

**MHSA FY 2013/2014 Update (Supplemental)
COUNTY CERTIFICATION**

County: **GLENN**

County Mental Health Director	Project Lead
Name: Scott Gruendl	Name: Amy Lindsey
Telephone Number: 530-934-6582	Telephone Number: 530-934-6582
E-mail: sgruendl@glenncountyhealth.net	E-mail: alindsey@glenncountyhealth.net
Mailing Address:	
242 North Villa Willows, CA 95988	

I hereby certify that I am the official responsible for the administration of county 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 update, including stakeholder participation and non-supplantation requirements.

This 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 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 update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on November 19, 2013.

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 FY 2013/14 update are true and correct.



11/25/13

Scott Gruendl
Mental Health Director

Signature

Date

MHSA Community Program Planning and Local Review Process

County: GLENN **30-day Public Comment period:** 09/20/13 through 10/21/13

Date: 10/23/13 **Date of Public Hearing:** Tuesday, October 22, 2013

Instructions: Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

Community Program Planning
<p><i>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2013/14 annual update. Include the methods used to obtain stakeholder input.</i></p> <p>This FY 13/14 Update (Supplemental) addresses the need to add a new PEI Project to our MHSA components. The Community Program Planning (CPP) process for the development of this Update builds upon the planning process that we utilized for the development of our past Plans and Annual Updates. Over the past several years, these planning processes were comprehensive and, since 2005, have included the input of over 900 diverse stakeholders through focus groups, stakeholder meetings, and surveys.</p> <p>For the planning process for this Update, we utilized information gained from the planning process for the MHSA FY 13/14 Annual Update. In addition, we conducted PEI stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. With this information, we were able to determine the unique needs of our community and develop two (2) new MHSA PEI Projects that are well designed for our county.</p> <p>In addition to these stakeholder groups and surveys, we routinely discuss and obtain input on the utilization of MHSA funds with our key stakeholders during our monthly System Improvement Committee (SIC) meetings, our MHSA consumer meetings, and the monthly Mental Health, Alcohol and Drug Advisory Board. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain services. We have also analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the SIC to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.</p> <p>The proposed Update was developed and approved by the SIC after reviewing data on our current programs (including FSP data); analyzing community needs based on stakeholder input from the Annual Update focus groups and surveys; and determining the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA Update was shared with the Mental Health, Alcohol, and Drug Advisory Board, and in staff meetings.</p>

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

A number of different stakeholders were involved in the CPP process. Input was obtained from members of the SIC, which is comprised of MHSA staff, Consumer Advocate/Coaches, consumers, Health Services Agency Director and Deputy Directors, fiscal staff, Quality Improvement staff, Program Managers, and others involved in the delivery of MHSA services. The CPP also included input from child and adult staff meetings in mental health and substance abuse services, Management and Planning (MAP) Team, and the Mental Health, Alcohol and Drug Advisory Board. We conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved.

3. *If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.*

No programs or projects will be eliminated at this time.

Local Review Process

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

This proposed MHSA FY 2013/2014 Update (Supplement) was posted for a 30-day public review and comment period from September 20, 2013 through October 21, 2013. An electronic copy was posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The posting provided contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. A hard copy of the Update was distributed to all members of the Mental Health, Alcohol, and Drug Advisory Board; MHSA System Improvement Committee; consumer groups; and staff. Copies of the Update were placed at the clinics in Willows and Orland; at Harmony House (the Adult Wellness Center); at the TAY Center; with partner agencies; and at the local libraries. The Update was also available to clients and family members at all of these sites and on the County website.

A public hearing was held on Tuesday, October 22, 2013, at the Glenn County Harmony House, 343 Yolo St., Orland, CA from 10:30-11:30 am.

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

Participation at the Public Hearing included HSA staff, consumers, and community members. Discussion centered around the budget, implementation activities, and expected outcomes.

No substantive comments were received and no changes were made to the posted Update.

**MHSA Program Component - NEW
Prevention and Early Intervention (PEI)
Suicide Prevention Activities**

Completely New Program

Date: Suicide Prevention Activities

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) <i>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</i>	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

As noted above, we utilized information gained from the planning process for the MHSA FY 13/14 Annual Update, as well as additional stakeholder groups. For the planning process, we conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved. We also obtained information from a number of different stakeholders by asking them to complete a survey. Stakeholder input indicated a need for suicide prevention activities, but due to time constraints, we were unable to develop the new project within the Annual Update document. We have developed this supplemental Update to add this valuable new Project to the PEI Component.

