POSTED FOR PUBLIC COMMENT

April 12, 2024 through May 13, 2024

GLENN COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)
ANNUAL UPDATE
Fiscal Year 2024/2025

This proposed Annual Update is available for public review and comment from April 12, 2024 through May 13, 2024.

★ We welcome your feedback by phone or in writing ★
★ Comments may also be made during the Public Hearing ★

Public Hearing:

Tuesday, May 14, 2024
3:00 pm – 4:00 pm

Glenn County Behavioral Health
CRWC Annex
1187 E South Street, Orland, CA 95963

Or via Zoom:
https://countyofglenn-net.zoom.us/j/88344598921?pwd=MU5VNEZyUFhvbEdlT0NHRmF2QUkvUT09

Meeting ID: 883 4459 8921
Passcode: 798729
Via Phone: 1-669-900-6833

Feedback or Questions? Contact:

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https://www.countyofglenn.net/government/departments/health-human-services/behavioral-health

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GLENN COUNTY BEHAVIORAL HEALTH

MHSA Annual Update

Fiscal Year 2024/2025

A. COUNTY DESCRIPTION AND DEMOGRAPHICS

Glenn County is located in Northern California, approximately 100 miles north of the state capitol in Sacramento. The county is 1,313 square miles and is considered a rural county with 21 persons per square mile. Glenn County's population is 28,636. There are four primary towns in the county: Willows, population 6,241; Orland, population 8,168; Hamilton City, population 2,216; and Elk Creek, population 153. The remainder of the population lives in unincorporated areas of the county. Population data shows that approximately 50.1% of residents are Caucasian; 42.9% are Latino; 0.4% are African American; 3.5% are Asian; 1.2% are Native American; 0.1 are Native Hawaiian/Other Pacific Islander; and 1.8% are Other Race/Ethnicity (*United States Census American Community Survey, 2021*).

The residents of Hamilton City are predominately Latino, with 92.2% of the population reporting Latino as their ethnicity. There is one small Rancheria in the county, Grindstone Rancheria, located in the foothills near Elk Creek.

The 2010 US Census estimated that 38.5% of the population of Glenn County speaks a language other than English at home. Spanish is the only threshold language in Glenn County. There are 1,440 veterans, which represent approximately 5% of the population.

Approximately 7.3% of the population is under 5 years of age, 15% are ages 5-14, 13.9% are ages 15-24; 40.5% are ages 25-59; and 23.3% are over 60 years of age. Females represent 49.3% of the population (*United States Census American Community Survey, 2021*).

B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created a system of mental health care funded by a tax on Californians with incomes over 1 million dollars. MHSA addresses a broad continuum of prevention, early intervention, and service needs; and the necessary infrastructure, technology, and training elements that effectively support this system. Implemented in Glenn County beginning in FY 2004-2005, MHSA continues to provide increased funding, staffing, and other resources to support county mental health programs and monitor progress toward performance outcomes for children, transition age youth, adults, older adults, and their families.

MHSA target populations include:

- Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families
- Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems)
- Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness
- Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems

Glenn County Behavioral Health (GCBH) is required to develop and submit three-year program and expenditure plans, and annual updates, that address the activities, services, and projects that will be implemented within the framework of MHSA. The plans and updates include planning budgets that outline the anticipated expenditures. The plans/updates also allow GCBH the opportunity to report on the successes and challenges of the programs and projects that were implemented; applicable data; related performance outcomes; and any anticipated changes in the coming year(s). Stakeholder and community involvement is essential in the planning and development of the MHSA system.

C. MHSA COMMUNITY PROGRAM PLANNING

1. Community Program Planning Activities

The GCBH Community Program Planning (CPP) process for the development of the MHSA FY 2024-25 Annual Update ("MHSA Annual Update") builds upon the planning process that was utilized for the development of the most recent 3-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that over 1,200 stakeholders have participated in the planning process since 2005.

The MHSA components addressed by the CPP included Community Services and Supports (CSS); Prevention and Early Intervention (PEI) local and statewide; Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN). In addition, during the CPP process, GCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

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 Annual Update, focus groups and stakeholder meetings were conducted in person, at a variety of locations, including the Behavioral Health Advisory Board Meeting, adult wellness center (Harmony House), and the Transition Age Youth (TAY) wellness center. A presentation on MHSA provided an overview of MHSA and helped participants understand the planning process (see Appendix A for a sample GCBH MHSA presentation). Participants at these meetings also learned more about MHSA and the programs that have been funded.

Interpreters provided 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) and other stakeholder groups to inform both community partners and staff. During staff meetings, the focus group meetings were discussed, and informational flyers were also distributed to staff.

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 online through SurveyMonkey. Information about the survey and the link/QR code 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 75 diverse individuals in Glenn County who participated in this year's comprehensive planning and capacity/needs assessment activities. Refer to Appendix B for the survey results.

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 MHSA Annual Update.

2. Stakeholder Input

Focus groups and stakeholder meetings were conducted in person, at a variety of locations, including Harmony House and the TAY wellness centers and Behavioral Health Advisory Board meetings. 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 the Harmony House monthly Consumer Voice group and 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 the development of life skills; social skill group ideas for both of the wellness centers; group field trips for adults; community outreach and education about Stigma; increasing outreach to the community; outreach to the unhoused; options to Sober Living Environments and SUD inpatient Treatment; increasing services for LGBTQ+ and seniors; increasing services and supports for parents; 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 development and design of the Annual Update, and will be used to enhance MHSA services in the coming years.

The survey data was analyzed, and the results were used to provide input and guidance in the planning process, and to identify the programs that would be funded with MHSA (refer to Appendix B 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 Innovation project); Katie A./CCR meetings; Glenn County Alliance for Prevention meetings; AB109 meetings; 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.

D. CAPACITY TO IMPLEMENT SELECTED MHSA PROGRAMS

GCBH is required to provide an assessment of its capacity to implement the proposed MHSA programs and services.

1. **Requirement:** Demonstrate the strengths and limitations of the County and service providers that impact their ability to meet the needs of the MH community, including racially and ethnically diverse populations. Include an assessment of bilingual proficiency in threshold languages.

    a. **Strengths of the GCBH System:** GCBH has a high number of staff who are bilingual and bicultural. Currently, GCBH employs 29 bilingual staff in the following positions: 6 Clinicians; 6 Case Managers; 1 SUD Counselor; 2 Community Outreach Advocates; 4 Coordinators/Managers; 4 Accounting and General Service Specialist; 1 Quality Improvement staff; 3 Support Staff; and 2 MSW interns. GCBH also has a robust Internship program in partnership with CSU, Chico. In addition, GCBH has several BSW interns and MSW interns working in different capacities within the BH system each year. Many of those interns become full time staff of GCBH.

    b. **Limitations of the GCBH System:** GCBH continues to struggle with a lack of office space to provide MHSA services.

    c. **Bilingual Proficiency of GCBH Staff:** There are 2 threshold languages in Glenn County: English and Spanish. Per a recent staff survey, of the 29 bilingual staff at GCBH, 26 staff are proficient in speaking Spanish (89.7%), two (2) are proficient in speaking Hmong (6.9%), and one (1) is proficient in speaking Cantonese and Mandarin (3.4%). Of the 29 bilingual staff, 21 individuals are mental health service staff (72.4%), five (5) are substance use service staff (17.2%), and three (3) are administrative staff (10.3%). *(Data source: GCBH Cultural and Linguistic Competence Plan-Annual Update 2023).*

2. **Requirement:** Provide percentage of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

    a. **Comparison of GC Population; GCBH clients; and GCBH staff on age, race/ethnicity, language, and gender.** Figure 1 shows that across ages, there are a higher proportion of GCBH Staff who are ages 25-59, which is expected to have a work force that is primarily this age group. For Race/Ethnicity, the proportion of persons who are Hispanic is relatively consistent across the three populations: In the general populations, there are 43.4% Hispanic; 33.6% in the client population; and 32.6% in the staff population. We are pleased we have been so successful in hiring 29 bicultural staff (with 26 being fluent Spanish speakers –

89.7%). For gender, there are 49.9% females in the population; 57.5% female clients; and 76.8% female staff.

Figure 1
Glenn County Population, Mental Health Clients, and GCBH Staff, by Demographics
FY 2022/23

	Glenn County Population 2020 Census		GCBH Mental Health Clients		GCBH Staff	
Age Distribution						
0 - 14 years	6,145	21.3%	359	29.5%	-	0.0%
15 - 24 years	3,738	12.9%	267	21.9%	11	11.6%
25 - 59 years	12,218	42.3%	496	40.7%	81	85.3%
60+ years	6,816	23.6%	97	8.0%	3	3.2%
Total	**28,917**	**100.0%**	**1,219**	**100.0%**	**95**	**100.0%**
Race/Ethnicity Distribution						
Black	140	0.5%	15	1.2%	-	0.0%
American Indian/ Alaskan Native	531	1.8%	30	2.5%	3	3.2%
Asian/ Pacific Islander	665	2.3%	21	1.7%	5	5.3%
White	13,897	48.1%	523	42.9%	56	58.9%
Hispanic	12,541	43.4%	409	33.6%	31	32.6%
Other/ Unknown	1,143	4.0%	221	18.1%	-	0.0%
Total	**28,917**	**100.0%**	**1,219**	**100.0%**	**95**	**100.0%**
Language Distribution						
English	-	-	972	79.7%	66	69.5%
Spanish	-	-	200	16.4%	26	27.4%
Other/ Unknown	-	-	47	3.9%	3	3.2%
Total	**-**	**-**	**1,219**	**100.0%**	**95**	**100.0%**
Gender Distribution						
Male	14,488	50.1%	514	42.2%	22	23.2%
Female	14,429	49.9%	701	57.5%	73	76.8%
Unknown	-	-	4	0.3%	-	-
Total	**28,917**	**100.0%**	**1,219**	**100.0%**	**95**	**100.0%**

(Data sources: 2020 US Census; GCBH Electronic Health Record; GCBH Cultural and Linguistic Competence Plan-Annual Update 2023)

3. **Requirement:** Identify possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

   a. **Barriers to Implementation:** GCBH continues to struggle with workforce shortages, especially recruitment of BH Managers, Support Staff, Case Managers and Clinicians. Also, GCBH currently lacks office space for all GCBH staff to provide services. In addition, GCBH is working with CalMHSA as a pilot county to implement a new Electronic Health Record (EHR) called SmartCare. Over this last year, GCBH has struggled with this implementation.

   b. **Mitigation Efforts:** GCBH is addressing staffing issues through ongoing recruitment activities and exploring telehealth and other technological solutions.

GCBH joined the regional WET partnership to increase staff retention through the loan repayment program. Additional office space is being located to expand capacity to deliver services. GCBH will also identify and implement priorities and programs that will have the most impact on clients and the community, maximizing resources and outcomes. GCBH is working with CalMHSA on a weekly basis to continue improving SmartCare data input, billing, report building, and glitches as they arise. These efforts will help with data collection and impact decision-making around system change and work force recruitment.

E. LOCAL REVIEW PROCESS

1. 30-Day Posting Period and Circulation Methods

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from April 12, 2024, through May 13, 2024. An electronic copy has been posted on the County website, and through various GCBH social media platforms. This document has been distributed to all members of the Mental Health, Alcohol and Drug Commission; SIC; consumer groups; and GCBH staff. The document is available via mail or email, upon request. Hard copies have been distributed at the clinics in Willows and Orland, and upon request.

GCBH MHSA website: https://www.countyofglenn.net/dept/health-human-services/behavioral-health/mental-health-services-act

2. Public Hearing Information

The Public Hearing for the posted MHSA Annual Update will be held on Tuesday, May 14, 2024, from 3:00 pm to 4:00 pm.

A hybrid meeting will be held as follows:

- **In-person location:** CRWC Annex, 1187 E South Street, Orland, CA 95963

- **Via Zoom:**

https://countyofglenn-net.zoom.us/j/88344598921?pwd=MU5VNEZyUFhvbEdlT0NHRmF2QUkvUT09

Meeting ID: 883 4459 8921
Passcode: 798729

- **Via Phone:** If you prefer to join by phone, please call:
  - 1-669-900-6833
  - Meeting ID: 883 4459 8921
  - Passcode: 798729

3. Public Feedback on Proposed Document

Feedback on the MHSA Annual Update will be summarized and added to the final document.

