

**GLENN COUNTY
HEALTH SERVICES AGENCY
Mental Health Department**

Mental Health Services Act
Community Services and Supports (CSS) and
Prevention and Early Intervention (PEI)

Plan Update
Fiscal Year 2009-2010

April 6, 2009

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**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

Glenn County

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws, and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature
 Scott Gruendl, Health Services Agency Director

Date

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.

The planning processes for our original Three-Year Community Services and Supports (CSS) Plan and our original Prevention and Early Intervention (PEI) Plan were comprehensive and included the input of over 900 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the initial CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2009-10.

As this Update simply maintains our original MHSA Plans, we did not conduct a new, formal stakeholder planning process. However, we discussed the utilization of these funds with our key stakeholders through our MHSA Executive Leadership Team (MELT) meetings and our MHSA monthly consumer meetings; in addition, we engaged stakeholders throughout the development of this request.

We 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 MELT 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.

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

This proposed MHSA Plan Update was posted for a 30-day public review and comment period beginning February 25, 2009. 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. A copy of the proposed Update was distributed to all members of the Mental Health Board and the MELT. Copies of the Update were placed at the clinics in Willows and Orland; Harmony House, our Adult Wellness Center; our TAY Center; partner agencies; the local library; and a number of public facilities. The Update was also available to clients and family members.

A public hearing was held on April 3, 2009 at 10:00 a.m. in the Glenn County Board of Supervisors' Chamber (526 West Sycamore Street, Willows, CA). We received very positive feedback from stakeholders on our 09/10 MHSA CSS and PEI Plan Update. Stakeholder questions and comments about the Plan Update are given below and include the Glenn County Health Services Agency (HSA) responses.

1. “How do you come up with the numbers to be served under System Development? The numbers appear to be low.” *Glenn County HSA answer: The number is an estimation based on what we are already providing.*
2. “Shouldn’t the numbers for Outreach and Engagement be higher?” *Glenn County HSA answer: The estimation is based on the forms completed at previous events that the Health Services Agency participated in with Outreach and Engagement.*
3. “The center where the welcoming line is located is open different days and hours than listed for the welcoming line. How will the welcoming line operate during the times the center is closed?” *Glenn County HSA answer: The person staffing the welcoming line can remain when the center is closed without requiring additional staff to be present. The welcoming line will be forwarded to the crisis line after 7:00 p.m. Crisis staff will then provide assistance.*
4. “On the last bullet under CSS Services on page 3, should that indicate these services are for FSPs?” *Glenn County HSA answer: To clarify the bullet, it will be reworded to indicate the services that are for the FSPs, but also state that we are providing services to other clients in ways that we have not in the past.*
5. “On page 2, when you discuss key stakeholders through MELT meetings, it implies there is a lot of consumer input, but in reality, there are few consumers who participate in these meetings. Possibly it should indicate opportunity to participate through MELT meetings.” *Glenn County HSA answer: We have several consumers who routinely participate in the MELT meetings. Their participation and input reflects feedback from a larger contingency of clients, obtained during our ongoing consumer meetings.*

While a minor change (noted above) was made to the Plan Update, no substantive recommendations and/or changes were made as a result of the public review and comment period, or as a result of the Public Hearing.

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

FY 2007-08 was a significant year for MHSA CSS services in Glenn County. Through MHSA implementation, we improved access to services, expanded consumer involvement, and ensured positive outcomes for our clients and their families. Key activities are highlighted below.