3. PEI Program Description

This program will expand the number of suicide prevention activities in the county. These activities will include training of staff and first responders to recognize the warning signs of suicidal behavior; developing and disseminating techniques to improve community response to situations involving suicide threat; and developing resources and linkages across agencies and within the community for individuals in crisis. Coaches/Peer Mentors will be involved in both outreach and training activities.

Staff will work closely with CalMHSA to develop and expand our suicide prevention activities. We plan to conduct outreach activities to both youth in the community and to the general adult and older adult population throughout the county. The youth outreach activities will include handing out flyers and brochures; developing posters; and dispersing tangible items (such as wristbands) at the local high schools. Outreach to adults and older

adults will occur at community events, such as health fairs, churches, and other venues, and include educational materials and informational meetings.

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

4. Activities				
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2014 by type of prevention:			Number of months in operation through June 2014
		Prevention	Early Intervention	
Suicide Prevention Activities	Individuals: Families:	200	50	
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	200	50	
5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.				
<p>Outreach and training activities will create opportunities for youth and adults to request additional information regarding mental health services. These PEI participants will be linked to the TAY Center, Harmony House, and the Glenn County Behavioral Health clinics for assessment and ongoing services.</p>				
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.				
<p>Collaboration with community partners will include meetings, training, and workshops with education, law enforcement and probation, child welfare services, substance abuse treatment staff, physical health care providers, and local faith-based organizations.</p>				
7. Describe intended outcomes.				
<p>The number of persons requesting additional information and services will be measured, as well as the number of referrals from allied partner agencies. In addition, we will continue to collect information on all suicides in the county and assess whether they have received behavioral health services.</p>				
8. Describe coordination with Other MHSA Components.				
<p>This Project coordinates well with our other MHSA Components. It provides information and skills to our community partners, and provides linkages for individuals in crisis to needed services and supports.</p>				

10. Provide an estimated annual program budget, utilizing the following line items.

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel	\$ 83,036		\$ 83,036
2.	Operating Expenditures	\$ 13,100		\$ 13,100
3.	Non-recurring Expenditures	\$ 0		\$ 0
4.	Contract Services (<i>Subcontracts/Professional Services</i>)	\$ 1,837		\$ 1,837
5.	Other Expenditures	\$ 5,000		\$ 5,000
Total Direct Charges		\$ 102,973		\$ 102,973
6.	Indirect Charges	\$ 18,365		\$ 18,365
Total Proposed Expenditures		\$ 121,338		\$ 121,338
B. REVENUES				
1.	New Revenues			
	a. Medi-Cal (<i>FFP only</i>)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues			
C. TOTAL FUNDING REQUESTED		\$ 121,338		\$ 121,338
D. TOTAL IN-KIND CONTRIBUTIONS				

Budget Narrative

A. EXPENDITURES

1. Personnel – This line item includes salaries and benefits for a) 0.25 FTE Health Services Program Coordinator; b) 0.25 FTE Senior Mental Health Counselor; c) 0.13 FTE Health Services Case Manager II; and d) up to four (4) 0.5 FTE Coaches/Peer Mentors. The benefit rate equals 29% of salaries.
2. Operating Expenditures – This line item includes facility costs such as rent. Other operating expenses include communications, office expenses, utilities, and janitorial costs.
3. Non-Recurring Expenditures – No expenses are budgeted for this category.
4. Contract Services – This line item includes the project’s portion of general mental health contracts, such as project evaluation.
5. Other Expenditures – This line item includes training, educational items, and marketing materials.
6. Indirect Charges – This line item includes administration costs associated with the project.