4. Substantive Recommendations and Changes

Substantive recommendations and changes to the MHSA Annual Update will be reviewed and incorporated into the final document, as appropriate. If no substantive recommendations and changes are

5. County Supervisor Approval and State Submission

The MHSA Annual Update will be submitted to the County Board of Supervisors after the public hearing. After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

F. COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports (CSS) funding created two strong programs: the CSS Full-Service Partnership (FSP) program; and the CSS Non-FSP program. 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.

1. Report on CSS FSP Program (FY 2022/23 and Current)

The Full-Service Partnership (FSP) program is designed to provide expanded mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these clients in achieving their recovery goals. Components of the FSP program include, but are not limited to the following services and activities: 24/7 coverage with designated FSP staff; educational and/or employment services; assistance with local transportation to meet basic needs; linkage to home and community services. All individuals enrolled in the BHTC are enrolled in the FSP program. FSP services offer flexible funding to support clients with "whatever it takes" for a limited time, when consistent with the treatment plan and recovery goals.

In addition to meeting SMI or SED criteria, MHSA regulations specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment. For children and youth, additional criteria also include at risk or a recent history of homelessness, school failure, high-risk behaviors, and/or involvement in the criminal justice system. For adults, additional criteria include being at risk of involuntary hospitalization or inpatient hospitalization, placement in residential treatment, substance use, co-occurring disorders, and/or at risk of out-of-home placement.

Full-Service Partnerships for Children/Youth

FSPs for children and youth consists of addressing needs for high-risk children and youth, especially individuals and families who are involved in the Child Welfare Services (CWS) or Probation systems. FSPs may also include youth who have been identified through the GCBH 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 lives.

The FSP team consists of clinicians, case managers, 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 and 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 identified goals. Flex funds are utilized to support families to receive "whatever it takes" to help the child and/or family achieve their goals. Flex funds may be used to provide housing assistance; pay security deposits and first month's rent; help furnish the space; and teach clients to manage their money.

Progress is monitored through CFT meetings and quarterly evaluation forms. Wellness Recovery Action Plans (WRAP), an evidence-based practice, are created with families/individuals and youth as a part of the FSP program. Over the past two years in response to COVID protocols, the case managers utilized an online training to support the development of a WRAP with families; this training was conducted as an individual service, although it is traditionally provided in a group setting.

In FY 2023/24, GCBH began to enroll, in the FSP program, all children (ages 0-21) who have an open Child Protective Services (CPS) case.

Full-Service Partnerships for Adults/Older Adults

FSP for adults and older adults consists of addressing needs of high-risk adults and seniors, especially individuals and families who are involved in Behavioral Health Treatment Court or CARE court. FSP services are also intended for individuals who are involved in multiple systems or have other complex needs. Services also include working with adults who have been identified through screenings and assessments as having a co-occurring mental health and substance use disorder diagnosis. FSP for adults focuses 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, and any support person(s) identified by the client. The Wellness Team may also include Harmony House coaches, family members, and a Probation Officer, or other support person such as Community Health Worker or Housing Specialist, as appropriate. The client's Wellness Team meets regularly to review the client's progress. The client's input is emphasized in an effort to empower the client and to ensure that consumer driven services are utilized.

The FSP program may use flexible funding to help FSP clients move into safer, or more independent living situations. Strategies include helping individuals to access housing; using hotel vouchers; providing assistance with security deposits and funds for first month rent; paying for basic necessities; and providing funds to assist with utility payments.

CARE Court

As a pilot county that is implementing the new CARE Court program early, GCBH has held regular meetings and activities to begin implementation. Enacted in October 2023 for seven pilot counties, CARE Court is a new framework and program designed to link individuals who have a schizophrenia spectrum or other psychotic disorder diagnosis, who may be unhoused, and who are at risk in the community, to receive supportive services in partnership with County Behavioral Health agencies, through a Court process. The CARE Court participant does not require a criminal charge or any legal involvement for referral to this program. The program is designed as a method for identifying individuals who are not connected to services and who need them, as well as individuals who have been unwilling to engage in service.

The goal of CARE Court is to divert individuals from higher levels of care, including inpatient, incarceration, and/ or conservatorship. The program connects a participant to BH services that follow a court-ordered CARE Agreement / CARE Plan for up to 12 months, with a one time, up-to-12-month extension when needed. The CARE Agreement / CARE Plan is a clinically-prescribed, individualized treatment plan, that includes appropriate behavioral health services. The CARE Agreement / CARE Plan may also include support services, including housing services, social services, and other programs, as well as linkage to wellness activities such as community services, medical, dental, and other whole person care needs. CARE Court is initiated by a Court petition process, and GCBH is anticipating approximately 20 petitions that meet criteria each year. All CARE Court participants are also enrolled in the FSP program.

Behavioral Health Treatment Court

GCBH enrolls all Behavioral Health Treatment Court (BHTC) adults and older adults in the FSP program.

BHTC is a post-plea Court, signifying that the individual has plead guilty to a specific crime and is now "sentenced" to BHTC, although BHTC is a voluntary option. The objective is to divert individuals from jail into treatment. An individualized plan of services and supports is created for each participant. The BHTC team is comprised of a GCBH clinician and a case manager; a probation officer, the District Attorney's office, the Public Defender's office; and the court. Eligible individuals include Glenn County residents who have Medi-Cal and have been diagnosed with an SMI, are 18 years or older, and have been convicted of a crime. Certain crimes, such as violent crimes, are excluded from participation in BHTC; participation is evaluated on a case-by-case basis. The program is a minimum of 12 months and typically takes participants 18-24 months to complete.

The BHTC program has 3 phases where the participant attends services on an individualized plan to gain points each month. When they acquire the required number of points, they can move to the next phase. If the person completes all phases satisfactorily, they are eligible to graduate, and their charges can be reduced from a felony to a misdemeanor or dismissed completely, at the court's discretion. The participant meets with GCBH staff weekly; attends groups and other community services; and meets with probation as directed for substance use testing, as appropriate. The client may also be referred to substance use services if needed as part of their plan. Additional supports such as housing, SSI, employment, and other needs are evaluated, and the BHTC team assists the client in working to obtain those supports.

GCBH gathers local community data on its FSP clients. This local data provides additional information about homelessness, incarcerations, and the Wellness Team. This data supports to GCBH to continuously evaluate and improve services to respond effectively to meet clients' needs.

Additional CSS Services and Activities

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.

In FY 2023/24, GCBH began to enroll Purpose Place residents in the FSP program. Opened in Spring 2023, Purpose Place is a 32-unit apartment complex in Orland, CA, that provides supported and permanent housing for community members who have a mental health diagnosis. This facility is a 55-year investment through a collaboration with Glenn County HHSA, the City of Orland, and Habitat for Humanity to expand the number of low-income housing apartments in the county. GCBH provides FSP services onsite to GCBH clients who live at Purpose Place; and provide intensive case management services to residents. Staff are also available to support other residents with behavioral health needs, to help engage and link them to needed services, including mental health and/or substance use disorder treatment. Staff work closely with the apartment manager and other partners in the community to provide clients with life skills to help them be successful in sustaining long-term housing and remain living in the community. Individuals living at Purpose Place have an array of services through Glenn County Social Services, Community Action Division, In-Home Supportive Services (IHSS), and Public Assistance. Linkages to these and other services ensure access to all needed supports so individuals can remain living independently in the community.

In FY 2023/24, in response to community requests, GCBH began to expand services for individuals with co-occurring mental health and substance use disorders. GCBH identifies co-occurring, evidence-based, and best practices; implements the chosen strategies; and trains staff to use them to engage and treat this complex population. GCBH also utilizes the multi-disciplinary team (MDT) to ensure that key staff are available to facilitate improved coordination for clients with co-occurring impairments. GCBH adheres to state guidelines regarding the use of MHSA funds for co-occurring clients.

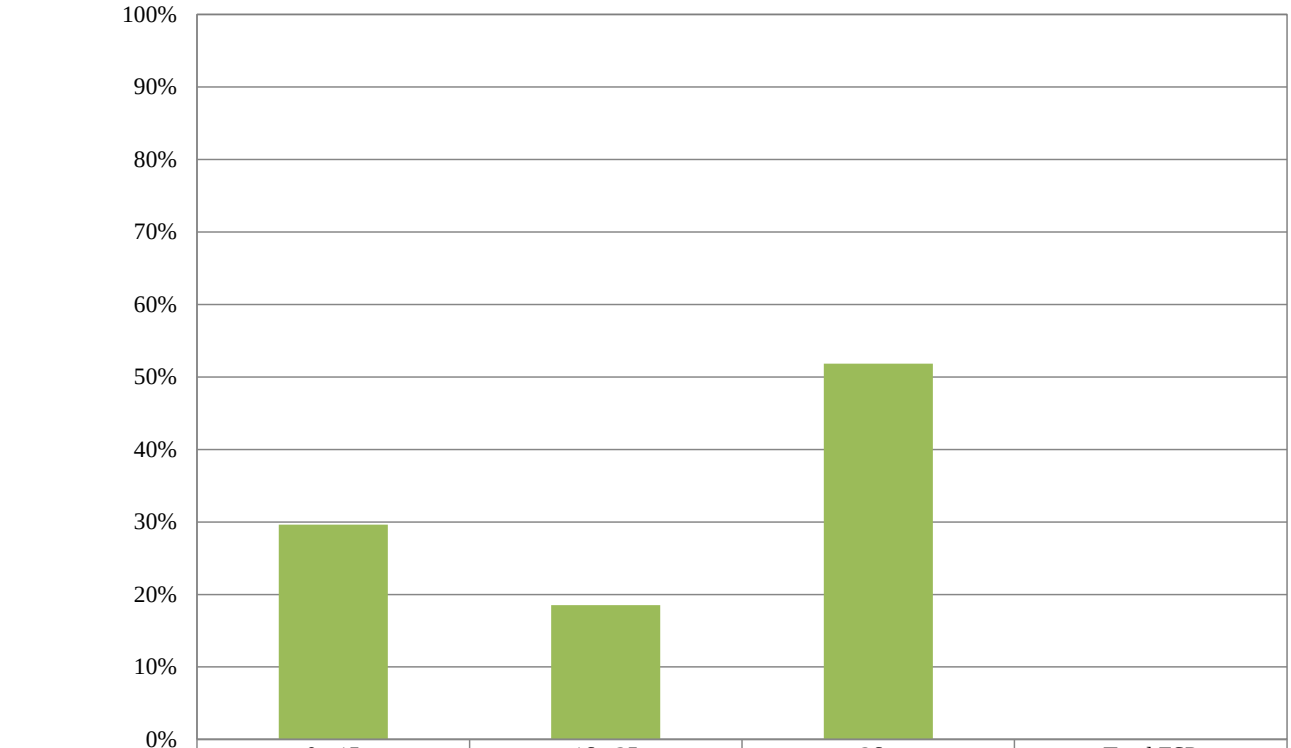
CSS funds are occasionally used to supplement services for individuals who receive services through the SAMHSA Mental Health Block Grant; Mobile Crisis; Behavioral Health Internship Program; AB109; the Mental Health Schools Services Act program; or any other programs that are added through the year.

- CSS FSP Program Data (FY 2022/23)

The FSP program served 108 people in FY 2022/23 (see Figure 2). Of the people served, 32 (29.6%) were children ages 0-15; 20 (18.5%) were TAY ages 16-25; and 56 (51.9%) were adults/older adults ages 26 and older.

