FY 2019/20). 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 and Outcomes; Annual PEI Evaluation Report

A. Prevention Category

1. Strengthening Families

The Strengthening Families Program is an evidence-based program selected for this Prevention component of PEI. Strengthening Families is an 11 to 15-week, evidence-based program that develops parenting skills, children's social skills, and family life skills and are 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 Substance Use Disorder program prevention funds. The program also utilizes MSW and BSW interns from Chico State who are placed at GCBH. In addition, the Winter session of 2020 had two HHSA staff members from the Eligibility Unit to support the program. One of these staff participated in the program with her teenage son and she provides a credible image of success in utilizing the skills taught in the program.

Glenn County also utilizes and trains MSW and BSW interns to support with staffing needs as service providers.

GCBH planned and offered Strengthening Families in the fall of 2020 using updated curriculum tailored to use on the remote Zoom platform. The curriculum has been updated by the developers to offer it remotely on telehealth platforms. GCBH received referrals from partner agencies and contacted families. A robust facilitation and technology team of SUDS staff, MH staff, and BH interns implemented the material and worked with the families. However, the realities of the demands on families in the early fall of 2020, with children and teens distance learning, the uncertainties of returning to in-person schooling, and technology burnout all contributed to families not being able to fully take advantage of the expanded program.

In the early months of 2021, GCBH notified partners that referrals for the remote SFP were being accepted again. The updated curriculum is eight (8) weeks long. A big part of the in-person SFP is offering and sharing dinners together; to keep this component active remotely, GCBH has been purchasing gift cards from local supermarkets to give to families weekly. There

are currently eight (8) families participating weekly; and they are also being supported by the HHSA CWS staff.

Offering the SFP remotely reduces staffing needs to four (4) staff (versus an average of ten [10] staff needed for the in-person program). GCBH is building an implementation team to offer SFP in Spanish in the late spring/early summer of 2021. The program has begun accepting referrals for monolingual Spanish-speaking families. Another English language session will be run in the summer as well.

Sustainability activities include requesting a new training from CPI (the State Prevention Institute) to train more partners from across the county from departments such as Probation and Office of Education. To help support and expand the program, funds are blended with other county programs to support both the GCBH MHSA program, as well as supporting agency partners to improve outcomes for shared clients. This approach also expands the availability of parenting programs across agencies to meet needs in the community. For example, several of the families that attend Strengthening Families are involved in the CWS system. Both families and agencies see the benefits of the program, requesting additional sessions each year.

Glenn County also receives $5,000 per year from Child Welfare Child Abuse Prevention funds to help pay for the meals, program supplies, and incentives that are an important component of the program to help engage and retain families.

Another planned program expansion is to offer a full session of Strengthening Families in Spanish. We currently have six (6) bilingual staff trained in the model.

Figure 14 shows the data for the Strengthening Families groups offered in FY 2019/20. In FY 2019/20, there were 44 groups, with an attendance of 634 persons (duplicated count), for an average of 14.4 persons per group.

Figure 14
PEI Strengthening Families Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Child Group (7-12)	# Groups	15
	Attendance	172
	Avg. Attendance/Group	11.5
Youth Group (12-18)	# Groups	13
	Attendance	164
	Avg. Attendance/Group	12.6
Parent/ Caregiver Group	# Groups	16
	Attendance	298
	Avg. Attendance/Group	18.6
Total Attendance (All Groups)	**# Groups**	**44**
	Attendance	**634**
	Avg. Attendance/Group	**14.4**

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

Figure 15 shows the number and percent of Strengthening Families attendees, by age for FY 2019/20. There were 151 unique individuals served. There were 59 Children (39.1%); 13 TAY; and 45 Adults (29.8%). There were 34 persons who were reported as Unknown (22.5%).

Note: The Age categories of Adults and Older Adults have been combined into Adults (26+) to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 15
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Age
FY 2019/20

	# Clients	**% Clients**
Children/Youth (0-15)	59	39.1%
TAY (16-25)	13	8.6%
Adults (26+)	45	29.8%
Unknown	34	22.5%
Total	**151**	**100.0%**

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

Figure 16 shows the number and percent of Strengthening Families attendees, by Gender at Birth for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were 48 males (31.8%) and 63 females (41.7%). There were 39 persons with Unknown gender at birth (25.8%), and one (1) preferred not to answer (0.7%).

Figure 16
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Gender at Birth
FY 2019/20

	# Clients	**% Clients**
Male	48	31.8%
Female	63	41.7%
Prefer not to answer	1	0.7%
Unknown	39	25.8%
Total	**151**	**100.0%**

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

Figure 17 shows the number and percent of Strengthening Families attendees, by Current Gender Identity for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were 48 males (31.8%) and 64 females (42.4%). There were 38 persons reported Unknown Current Gender Identity (25.2%), and one (1) preferred not to answer (0.7%).

Figure 17
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Current Gender Identity
FY 2019/20

	# Clients	% Clients
Male	48	31.8%
Female	64	42.4%
Prefer not to answer	1	0.7%
Unknown	38	25.2%
Total	**151**	**100.0%**

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

Figure 18 shows the number and percent of Strengthening Families attendees, by Race/ Ethnicity for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were 56 persons who were White (37.1%); 39 Hispanic (25.8%); 22 who reported Other (14.6); and 34 who reported Unknown Race/Ethnicity (22.5%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 18
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Race/Ethnicity
FY 2019/20

	# Clients	% Clients
White	56	37.1%
Hispanic	39	25.8%
Other	22	14.6%
Unknown	34	22.5%
Total	**151**	**100.0%**

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

Figure 19 shows the number and percent of Strengthening Families attendees, by Language for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were 108 (71.5%) persons who reported English as their primary language. There were 43 with Other/ Unknown language (28.5%).

Note: The Language categories of Spanish, Other, and Unknown have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 19
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Language
FY 2019/20

	# Clients	**% Clients**
English	108	71.5%
Other/ Unknown	43	28.5%
Total	**151**	**100.0%**

**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 Sexual Orientation for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were 64 individuals that reported their Sexual Orientation as Heterosexual/Straight (42.4%). There were 43 that selected N/A (28.5%) and five (5) Preferred not to answer (3.3%). There were 39 that selected Other/ Unknown Sexual Orientation (25.8%).

Note: The Sexual Orientation categories of Gay or Lesbian, Bisexual, Questioning or unsure, Queer, Another sexual orientation, and Unknown have been combined into Other/ Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 20
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Sexual Orientation
FY 2019/20

	# Clients	% Clients
Heterosexual/ Straight	64	42.4%
N/A	43	28.5%
Prefer not to answer	5	3.3%
Other/ Unknown	39	25.8%
Total	**151**	**100.0%**

**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 Military Status for FY 2019/20. In FY 2019/20, there were 151 unique individuals served. There were no individuals reported Military Involvement, 79 with No History of Military Involvement (52.3%); 31 who reported N/A (20.5%); and 41 with Unknown Military (27.2%).

Note: The Military Status categories of Served, Veteran, Active Military, and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 21
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Military Status
FY 2019/20

	# Clients	% Clients
Military Involvement	-	-
No Military	79	52.3%
N/A	31	20.5%
Unknown	41	27.2%
Total	**151**	**100.0%**

**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 Onset of Mental Health Symptoms for FY 2019/20. There were 151 unique individuals served. There were 10 individuals (6.6%) that reported that their symptoms were present less than 5 years and 10 individuals (6.6%) that reported that their symptoms were present 5 years or longer. There were 93 individuals that reported N/A (61.6%), two (2) who Preferred not to answer (1.3%), and 36 (23.8%) with Unknown Onset of Symptoms.

Figure 22
PEI Strengthening Families Group Services
Number* and Percent of Clients, by Onset of Symptoms
FY 2019/20

	# Clients	**% Clients**
Less than 5 Years	10	6.6%
5 + years	10	6.6%
N/A	93	61.6%
Prefer not to answer	2	1.3%
Unknown	36	23.8%
Total	**151**	**100.0%**

**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 who were discharged from the program, by Reason for Discharge for FY 2019/20. In FY 2019/20, there were 146 unique individuals discharged. There were 35 that met their goals (24.0%); 26 that partially met their goals (17.8%); 32 that left the program/ did not complete the program (21.9%); and 53 individuals discharged due to SFP closure, due to COVID-19 (36.3%).

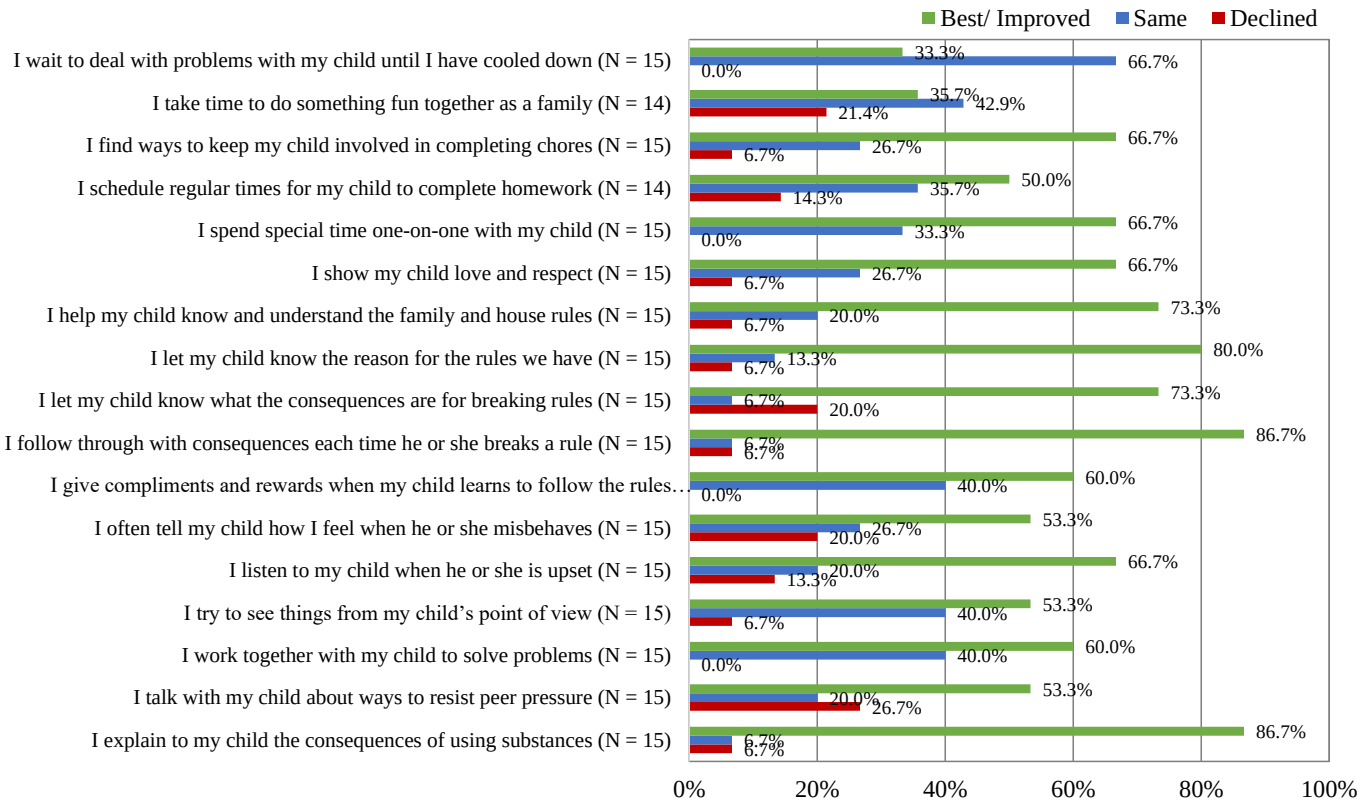
Figure 23
PEI Strengthening Families Discharges
Number and Percent of Clients Discharged, by Discharge Reason
FY 2019/20

	# Clients	**% Clients**
Goals Met	35	24.0%
Goals Partially Met	26	17.8%
Client Left Program/ Did Not Complete Program	32	21.9%
No Further Services Needed	-	-
Referred to another Program	-	-
Client Moved	-	-
Administrative Discharge	-	-
Deceased	-	-
SFP Closed due to Covid-19	53	36.3%
Other	-	-
Reason Not Available	-	-
Total	**146**	**100.0%**

Figure 24 shows the percent of Strengthening Families participants who completed the Parent/ Caregiver Survey at the beginning and end of the Strengthening Families program compared to the end of the program. There were fifteen people who completed both the pre and post Parent/ Caregiver Survey. In reviewing the data that shows the Best/Improved responses at the end of the program (green line), a number of areas show improvement which highlight the positive outcomes of the program. Over 60% of families reported improvement in finding ways to keep the child involved in chores; spending time one-on-one with their child; showing their child love and respect; their child understands family and house rules; the parent/caregiver lets the child know the consequences for the breaking the rule; the parent/caregiver gives complements and rewards; the parent/caregiver listens to the child when upset; and the parent/caregiver works with the child to solve problems.

Those responses that 80% of families in the program reported improvement include the parent/caregiver lets the child know the reason for the rule; follows through with consequences when the child breaks a rule; and the parent/caregiver explains the consequences of using substances. These outcomes clearly demonstrates that families are reporting positive outcomes from participating in the Strengthening Families program.

Figure 24
PEI Strengthening Families Matched Parent/ Caregiver Survey Results
Improvement from Pre to Post
FY 2019/20



B. Early Intervention Category

2. Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based practice which utilizes a specially equipped treatment room to train parents in parenting and behavioral management skills. PCIT provides families with very direct and individualized parenting skills that are developed through a process in which parents receive instruction through an earpiece that is linked to a therapist/intern. The therapist/intern, from behind a one-way mirror, observes interactions between the parent and child. The therapist/intern provides feedback to the parent to help develop and strengthen the parent-child relationship, offer parent techniques, and gives behavioral interventions for how to respond to difficult parent/child situations. Each training session lasts about one (1) hour; occurs for approximately 15-20 weekly visits; and shows strong outcomes for both parents and children. Staff may provide in-home support to help the parent generalize the skills learned in the clinic and applied to 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. PCIT is offered in both English and Spanish.

Staff are trained to implement this program by one of our clinical staff who is certified as a PCIT trainer. This trained clinician provides training to other staff to implement this evidence-based practice. Currently, GCBH has five (5) clinicians and four (4) case managers providing services to the community. GCBH has developed a formalized case manager training protocol. All the case managers have attended training through UC Davis to support their continued learning in implementing PCIT in the home and 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.

Over the last year, GCBH has successfully implemented PCIT through telehealth due to the Covid-19 restrictions. Telehealth PCIT has allowed more families to gain access to the program from home.

Though the Covid-19 restrictions have not allowed GCBH to serve PCIT youth through group services, GCBH will implement (2) PCIT children's groups when regulations change: one group will address mild-moderate behaviors and the other group will address higher intensive behaviors. These groups will help transition children out of the PCIT model (post-graduation from PCIT), and generalize their PCIT skills to interactions with their peers and with others in the community.

Parent/Child-CARE (PC-CARE) is an evidence-based practice that uses a 6-week intervention model designed to improve the quality of the caregiver-child relationship, and to teach caregivers skills to help them manage their children’s difficult behaviors. In PC-CARE, therapists teach

and coach caregivers to increase their positive caregiving skills and to find the behavior management strategies that are most effective for their family. Children who are between the ages of 1 and 10 years qualify for the program. They may be disruptive, defiant, and/or aggressive at home and/or school, or may have experienced a traumatic event that is impacting behaviors and/or relationships or may be adjusting to a new home (e.g., foster, reunification) or situation (e.g., parental separation, new sibling). Currently, there are five (5) clinicians and four (4) case managers providing services to the community. A formalized case manager training protocol has been developed and the PCIT program is currently certifying the PCIT program coordinator in PC-CARE to be a train-the-trainer. This will give provide the opportunity to have a certified staff in our PC –CARE program along with our PCIT program in the next three years. The certification process will allow the certified PC-Care coordinator to certify all PCIT staff to be able to implement the appropriate modality that best fits the client and family.