B. REVENUE – We are not projecting revenue for this project at this time.

C. TOTAL FUNDING – Total FY 13/14 funding for this project is \$121,338.

D. TOTAL IN-KIND CONTRIBUTIONS – No in-kind contributions are expected for this project.

**MHSA Program Component - NEW
Prevention and Early Intervention (PEI)
PARENT-CHILD INTERACTION THERAPY (PCIT)**

Completely New Program

Date: Parent-Child Interaction Therapy

3. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
6. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. PEI Priority Population(s) <i>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</i>	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
7. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

As noted above, we utilized information gained from the planning process for the MHSA FY 13/14 Annual Update. For the planning process, we conducted stakeholder meetings at both our adult wellness center (Harmony House) and the Transition Age Youth (TAY) Center. In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved. We also obtained information from a number of different stakeholders by asking them to complete a survey. Stakeholder input indicated a need for services for young children, but due to time constraints, we were unable to develop the new project within the Annual Update document. We have developed this supplemental Update to add this valuable new Project to the PEI Component.

9. PEI Program Description

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

PCIT is utilized for parents of children 2-8 years of age. PCIT combines the social-emotional development of children as related to the parent-child relationship alongside ways to help improve behaviors that have proven important for successful school performance, and to help families reduce domestic violence, child abuse and neglect.

We will utilize existing clinical staff, who have been certified as PCIT trainers, for training additional staff, including bilingual, bicultural staff. This will expand our capacity to offer these exemplary services to our Hispanic population.

10. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2014 by type of prevention:		Number of months in operation through June 2014
		Prevention	
PCIT	Individuals: Families:		10
	Individuals: Families:		
	Individuals: Families:		
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		10

11. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

PEI participants will be open clients with Behavioral Health. If the parent and/or child, or other children in the family need additional mental health or substance use treatment services, they will be linked to the appropriate service.

12. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

PCIT services have been found to be highly effective in decreasing child abuse. We will work closely with Child Welfare Services staff to ensure that these evidence-based services are available to this high-risk population.

13. Describe intended outcomes.

PCIT utilizes a number of outcome instruments to assess the parent's skills in behavior management (praise, reflection, limit setting, etc.) and improvement in child's behavior (following directions, sitting quietly) and reduction in adverse behaviors (whining, crying, tantrums). We will utilize PCIT instruments to measure these behaviors over time.

14. Describe coordination with Other MHSA Components.

PCIT coordinates well with other MHSA components and provides additional resources to developing skills with parents of young children. By expanding our capacity to deliver service to the Hispanic population, we will better meet the needs of our community.

10. Provide an estimated annual program budget, utilizing the following line items.

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel	\$ 29,427		\$ 29,427
2.	Operating Expenditures	\$ 4,642		\$ 4,642
3.	Non-recurring Expenditures	\$ 0		\$ 0
4.	Contract Services (Subcontracts/Professional Services)	\$ 651		\$ 651
5.	Other Expenditures	\$ 10,000		\$ 10,000
Total Direct Charges		\$ 44,720		\$ 44,720
6.	Indirect Charges	\$ 6,508		\$ 6,508
Total Proposed Expenditures		\$ 51,228		\$ 51,228
B. REVENUES				
1.	New Revenues			
	a. Medi-Cal (FFP only)	20,000		20,000
	b. State General Funds	17,600		17,600
	c. Other Revenues			
Total Revenues		\$ 13,628		\$ 13,628
C. TOTAL FUNDING REQUESTED		\$ 51,228		\$ 51,228
D. TOTAL IN-KIND CONTRIBUTIONS				

Budget Narrative

A. EXPENDITURES

1. Personnel – This line item includes salaries and benefits for a) 0.03 FTE Health Services Program Coordinator; b) 0.23 FTE Senior Mental Health Counselor; c) 0.06 FTE Health Services Case Manager II; and d) 0.12 FTE Public Service Employee. The benefit rate equals 42.29% of salaries.
2. Operating Expenditures – This line item includes facility costs such as rent. Other operating expenses include communications, office expenses, utilities, and janitorial costs.
3. Non-Recurring Expenditures – No expenses are budgeted for this category.
4. Contract Services – This line item includes the project’s portion of general mental health contracts, such as project evaluation.
5. Other Expenditures – This line item includes training, materials, and PCIT equipment and installation.
6. Indirect Charges – This line item includes administration costs associated with the project.

B. REVENUE – Revenue is estimated from Medi-Cal and State General Funds.

C. TOTAL FUNDING REQUESTED – Total FY 13/14 funding requested for this project is \$51,228.

D. TOTAL IN-KIND CONTRIBUTIONS – No in-kind contributions are expected for this project.