Note: The age categories of 26-59 and 60+ have been combined into 26+ to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

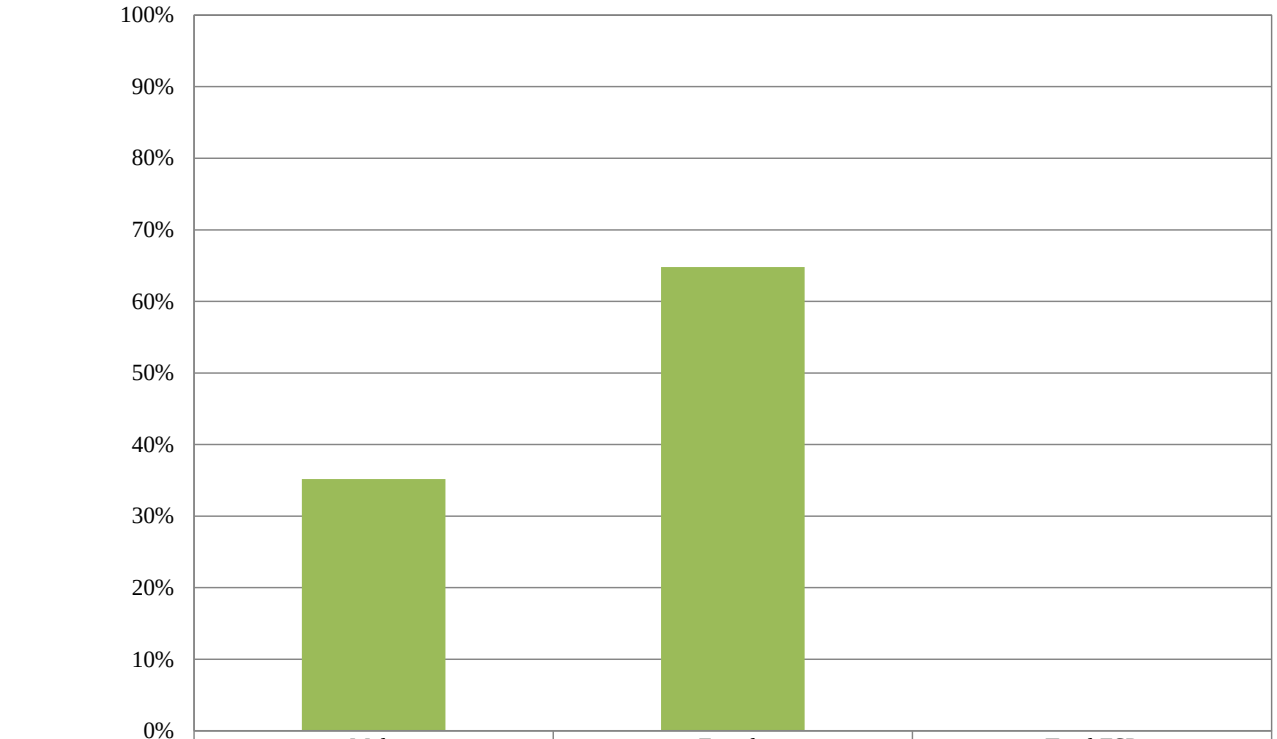
Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2022/23



	0 - 15	16 - 25	26+	Total FSP
# of FSP Clients	32	20	56	108
% of FSP Clients	29.6%	18.5%	51.9%	100.0%

Of the 108 people enrolled in the FSP program in FY 2022/23 (see Figure 3), 38 were male (35.2%) and 70 were female (64.8%).

Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2022/23

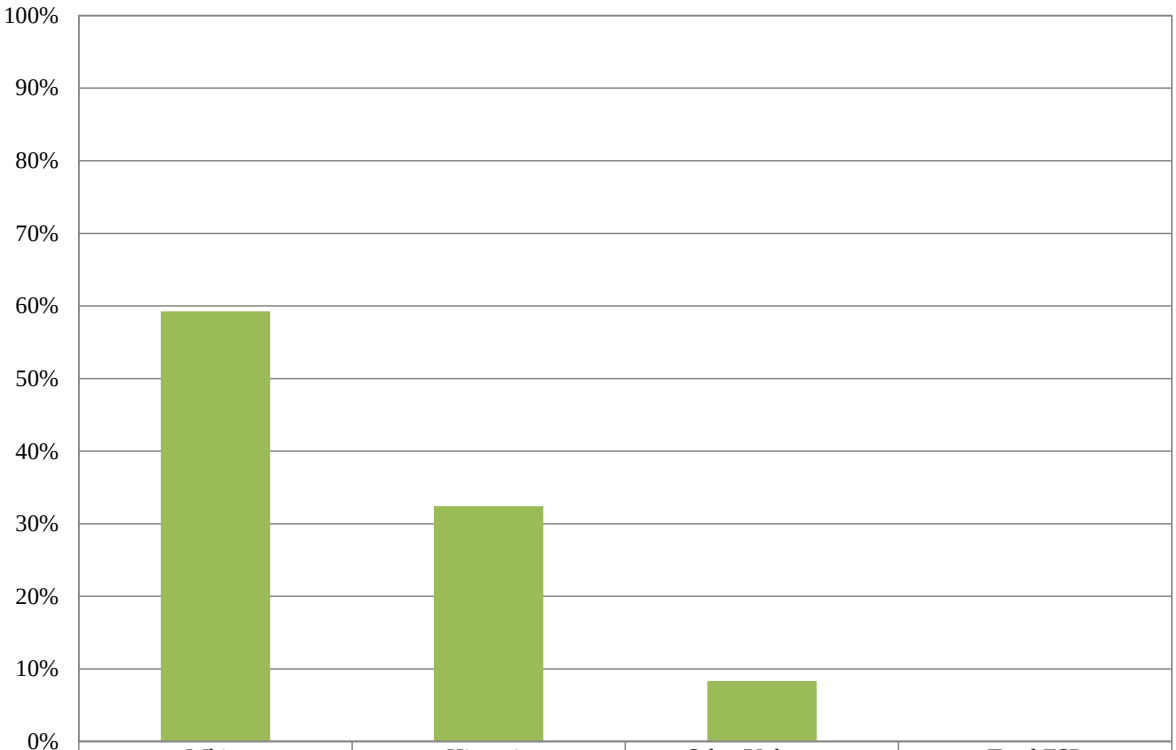


	Male	Female	Total FSP
# of FSP Clients	38	70	108
% of FSP Clients	35.2%	64.8%	100.0%

Of the 108 people enrolled in the FSP program in FY 2022/23 (see Figure 4), 64 were White (59.3%); 35 were Hispanic (32.4%); and nine (9) were other/unknown (6.4%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, American Indian/Alaskan Native, 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.

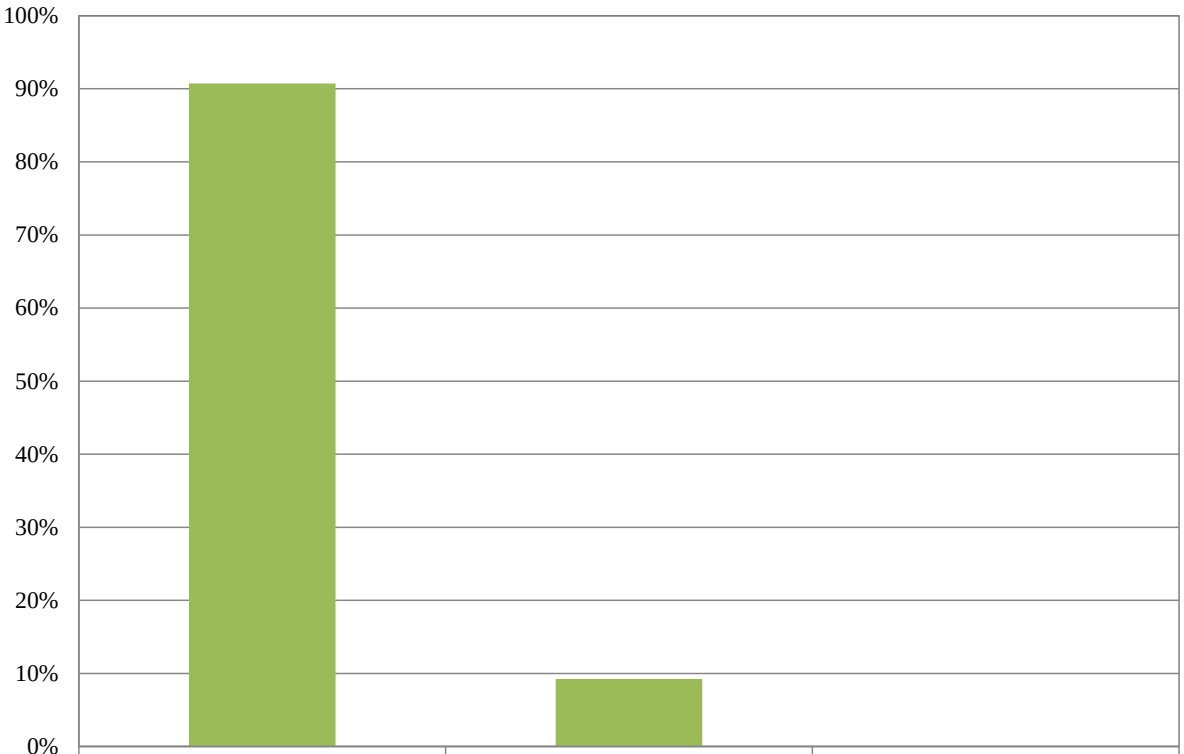
Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2022/23



	White	Hispanic	Other/Unknown	Total FSP
# of FSP Clients	64	35	9	108
% of FSP Clients	59.3%	32.4%	8.3%	100.0%

Of the 108 people enrolled in the FSP program in FY 2022/23 (see Figure 5), 98 (90.7%) were English speakers and 10 were Spanish speakers (9.3%).

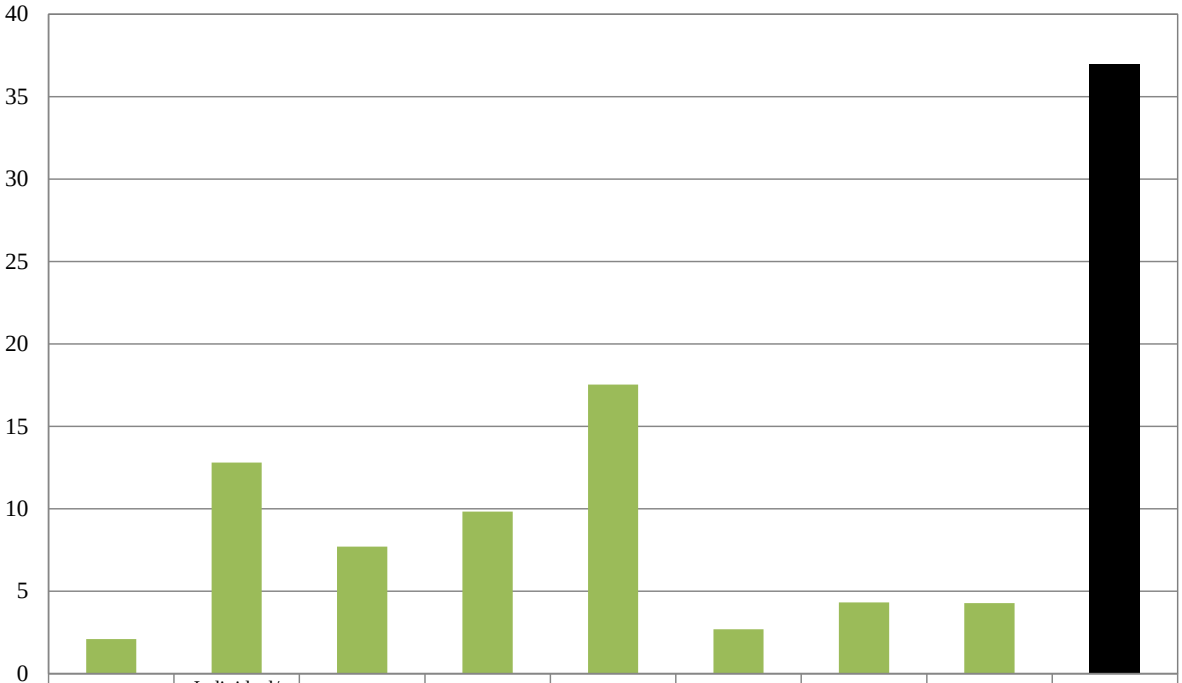
Figure 5
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2022/23



	English	Spanish	Total FSP
# of FSP Clients	98	10	108
% of FSP Clients	90.7%	9.3%	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 6 below. The 108 clients that received FSP services in FY 2022/23 received 3,993.03 hours of services, which calculates into an average of 36.97 hours per person. Of the 108 clients, 55 received assessment; 94 received individual/family therapy; 61 received rehabilitation individual services; 25 received group services; 95 received case management; and 60 received medication services. Only 25 of the 108 FSP clients received crisis intervention and/or mobile crisis intervention, which shows that only 23.1% needed this intensive service. This data also reflects that 76.9% of the FSP clients did not receive crisis services in the fiscal year, which demonstrates the positive outcomes from outpatient services for these high-risk clients to help them manage their wellness and recovery.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2022/23



	Assessment	Individual/ Family Therapy	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Mobile Crisis Intervention	Total FSP*
Total Hours	114.88	1,203.18	469.75	245.50	1,665.58	160.93	86.23	46.97	3,993.03
Und. FSP Clts*	55	94	61	25	95	60	20	11	108
Hrs/Clt	2.09	12.80	7.70	9.82	17.53	2.68	4.31	4.27	36.97

** There was one (1) additional client who was discharged from FSP early in the FY so did not receive any outpatient MH services and is not included in the FSP data above.*

Figure 7 shows the MHSA cost per FSP client in FY 2022/23. MHSA FSP expenditures in FY 2022/23 were approximately $1,015,809; there were 108 FSP clients served; and the MHSA cost per client was roughly $9,406.