The Glenn County Mental Health Youth and Family Unit has moved into a new CSOC building that houses Child Welfare, Eligibility, and the SUDS day treatment program called Discovery House for women and their children. A new program goal for PCIT is to offer PCIT treatment to the women and children who attend Discovery House. Because of the close proximity, the services can be delivered in the clinic and through group services during their treatment.

Figure 25 shows the number and percent of families served by the PCIT program by age for FY 2019/20. There were 28 children served in the PCIT program. There were 24 children ages 4-7 (85.7%), and four (4) children in Other ages (14.3%).

Note: The Age categories of 0 – 3 years and 8+ years have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 25
PEI Early Intervention PCIT
Number and Percent of Clients, by Age
FY 2019/20

	# Clients	% Clients
4 - 7 years	24	85.7%
Other	4	14.3%
Total PCIT Clients	**28**	**100.0%**

Note: Data is not shown for Gender at Birth or Current Gender to ensure confidentiality of our clients because the number of persons in one or more categories is fewer than 10.

Figure 26 shows the number and percent of families served by the PCIT program for FY 2019/20, by Race/Ethnicity. There were 28 children served in the program. There were 14 children who were White (50.0%), 13 who were Hispanic (46.4%), and one (1) were Other/ Unknown (3.6%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 26
PEI Early Intervention PCIT
Number and Percent of Clients, by Race/Ethnicity
FY 2019/20

	# Clients	% Clients
White	14	50.0%
Hispanic	13	46.4%
Other	1	3.6%
Total PCIT Clients	**28**	**100.0%**

Of the 28 children served in the PCIT program in FY 2019/20, 25 children had a primary language of English (89.3%) and three (3) had a primary language Other than English (see Figure 27).

Figure 27
PEI Early Intervention PCIT
Number and Percent of Clients, by Language
FY 2019/20

	# Clients	% Clients
English	25	89.3%
Other	3	10.7%
Total PCIT Clients	**28**	**100.0%**

Figure 28 shows the number and percent of PCIT clients, by Military Status, for FY 2019/20. Of the 28 PCIT clients served, 1 (3.6%) reported military involvement.

Note: The Military Status categories of Served, Veteran, Active Military, and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 28
PEI Early Intervention PCIT
Number and Percent of Clients, by Military Status
FY 2019/20

	# Clients	% Clients
Military Involvement	1	3.6%
No Military	27	96.4%
Total PCIT Clients	**28**	**100.0%**

Figure 29 shows the number and percent of families served by the PCIT for FY 2091/20, by disability. Of the 28 children served in the program, there were no children reported to have a Disability. There were 26 children that did not have a disability reported (Unknown).

Note: The Disability categories of Difficulty seeing, Difficulty hearing or speaking, Other communication disability, Cognitive, Developmental, Physical/ mobility, Chronic health condition and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 29
PEI Early Intervention PCIT
Number and Percent of Clients, by Disability
FY 2019/20

	# Clients	% Clients
Disability	-	-
No disability	2	7.1%
Unknown	26	92.9%
Total PCIT Clients	**28**	**100.0%**

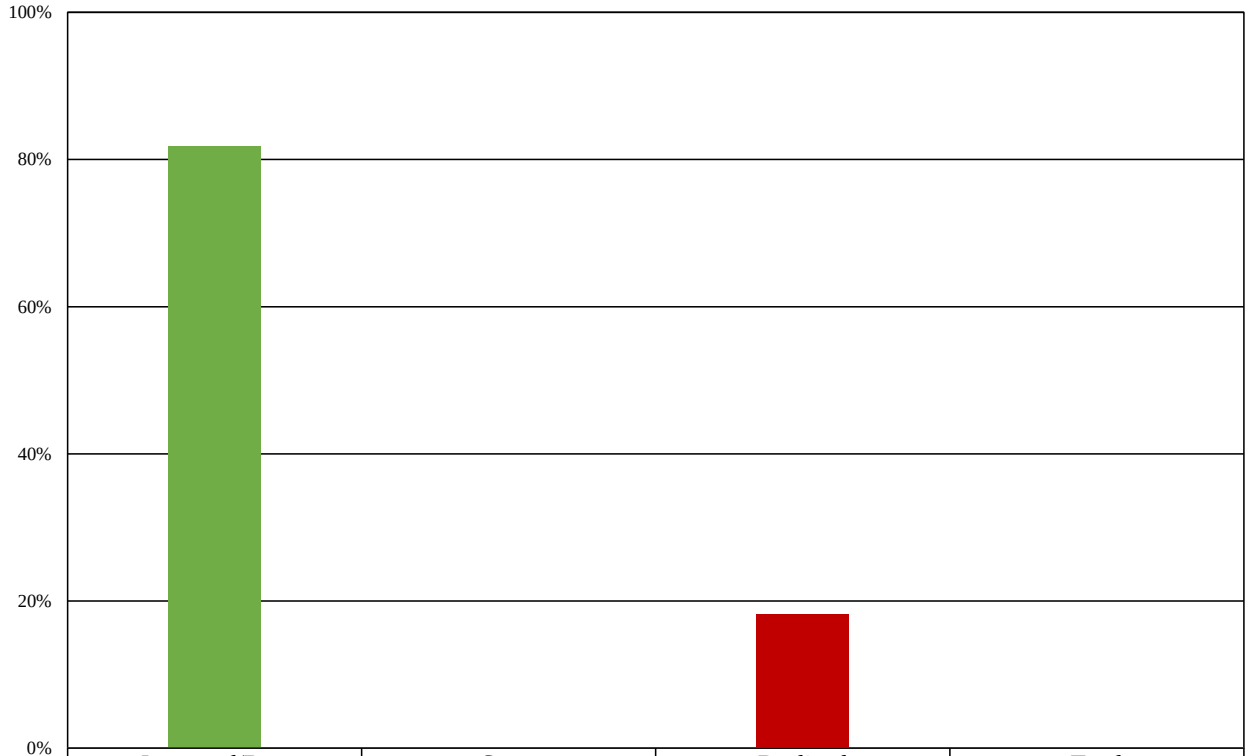
Figure 30 shows the number and percent of families served by the PCIT program, by onset of mental health symptoms for FY 2019/20. There was one (1) individual (3.6%) that reported that their symptoms were present 5 years or longer. There were 27 individuals (96.4%) with Unknown Onset of Symptoms.

Figure 30
PEI Early Intervention PCIT
Number and Percent of Clients, by Onset of Symptoms
FY 2019/20

	# Clients	**% Clients**
Over 5 years ago	1	3.6%
Unknown	27	96.4%
Total PCIT Clients	**28**	**100.0%**

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 2019/20. In FY 2019/20, there were 11 parents that had both pre and post test scores. Nine (9) parents (81.8%) had an improved/best score when comparing their score at the beginning of the program and at the end. Two (2) families had a lower score after the program than before (18.2%).

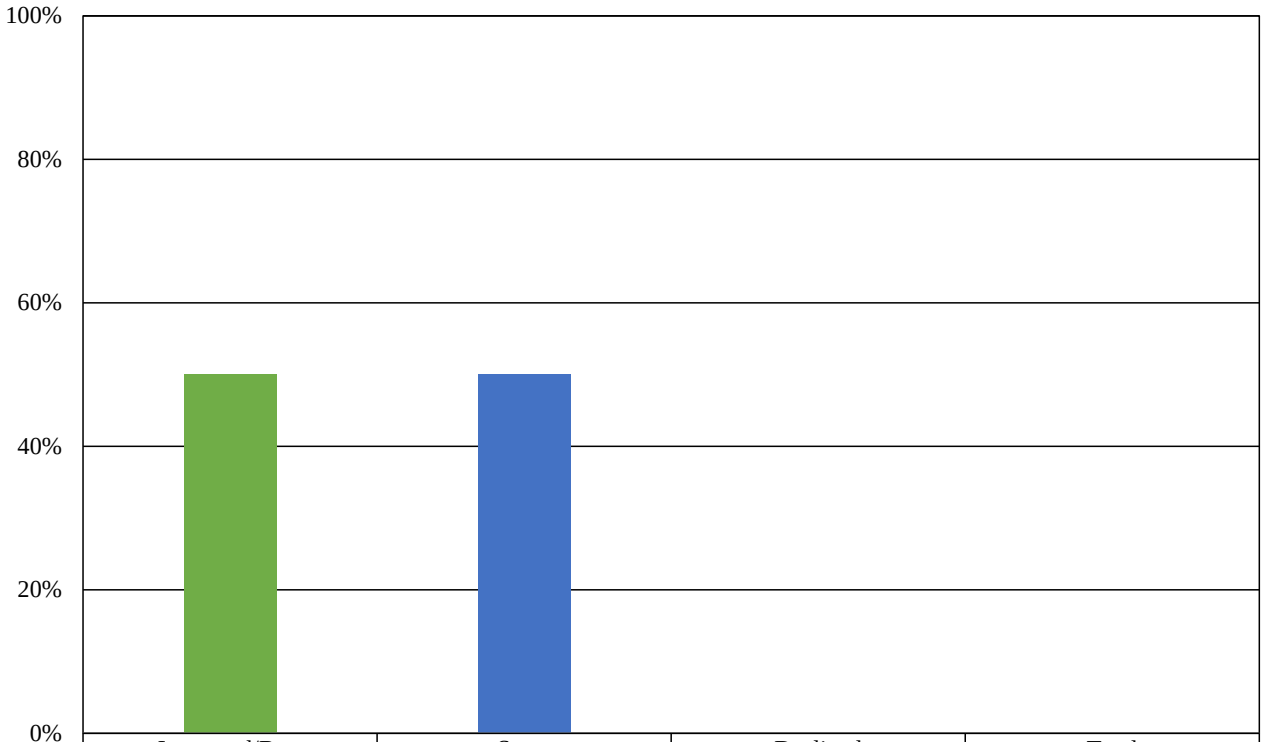
Figure 31
PEI Early Intervention PCIT
Parent Stress Index: Total Score Pre/Post Outcome
FY 2019/20



	Improved/Best	Same	Declined	Total
# Participants	9	-	2	11
% Participants	81.8%	0.0%	18.2%	100.0%

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 2019/20. There were ten (10) children that had both pre and post test scores. Five (5) of the children (50%) showed improved/best scores pre and post and five (5) stayed the same (50%).

Figure 32
PEI Early Intervention PCIT
Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome
FY 2019/20



	Improved/Best	Same	Declined	Total
# Participants	5	5	-	10
% Participants	50.0%	50.0%	0.0%	100.0%

C. Outreach Category

3. Outreach Program

Outreach activities are offered throughout the county. Outreach to adults and older adults occurs at the adult wellness center (Harmony House); through community events, such as health fairs; and at assisted living facilities, churches, and other venues. Outreach to children and youth occurs at the TAY wellness center; schools; and community events. Outreach includes educational materials and informational meetings.

Both of the GCBH 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. The outreach program includes many of the activities of Case Managers, TAY Peer Mentors, and Harmony House Adult Coaches. Staff provide outreach to the community; have events to inform individuals of signs and symptoms of mental health and suicide; and provide linkages to mental health services. This strategy provides ongoing opportunities to reach out into the community and provide information regarding access and linkage to services.

There are also a number of different community events throughout the year where TAY Peer Mentors and/or Harmony House Adult Coaches set up tables to hand out information on mental health, suicide, stigma, substance use treatment, and community resources.

At the middle-school level, the TAY Center runs an outreach program which consists of physically presenting at fixed locations and scheduled times on middle and high school campuses, using on-campus activities to build connections with youth. This strategy builds healthy relationships between Peer Mentors; and it educates students about mental health, related symptoms, associated stigma, signs of suicide, and local and national resources. This strategy also links youth to the TAY Center and/or the MH clinic should a referral or crisis service be needed (along with associated parent/guardian consent procedures). At the high school level, this service is provided through presentations and guided discussions in the classroom setting. GCBH hopes to expand this program to the highest needs schools throughout the county.

One of the widest-reaching outreach practices is through the GCBH social media platforms, providing outreach, stigma reduction, and educating the community about accessing mental health services.

In response to Covid-19, GCBH has increased its partnership with the local SARB (School Attendance Review Board) Coordinator and ILP (Independent Living Program) Specialist to support increased outreach efforts. The Peer Mentors work closely with youth to provide outreach and link youth to the TAY Center.

In addition, the TAY Center hosts a free Haunted House for the community each year to increase healthy and free activity choices for youth and families. This activity also educates the community about the TAY Center and other county mental health resources.

Figure 33 shows the variety of TAY Peer Mentor school outreach activities offered in FY 2019/20. There were 9 different events with an estimated 250 persons contacted through these outreach activities.

Figure 33
PEI TAY Center Outreach Activities
TAY Peer Mentor School Outreach
FY 2019/20

	Number of Outreach Activities/ Events	**Number of Outreach Contacts**
School Outreach/Tabling	7	210
TAY Yard Sale	1	25
TAY Decades Dance	1	15
Total TAY Outreach (All Activities)	**9**	**250**

Figure 34 shows the variety of PEI Harmony House Coach's Outreach activities offered in FY 2019/20. There were 173 different events with an estimated 22,754 persons contacted through these outreach activities. During the spring of 2020, the majority of the contacts were online contacts via social media, due to Covid-19.

Figure 34
PEI Harmony House Outreach Activities
Harmony House Coach's Outreach
FY 2019/20

	Number of Outreach Activities/ Events	Number of Outreach Contacts
In Person Outreach:		
Multi-Cultural Event	1	50
Social Media Outreach:		
30 days of Yoga Post	1	42
Addicted to Being Bight 2 Minute Video	1	55
Announcement	6	260
Brene Brown Negativity Video	1	75
CalFresh Flyer	1	44
Challenge Activity	13	4740
CISA.gov post	1	29
Coaches Chit Chat	10	21
Community Action Food Drive	1	557
COVID Resources Facebook Post	15	1038
Daily Affirmation	49	4845
Dr. Garrison Update	1	73
Each Mind Matters	7	967
Facebook Live Check-In	14	2312
Food Distribution announcement	2	63
GCBH Video on Community Support	1	47
GCMH Zoom Invite	1	485
Gratitude Video	1	36
Great Realization Post	1	48
June is PTSD month	1	81
Leading Change 2 Minute Video	1	42
Lime Green Profile Picture Frame Post	1	7
Link to Brene Brown Facebook Page	1	49
Meditation	5	235
Meme	3	250
Mental Health Awareness Post	2	80

Figure 34 (continued)
PEI Harmony House Outreach Activities
Harmony House Coach's Outreach
FY 2019/20

	Number of Outreach Activities/ Events	Number of Outreach Contacts
Mental Health Matters Post	1	54
Mental Health Recovery.com Post	1	57
Neighbor Check-In	1	34
NY Times Link	1	0
Outreach Questionnaire	1	82
Public Library Requirements	1	90
Public Notice of Budget Change	1	83
Sacramento Refuge Butterfly Class	2	65
Sacramento Wildlife Refuge Information	1	723
Self-Care	2	482
Spreading Encouragement in the Community	1	1214
Ted Talk	6	350
Updated Cover Photo	3	835
VA Information	1	53
Welcome Line Flyer	3	581
Why the COVID Triggering Mental Health Issues	1	1294
WIC Poster from HHSA	1	70
WRAP Post and Link	2	78
Zooming Bunch Video	1	78
Total Harmony House Outreach (All Activities)	**173**	**22,754**

D. Suicide Prevention Category

4. Suicide Prevention Services

Over the past 3 years, one of Glenn County's high schools experienced three (3) suicides. In response to these tragedies, the TAY Center, with support the MHSA Coordinator, hosted a Suicide Roundtable in October 2019 to bring the county schools together and encourage secondary trauma support. This meeting initiated a county-wide suicide prevention work group. This ongoing Suicide Prevention Work Group (SPWG) is a community-level, multi-system work group comprised of community members who work together to prevent suicide in Glenn County. This group also aims to educate participants about mental health and suicide, as well as reduce the stigma around mental health issues, in a safe and informed way. The SPWG focuses on various systems, including, but not limited to, K-12 school settings; law enforcement settings;

primary care; behavioral health; Spanish speakers; adult community; data sharing; etc. This group meets on a monthly basis in order to continue collaboration and support its mission of "Zero Stigma, Zero Suicide." This year, SPWG joined the Glenn County Alliance for Prevention (GCAP) to broaden its outreach and collaborative partners. The GCAP is a standing committee of community members who work together to support a safe, healthy and substance-free community for all. GCAP subcommittees focus on marijuana/tobacco, opioids, and suicide prevention.