CSS Services – All Ages:

- We streamlined our service coordination to better utilize our dual diagnosis staff resources. This strategy increased wellness and recovery services to all of our clients, as well as engaging those who might otherwise be unserved or underserved.
- We continued to effectively work with our System of Care (SOC) partner agencies, supporting appropriate and efficient referrals to ensure a continuum of care to our target populations.
- After extensive review, we determined that it was in the best interest of the community to change the delivery of crisis services from an external provider to an internal, county-run operation. This modification has improved the effectiveness and efficiency of this critical program, ensures timely and appropriate linkages for individuals in need, and provides crisis workers who are familiar to the clients. Clients have fully supported this system change.
- We successfully streamlined our referral process and shortened referral time for adults to five (5) days. This change ensures more effective and efficient services, appropriate linkages, and positive outcomes for our clients.
- We located SOC staff at Osprey Program, a Seriously Emotionally Disturbed (SED) classroom, to engage unserved and underserved children and youth, and ensure positive outcomes for children, youth, and their families.
- We are successfully changing the manner in which we develop services for our consumer population, such as through the implementation of the Wellness Recovery Action Plan. In addition, we have significantly changed the way in which we deliver services and the types of services that we offer. Our FSP clients have been supported through “whatever it takes,” including housing support, naturalization assistance, vehicle repair, tattoo removal, and other approaches that have made a significant difference in the lives of our FSP consumers. We are also providing services to our non-FSP clients in ways that we have not in the past.

Adult Program – Wellness Center at Harmony House:

- We moved our Wellness Center to a new facility that provides a more home-like and welcoming setting for our clients. This new location has improved access and attendance at the Center.
- We expanded our consumer volunteer positions, allowing us to develop additional Harmony House consumer-led activities and more fully engage clients and our community in activities.

- We continued to hold monthly consumer meetings at Harmony House, supporting our vision of a facility that is fully consumer-run.
- We increased the target number of Adult FSP clients to 10 adults. This increase allowed us to fully serve additional unserved and underserved individuals.
- We worked to improve the continuum of care from hospitalizations and inpatient services to services in the community. In some instances, inpatient services are our first contact with a client. By working closely with local hospitals, we ensure continuity into community programs and services. This strategy improves services to those individuals who may otherwise have been underserved.

Transition Age Youth (TAY) Program:

- We continued to hold monthly youth meetings at our TAY Center. These meetings ensure youth voice and promote positive outcomes.
- We increased the target number of TAY FSP clients to 10 youth. This increase allows us to fully serve additional unserved and underserved individuals.

Outreach and Engagement: Outreach and Engagement activities are conducted across all ages and community settings on an ongoing basis. Broad community outreach and engagement activities included participation in community fairs and events, including Levy Day, Cinco de Mayo, and the Child/Family Fair.

Cultural Competency Improvements: Through the MHSA efforts outlined above, we worked to reduce ethnic disparities and improve access to services for diverse populations, including our Latino community. We hired a bilingual, bicultural Case Manager to work at Harmony House. This addition expands our excellent staffing at Harmony House and ensures a welcoming environment to anyone seeking services and/or participating in activities at the Center. We also offer Spanish-language parenting classes at the Family Resource Center in Hamilton City. This service provides monolingual Spanish-speakers with an important resource and helps to engage individuals in mental health services.



County Name

Glenn County

Work Plan Title

MHSA CSS Comprehensive Service Plan

Populations to be served

Children (ages 0-17)
 Transition Age Youth (ages 16-25)
 Adults (ages 18-59)
 Older Adults (ages 60+)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 522 Total
 Number of Clients By Funding Category
 30 Full Service Partnerships
 179 System Development
 313 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

Work Plan Description

The Combined CSS Program provides a ‘whatever it takes’ service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs and mental health. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult Wellness Center (Harmony House) provides adults and older adults with necessary services and supports in a welcoming environment. In addition, our Transition Age Youth Center provides youth with a safe, comfortable place to receive services and participate in age-appropriate activities. CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services.

Outreach and Engagement activities and System Development services engage persons who are currently unserved and underserved. Outreach and engagement promotes access to services through outreach activities with allied agencies and in the community. System development activities support the delivery of mental health services to all ages and include crisis intervention; the development of safety plans to help clients remain in the community with extended support; and a full range of mental health services.

Full Service Partnerships help identified individuals achieve their desired outcomes through the delivery of individualized, client/family-driven mental health services and supports. Full Service Partnership (FSP) services provide ‘whatever it takes’ to help these individuals recover and live successfully in the community. Services are voluntary, client-directed, strength-based, and employ wellness, resiliency, and recovery principles. Bilingual, bicultural staff and peer support are a crucial part of our service delivery teams. In FY 09/10, we plan to expand our FSP program to include children and older adults; services to these populations will promote the principles of MHSA and ensure positive outcomes for these clients and their families.