Figure 7
CSS FSP Services
Total MHSA FSP Expenditures, Clients, and Cost per Client
FY 2022/23

Total FY 22/23 MHSA FSP Costs*	$ 1,015,809
Total FY 22/23 FSP Clients	108
FY 22/23 MHSA Cost per FSP Client*	$ 9,406

**Expenditures and costs per client are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

Figure 8 shows the total number and percent of FSP clients who received psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 93.5% of FSP clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 8
Number and Percent of FSP Clients Who Remained Out of Inpatient
FY 2022/23

	# Clients	**% Clients**
No Inpatient Admissions	101	93.5%
Inpatient Admission(s)	7	6.5%
Total	**108**	**100.0%**

2. Report on CSS Non- FSP Program (FY 2022/23 and Current)

The CSS Non-FSP program provides the following activities: outreach activities; outpatient services; SMART Team services; telepsychiatry services; crisis services; wellness center activities; and housing support services.

CSS dollars also help to support the Mental Health Student Services Act (MHSSA) grant, funded separately through the MHSOAC. The MHSSA project, Promoting Resiliency and Investing in Student Mental Health (PRISM), supports partnerships between educational and county mental health agencies.

All CSS Non-FSP activities 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.

Outreach Activities

To identify new clients for outpatient services, Case Managers provide CSS outreach activities to persons in the community who are at-risk of needing mental health services. Harmony House also provides clothing to individuals and families through donations from the community. The Harmony House Clothing Closet is visited by approximately 50 community member each year.

Community members are able to take showers by appointment at Harmony House, Monday through Friday. On average, the showers are used 3-5 times each day. This service provides the opportunity for individuals to develop trusting relationships with Harmony House staff and clients, which then encourages the individual to access other services.

In addition, GCBH has two (2) evidence-based anger management programs that are offered to Glenn County residents and AB109 clients: 1) Courage to Change; and 2) a SAMSHA-certified anger management program. In FY 2021/22, Courage to Change provided group services to 14 individuals and 8 individuals attended anger management groups. 11 of these individuals were referred to and received mental health services.

In August 2023, the TAY Center partnered with The Star Center for a Back-to-School event that provided free haircuts, resources, and school supplies. The Star Center serves foster and juvenile justice youth with Independent Living Services, resources, and drug and alcohol prevention. Approximately 18 local barbers and stylists volunteered their time to provide youth haircuts before they returned to school. Also, to serve the monolingual Spanish community, 16 of the barbers/stylists spoke Spanish. Resource tabling included representation from TAY Center; STAR Center; Substance Abuse Prevention; Mental Health; Tobacco Prevention; Suicide Prevention; First 5; and Public Health-Dental Hygiene. The event provided 160 families with backpacks, haircuts, and/or resources.

Outpatient Services

GCBH continues to expand programs and collaborate with partner agencies, including schools, law enforcement, social services, jail, and probation. GCBH also 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.

Children's Services

In FY 2023/24, GCBH terminated PCIT as a PEI/Early Intervention program, and will sustain it under CSS Non-FSP. 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. 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.

PCIT groups are offered in the local elementary school for existing PCIT clients and during summer months. 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. These children 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).

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 continued program goal for PCIT is to offer PCIT treatment to the women and children who attend Discovery House.

SMART Team Services

The SMART Team, originally an Innovation project, is sustained through CSS funding, and continues to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats and potential acts of violence.

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 assessment, including evaluating risk and protective factors for each unique situation.

The SMART Team has gained additional training in the Salem-Keizer Cascade Threat Assessment Model along with all local school district representatives, local law enforcement (including Glenn County Sheriff's Office, Orland Police Department and California Highway Patrol), a representative from Child Welfare Services, the Glenn County Probation Department, and Glenn County Office of Education. The expansion of training county-wide assists the community in creating a system of support for youth who may be threatening or planning targeted acts of violence. Community agency partners have the same protocols and language to use to collaborate and work together to help keep our community safe and to support the development of healthy youth. The SMART Team and community partners are engaging in Level 1 training, and many of the same representatives will receive Level 2 Training as well. The Level 2 Training assists with the development of a county-wide multi-disciplinary team to advise school sites around intervention and support for high-risk referrals. There is a clear process on when to refer to the Level 2 team.

The SMART Team members have also been trained in the Structured Assessment for Violence Risk in Youth (SAVRY). SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from

existing research and the professional literature on adolescent development as well as on violence and aggression in youth. The violence risk assessment takes into account both reactive and proactive aggression, and items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention in risk reduction. 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 youth and family are supported and the situation leading up to the crisis is being managed.

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. 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. The SMART team is currently providing training and consultation to additional law enforcement members in the community. GCBH has made additional effort to assist existing site teams in their triage and response process prior to the involvement of SMART. The hope is to bring a countywide threat assessment training to all schools in Glenn County to expand the efforts to keep school sites and students safe on campuses.

Telepsychiatry Services

GCBH telepsychiatry services are available for medication assessments and ongoing monitoring through Traditions Behavioral Health, an out-of-county organizational contract provider. Currently, GCBH contracts with two (3) psychiatrists, for a total of 1.5 FTE. The adult psychiatrist works 32 hours per week for GCBH; and both of the child/youth psychiatrists work eight (8) hours each per week for GCBH. The psychiatrists have access to the Glenn EHR to review client charts and fully document each telepsychiatry visit. GCBH has the availability to increase the hours for a child/youth telepsychiatrist an additional four (4) hours per week as needed.

For adult clients, telepsychiatry appointments are available at the GCBH clinic offices Monday through Thursday each week, in both Orland and Willows. In addition, the adult psychiatrist provides in-person appointments for one week, every other 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 clients who are recently discharged from the psychiatric hospital, as part of efforts to stabilize medications or have any other “urgent” need.

GCBH administrative staff are responsible for scheduling initial appointments, while the assigned Case Managers are responsible for scheduling all follow-up appointments. Designated

GCBH Case Managers function as the liaison between the telepsychiatrist and GCBH clients. 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 evaluate the services delivered to the client, including clinical assessments; clinical case notes from the therapist and case manager; laboratory examinations and results; and any other documentation, including records from other sources.

The Telepsychiatrist conducts an assessment during the initial 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. Glenn County has just started contracting with a Behavioral Health specialty pharmacy in Chico, CA, which can overnight medications, providing a new pharmacy option for clients. Clients with mail order services are also accommodated. Client medications are filled through electronic submission via the EHR.

GCBH hired a Licensed Vocational Nurse to provide injections for clients who are prescribed with injectable psychotropic medications. The nurse is also responsible for dispensing medications to some clients and/or assisting with medication boxes; and this individual may perform other nursing duties as needed, such as conducting a medication group. With the training and support by the case managers, the clients are checked in weekly for medication compliance. Data indicates that the injection clinic has been effective in stabilizing clients' mental health conditions and preventing hospitalizations. Of the 22 clients receiving injection service, 20 clients (91%) have remained in outpatient services.

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

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

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 44% of mental health clients receive telepsychiatry services.

In FY 2023/24, GCBH increased telepsychiatrist services to include a children's psychiatrist for 8 hours per week, with the option to increase this up to 12 hours per week as needed.

Crisis Services

Sierra Mental Wellness Group (SMWG) provides after-hours crisis services for Glenn County. SMWG works closely with GCBH Innovation staff to ensure appropriate care coordination, crisis response, and quality-driven crisis services and prevention. SMWG also provides advanced training in evidence-based models of crisis assessment for both their own staff as well as GCBH staff.

Mobile Crisis is a Mobile crisis service that provides rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries and other Glenn County residents who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to persons experiencing a behavioral health crisis by delivering de-escalation and stabilization techniques, which help reduce the immediate risk of danger and subsequent harm, and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement. Mobile crisis services are designed to utilize an integrated approach to responding to both mental health and substance use related crises, and will be equipped to respond to drug-related overdoses, if necessary. This service is not intended to replace emergency medical services for medical emergencies.

Mobile crisis services include warm handoffs to appropriate settings and providers when the person requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care.

Mobile crisis services are directed toward the beneficiary in a crisis, but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the person in addressing their behavioral health crisis and restoring the person to the highest possible functional level. For children and youth, in particular, mobile crisis teams shall work extensively with parents, caretakers and guardians, as appropriate and in a manner that is consistent with all federal and state laws related to minor consent, privacy and confidentiality. Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the person is experiencing the behavioral health crisis. Locations may include, but are not limited to, the person's home, school or workplace, on the street, or where a person socializes. Pursuant to federal law, mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services will be available to persons experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.

Wellness Center Activities

The Transition Age Youth (TAY) Center is located in Orland in a comfortable house-like setting that welcomes youth to participate in healthy and rehabilitative exercises and activities. Youth often access services at the TAY Center, which provides individuals ages 13-25 with a safe, comfortable environment to access services and participate in age-appropriate activities. The TAY Center offers a youth-driven, youth-friendly setting offering peer support, communication skills, expressive arts, mentoring, and clinical mental health services. 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 local high schools and middle schools. The TAY Center had an average of six (6) unique individuals who attended groups and events daily in FY 2022/23.

The TAY Center and Peer Mentors are an integral part of the CSS Program. Peer Mentors participate within the treatment team to support youth-driven services and advocacy for mental health. They build individual relationships with the youth and ~~co~~-lead groups. 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 opportunities for youth to focus on five (5) core competencies: social skills, life skills, creative expression, cultural competency, and community service. This model provides wraparound mental health services that assist youth to prepare for early adulthood. Peer Mentors create, manage and run groups while being supported by the TAY manager and other Behavioral Health clinical 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. In FY 2023/24, three (3) of the Harmony House Coaches became peer certified, and are now able to offer rehabilitation services to support client treatment wellness goals. 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 services by offering a variety of groups and activities such as arts and crafts; Kitchen Creation (cooking); WRAP; stress management; anger management; codependency; Bouncing Back (a PTSD workshop); budgeting; men's and women's support; and grief and loss. All of these groups focus on Wellness and Recovery. Note that groups are subject to change. Harmony House had an average of 13 unique individuals who attended groups and events daily in FY 2022/23.

The staff at the Harmony House help individuals learn skills to manage their symptoms and help prevent 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.

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 CRWC building in Orland is being renamed "Behavioral Health Services.").

CSS funds are occasionally used to supplement services for individuals who receive services through the SAMHSA Mental Health Block Grant; Mobile Crisis; Behavioral Health Internship

Program; AB109; the Mental Health Schools Services Act program; or any other programs that are added through the year.

In FY 2023/24, the Wellness Centers began to focus on serving underserved populations (including Older Adult (60+), Veterans, and LGBTQ+ individuals) through focus groups, outreach activities, and offering specific activities and treatment groups that target these underserved communities. The MHSA Coordinator and the Ethnic Services Coordinator (ESC) are working to develop a subcommittee with partners to review data and evaluate the needs of these identified populations. In addition, members of these communities will be encouraged to become members of the county Behavioral Health Board, and have their voices and needs be heard.

Housing Services

In FY 2022/2023, GCBH provided 17 individuals with eviction prevention and/or housing assistance. This assistance included 6 clients who received transitional housing assistance and 11 clients who received housing assistance. These assistance activities included hotel stays; utility support; support for animal needs; and the purchase of housing items.