A wide range of wellness and healthy living support services are available at the TAY Center to support individuals to promote wellness and recovery. The staff at the TAY Center help individuals learn skills to manage their symptoms and preventing crisis behaviors, including suicidal behavior. Other healthy support services include nutrition and cooking classes; yoga, exercise, and fitness; creative expression; gender-specific groups; healthy relationships; and meditation.

Due to Covid-19, the "Bathroom Stall Campaign" was placed on hold, giving GCBH the opportunity to revise the campaign. Instead of distributing physical brochures to be picked up by individuals, GCBH will post information with QR codes that link to national and local mental health resources. Scanning a QR code is safe, sanitary, and more accessible. This update requires additional planning and implementation prior to the release date; as a result, GCBH aims to begin a soft release in May 2021. GCBH has released several QR codes to measure its use across the county. The data collected will help to inform full implementation of the project.

A second project that involved the county Medical Director and outreach activities into the health community had an initial implementation date of May 2020. Due to the circumstances resulting from the recent Covid-19 crisis, the project was delayed until November 2020. GCBH partnered with the county Medical Director to provide outreach, training, and resources to all the local medical facilities in Glenn County. The implementation of this project is 95% completed. GCBH continues to reach out to Primary Care facilities monthly to track implementation of resources and to determine if any support is needed.

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.

Due to the pandemic, GCBH did not offer in-person safeTALK 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. When Covid-19 restrictions change, GCBH will begin delivering these trainings to the community again.

Figure 35 shows the attendance data for the PEI Suicide Prevention SafeTALK trainings offered in FY 2019/20. In FY 2019/20, there were three (3) groups, with an attendance of 43. This shows there were 17 persons at one training, six (6) persons at the second training, and 20 at the third training.

Figure 35
PEI Suicide Prevention SafeTALK Trainings
Number of Attendance per Training
FY 2019/20

Training	Number of Attendees
SafeTALK 7/25/2019	17
SafeTALK 8/7/2019	6
SafeTALK 9/19/2019	20
Total Attendance (All Trainings)	**43**

Figure 36 shows the FY 2019/20 data for the SafeTALK trainings, by age. Of the 43 attendees, 35 were Adults ages 26-59 (81.4%) and eight (8) (18.6%) were all Other ages.

Note: The Age categories of Children/Youth (0-15), TAY (16-25) and Older Adults (60+) have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 36
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Age
FY 2019/20

	# Clients	% Clients
Adults (26-59)	35	81.4%
Other	8	18.6%
Total	**43**	**100.0%**

Figure 37 shows the FY 2019/20 data for the SafeTALK trainings, by Gender at birth. Of the 43 attendees, 12 (27.9%) were male and 31 (72.1%) were female.

Figure 37
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Gender at Birth
FY 2019/20

	# Clients	% Clients
Male	12	27.9%
Female	31	72.1%
Total	**43**	**100.0%**

Figure 38 shows the FY 2019/20 data for the SafeTALK trainings, by Current Gender Identity. Of the 43 attendees, 11 were male, 31 were female, and one (1) preferred not to answer.

Figure 38
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Current Gender Identity
FY 2019/20

	# Clients	% Clients
Male	11	25.6%
Female	31	72.1%
Prefer not to answer	1	2.3%
Total	**43**	**100.0%**

Of the 43 SafeTALK trainings attendees, 42 spoke English (97.7%) and one (1) did not report language (2.3%) (see Figure 39).

Figure 39
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Language
FY 2019/20

	# Clients	% Clients
English	42	97.7%
Unknown	1	2.3%
Total	**43**	**100.0%**

Figure 40 shows the FY 2019/20 data for the SafeTALK trainings, by Race/Ethnicity. Of the 43 attendees, 31 were White (72.1%) and 11 were Other race/ethnicities (25.6%). There was one (1) person who preferred not to answer (2.3%).

Note: The Race/Ethnicity categories of Hispanic, Black, American Indian or Alaskan Native, Asian, and Native Hawaiian or Other Pacific Islander have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 40
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Race/Ethnicity
FY 2019/20

	# Clients	% Clients
White	31	72.1%
Other	11	25.6%
Prefer not to answer	1	2.3%
Total	**43**	**100.0%**

Of the 43 attendees who participated in the FY 2019/20 trainings, 39 responded that they are Heterosexual/Straight (90.7%), three (3) were Another sexual orientation, and one (1) preferred not to answer (see Figure 41).

Note: The Sexual Orientation categories of Gay, Lesbian, Bisexual, Questioning, and Queer have been combined into Another Sexual orientation to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 41
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Sexual Orientation
FY 2019/20

	# Clients	% Clients
Heterosexual/ Straight	39	90.7%
Another sexual orientation	3	7.0%
Prefer not to answer	1	2.3%
Total	**43**	**100.0%**

Figure 42 shows the in FY 2019/20 data for the SafeTALK trainings, by military status. Of the 43 attendees, eight (8) reported Military Involvement (18.6%), 32 responded that they have No Military involvement (74.4%), and one (1) was Unknown (2.3%).

Note: The Military Status categories of Served, Veteran, Active Military and Family of Military have been combined into Military Involvement to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 42
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Military Status
FY 2019/20

	# Clients	% Clients
Military Involvement	8	18.6%
No Military	32	74.4%
Prefer not to answer	2	4.7%
Unknown	1	2.3%
Total	**43**	**100.0%**

Figure 43 shows the attendance data for the SafeTALK trainings offered in FY 2019/20. The 43 attendees were asked to describe their role in the community. Two (2) were a Mental Health Professional (4.7%); three (3) were a Case Manager (7.0%), one (1) was a consumer/ community member (2.3%), and 21 were Unknown (48.8%).

Figure 43
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Role in the Community
FY 2019/20
(Note: clients may choose multiple responses.)

	# Clients	% Clients
Mental Health Professional	2	4.7%
Substance Use Services Provider	-	-
Health Care Provider	-	-
Case Manager	3	7.0%
Nurse	-	-
Educator	6	14.0%
Law Enforcement	5	11.6%
CWS Social Worker	2	4.7%
Consumer/ Community Member	1	2.3%
Parent	1	2.3%
Other	3	7.0%
Prefer not to answer	-	-
Unknown	21	48.8%
Total	**43**	**100.0%**

Figure 44 shows the data SafeTALK trainings offered in FY 2019/20. The 43 attendees were asked to describe where they would primarily use the information (each person could check more than one location). Eight (8) individuals reported Home (18.6%); nine (9) reported School (20.9%); three (3) reported At Behavioral Health (7.0%); four (4) reported Child Welfare (9.3%); one (1) reported Faith-Based Organization (2.3%); one (1) reported Shelter (2.3%); one (1) reported Support Group (2.3%); five (5) reported Law Enforcement; one (1) reported Family Resource Center (2.3%); four reported Other (9.3%); and 21 were Unknown (48.8%).

Figure 44
PEI Suicide Prevention SafeTALK Trainings
Number and Percent of Clients, by Where will you primarily use this information?
FY 2019/20
(Note: clients may choose multiple responses.)

	# Clients	% Clients
Home	8	18.6%
School	9	20.9%
Behavioral Health	3	7.0%
Primary Health Care	-	-
Child Welfare	4	9.3%
Cultural Organization	-	-
Faith-Based Organization	1	2.3%
Senior Center	-	-
Shelter	1	2.3%
Support Group	1	2.3%
Law Enforcement	5	11.6%
Family Resource Center	1	2.3%
Other	4	9.3%
Prefer not to answer	-	-
Unknown	21	48.8%
Total	**43**	**100.0%**

Figure 45 shows the survey data for the FY 2019/20 SafeTALK trainings. The 43 attendees were asked to complete the SafeTALK Survey and respond to each item before and after the training. There were 43 people who completed the pre-survey, and 39 who completed the post survey. The survey results show an increase in the skills in how to respond to a suicide at the end of the training. Prior to the training, 74.4% of respondents reported that they would ask a person directly if they were thinking about suicide if the person's words and/or behaviors suggest the possibility of suicide. After the training, 100% reported they would ask directly. There were 97.7% of respondents that reported if someone told them that they were thinking of suicide, they would connect the person at risk to a person trained to do suicide intervention. After the training, 100% reported they would be able to connect the person at risk to an individual trained in suicide intervention. There were 58.1% of respondents that reported that they felt prepared to help a person at risk of suicide be connected to support. After the training, 94.9% reported they felt prepared. Similarly, there were 48.8% of respondents that reported that they felt confident that they could help a person at risk of suicide. At the end of training, 94.7% reported they felt confident in helping a person.

Figure 45
PEI Suicide Prevention SafeTALK Trainings
SafeTALK Survey Results
Percent Agreement Before versus After Training
FY 2019/20

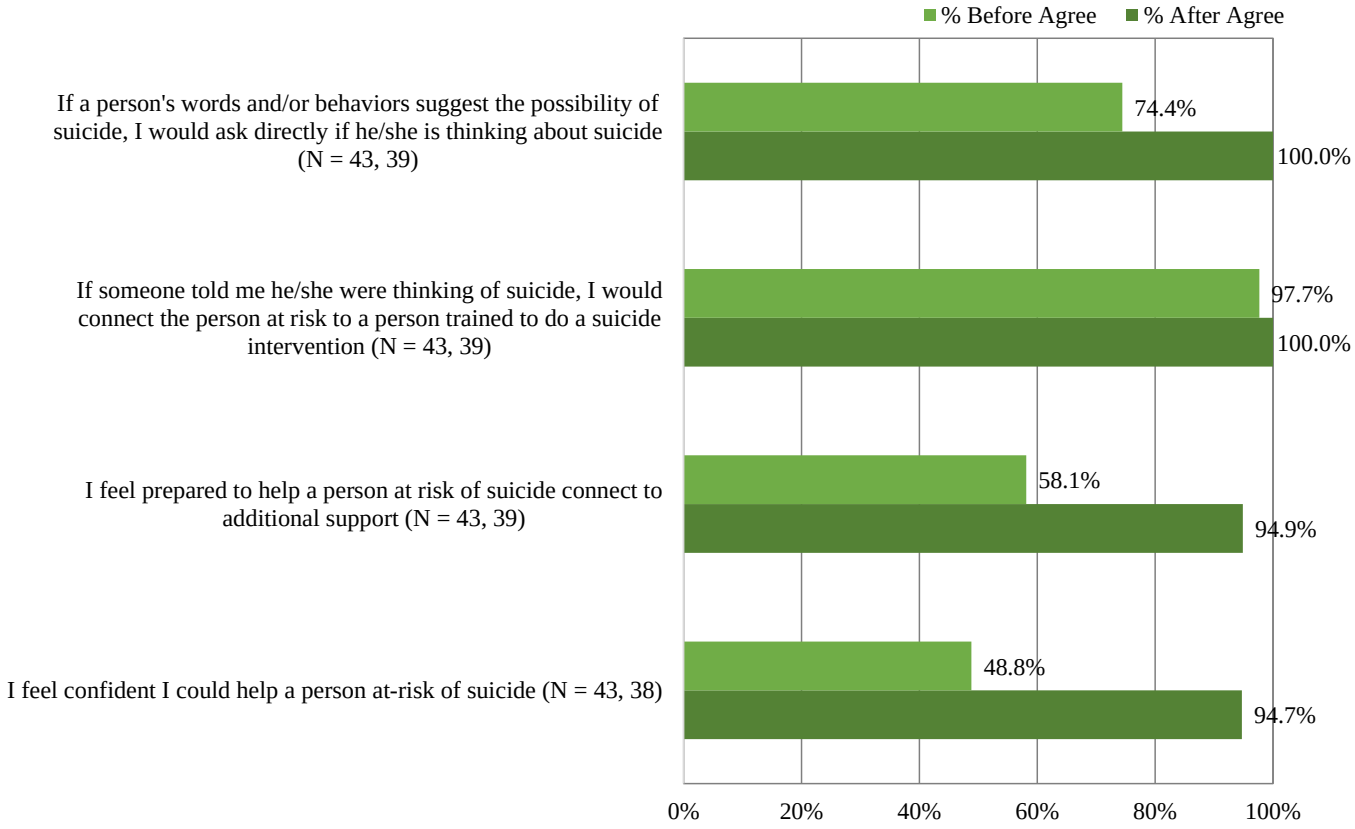


Figure 46 shows the variety of TAY PEI Suicide Prevention Group outreach services offered in FY 2019/20. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 159 different groups held, with 32 different group topics groups, as well as a miscellaneous category for the other one-time groups. These groups provided an excellent forum for engaging youth in positive, suicide prevention activities.

Figure 46
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Acting Group	# Groups	**1**
	Attendance	**1**
	Avg. Attendance/Group	**1.0**
Art Group	# Groups	**2**
	Attendance	**10**
	Avg. Attendance/Group	**5.0**
Baking Group	# Groups	**2**
	Attendance	**9**
	Avg. Attendance/Group	**4.5**
Carlos' Corner	# Groups	**4**
	Attendance	**16**
	Avg. Attendance/Group	**4.0**
Casino Night	# Groups	**1**
	Attendance	**8**
	Avg. Attendance/Group	**8.0**
Christmas Cookie Craft	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Community Service	# Groups	**4**
	Attendance	**15**
	Avg. Attendance/Group	**3.8**
Cooking Group	# Groups	**5**
	Attendance	**21**
	Avg. Attendance/Group	**4.2**

Figure 46 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Craft Group	# Groups	**8**
	Attendance	**32**
	Avg. Attendance/Group	**4.0**
Cultural Competency Group	# Groups	**2**
	Attendance	**10**
	Avg. Attendance/Group	**5.0**
Drop-in Day	# Groups	**30**
	Attendance	**106**
	Avg. Attendance/Group	**3.5**
Exploratory Group	# Groups	**5**
	Attendance	**36**
	Avg. Attendance/Group	**7.2**
Focus Group	# Groups	**10**
	Attendance	**45**
	Avg. Attendance/Group	**4.5**
Gal's Night	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**
Game Night	# Groups	**12**
	Attendance	**49**
	Avg. Attendance/Group	**4.1**
Guy's Night	# Groups	**8**
	Attendance	**25**
	Avg. Attendance/Group	**3.1**
Haunted House Prep	# Groups	**2**
	Attendance	**18**
	Avg. Attendance/Group	**9.0**

Figure 46 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Healthy Relationships	# Groups	**3**
	Attendance	**13**
	Avg. Attendance/Group	**4.3**
Jam Sesh	# Groups	**5**
	Attendance	**26**
	Avg. Attendance/Group	**5.2**
Leo and Francisco's Corner	# Groups	**2**
	Attendance	**5**
	Avg. Attendance/Group	**2.5**
Life Skills Group	# Groups	**5**
	Attendance	**26**
	Avg. Attendance/Group	**5.2**
Movie Night	# Groups	**8**
	Attendance	**30**
	Avg. Attendance/Group	**3.8**
Poetry Group	# Groups	**5**
	Attendance	**27**
	Avg. Attendance/Group	**5.4**
Pool Group	# Groups	**4**
	Attendance	**15**
	Avg. Attendance/Group	**3.8**
Process Group	# Groups	**10**
	Attendance	**45**
	Avg. Attendance/Group	**4.5**
Recreation Day	# Groups	**10**
	Attendance	**70**
	Avg. Attendance/Group	**7.0**

Figure 46 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

TAY Decades Dance	# Groups	**1**
	Attendance	**17**
	Avg. Attendance/Group	**17.0**
TAY Free Yard Sale	# Groups	**1**
	Attendance	**17**
	Avg. Attendance/Group	**17.0**
TAY Zoom Group #2	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Thanksgiving Dinner	# Groups	**1**
	Attendance	**8**
	Avg. Attendance/Group	**8.0**
Trivia Night	# Groups	**4**
	Attendance	**23**
	Avg. Attendance/Group	**5.8**
Young Ladies Night	# Groups	**1**
	Attendance	**5**
	Avg. Attendance/Group	**5.0**
Total Groups		**159**

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

Figure 47 shows the variety of PEI outreach activities for Increasing Recognition of Early Signs of Mental Illness and Stigma and Discrimination Reduction Services offered in FY 2019/20 through Harmony House groups. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 251 different groups held, with 32 different group topics groups, as well as a miscellaneous category for the other one-time groups. These groups provided an excellent forum for engaging individuals in positive activities.