County Name

Glenn County

Work Plan Title

Welcoming Families (PEI Project)

Populations to be served

Children (ages 0-17)
 Transition Age Youth (ages 16-25)
 Adults (ages 18-59)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 35 Total
 Number of Clients By Type of Prevention
 10 Early Intervention
 25 Indicated/Selected
 _____ Universal

Work Plan Description

The Welcoming Families Program pairs mental health services with the Visiting Public Health Nurse Program to support new mothers during the first year of the newborn’s life. The Public Health Nurse Program is an effective program through which a Public Health Nurse visits all mothers with a newborn while in the hospital, or shortly after returning home. The Public Health Nurse offers information and support to new mothers, discussing typical infant behavior and developmental milestones, including sleeping and eating patterns, and crying behavior.

Following the home visit, the Nurse completes a health and mental health screening tool, which assesses the mother’s attachment, bonding, and mother-infant behavior and interactions. This screening tool indicates when there is a need for linkage with the Mental Health Case Manager with the Welcoming Families Program. Once the referral is made, the Welcoming Families Case Manager accompanies the Public Health Nurse during a scheduled visit to the home. This coordination of services helps to reduce the stigma of a mental health referral and improve disparities in accessing mental health services. The Welcoming Families Case Manager is a .5 FTE position.

The Case Manager and Nurse visit with the mother and newborn and observe parenting behaviors, assess for stressors in the home, and provide immediate support to the family. By pairing this team, we are able to offer services to infants in stressed families, identify at risk children, siblings, and families, and reduce the stigma of accessing mental health services, and improve access for all families. The frequency of visits of the Welcoming Families Case Manager varies depending on the needs of the family and the time required to establish a trusting relationship with the new mothers.

Teen mothers are referred to our MHSA Transition Age Youth (TAY) Program, which offers a Teen Parenting Class. A teen dad’s support group is also available to teen fathers at the TAY Center. Women with newborns who have ongoing mental health needs (for example, post partum depression) are referred to our MHSA Wellness Center, Harmony House. This center offers bilingual, bicultural services, including a Spanish Speaking Women’s Group, individual and group therapy, and a strong social support network. In addition, referrals to Nurturing Parent Support groups, Little Learners Play Group, and our Parent Child Interactive Therapy (PCIT) program will be made, as appropriate.



County Name

Glenn County

Work Plan Title

Welcoming Line (PEI Project)

Populations to be served

Families of Children (ages 0-17)
 Transition Age Youth (ages 16-25)
 Adults (ages 18-59)
 Older Adults (ages 60+)
 All genders, races/ethnicity
 Bilingual Spanish services available; other languages accommodated through interpreters

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 250 Total
 Number of Clients By Type of Prevention
 125 Early Intervention
 _____ Indicated/Selected
 125 Universal

Work Plan Description

The Welcoming Line provides a live answering service which offers a warm, welcoming response to all callers. This “warm line” provides preventative services, responding to callers’ questions about services, and linking individuals to services when appropriate. The Welcoming Line is located at our MHSA Adult Wellness Center, Harmony House, and is staffed by trained individuals who are case managers or consumer coaches.

This project is designed to improve access to unserved and underserved populations by immediately connecting the call 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 links the caller to available services, and/or offers to meet the caller, if necessary, to reduce barriers to services.

The Welcoming Line reaches unserved and underserved individuals and improves access to mental health services. The Welcoming Line is utilized by many different high-risk populations, including stressed parents; lesbian, gay, bisexual, transsexual, questioning, and undecided (LGBTQU) individuals; and older adults. By offering immediate interactions and supportive responses to callers, we help prevent individuals from worsening symptoms of mental illness.