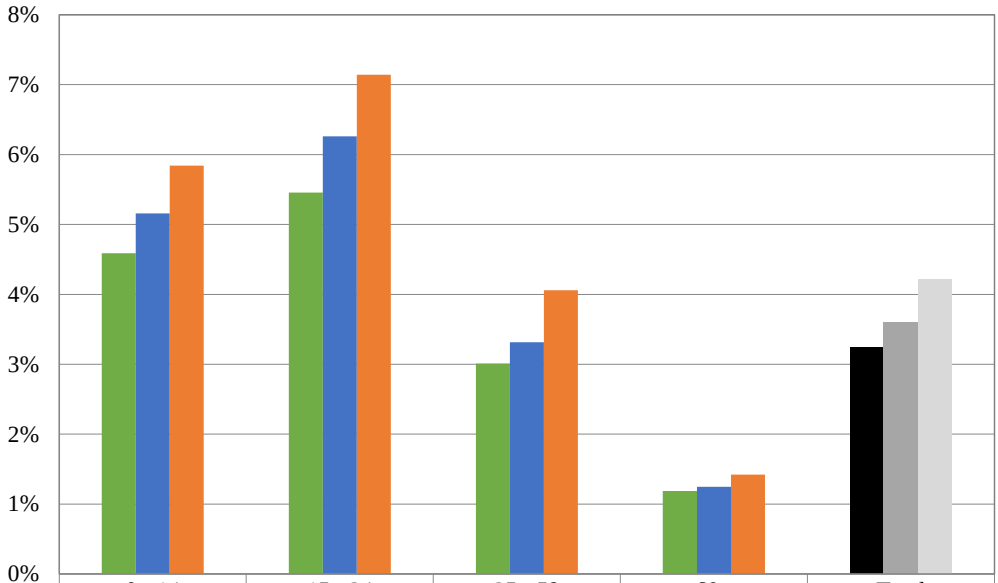
Over the past 3 years, Glenn County has revived the Dos Rios Continuum of Care (CoC) to address the homeless needs in the community. The Dos Rios Continuum of Care is a three-county collaborative established to promote solutions for homeless individuals and families. The CoC developed and adopted a Housing 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 to build a cohesive partnership 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.

In December 2021, Glenn County Board of Supervisors and the HHSA Executive Team decided against applying for No Place Like Home (NPLH) funding. The need for supportive low-income housing still exists. In Spring 2022, Habitat for Humanity purchased the Orland Inn with plans to convert the motel into 32 supportive low-income housing units. This new “Purpose Place” has a projected finish date of Spring 2023.

- CSS Non-FSP Program Data (FY 2022/23)

Figure 9 shows the Penetration Rate and number of CSS clients served for three (3) fiscal years. This data is shown by age group. The Penetration Rate graph shows that the number of persons served increased each year from FY 2020/21 to FY 2022/23. The Penetration Rate (number of persons receiving mental health services out of the total Glenn County population) has also increased across the three (3) years, from 3.2% in FY 2020/21 to 4.2% in FY 2022/23. There was an increase across all age groups.

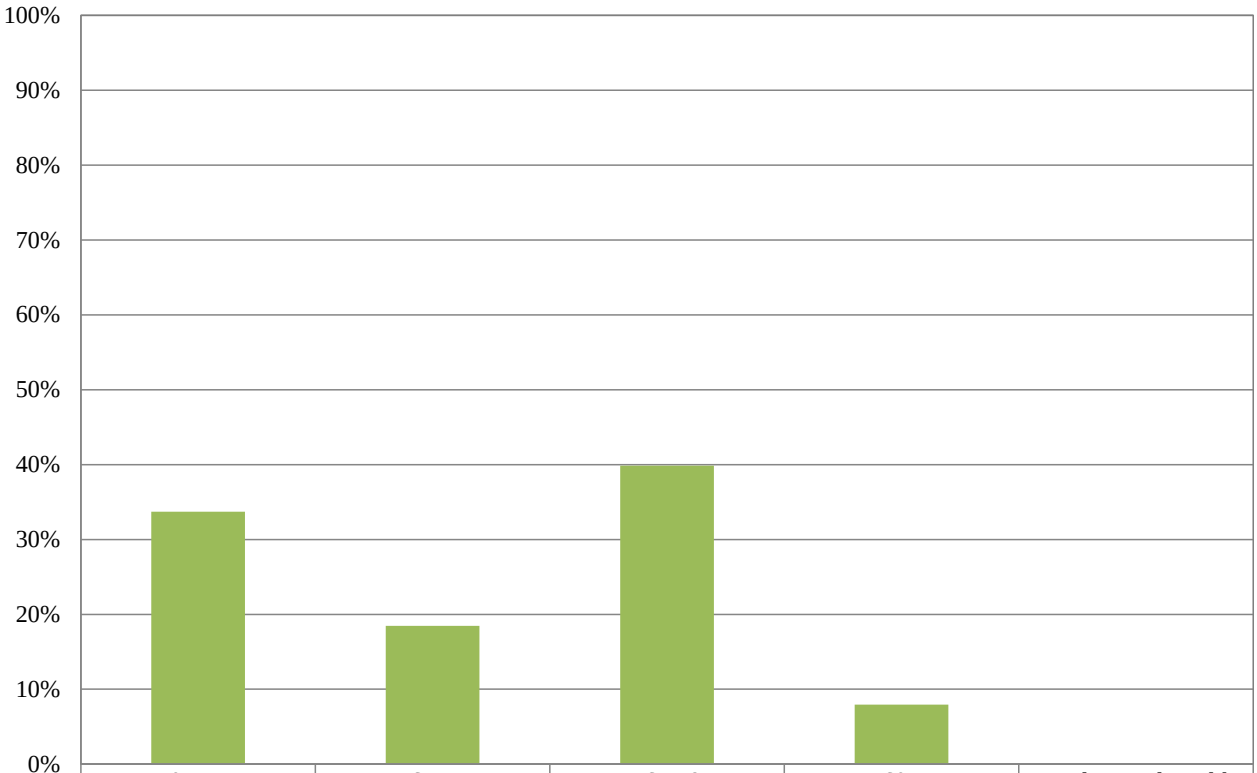
Figure 9
Mental Health Penetration Rate, by Age
FY 2020/21 to FY 2022/23



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2020-21 # Participants	282	204	368	81	935
FY 2020-21 Penetration Rate	4.6%	5.5%	3.0%	1.2%	3.2%
FY 2021-22 # Participants	317	234	405	85	1,041
FY 2021-22 Penetration Rate	5.2%	6.3%	3.3%	1.2%	3.6%
FY 2022-23 # Participants	359	267	496	97	1,219
FY 2022-23 Penetration Rate	5.8%	7.1%	4.1%	1.4%	4.2%
Glenn County Census Population	6,145	3,738	12,218	6,816	28,917

Figure 10 shows the number and percent of Mental Health clients by age for FY 2022/23. For the 1,219 individuals served, 33.7% were children ages 0-15 years; 18.5% were TAY ages 16-25 years; 39.9% were Adults ages 26-59 years; and 8% were Older Adults ages 60+ years.

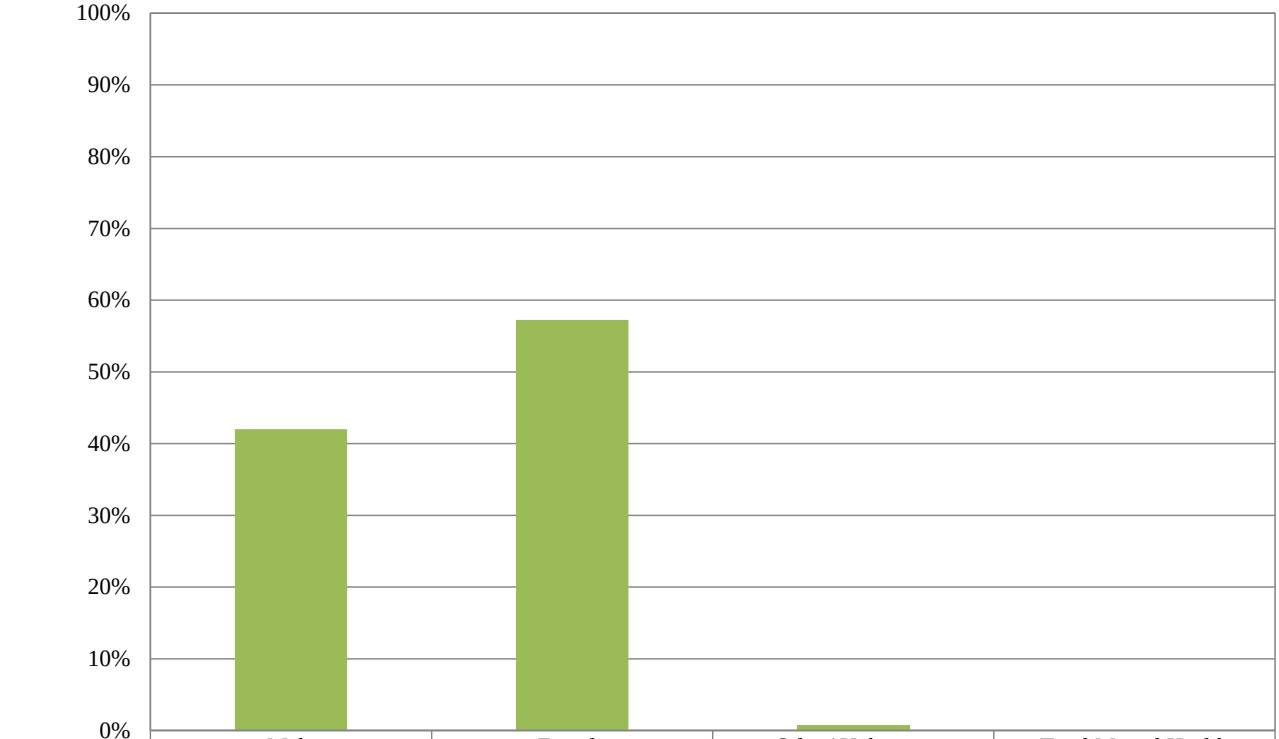
Figure 10
Number and Percent of Mental Health Clients, by Age
FY 2022/23



	0 - 15	16 - 25	26 - 59	60+	Total Mental Health
# of Clients	411	225	486	97	1,219
% of Clients	33.7%	18.5%	39.9%	8.0%	100.0%

Figure 11 shows the number and percent of Mental Health clients by gender identity for FY 2022/23. There were more females than males during this fiscal year. There were 512 males (42%) served, compared to 698 females (57.3%), and 0.7% other/unknown.

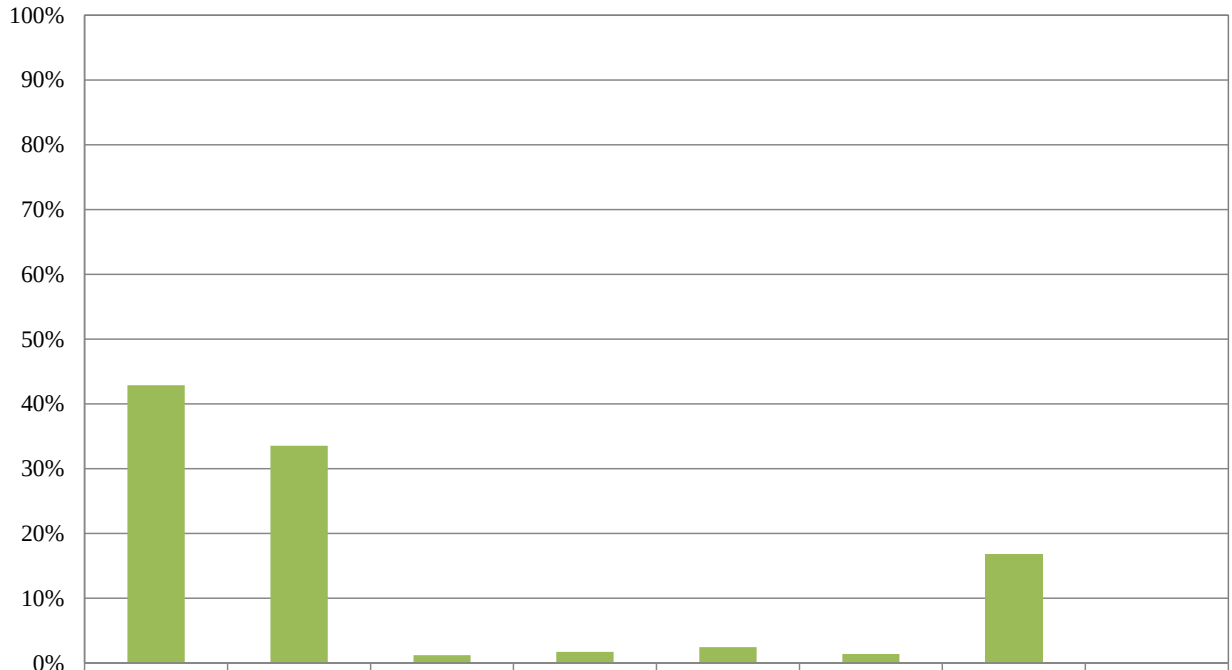
Figure 11
Number and Percent of Mental Health Clients, by <u>Gender Identity</u>
FY 2022/23



	Male	Female	Other/ Unknown	Total Mental Health
# of Clients	512	698	9	1,219
% of Clients	42.0%	57.3%	0.7%	100.0%

Figure 12 shows the number and percent of Mental Health clients by Race/Ethnicity for FY 2022/23. For the 1,219 individuals served, 42.9% were White; 33.6% were Hispanic; 1.2% were Black; 1.7% were Asian/Pacific Islander; 2.5% American Indian/Alaskan Native; 1.4% Other; and 16.7% were Unknown due to limitations in the new EHR data collection for Race.