Figure 47
Harmony House Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Anger Management	# Groups	**7**
	Attendance	**40**
	Avg. Attendance/Group	**5.7**
Art Group	# Groups	**6**
	Attendance	**33**
	Avg. Attendance/Group	**5.5**
Breakfast Club	# Groups	**7**
	Attendance	**33**
	Avg. Attendance/Group	**4.7**
Chat Day	# Groups	**1**
	Attendance	**6**
	Avg. Attendance/Group	**6.0**
Chinese New Year	# Groups	**1**
	Attendance	**8**
	Avg. Attendance/Group	**8.0**
Codependency	# Groups	**8**
	Attendance	**55**
	Avg. Attendance/Group	**6.9**
Coffee Talk	# Groups	**6**
	Attendance	**32**
	Avg. Attendance/Group	**5.3**
Consumer Voice	# Groups	**5**
	Attendance	**29**
	Avg. Attendance/Group	**5.8**
Co-Occurring Disorders	# Groups	**14**
	Attendance	**65**
	Avg. Attendance/Group	**4.6**

Figure 47 (Continued)
Harmony House Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Cooking Group	# Groups	**26**
	Attendance	**251**
	Avg. Attendance/Group	**9.7**
Creative Expression	# Groups	**3**
	Attendance	**16**
	Avg. Attendance/Group	**5.3**
Daring Greatly	# Groups	**13**
	Attendance	**80**
	Avg. Attendance/Group	**6.2**
Fun Day	# Groups	**17**
	Attendance	**96**
	Avg. Attendance/Group	**5.6**
Grief and Loss	# Groups	**13**
	Attendance	**59**
	Avg. Attendance/Group	**4.5**
Harmony Harvest	# Groups	**4**
	Attendance	**22**
	Avg. Attendance/Group	**5.5**
Harmony House Rocks	# Groups	**12**
	Attendance	**47**
	Avg. Attendance/Group	**3.9**
Honored Elders	# Groups	**12**
	Attendance	**73**
	Avg. Attendance/Group	**6.1**
Meditation	# Groups	**16**
	Attendance	**55**
	Avg. Attendance/Group	**3.4**
Men's and Women's Group	# Groups	**3**
	Attendance	**32**
	Avg. Attendance/Group	**10.7**
Men's Group	# Groups	**21**
	Attendance	**82**
	Avg. Attendance/Group	**3.9**
Movie Group	# Groups	**1**
	Attendance	**4**
	Avg. Attendance/Group	**4.0**

Figure 47 (Continued)
Harmony House Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2019/20

Poetry	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Pursuit of Happiness	# Groups	**5**
	Attendance	**32**
	Avg. Attendance/Group	**6.4**
Sanamente	# Groups	**9**
	Attendance	**11**
	Avg. Attendance/Group	**1.2**
Self-Esteem	# Groups	**1**
	Attendance	**8**
	Avg. Attendance/Group	**8.0**
Speak Up	# Groups	**2**
	Attendance	**11**
	Avg. Attendance/Group	**5.5**
Splash Day Event	# Groups	**1**
	Attendance	**13**
	Avg. Attendance/Group	**13.0**
Strength Finder	# Groups	**8**
	Attendance	**35**
	Avg. Attendance/Group	**4.4**
Summer Blast	# Groups	**1**
	Attendance	**18**
	Avg. Attendance/Group	**18.0**
Thanksgiving Potluck	# Groups	**1**
	Attendance	**25**
	Avg. Attendance/Group	**25.0**
Walking Group	# Groups	**1**
	Attendance	**3**
	Avg. Attendance/Group	**3.0**
Women's Group	# Groups	**25**
	Attendance	**151**
	Avg. Attendance/Group	**6.0**
Total # of Groups		**251**

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

The Harmony House Adult Coaches also offer age-specific WRAP training groups with different groups focused on adults and older adults. Several adult coaches are knowledgeable of this evidence-based curriculum and support others to develop a personal WRAP. 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 Harmony House. To ensure a recovery focus and to support consumer voice, four (4) paid part-time Adult Coaches help deliver appropriate services and navigate the mental health system. 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 Harmony House 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. 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.

The Harmony House Adult Coaches offered nine (9) different WRAP groups, with 46 individuals attending (see Figure 48). This calculates into an average of 5.1 individuals attending each group. This supports adult and older adult clients to create a wellness plan and develop the skills needed to utilize this individualized document to help support their wellness and recovery.

Figure 48
PEI Suicide Prevention Harmony House WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2019/20

Harmony House WRAP	# Groups	9
	Attendance	46
	Avg. Attendance/Group	5.1

E. Stigma Reduction Category

5. Stigma Reduction Activities

GCBH utilizes 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 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 outcomes of other PEI programs. GCBH 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.

Due to Covid-19, all of the stigma reduction activities were done through social media to honor Mental Health Matters. TAY and Harmony House accessed the "Each Mind Matters" tool kit and created social media posts and Facebook Live events to promote the "Each Mind Matters: Express Yourself" theme.

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. Last year, TAY and Harmony House supported this annual event through social media activities and posts by using Each Mind Matters resources on Black, Indigenous, People of Color (BIPOC).

The TAY Center and Harmony House also supported the Glenn County SPEAKS (**S**afety **P**revention **E**ducation/**E**nvironment **A**wareness **K**nowledge **S**tigma) event on World Suicide Prevention Day, September 11, 2020. Over 300 community members attended. This event included 15 resource tables with information and handouts; a law enforcement K-9 unit; bounce house; speakers (family member and personal story of recovery); free raffle; and a cake walk. The event challenged mental health stigma and helped educate the community regarding how to identify signs of depression and/or suicide.

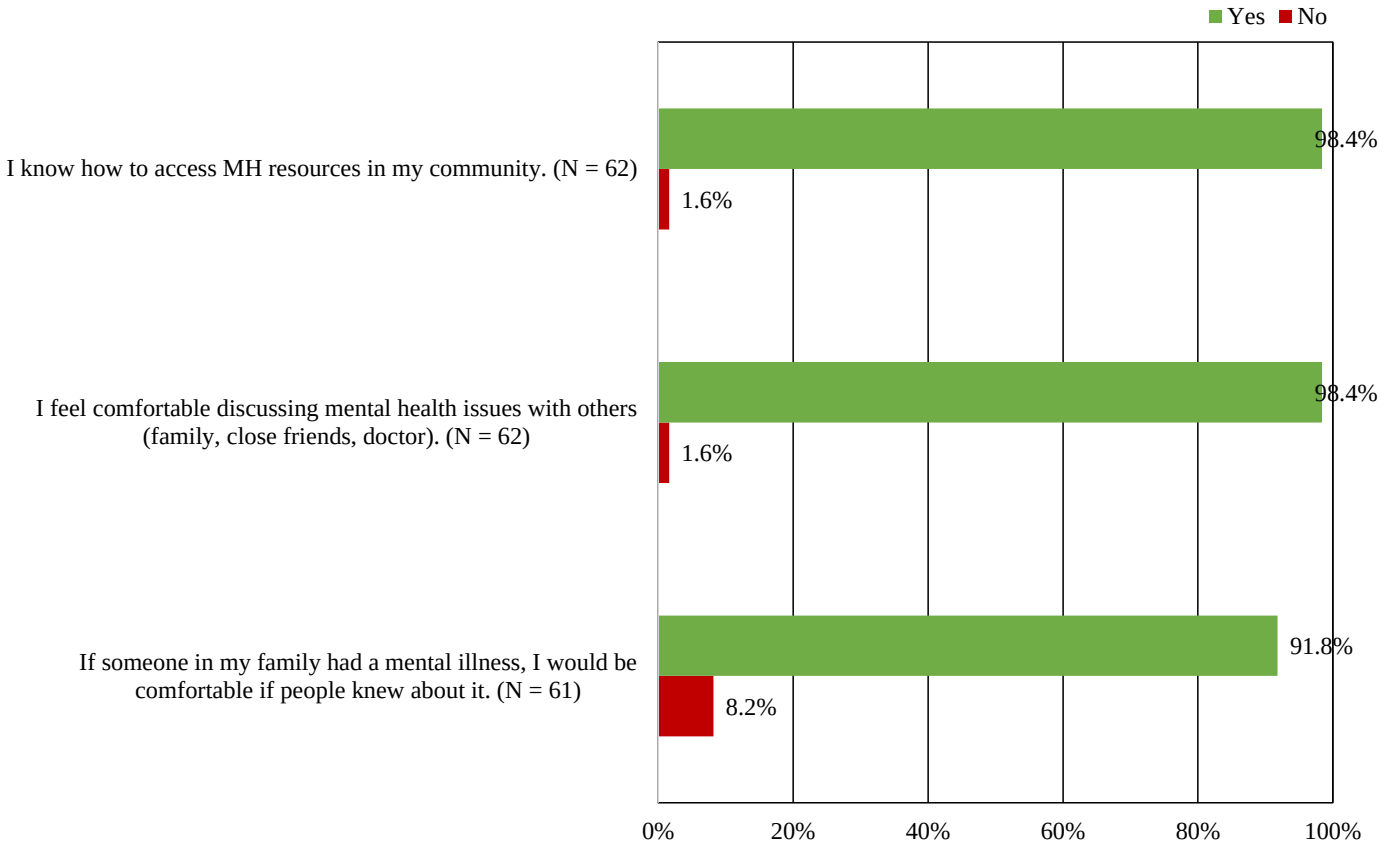
Figure 49 shows the PEI Stigma Reduction Outreach Activities for FY 2019/20. There were three (3) different events with an estimated 217 persons who participated in these outreach activities and events.

Figure 49
PEI Stigma Reduction
Stigma Reduction Outreach Activities
FY 2019/20

	Number of Activities/ Events	**Number of Contacts**
Recovery Happens	1	63
SPEAKS	2	154
Total	**3**	**217**

Figure 50 shows the SPEAKS Survey, which was completed by participants who attended the SPEAKS events in FY 2019/20. There were 62 participants that completed the SPEAKS Survey (out of 63 who attended). (Note: One person who completed the survey did not answer the third question, so data is reported for 61 people on that question.) This survey demonstrates knowledge of how to access mental health resources (98.4%); comfort level of discussing mental health issues with others (98.4%); and comfort level with knowing that people know the participant had a family member with a mental illness (91.8%).

Figure 50
PEI Stigma Reduction
SPEAKS Survey
FY 2019/20



Other Sigma Reduction activities in the past year included the Glenn County Board of Supervisors proclaiming support of the National Children's Mental Health Awareness Day on May 1, 2018. 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 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. GCBH also plans to submit an application to the Board of Supervisors to make a proclamation to support National Suicide Prevention Awareness Week. These county 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 was "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. Access and Linkage Category

6. Access and Linkage

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 provide outreach to transition age youth and provide extra support to youth over phone. Existing youth clients are referred from crisis and youth mental health programs to ensure connection to services before, during, and after treatment.

By offering immediate interactions and supportive responses to callers, GCBH is able to provide the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms. Through this project, staff have also identified a number of people who

need some extra support. Staff call these high-risk individuals on a regular schedule to provide consistent support. The TAY Peer mentors also partner with families to help youth access TAY Services.

In the coming year, GCBH will offer more training opportunities to client volunteers, which will allow them to participate in answering the Welcome Line.

Figure 51 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2018/20. There were 627 calls into the Welcoming Line and 691 calls to reach 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 51
PEI Access and Linkage
Calls into the Welcoming Line and Check-in Calls to Existing Clients
FY 2019/20

	# Calls into Welcoming Line	# Calls out for Outreach	Total Calls
Harmony House	627	89	716
TAY Center	-	602	602
Total	627	691	1,318

PEI Program Challenges and Mitigation Efforts

Covid-19 restrictions created the need to adapt and deliver PEI services more creatively. Many of the GCBH programs and campaigns were conducted through Zoom, socially-distanced meetings, and social media.

Significant PEI Program Changes in Next Fiscal Year

After analyzing the input and data gathered through the Community Planning Process, GCBH and stakeholders decided to hire a another Case Manager to expand and support a number of different activities, including the stigma reducation and suicide prevention programs. GCBH will be developing stigma reduction packets for schools and adults in the community; these packets will include information about the Knowing the Signs and Bathroom Stall Campaigns. GCBH will also participate in Each Mind Matters suicide prevention collaboration efforts. The new PEI Case Manager will be supporting the Suicide Prevention Coalition, developing community campagins that focus on stigma reduction and suicide prevention, as well as supporting the Fatality Review Team.

INNOVATION

INN Program Description and Outcomes

Glenn County's current five-year Innovation Plan, the Crisis Response and Community Connections (CRCC) program, utilizes a multi-disciplinary team approach to collaboratively identify individuals who have a mental illness and are in crisis, providing a coordinated system of immediate response, as quickly as possible, and providing linkage to ongoing services through GCBH. The CRCC Team is comprised of behavioral health clinicians, with a specialization of working with persons with a dual-diagnosis (mental health and substance use disorder); case managers, with a preference for hiring persons with lived experience, or family members with relatives with mental health problems; and a part-time Sheriff's Deputy who will be available to accompany the CRCC Team in the community to respond to crisis situations. The CRCC Team is stationed in both Willows and Orland, and responds to crisis situations county-wide.

Individuals are supported by the CRCC Team until the immediate issue is resolved, the individual is linked to ongoing services, and, when appropriate, a family support network is in place. When a person has been hospitalized, the CRCC Team provides ongoing support services to the person to help them transition back into the community. Similarly, persons who are being released from jail are linked to services to help prevent future crises. This ongoing CRCC support may last several weeks to ensure the person is linked to psychiatric medications, and other ongoing services, as needed. Providing individualized, culturally competent services to individuals experiencing a crisis help them to reduce their mental health and substance use disorder symptoms and increase their utilization of community services and resources. System-wide outcomes of the provision of CRCC service include a reduced number of crisis calls, reduced hospitalizations, and fewer instances of entry/recidivism to jail.

The CRCC program promotes interagency and community collaboration related to mental health and substance use treatment services, supports, and outcomes. The CRCC program enhances collaborative processes across several agencies, including Behavioral Health, the Sheriff's Office, CWS, Probation, and local emergency department and hospital staff in order to improve the continuity of care for persons in crisis and/or utilizing intensive services.