The Welcoming Line is operational from 10 a.m. to 7 p.m., Monday through Friday. After 7 p.m. and on weekends and holidays, the Welcoming Line is answered by county Crisis staff. This line is staffed by 1.0 FTE Case Manager/Consumer Coach position. Welcoming Line staff are located at Harmony House (our Adult Wellness Center) and receive support from Harmony House clinical and administrative staff. The individuals answering the Welcoming Line are trained using the evidence-based practice ASIST (Applied Suicide Intervention Skills Training). The ASIST training will be expanded to include consumers, volunteers, and staff from other areas of the agency. The program has also trained additional consumer coaches to provide support and back-up for the Welcoming Line.

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: Glenn

Date: 2/6/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$1,584,500			\$257,400	
2. Transfers ^{b/}	\$0				
3. Adjusted Planning Estimates	\$1,584,500	\$0	\$0	\$257,400	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$1,584,500			\$257,400	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$459,583			\$75,460	
b. Adjustment for FY 2008/09 ^{e/}	\$459,583			\$75,460	
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$1,584,500	\$0	\$0	\$257,400	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates	\$7				
3. Unapproved FY 08/09 Planning Estimates	\$0			\$27,100	
4. Unapproved FY 09/10 Planning Estimates	\$1,584,493			\$230,300	
5. Total Funding^{f/}	\$1,584,500	\$0	\$0	\$257,400	\$0

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: Glenn

Date: 2/6/2009

CSS Work Plans				FY 09/10 Required MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	MHA CSS Comprehensive	E	\$1,252,570	\$638,810	\$488,502	\$125,257	\$0	\$363,245	\$325,668	\$463,451	\$100,206
2.		Services Plan										
3.												
4.												
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25.												
26.	Subtotal: Work Plans ^{a/}			\$1,252,570	\$638,810	\$488,502	\$0	\$0	\$363,245	\$325,668	\$463,451	\$100,206
27.	Plus County Administration			\$187,885								
28.	Plus Optional 10% Operating Reserve			\$144,045								
29.	Plus CSS Prudent Reserve ^{b/}											
30.	Total MHA Funds Required for CSS			\$1,584,500								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

51.00%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request**

County: Glenn

Date: 2/18/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1	Welcoming Families	\$103,849		\$74,178	\$29,671	\$103,849			
2.	2	Warm Line	\$103,849	\$51,925		\$51,925	\$6,231	\$20,770	\$62,309	\$14,539
3.										
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25.										
26.	Subtotal: Work Plans^{a/}		\$207,698	\$51,925	\$74,178	\$81,596	\$110,080	\$20,770	\$62,309	\$14,539
27.	Plus County Administration		\$26,302							
28.	Plus Optional 10% Operating Reserve		\$23,400							
31.	Total MHSA Funds Required for PEI		\$257,400							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=

63.00%

**Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

Glenn County
February 20, 2009

***Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.*

1. Requested FY 2009/10 CSS Services Funding	<u>\$1,252,570</u>
<i>Enter the total funds requested from Exhibit E1 – CSS line 26.</i>	
2. Less: Non-Recurring Expenditures	- _____
<i>Subtract any identified CSS non-recurring expenditures included in #1 above.</i>	
3. Plus: CSS Administration	+ <u>187,885</u>
<i>Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.</i>	
4. Sub-total	<u>1,440,455</u>
5. Maximum Prudent Reserve (50%)	<u>720,228</u>
<i>Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.</i>	
6. Prudent Reserve Balance from Prior Approvals	<u>264,410</u>
<i>Enter the total amounts previously approved through Plan Updates for the local prudent reserve.</i>	
7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update	+ _____
<i>Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.</i>	
8. Prudent Reserve Balance	<u>264,410</u>
<i>Add lines 6 and 7.</i>	
9. Prudent Reserve Shortfall to Achieving 50%	<u>455,818</u>
<i>Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example, indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.</i>	
<ul style="list-style-type: none"> • <u>We will request that unspent funds from 2007/08 be dedicated to our Prudent Reserve. This will fully fund our Prudent Reserve before the July 1, 2010 deadline.</u> 	