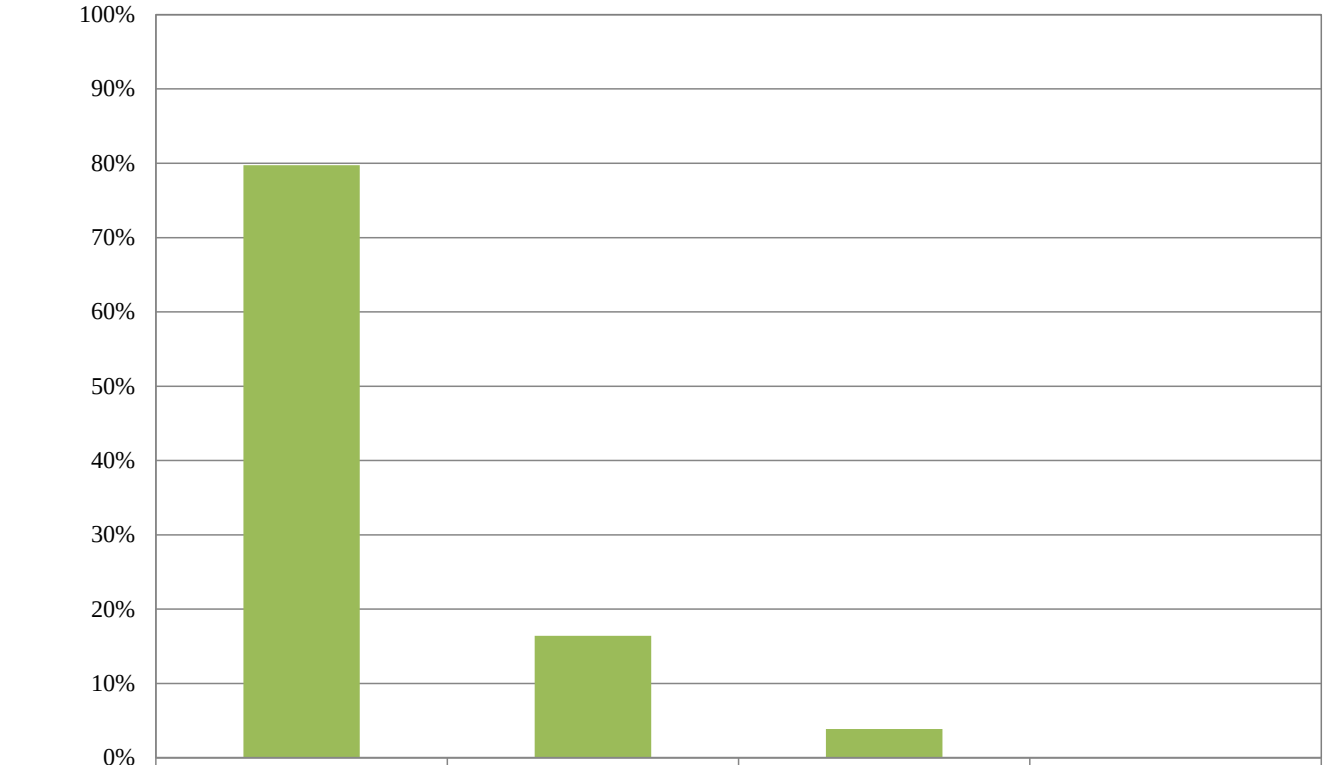
Figure 12
Number and Percent of Mental Health Clients, by Race/Ethnicity
FY 2022/23



	White	Hispanic	Black	Asian/ Pacific Islander	American Indian/ Alaskan Native	Other	Unknown	Total Mental Health
# of Clients	523	409	15	21	30	17	204	1,219
% of Clients	42.9%	33.6%	1.2%	1.7%	2.5%	1.4%	16.7%	100.0%

Figure 13 shows the number and percent of Mental Health Clients by Preferred Language for FY 2022/23. For the 1,219 individuals served, 79.7% had a preferred language of English, 16.4% Spanish, and 3.9% other/unknown languages.

Figure 13
Number and Percent of Mental Health Clients, by <u>Preferred Language</u>
FY 2022/23

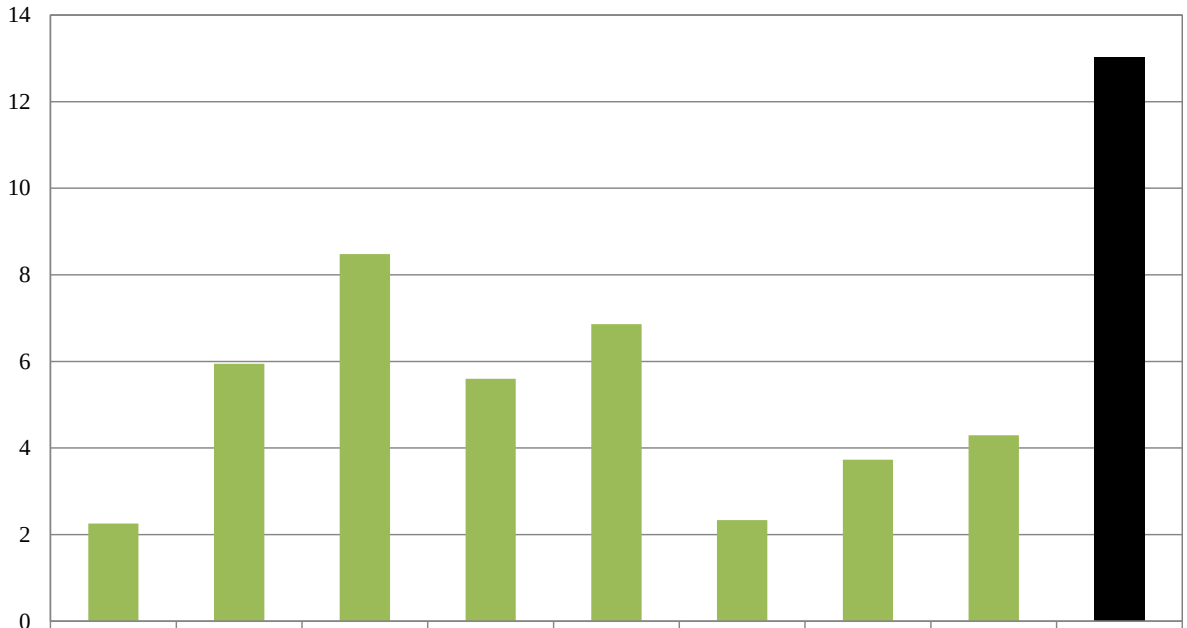


	English	Spanish	Other/ Unknown	Total Mental Health
# of Clients	972	200	47	1,219
% of Clients	79.7%	16.4%	3.9%	100.0%

The next graph (Figure 14) shows the total mental health hours of service for FY 2022/23 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 1,219 clients served in FY 2022/23 received a total of 15,873.05 hours of service. This averages 13.02 hours per client. For assessment, 761 of the 1,219 clients received an assessment. The total number of assessment hours was 1,715.73. This calculates into each client receiving 2.25 hours of assessment services. There were 626 clients who received 3,720.4 hours of Case Management services, for an average of 5.94 hours per client. There were 827 clients who received 7,014.05 hours of Individual/Family Therapy for an average of 8.48 hours per client. It is important to check 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 761 clients who received an assessment and 98 who received group services. Clients can receive one or more services each year.

Figure 14
Total Mental Health Hours, Clients, and Hours per Client, by Service Type
FY 2022/23



	Assessment	Case Management	Individual/ Family Therapy	Rehab. Individual	Group	Medication	Crisis Intervention	Mobile Crisis Intervention	Total Mental Health
Total Hours	1,715.73	3,720.40	7,014.05	1,002.07	672.42	928.75	544.73	274.90	15,873.05
Und. Clts	761	626	827	179	98	398	146	64	1,219
Hrs/Clt	2.25	5.94	8.48	5.60	6.86	2.33	3.73	4.30	13.02

Figure 15 shows the MHSA cost per CSS Non-FSP client in FY 2022/23. MHSA CSS Non-FSP expenditures in FY 2022/23 were approximately $975,974; there were 1,219 CSS Non-FSP clients served; and the MHSA cost per client was around $801.

Figure 15
CSS Non-FSP Services
Total MHSA CSS Non-FSP Expenditures, Clients, and Cost per Client
FY 2022/23

Total FY 22/23 MHSA CSS Non-FSP Costs*	$ 975,974
Total FY 22/23 CSS Non-FSP Clients	1,219
FY 22/23 MHSA Cost per CSS Non-FSP Client*	$ 801

**Expenditures and cost per client are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

Figure 16 shows the total number and percentage of clients who received psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 95.4% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 16
Number and Percent of Mental Health Clients Who Remained Out of Inpatient
FY 2022/23

	# Clients	% Clients
No Inpatient Admissions	1,163	95.4%
Inpatient Admission(s)	56	4.6%
Total	**1,219**	**100.0%**

Figure 17 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2022/23. This data shows that 84.2% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 17
Number and Percent of Mental Health Clients Who Remained Out of Crisis
FY 2022/23

	# Clients	% Clients
No Crisis Services	1,026	84.2%
Crisis Service(s)	193	15.8%
Total	**1,219**	**100.0%**

3. CSS Program Successes and Challenges

CSS Program Successes

The implementation of the Psychiatric injection clinic has resulted in a decrease of client hospitalizations. GCBH has also hired a third psychiatrist who will specialize in delivering psychiatric services for children.

The Drop-in Centers are fully staffed, and services are restored to what they were prior to the COVID restrictions. There has been an increase in client voice groups; and Harmony House and the TAY Center have been implementing their recommendations (e.g., policy on behavior, community outreach events and groups). The Glenn County Behavioral Health Board holds their Executive Meeting at Harmony House to increase client participation and support advocacy. Harmony House has also supported the expansion of FSP Wellness Team meetings. Harmony House is a low-barrier facility and supports outreach to help individuals understand the programming at the drop-in center. TAY Center is partnering with Pet Partners to implement PAWS – Pet Advocate Wellness Support. Pet Partners is a national non-profit that promotes the health and wellness benefits of animal-assisted therapy, activities, and education. GCBH has two volunteer handler and pet duos that visit the TAY Center. GCBH hopes to expand the PAWS program to other components of the BH system. The Back-to-School event collaboration between the TAY and STAR Center served 160 Glenn County families with haircuts, school supplies and resources.

CARE Court has been fully implemented, and to date, GCBH has received two (2) petitions.

In FY 2023/24, three (3) Harmony House coaches completed the Peer Certification program. Two have (2) became certified and one (1) is now applying to take the certification testing. Harmony House is now able to provide treatment focus services, as well as wellness activities.

Harmony House has partnered with the local ministerial association to provide food to community members for a short-term need. Harmony House has also partnered with a local Extend Case Management agency to provide space for them to meet clients in a safe and familiar atmosphere to help them meet their goals.

CSS Program Challenges

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; as a result, there is a shortage 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 the ability to recruit and hire personnel in Glenn County, including administrative staff, support staff, clinical staff, TAY Peer Mentors and leadership positions. 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 five (5) 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.

Office space for staff continues to be a challenge. GCBH has received grants that allow the department to hire 10 additional full-time staff. GCBH leadership has been working with the BH team to tele-commute when possible and use unused office spaces on alternative days. When GCBH fills all of its vacant positions, 12 individuals will not have office space.