CRCC program services are evaluated to assess the timeliness of services, duration of services, outcomes over time, and community connections. Individuals who have received CRCC services are surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, and quality of services are also measured. Data on timely response to crisis events, linkages to services, service utilization, and client outcomes are reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

In the past year, the CRCC Innovation project has found its stride. Many of the initial staffing and procedural struggles that occurred during the first year were resolved and the CRCC Team stabilized with two (2) dedicated Case Managers and an ASW Clinician. The Case Managers manage the majority of crisis cases that occur during the day, as well as provide intensive targeted case management for after-hours crisis services and inpatient discharges. The Case

Managers provide linkage to Behavioral Health and community resources and help guide residents who have presented in crisis to stabilizing, longer-term assistance. The ASW Clinician provides expedited assessments for new clients who were initially seen in crisis, as well as brief and longer therapy.

This year, the CRCC Team has solidified and expanded relationships with other local agencies, such as law enforcement; Child Welfare Services; Adult Protective Services; Community Action; and the local hospital emergency department, forming a dynamic team that takes all aspects of a person's well-being into consideration. In addition, discharge planning has improved considerably by having a small, dedicated team that has broadened relationships with contracted inpatient facilities, easing the transition of clients returning from inpatient hospitalization back into the community.

To improve services to Glenn County's Spanish speaking population, the CRCC Team has partnered with the GCBH Ethnic Services Committee to ensure that monolingual Spanish-speaking individuals and their families are provided the same level of immediate care. This partnership has proven very beneficial in providing equitable and timely services.

Even during the Covid-19 pandemic, GCBH has provided more mobile welfare checks, which pair part-time Sheriff Sergeant and the CRCC Team. This strategy has helped to provide earlier interventions, has reduced the need for inpatient placement, as well as also reducing the need for more extensive law enforcement involvement.

Another area of improvement is the reduction in recidivism of youth clients returning to inpatient treatment after initial contact and placement. The CRCC Team has helped to expedite connections to outpatient services and supported families to help manage symptoms post-hospitalization.

Annual INN Evaluation Report

The CRCC INN project was approved in FY 2018/19. GCBH began implementing the project in October 2019. Staffing shortages and changes have slowed implementation of this project. As a result, GCBH served a small number of people in FY 2019/20. Issues around staffing were resolve in early 2020; however, the Covid-19 restrictions that began in March 2020 severely limited the ability to continue implementing the program in FY 2020/21. As those restrictions are lifted in 2021, this project will continue to expand and meet the needs of the community.

- INN Data

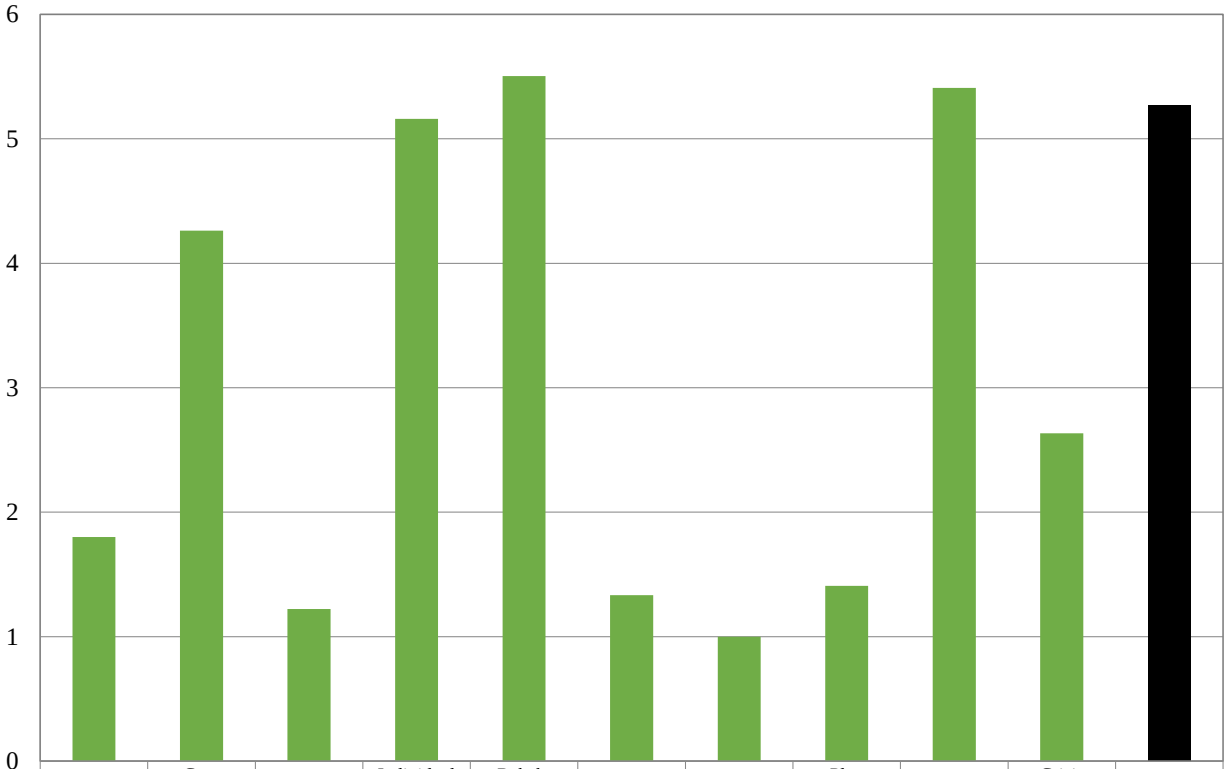
Figure 52 shows the total CRCC hours of service for FY 2019/20 by type of service, the number of clients receiving each service, and the average hours per client by type of service. Please note that a client may receive more than one type of service in the year.

Across all CRCC services, the 267 clients served in FY 2019/20 received a total of 1,406 hours of service. This data averages to 5.3 hours per client. For Crisis Intervention, 128 clients

received crisis intervention services. The total number of crisis intervention hours was 337. This data calculates into each client receiving 2.6 hours of crisis intervention services.

Reflecting the goals of the CRCC project, clients received more supportive and therapeutic services than crisis intervention services. For Case Management, 138 clients received case management services. The total number of case management hours was 588. This data calculates into each client receiving 4.3 hours of case management services. Individual and Group Therapy services calculates into 5.2 and 5.4 hours per client respectively; and Individual Rehabilitation services calculates into 5.5 hours per client. These key CRCC services help clients through crisis situations and support them in avoiding future crisis episodes.

Figure 52
INN CRCC Services
Total Hours, Clients, by Hours per Client, by Service Type
FY 2019/20



	Assessment	Case Management	Collateral	Individual Therapy	Rehab. Individual	ICC	IHBS	Plan Development	Group	Crisis Intervention	Total
# Hours	94	588	7	124	138	5	1	52	60	337	1,406
# Clients	52	138	6	24	25	4	1	37	11	128	267
Avg. Hours per Client	1.8	4.3	1.2	5.2	5.5	1.3	1.0	1.4	5.4	2.6	5.3

Figure 53 shows the number and percent of CRCC clients, by age for FY 2019/20. There were 267 unique individuals served. Of these, there were 52 Children (19.5%); 66 TAY (24 .7%); 138 Adults (51.7%); and 11 Older Adults (4.1%).

Figure 53
INN CRCC Services
Number and Percent of Clients, by Age
FY 2019/20

	FY 2019/20 # Clients	FY 2019/20 % Clients
Children/Youth (0-15)	52	19.5%
TAY (16-25)	66	24.7%
Adults (26-59)	138	51.7%
Older Adults (60+)	11	4.1%
Total	**267**	**100.0%**

Figure 54 shows the number and percent of CRCC clients, by Gender for FY 2019/20. In FY 2019/20, there were 267 unique individuals served. There were 117 males (43.8%) and 150 females (56.2%).

Figure 54
INN CRCC Services
Number and Percent of Clients, by Gender (at Birth)
FY 2019/20

	FY 2019/20 # Clients	FY 2019/20 % Clients
Male	117	43.8%
Female	150	56.2%
Total	**267**	**100.0%**

Figure 55 shows the number and percent of CRCC clients, by Race/ Ethnicity for FY 2019/20. In FY 2019/20, there were 267 unique individuals served. There were 157 persons who were White (58.8%); 82 Hispanic (30.7%); 23 who reported Other; and five (5) who reported Unknown Race/Ethnicity (1.9).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 55
INN CRCC Services
Number and Percent of Clients, by Race/Ethnicity
FY 2019/20

	FY 2019/20 # Clients	**FY 2019/20 % Clients**
White	157	58.8%
Hispanic	82	30.7%
Other	23	8.6%
Unknown	5	1.9%
Total	**267**	**100.0%**

Figure 56 shows the number and percent of CRCC clients, by Language for FY 2019/20. In FY 2019/20, there were 267 unique individuals served. There were 253 (94.8%) persons who reported English as their primary language and 13 (4.9%) who reported Spanish as their primary language. There was one (1) with Unknown language (0.4%).

Figure 56
INN CRCC Services
Number and Percent of Clients, by Language
FY 2019/20

	FY 2019/20 # Clients	FY 2019/20 % Clients
English	253	94.8%
Spanish	13	4.9%
Unknown	1	0.4%
Total	**267**	**100.0%**

Figure 57 shows the number and percent of CRCC clients, by Military Status for FY 2019/20. In FY 2019/20, there were 267 unique individuals served. All 267 individuals reported No Military involvement.

Figure 57
INN CRCC Services
Number and Percent of Clients, by Military Status
FY 2019/20

	FY 2019/20 # Clients	FY 2019/20 % Clients
Military Involvement	-	-
No Military	267	100.0%
Total	**267**	**100.0%**

INN Program Challenges and Mitigation Efforts

As noted above, staffing shortages and changes have slowed implementation of this project. Issues around staffing have been resolved; however, the Covid-19 restrictions severely limited the ability to fully implement to program. As those restrictions are lifted in 2021, this project will continue to expand and meet the needs of the community.

As with most agencies, this year has been difficult due to the Covid-19 pandemic. The CRCC Team navigated many changes in the past 12 months, including closing offices and moving to telehealth; making significant changes in emergency department protocols and procedures; changes in welfare check policies of law enforcement agencies; closings and re-openings of schools; and school personnel management of remote learning students. Despite the difficulties and changes, the CRCC Team has continued to strengthen and improve services to the community with a dedication to expanding community partnerships and refining processes that help manage and connect consumers expeditiously to stabilizing and supportive resources. At this time, GCBH is noticing a reduction in multiple psychiatric hospitalizations; a reduction in the length of psychiatric hospital stays; and a reduction in number of clients placed in psychiatric hospitals involuntarily, as a result of the CRCC Team activities.

An area in which the CRCC Team continues to struggle is implementing ongoing groups to support clients and their families. Telehealth necessitated by the Covid-19 restrictions seemed to impede developing ongoing and supportive groups (WRAP or otherwise). As Covid-19 restrictions ease, GCBH hopes to return to onsite service delivery, allowing people to feel comfortable attending group services and provide additional education, skill building, and connection with clients who have been in crisis. These efforts will further reduce multiple psychiatric hospitalizations; length of stay in the hospital; and the total number of bed days for GCBH clients in psychiatric stabilization facilities.

Significant INN Program Changes in Next Fiscal Year

No significant changes are anticipated for the INN project in the next fiscal year.

WORKFORCE EDUCATION AND TRAINING

In FY 21/22, GCBH will transfer funds from CSS to the Workforce Education and Training (WET) component, to continue staff education and training programs. The WET program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

1. GCBH utilizes WET funds to cover staff education and training programs, 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.

2. GCBH continues to offer stipends to MSW and/or MFT interns who are working at the mental health clinic, to cover travel and other expenses, including required supervision.

    a. Since 2009, GCBH has provided 44 internships for Social Work and Marriage and Family Therapy students from CSU, Chico; National University; San Jose State University; Prescott College; and University of Nevada, Reno.
    b. Mileage is paid for the students to commute from home to the clinics. This financial support is unique in the north state, and are very much appreciated by the students.
    c. GCBH has been able to attract quality students to apply for internships. 54% of the students interns obtained employment upon graduation to serve as Case Managers or Senior Mental Health Counselors.

3. WET funding will continue to provide secondary trauma training for staff, as well as allow staff to attend other training events as needed.

Additional transfers to WET may occur in future MHSA Plans and Annual Updates, as funding allows.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

In FY 21/22, GCBH will transfer funds from CSS to the Capital Facilities (CF) component. These CF funds will be used to make improvements and upgrades to existing MSHA buildings to better meet the needs of MHSA staff and clients.

Additional projects and transfers to CF may occur in future MHSA Plans and Annual Updates, as funding allows.

PRUDENT RESERVE

In FY 2020/21, GCBH will transfer funds from CSS to the Prudent Reserve. Additional transfers to or from the Prudent Reserve may occur in future MHSA Annual Updates, as necessary.

MHSA ANNUAL UPDATE BUDGET DOCUMENTS

See the next pages for the MHSA Annual Update Budget documents.

FY 2021/2022 Mental Health Services Act Annual Update
Funding Summary

County: Glenn Date: 5/5/21

	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
A. Estimated FY 2021/2022 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 2,338,918	$ 626,251	$ 159,935	$ 5,000	$ 1,600	
2. Estimated New FY 2021/2022 Funding	$ 2,838,823	$ 709,706	$ 186,765			
3. Transfer in FY 2021/2022[a/]	$ (189,193)			$ 61,000	$ 10,000	$ 118,193
4. Access Local Prudent Reserve in FY 2021/2022						
5. Estimated Available Funding for FY 2021/2022	$ 4,988,548	$ 1,335,957	$ 346,700	$ 66,000	$ 11,600	
B. Estimated FY 2021/2022 MHSA Expenditures[b/]	$ 3,084,103	$ 709,706	$ 171,516	$ 66,000	$ 11,600	
C. Estimated FY 2021/2022 Unspent Fund Balance	$ 1,904,445	$ 626,251	$ 175,184	$ -	$ -	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	$ 88,510
2. Contributions to the Local Prudent Reserve in FY 2021/2022	$ 118,193
3. Distributions from the Local Prudent Reserve in FY 2021/2022	$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2022	$ 206,703

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.

b/ All MHSA funds are spent via "first in, first out."