Over the last 3 years, GCBH has had several shifts in management, front office, Quality Improvement, fiscal, and clinical positions within its system. Due to the constant change of personnel and with new state regulations, the capacity to train and educate staff on administrative rules and regulations, job roles, etc. has been a struggle for the system.

DHCS has instituted many new mandates that are unfunded. Glenn County is a frontier county and it struggles to address these mandates with current staffing levels. These new requirements create a heavy administrative burden on existing staff and systems.

GCBH faced exceptional challenges transitioning to a new EHR in 2023. GCBH chose to participate in the Semi-Statewide EHR implementation hosted by CalMHSA, with the goal of improving continuity of care and quality outcomes across the state. GCBH volunteered to be a Pilot County for the project going live with the new system four months before the other 26 counties joined. As a Pilot County, GCBH encountered the brunt of systemic and technological malfunctions. CalMHSA contracted with the vendor Streamline to adapt SmartCare to be the Semi-Statewide EHR. SmartCare is being reconfigured by Streamline and CalMHSA programmers to meet county behavioral health needs; however, SmartCare was not originally intended for use by county behavioral health. Combined with payment reform transitions to entirely new code-set and regulations, GCBH continues to experience extreme administrative burden to verify, clean-up, and deploy data solutions.

4. Planned CSS FSP Program in FY 2024/25

- In FY 2024/25, GCBH will continue to provide the same level of CSS FSP services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the CSS FSP program will serve approximately 118 FSP clients, with an estimated MHSA cost per client of $8,441.

    - The estimated age breakdown for the CSS FSP program is: 35 children (ages 0-15); 22 TAY (ages 16-25); 51 adults (ages 26-59); and 10 older adults (ages 60+).

5. Planned CSS Non-FSP Program in FY 2024/25

- In FY 2024/25, GCBH will continue to provide the same level of CSS Non-FSP services as in FY 2023/24.

- In addition, in FY 2024/25, GCBH will expand the CSS Non-FSP Program to include the following activities:

    - GCBH will implement mobile crisis services, and include the INN program, SUD counselor, PRISM program, and local nonprofit to expand co-occurring resources for clients and the community. These comprehensive crisis services will include crisis response, interventions, linkage, assessment, case management, and triage.
        - CSS funding will be used to expand the SMWG contract in order to support mobile crisis intervention after hours.
        - This activity originally had a FY 2023/24 start, but implementation has been postponed and will begin on July 1, 2024.

    - The current INN program, Crisis Response and Community Connections (CRCC), expires at the end of FY 2023/24. In FY 2024/25, the activities of the CRCC will be moved under CSS Non-FSP for sustainability. This multi-disciplinary team approach will continue 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 linking to ongoing services through GCBH.

    - California Advancing and Innovating Medi-Cal (CalAIM) requires DHCS to implement Behavioral Health Payment Reform. As a component of Payment Reform, DHCS is required to design and implement an IGT-based reimbursement methodology to replace the existing certified public expenditure-based reimbursement methodology for Medi-Cal Specialty Mental Health Services (SMHS), Substance Use Disorders services, and for costs incurred by counties to administer those benefits. In FY 2024/25, CSS Non-FSP funds may be utilized for implementation in Glenn County.

- In FY 2024/25, GCBH estimates that the CSS Non-FSP program will serve approximately 1,541 Non-FSP clients, with an estimated MHSA cost per client of $1,662.

    - The estimated age breakdown for the CSS Non-FSP program is: 519 children (ages 0-15); 285 TAY (ages 16-25); 614 adults (ages 26-59); and 123 older adults (ages 60+).

G. PREVENTION AND EARLY INTERVENTION (PEI)

The Mental Health Services Oversight and Accountability Commission (OAC) requires six (6) different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. Programs that are funded from each of these categories are discussed below.

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.

1. Report on PEI Programs (FY 2022/23 and Current)

a. Prevention Program Report: 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 is 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 federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds. The program also utilizes MSW and BSW interns from Chico State who are placed at GCBH. In addition, the program is able to incorporate staff and community members from other parts of HHSA and community partners.

Glenn County 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.

Sustainability activities may include collaboration with local partners, such as the Community Action Department and Northern Valley Indian Health, to arrange training in SFP facilitation for community service providers. GCBH also includes service providers from other agencies, such as Probation and County Office of Education. To 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 the needs of 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.

In FY 2022/23, GCBH coordinated and hosted an SFP training in the community for 35 people. This training encourages agency and community partners to implement SFP in other settings across the county to meet the need of Glenn County families. This strategy addresses a lack of parenting programs for families with children, particularly adolescents, as well as helping to mitigate adverse childhood experiences (ACES) experienced by parents as children, and to lessen future ACES. GCBH is identifying community partners for this training, including but

not limited to Glenn County Office of Education; school districts; Grindstone Rancheria; individual community members; Child Welfare; Probation; local clubs (such as Rotary, Kiwanis, and Soroptimists); faith-based partners and the Orland Ministerial Association; Northern Valley Indian Health, and the Community Action Department. In July 2023, a few staff were able to join a Strengthening Families training in Butte County.

In FY 2023/24, GCBH began implementing a hybrid model that allows for inclusion of Spanish-speaking parents. Many children and youth who participate are bilingual and may not require a class in Spanish, and sometimes even prefer the class in English. To focus on accessibility while recognizing the limits of current staffing capacity, GCBH has incorporated a breakout group for Spanish-speaking parents, as well as the English-speaking parent group and the English-only groups for teens and children. So far, this hybrid model is a success, expanding from a few Spanish-speaking parents in Willows in Fall 2023 to many more in Orland in Spring 2024.

Figure 18 shows the data for the Strengthening Families groups offered in FY 2022/23. In FY 2022/23, there were 47 groups, with an attendance of 464 persons (duplicated count), for an average of 9.9 persons per group.

Figure 18
PEI Prevention Program-Strengthening Families Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Child Group (7-12)	# Groups	12
	Attendance	126
	Avg. Attendance/Group	10.5
Youth Group (12-18)	# Groups	9
	Attendance	86
	Avg. Attendance/Group	9.6
Parent/ Caregiver Group	# Groups	18
	Attendance	225
	Avg. Attendance/Group	12.5
Day Care	# Groups	8
	Attendance	27
	Avg. Attendance/Group	3.4
Total Groups	**# Groups**	**47**
	Attendance	**464**
	Avg. Attendance/Group	**9.9**

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

Figure 19 shows the number and percent of Strengthening Families attendees, by age for FY 2022/23. There were 45 unique individuals served. There were 32 Adults 26-59 years (71.1%) and 13 attendees of other ages (28.9%).

Figure 19
PEI Prevention Program-Strengthening Families Group Services
Number* and Percent of Clients, by Age
FY 2022/23

	# Clients	% Clients
Adults (26-59)	32	71.1%
Other/Unknown	13	28.9%
Total	**45**	**100.0%**

Note: The Age categories of 0 – 15 years, 16 – 25 years, 60+ years 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.

**Demographic data shows the unduplicated count of persons enrolled in the Strengthening Families Parent/Caregiver Group.*

Of the 45 people enrolled in the Strengthening Families program in FY 2022/23 (see Figure 20), 23 were White (51.1%), and 22 were Other/Unknown (48.9%).

Figure 20
PEI Prevention Program-Strengthening Families Group Services
Number* and Percent of Clients, by Race/Ethnicity
FY 2022/23

	# Clients	% Clients
White	23	51.1%
Other/Unknown	22	48.9%
Total	**45**	**100.0%**

Note: The Race/Ethnicity categories of Hispanic, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian or other Pacific Islander 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 21 shows the number and percent of Strengthening Families attendees, by Language for FY 2022/23. There were 33 (73.3%) persons who reported English as their primary language, and 12 who reported an Other/Unknown language (26.7%).

Figure 21
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Language
FY 2022/23

	# Clients	% Clients
English	33	73.3%
Other/Unknown	12	26.7%
Total	**45**	**100.0%**

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 22 shows the number and percent of Strengthening Families attendees, by Sexual Orientation for FY 2022/23. Of the 45 unique individuals served, there were 31 individuals that reported their Sexual Orientation as Heterosexual/Straight (68.9%), and 14 who were Other/Unknown (31.1%).

Figure 22
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Sexual Orientation
FY 2022/23

	# Clients	% Clients
Heterosexual/ Straight	31	68.9%
Other/Unknown	14	31.1%
Total	**45**	**100.0%**

Note: The Sexual Orientation categories of Gay or Lesbian, Bisexual, Questioning, Queer, Other, N/A, Prefer not to answer, 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 23 shows the number and percent of Strengthening Families attendees, by Gender Identity for FY 2022/23. There were 12 individuals who identify as Male (26.7%), 23 who reported Female (51.1%), and 10 Unknown (22.2%).

Figure 23
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Gender Identity
FY 2022/23

	# Clients	% Clients
Male	12	26.7%
Female	23	51.1%
Unknown	10	22.2%
Total	**45**	**100.0%**

Figure 24 shows the number and percent of Strengthening Families attendees, by Military Status for FY 2022/23. There were 34 individuals with No Military involvement (75.6%), and 11 Unknown (24.4%).

Figure 24
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Military Status
FY 2022/23

	# Clients	% Clients
No Military	34	75.6%
Unknown	11	24.4%
Total	**45**	**100.0%**

Figure 25 shows the number and percent of Strengthening Families attendees by Disability for FY 2022/23. Individuals could have disabilities related to a difficulty seeing; hearing or speaking; communication; cognitive; physical/mobility; chronic health condition; or other non-communication disabilities. There were 11 individuals who reported having one or more disabilities (24.4%), 21 with no disabilities (46.7%), and 13 Unknown (28.9%).

Figure 25
PEI Prevention Program-Strengthening Families Group Services
Number and Percent of Clients, by Military Status
FY 2022/23

	# Clients	% Clients
Disability	11	24.4%
No Disability	21	46.7%
Unknown	13	28.9%
Total	**45**	**100.0%**

Figure 26 shows the number and percent of Strengthening Families attendees who were discharged from the program, by Reason for Discharge. In FY 2022/23, there were 39 unique individuals discharged. There were 24 who met their goals (61.5%) and 15 who left the program/did not complete the program (38.5%).

Figure 26
PEI Prevention Program-Strengthening Families Discharges
Number and Percent of Clients Discharged, by Discharge Reason
FY 2022/23

	# Clients	% Clients
Goals Met	24	61.5%
Client Left Program/ Did Not Complete Program	15	38.5%
Total	**39**	**100.0%**

Figure 27 shows the MHSA cost per Prevention client in FY 2022/23. MHSA Prevention program expenditures in FY 2022/23 were approximately $14,009; there were 45 Prevention clients served; and the MHSA cost per client was roughly $311.