FY 2021/2022 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Glenn Date: 5/5/21

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS Comprehensive Service Plan-FSP	$ 2,286,275	$ 768,893	$ 1,209,502		$ 191,443	$ 116,437
Non-FSP Programs						
2. CSS Comprehensive Service Plan	$ 5,187,654	$ 1,744,651	$ 2,744,411		$ 434,392	$ 264,200
CSS Administration	$ 843,216	$ 570,559	$ 272,657		$ -	$ -
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 8,317,145	$ 3,084,103	$ 4,226,570		$ 625,835	$ 380,637
FSP Programs as Percent of Total	74.1%					

FY 2021/2022 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Glenn Date: 5/5/21

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)						
1. Strengthening Familes (P)	$ 23,190	$ 23,190				
2. Parent-Child Interaction Therapy (EI)	$ 271,652	$ 112,526	$ 129,563	$ -	$ 19,919	$ 9,644
3. Outreach (O)	$ 87,655	$ 87,655				
4. Suicide Prevention (SP)	$ 277,801	$ 277,801				
5. Stigma Reduction (SR)	$ 74,388	$ 74,388				
6. Access and Linkage (A)	$ 84,584	$ 84,584				
PEI Administration	$ 49,562	$ 49,562	$ -	$ -	$ -	$ -
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	$ 868,832	$ 709,706	$ 129,563	$ -	$ 19,919	$ 9,644

FY 2021/2022 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Glenn Date: 5/5/21

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Program						
1. Crisis Response and Community Connections (CRCC)	$ 457,705	$ 155,648	$ 221,582		$ 35,693	$ 44,782
INN Administration	$ 26,450	$ 15,868	$ 10,582		$ -	$ -
Total INN Program Estimated Expenditures	$ 484,155	$ 171,516	$ 232,164		$ 35,693	$ 44,782

FY 2021/2022 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Glenn Date: 5/5/21

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	$ 4,000	$ 4,000				
2. Training and Technical Assistance	$ 56,000	$ 56,000				
3. Internships	$ 6,000	$ 6,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 66,000	$ 66,000				

FY 2021/2022 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

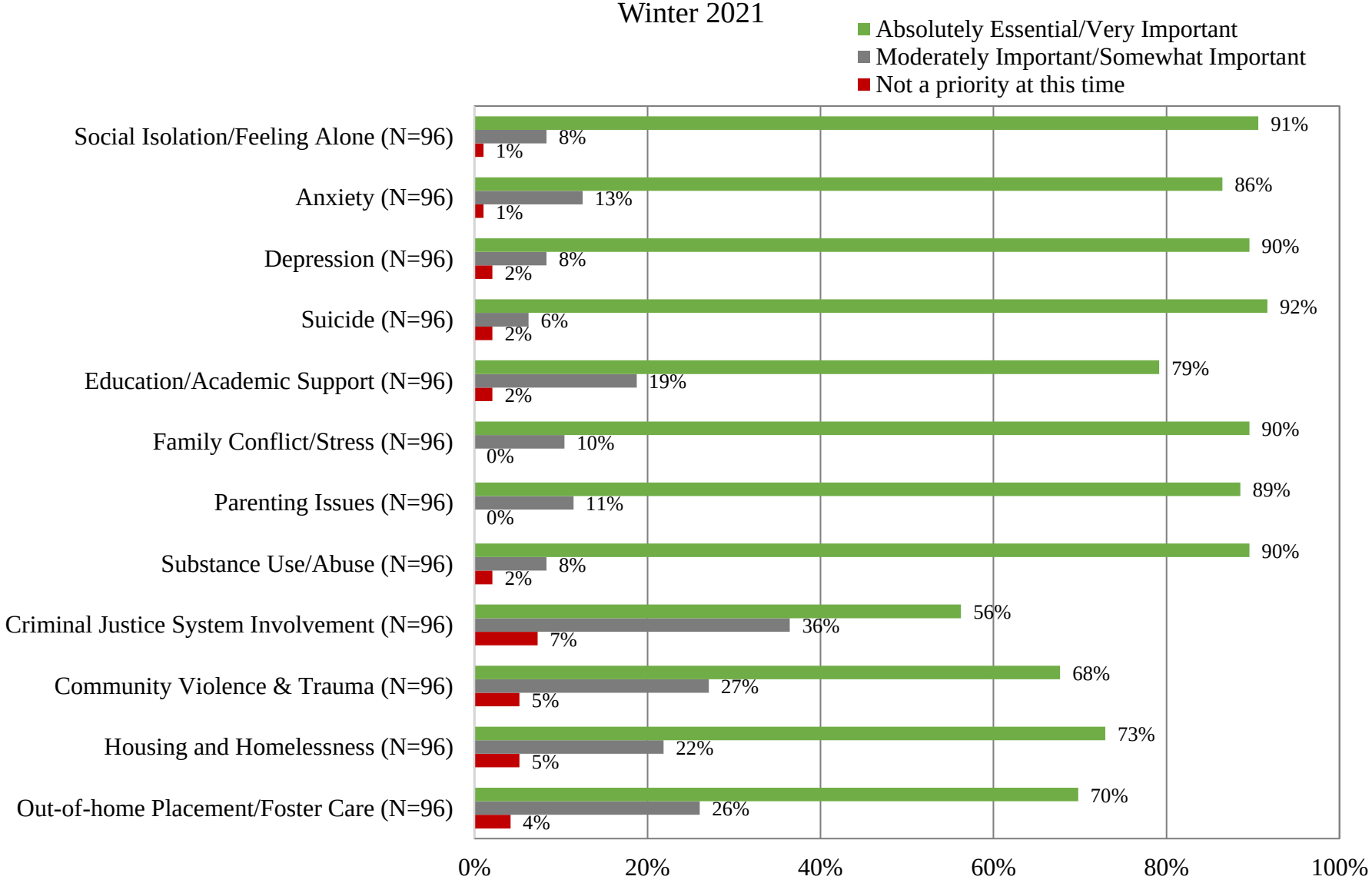
County: Glenn Date: 5/5/21

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)*						
1. Building Improvements (CF)	$ 11,600	$ 11,600				
CFTN Administration						
Total CFTN Program Estimated Expenditures	$ 11,600	$ 11,600				

APPENDICES

A. MHSA Stakeholder Survey Results

Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Child and Family Issues That Need to Be Addressed
Winter 2021



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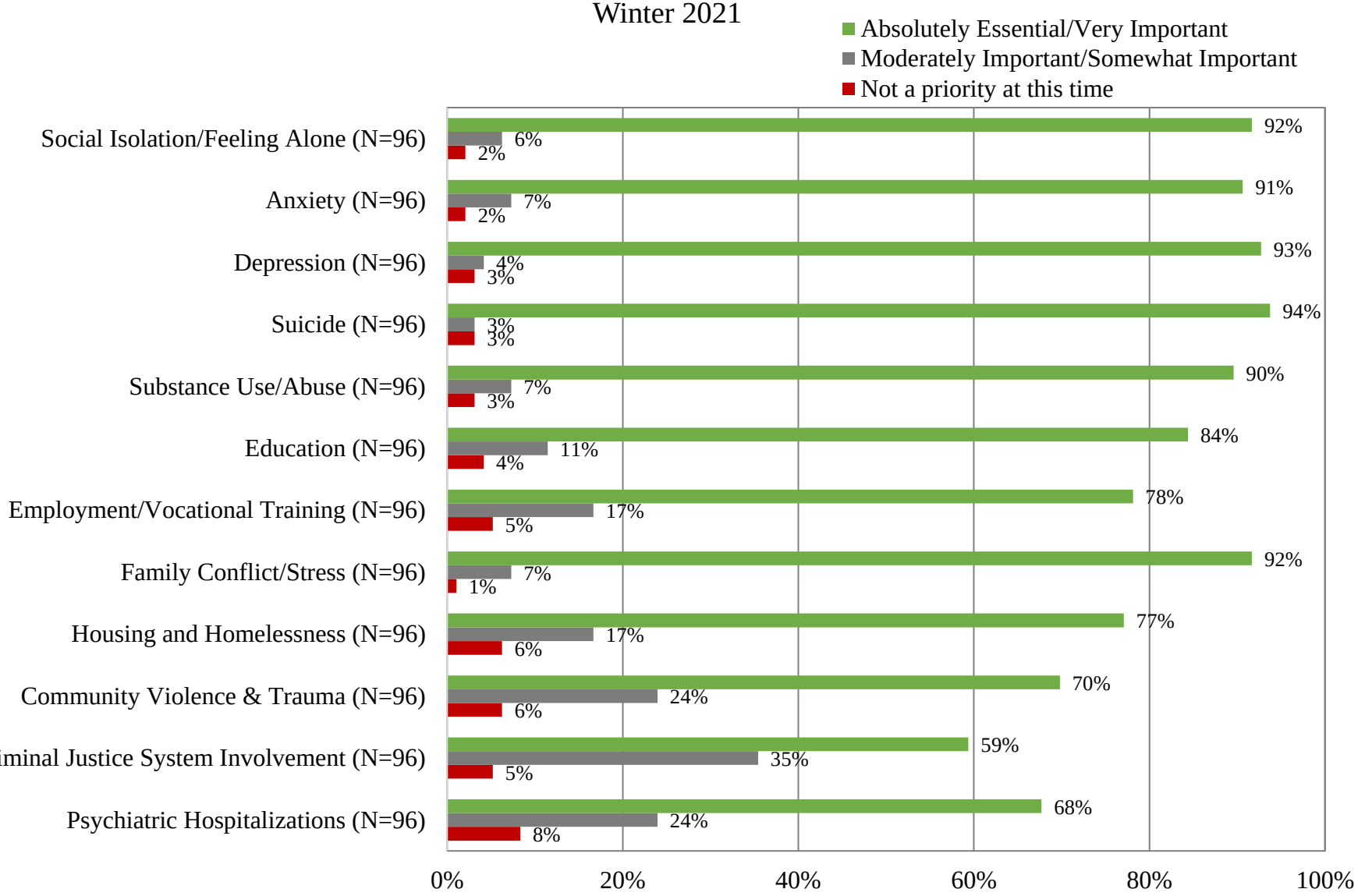
ncallahan.idea@gmail.com
(530) 758-8815

Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Transition Age Youth (TAY) Issues That Need to Be Addressed
Winter 2021



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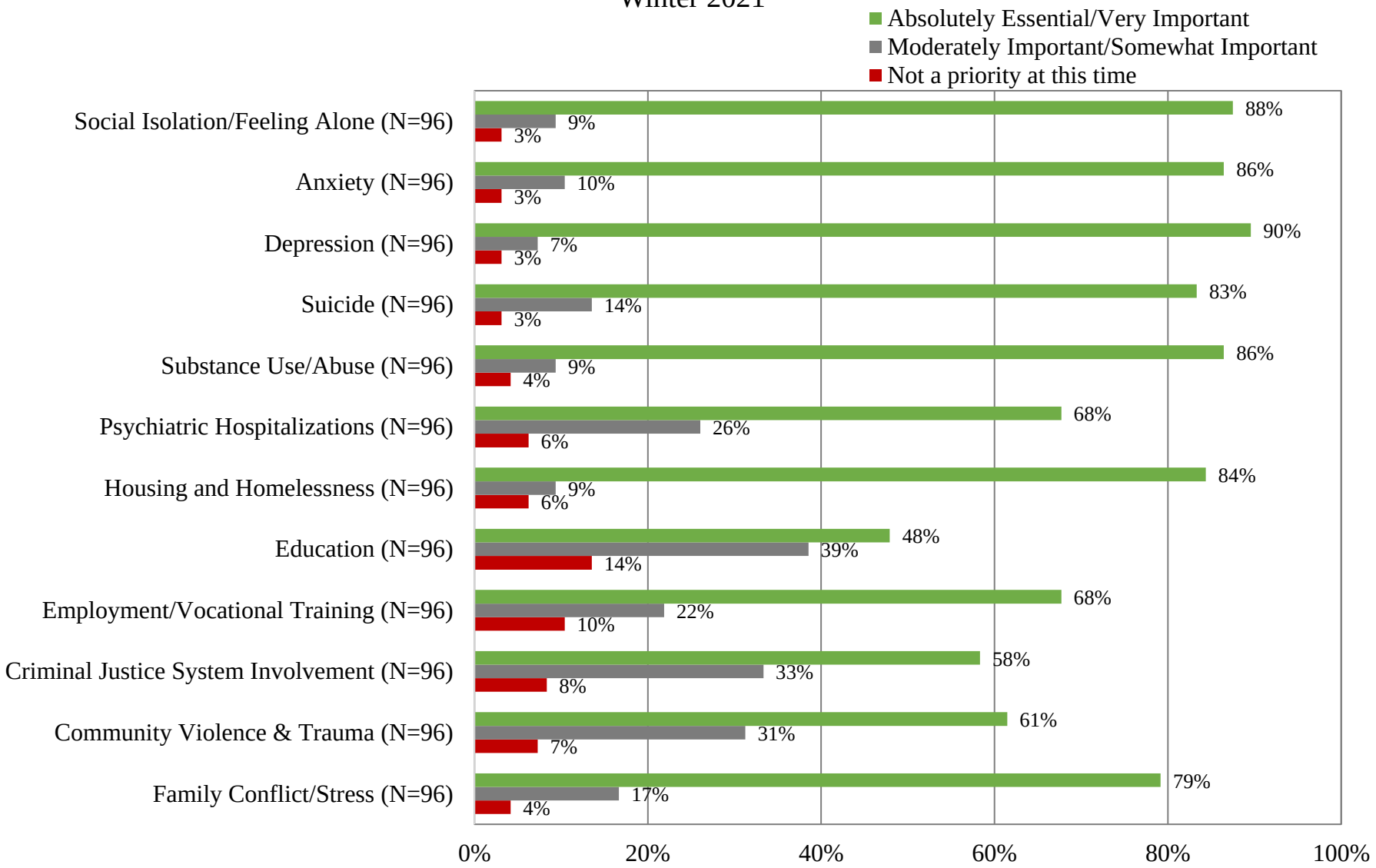
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Adult and Older Adult Issues That Need to Be Addressed
Winter 2021



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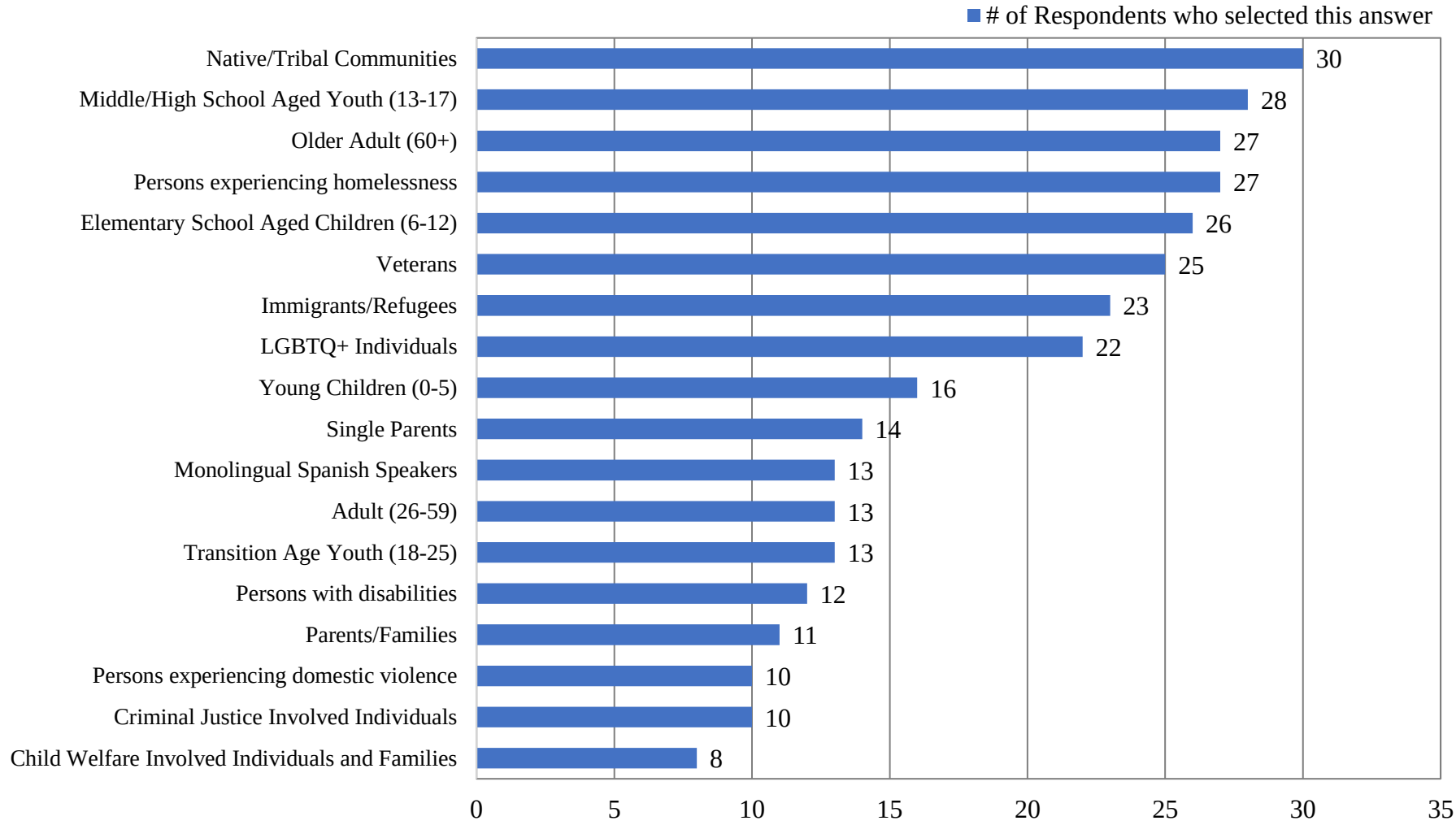
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Underserved Populations (N=96)
Winter 2021

Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health program of Glenn County? *(Respondents may select multiple answers)*



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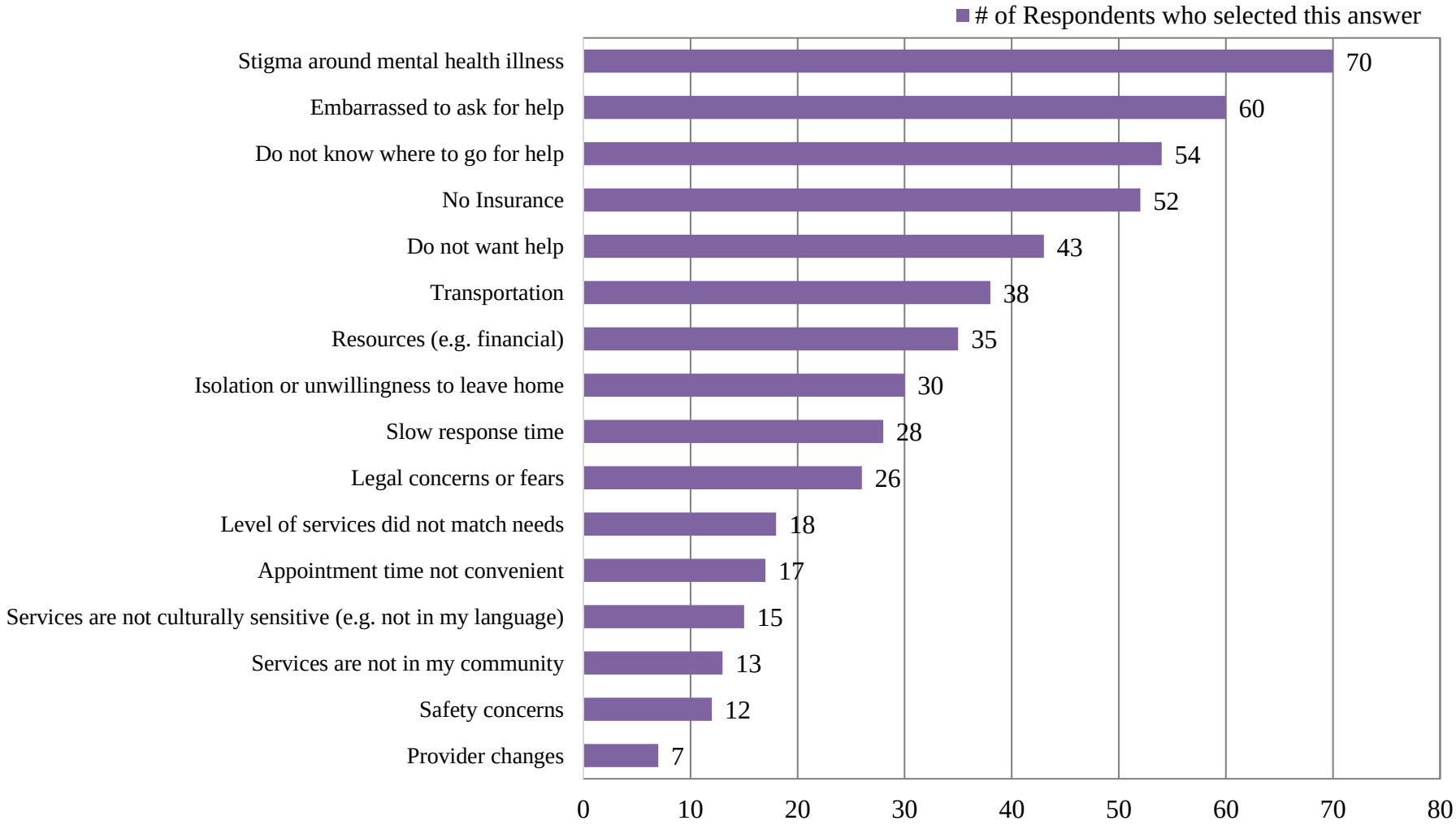
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Barriers to Accessing Mental Health Services (N=96)
Winter 2021

What barriers make it harder for individuals and family member(s) with mental health challenges to access mental health services? *(Respondents may select multiple answers)*



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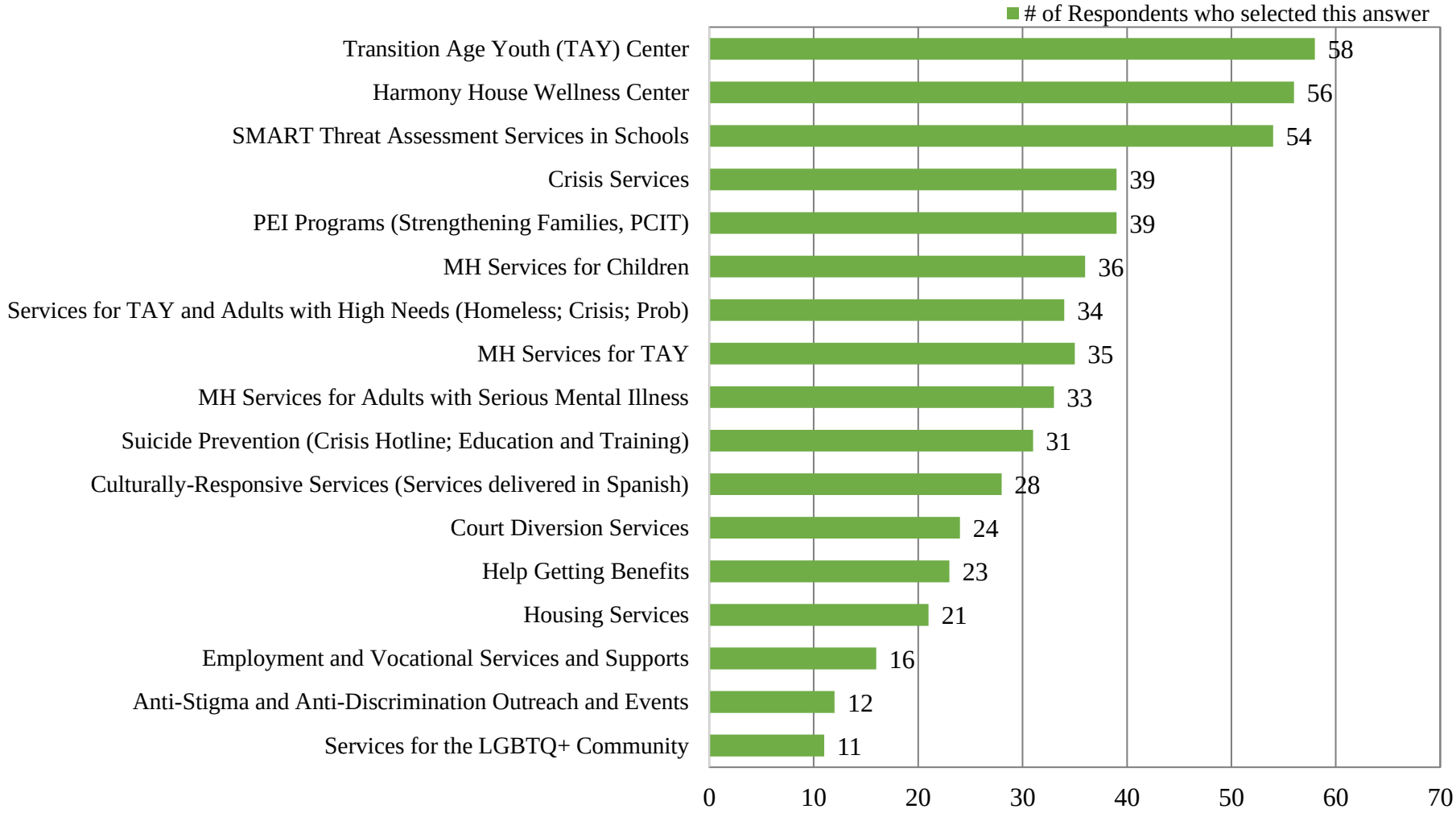
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Effective MHSA Services (N=96)
Winter 2021

Which of the following MHSA Services do you feel have been effective in addressing our local mental health needs? *(Respondents may select multiple answers)*



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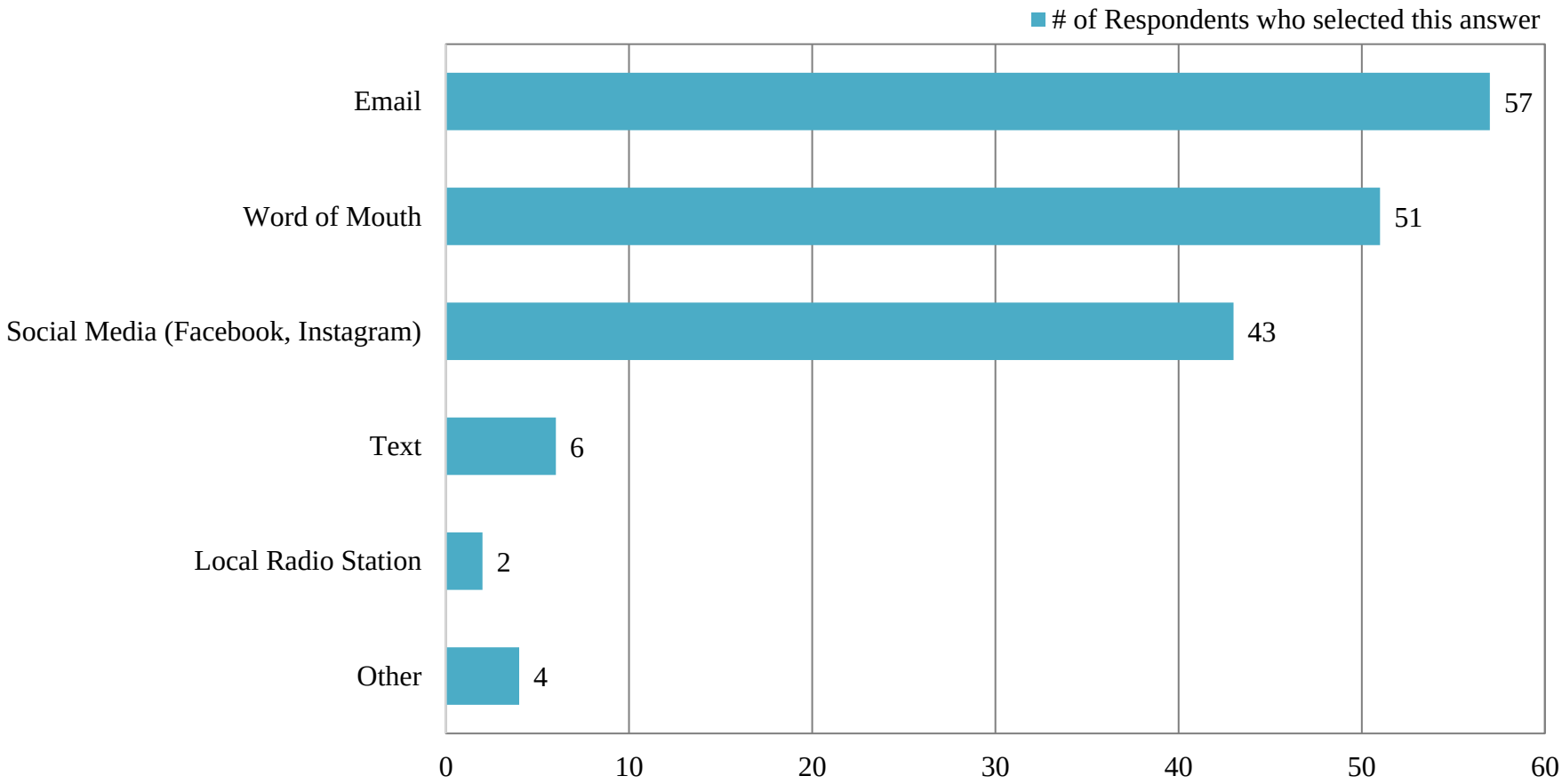
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Sources of Information about Local Services (N=92)
Winter 2021

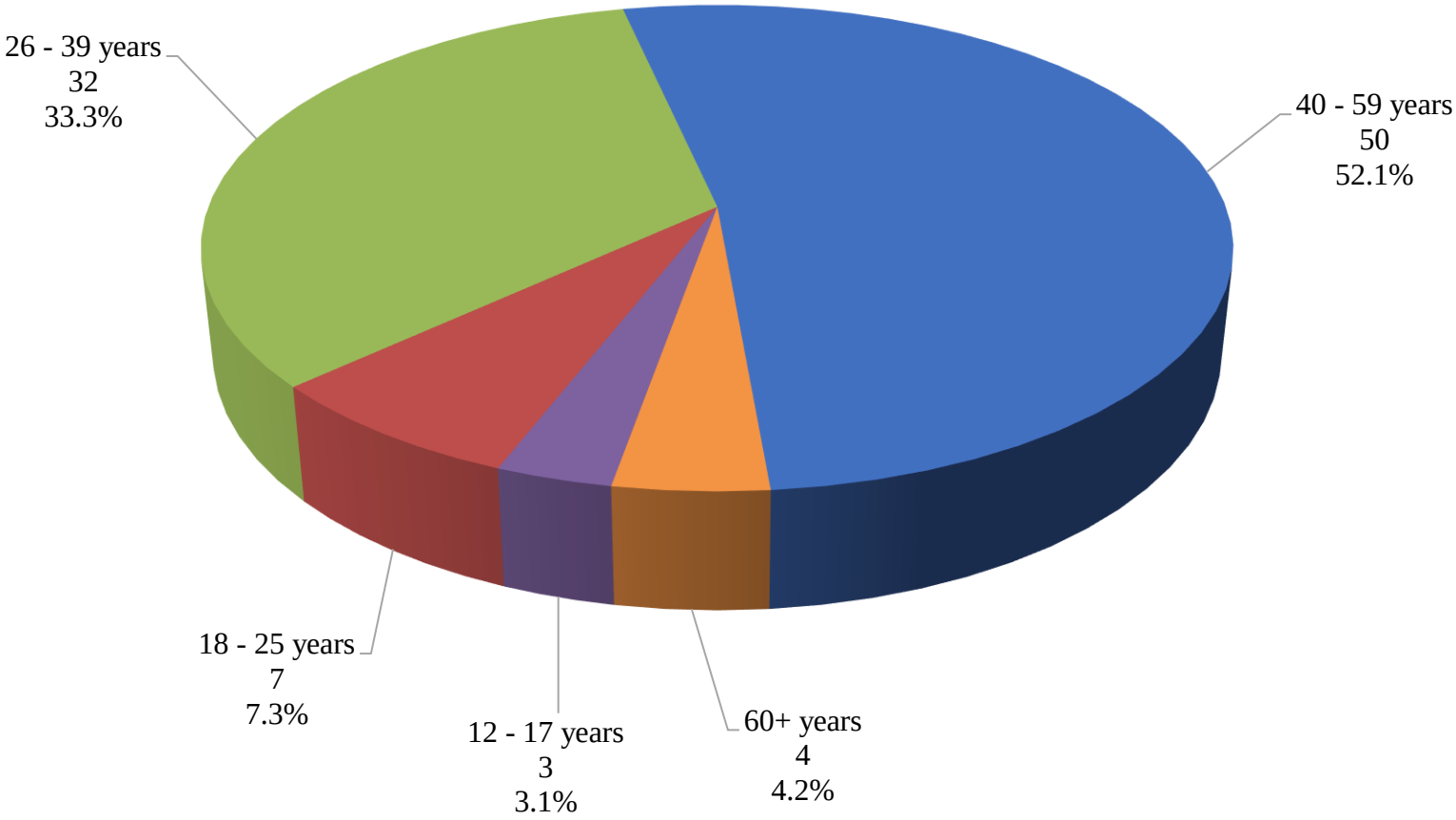
How do you get your information about local services and resources?
(Respondents may select multiple answers)



Note: "Other" responses included Newspapers (1), Work (1), and the Internet (2).

Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Winter 2021

Age (N=96)



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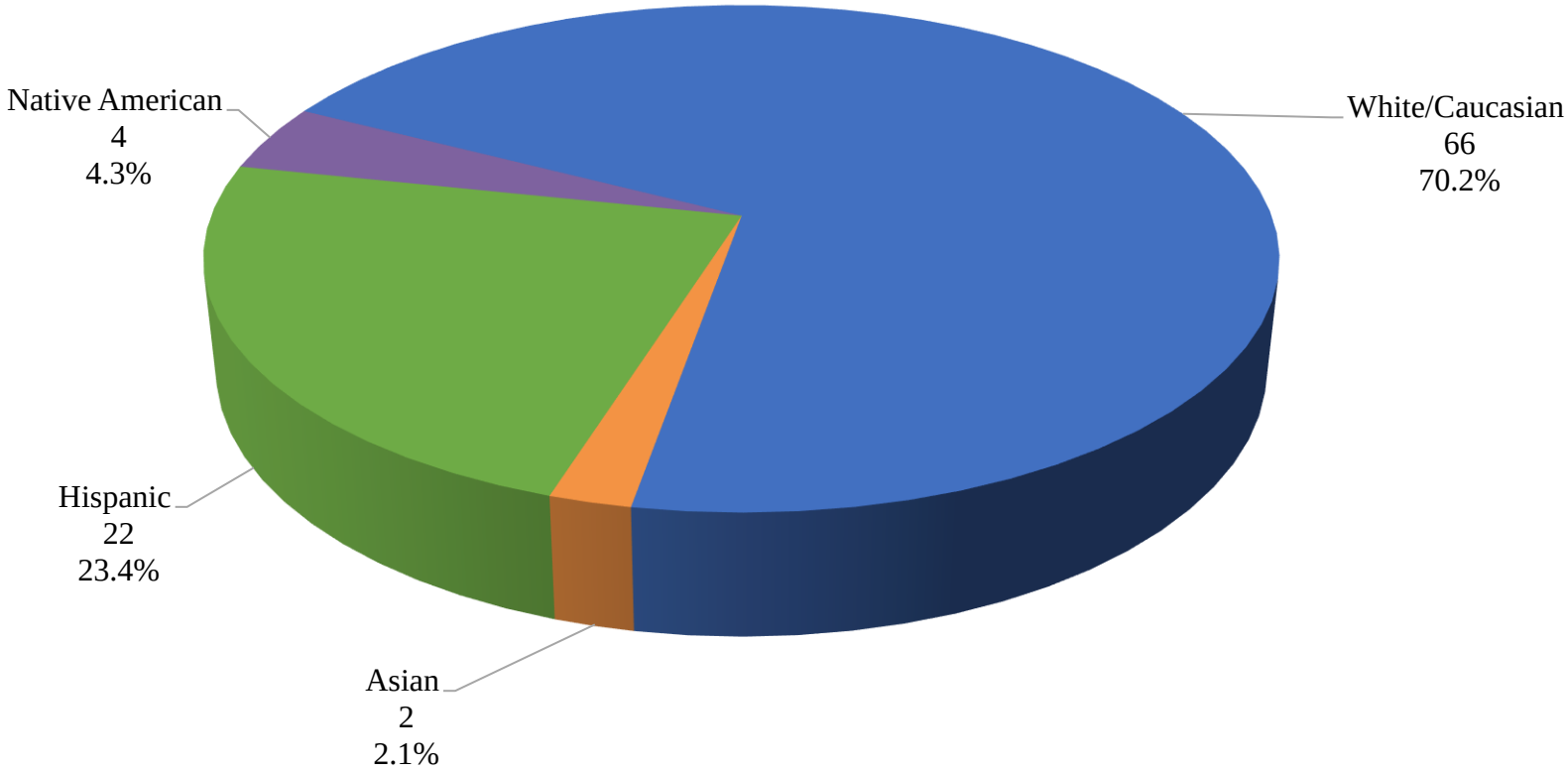
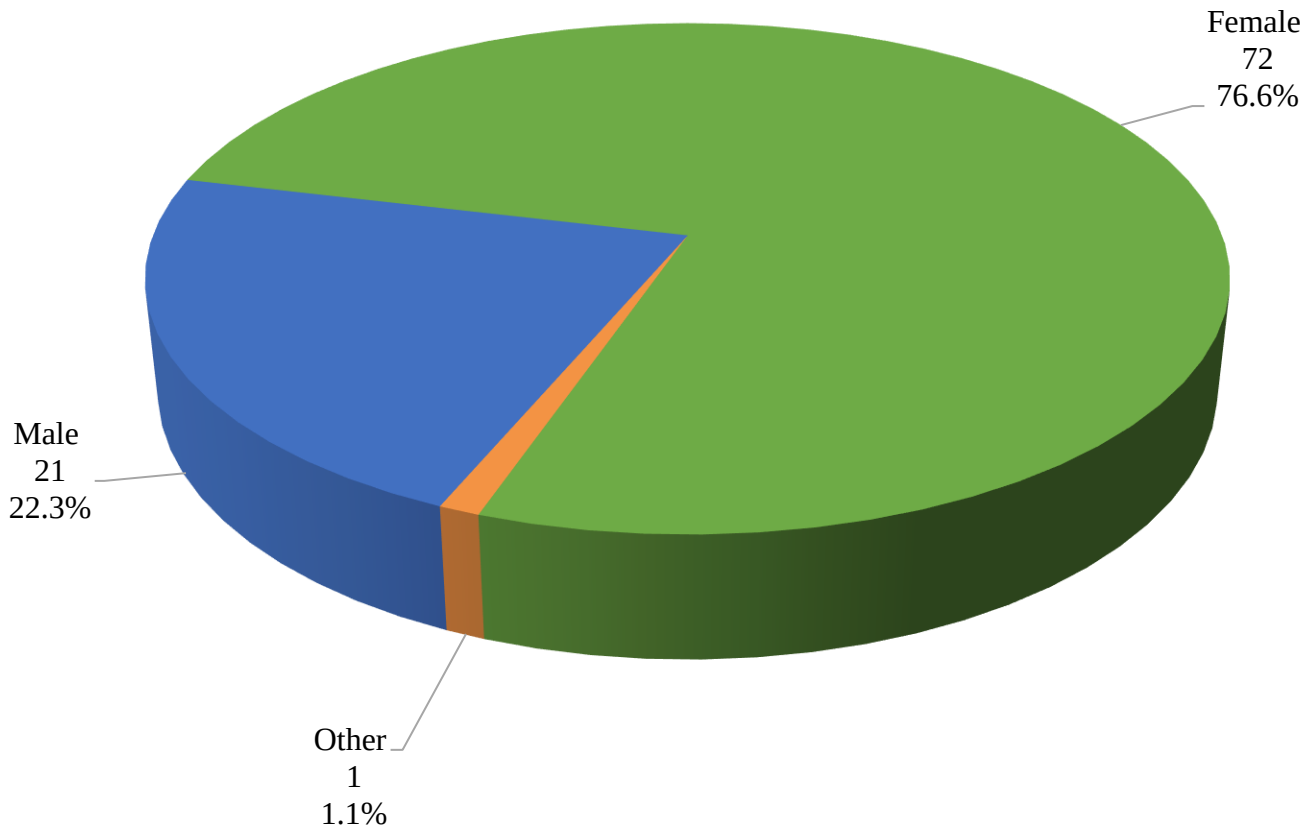
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Winter 2021

Race/Ethnicity (N=94)



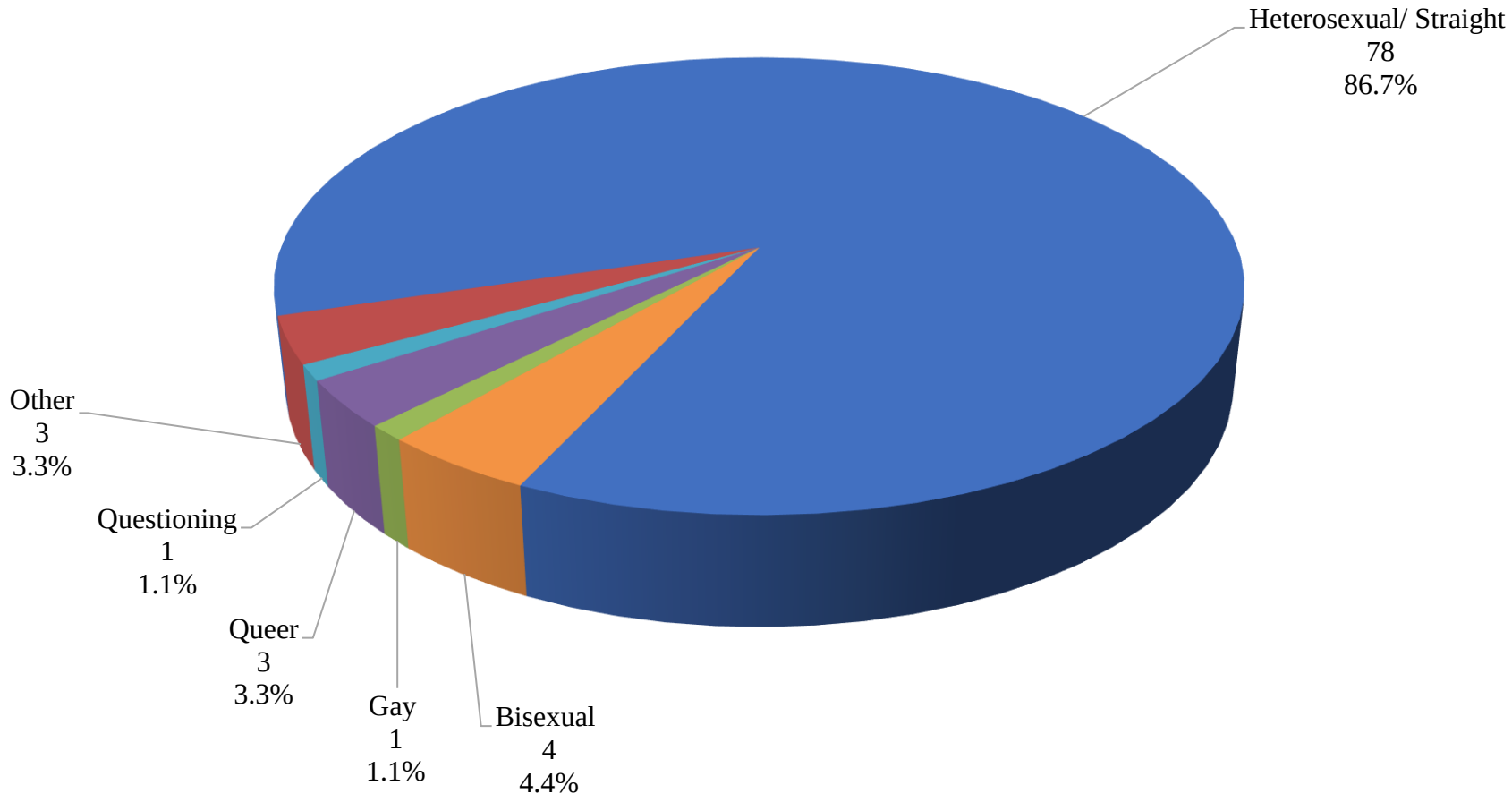
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Winter 2021

Gender (N=94)



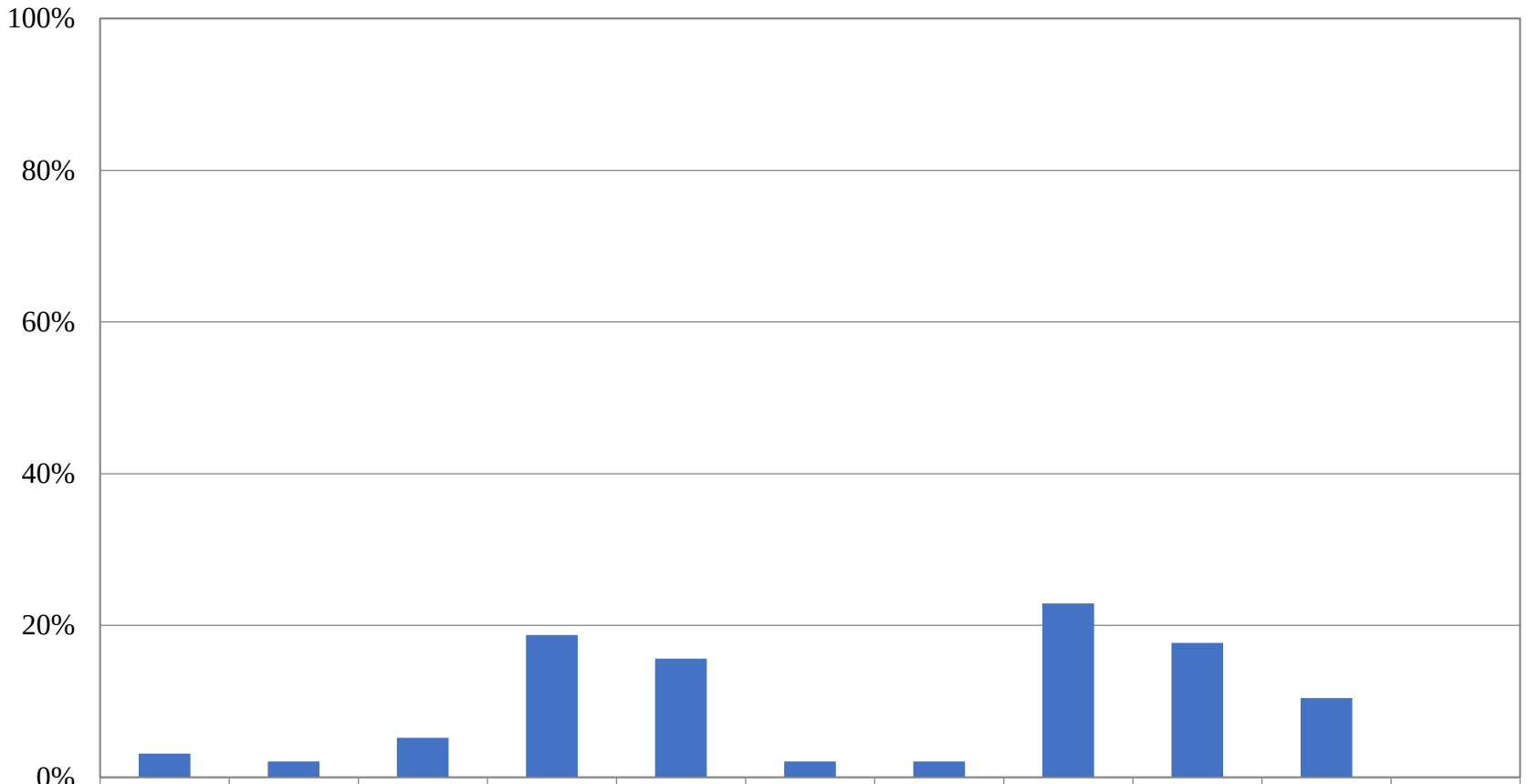
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Winter 2021

Sexual Orientation (N=90)



Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Winter 2021

Role in Community (N=96)



	Youth Consumer	Adult Consumer	Family Member	Community Member	School Personnel	Law Enforcement	Probation	Social Services	Health Care Provider	Other	Total
# Respondents	3	2	5	18	15	2	2	22	17	10	96
% Respondents	3.1%	2.1%	5.2%	18.8%	15.6%	2.1%	2.1%	22.9%	17.7%	10.4%	100.0%