Figure 27
PEI Prevention Program-Strengthening Families Costs
Total MHSA Prevention Expenditures, Clients, and Cost per Client
FY 2022/23

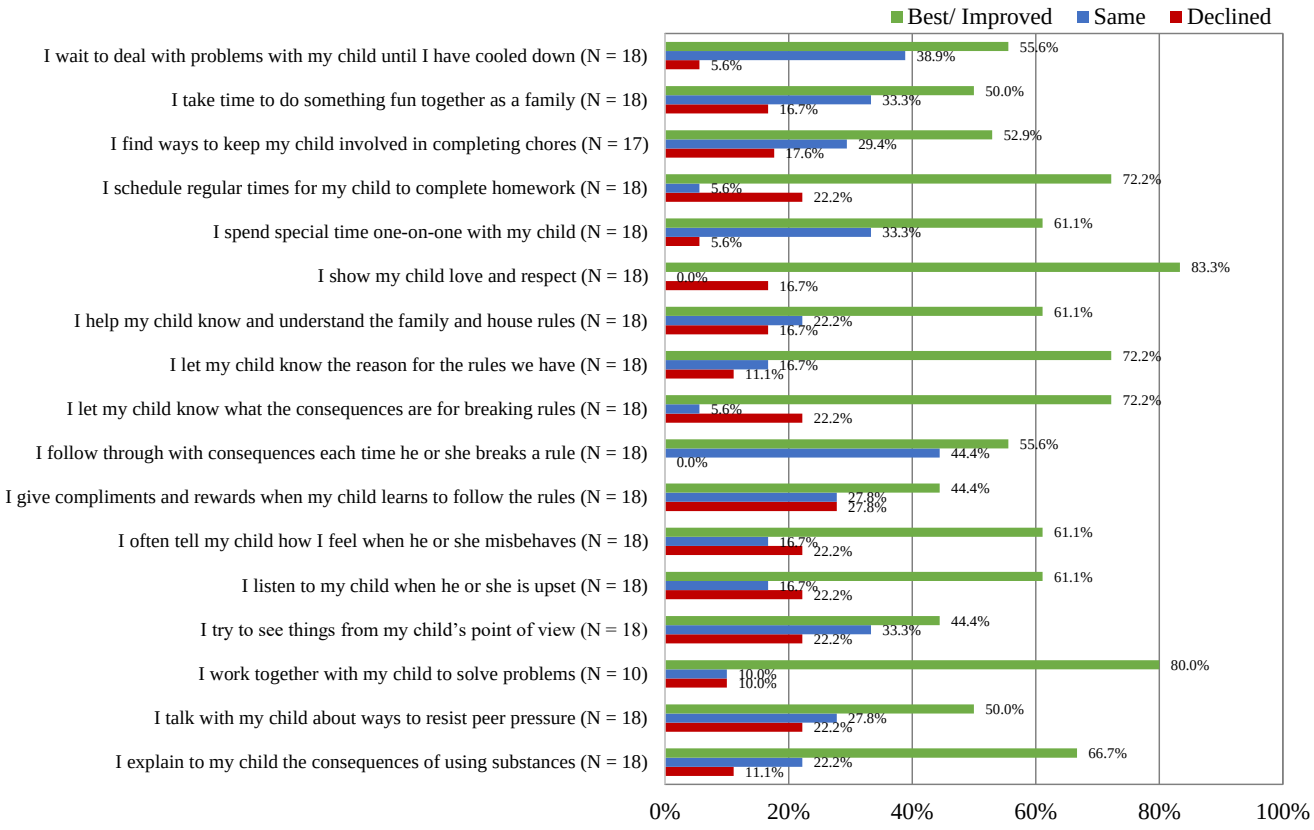
Total FY 22/23 MHSA PEI Prevention Costs*	$14,009
Total FY 22/23 PEI Prevention Clients	45
FY 22/23 MHSA Cost per PEI Prevention Client*	$ 311

**Expenditures and cost per client are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

Figure 28 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 18 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. The results show that 83.3% of families reported improvement in showing my child love and respect, and 80% improved on working together with my child to solve problems.

These outcomes demonstrates that families are reporting positive outcomes from participating in the Strengthening Families program.

Figure 28
PEI Strengthening Families Matched <u>Parent/ Caregiver</u> Survey Results
<u>Improvement</u> from Pre to Post
FY 2022/23



b. Early Intervention Program Report: Triple P Program

Note: In FY 2023/24, PCIT was terminated as an Early Intervention program; and is sustained as an activity under the CSS Non-FSP program.

In FY 2023/24, GCBH began implementing a new Early Intervention program, called Triple P Parenting. Positive Parenting Program ("Triple P") is a comprehensive, evidence-based parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. The program aims to prevent problems in the family, school and community before they arise and to crate family environments that encourage children to realize their potential.

Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.

The Triple P parent and family support system is designed to:

- Increase parents' confidence and competence in raising children
- Improve the quality of parent-child relationships
- De-stigmatize parenting information and family support
- Make evidence-based parenting information and interventions widely accessible to parents.

The Triple P system is based on five core principles of positive parenting:

1. Ensuring a safe, supervised and engaging environment
2. Creating a positive learning environment that helps children learn to solve problems
3. Using consistent, predictable and assertive discipline to help children learn to accept responsibility for their behavior and become aware of the needs of others
4. Having realistic expectations, assumptions, and beliefs about children's behavior
5. Taking care of oneself as a parent so that it is easier to be patient, consistent and available to children.

The Triple P system consists of five levels of interventions of increasing strength. Many of the levels of interventions can be provided to individual families or to groups of families. The availability of the multiple levels and the flexibility in service delivery method enables parents to receive the intensity and format of services that will best meet their needs. Classes, services and materials will be available in English and Spanish.

This program funds a 1.0 FTE Case Manager to facilitate services; partner with existing programs and staff; and provide much needed Parent Partner services to families. This Case Manager was hired in March 2024, with full implementation of Triple P to follow.

The Triple P parenting program is evidence-based and achieves positive outcomes by reducing disruptive child emotional and behavioral problems, reducing parental stress, and reducing rates of child abuse. Instruments designed by the Triple P program will be used to document outcomes over time.

Data from the Triple P program will be published in the next Annual Update. Final data from the PEI PCIT program is included below.

Figure 29 shows the number and percentage of PCIT clients, by age for FY 2022/23. There were 14 unique individuals served. There were 12 children ages 4-7 years (85.7%), and two (2) children ages 8+ years (14.3%).

Figure 29
PEI Early Intervention PCIT
Number*and Percent of Clients, by Age
FY 2022/23

	# Clients	% Clients
4 – 7 years	12	85.7%
Other	2	14.3%
Total	**14**	**100.0%**

Figure 30 shows the number and percent of PCIT clients, by gender for FY 2022/23. There were 10 males (71.4%) in the program and 4 females (28.6%).

Figure 30
PEI Early Intervention PCIT
Number*and Percent of Clients, by Gender
FY 2022/23

	# Clients	% Clients
Male	10	71.4%
Female	4	28.6%
Total	**14**	**100.0%**

Of the 14 people enrolled in the PCIT program in FY 2022/23 (see Figure 31), eight (8) were White (57.1%), and six (6) were Hispanic (42.9%).

Figure 31
PEI Early Intervention PCIT
Number*and Percent of Clients, by Race/Ethnicity
FY 2022/23

	# Clients	% Clients
White	8	57.1%
Hispanic	6	42.9%
Total	**14**	**100.0%**

Figure 32 shows the number and percentage of PCIT clients, by Language. In FY 2022/23, there were eight (8) persons who reported English as their primary language (57.1%), and six (6) who reported speaking Spanish (42.9%).

Figure 32
PEI Early Intervention PCIT
Number and Percent of Clients, by Language
FY 2022/23

	# Clients	% Clients
English	8	57.1%
Spanish	6	42.9%
Total	**14**	**100.0%**

Note: Demographic data regarding Sexual Orientation, Military Status, Disability, and Onset of Symptoms is not shown for PCIT clients in FY 2022/23 to ensure confidentiality of our clients, because the number of persons in one or more of these very specific categories is fewer than 10, which increases the risk of client identification.

Figure 32a shows the MHSA cost per Early Intervention client in FY 2022/23. MHSA Early Intervention program expenditures in FY 2022/23 were approximately $107,400; there were 14 Early Intervention clients served; and the MHSA cost per client was roughly $7,671.

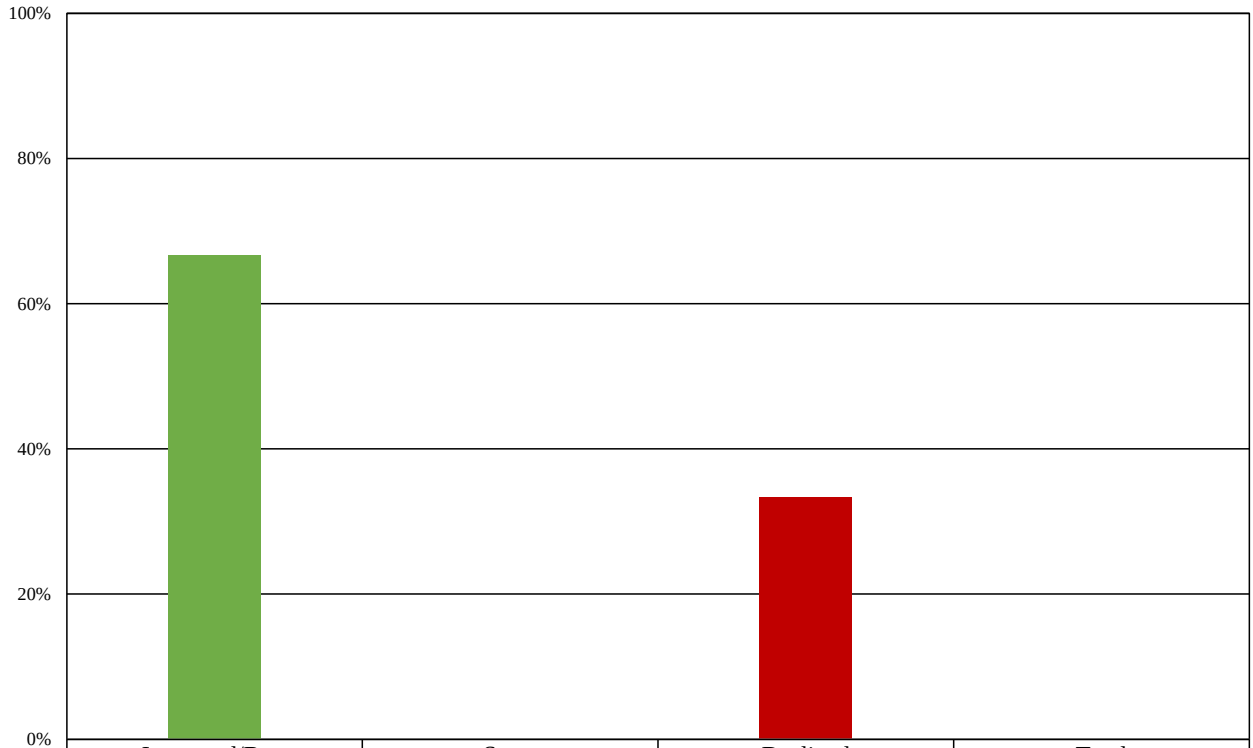
Figure 32a
PEI Early Intervention PCIT
Total MHSA Early Intervention Expenditures, Clients, and Cost per Client
FY 2022/23

Total FY 22/23 MHSA PEI Early Intervention Costs*	$ 107,400
Total FY 22/23 PEI Early Intervention Clients	14
FY 22/23 Cost per MHSA PEI Early Intervention Client*	$ 7,671

**Expenditures and cost per client are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

Figure 33 shows the number and percentage of families served by the PCIT program who had both a pre and post score on the Parent Stress Index in FY 2022/23. In FY 2022/23, there were six (6) parents that had both pre and post test scores. Four (4) parents had an improved/best score (66.7%) when comparing their score at the beginning of the program and at the end. Two (2) families had a lower score (declined) at the end of program compared to the beginning (33.3%).

Figure 33
PEI Early Intervention PCIT
Parent Stress Index: Total Score Pre/Post Outcome
FY 2022/23



	Improved/Best	Same	Declined	Total
# Participants	4	-	2	6
% Participants	66.7%	0.0%	33.3%	100.0%

Figure 34 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 2022/23. There were seven (7) children that had both pre and post test scores. All seven (7) of the children (100%) showed improved/best scores pre and post.

Figure 34
PEI Early Intervention PCIT
Eyberg Child Behavior Inventory: Intensity T-Score Pre/Post Outcome
FY 2022/23

	Improved/Best	Same	Declined	Total
# Participants	7	-	-	7
% Participants	100.0%	0.0%	0.0%	100.0%

c. Outreach Program Report: Outreach Activities

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

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.

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). The TAY Center provides presentations and guided discussions in the classroom setting. GCBH hopes to expand this program to the highest needs schools throughout the county.

Harmony House is currently expanding its outreach efforts to the Senior Nutrition Center and to Habitat for Humanity housing complex, "Purpose Place (PP)." Coaches and case managers provide individual outreach and support to co-occurring community members and to clients at PP. Coaches provide groups onsite at PP about co-occurring symptoms and barriers, and a group about living skills. The co-occurring group addresses the transition from long-term homelessness to living in a community housing; and it also addresses addiction. The living skills group focuses on preparing healthy meals with limited cooking appliance, such as one-pot meals and foods that do not require refrigeration. The case manager and coach attend the "Older Adult Loneliness Committee," which is a collaborative of senior services. Representatives of this Committee include APS, health care providers, County Board of Supervisors, GCBH, Senior Nutrition, and Senior Center. The committee address's the specific needs of seniors around community and loneliness. Harmony House staff participated in a community needs assessment and supported the creation of the first Senior Newsletter. These efforts have increased community connection opportunities for seniors.

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.

Information gathered through the annual needs assessment indicated that the Glenn County community prefers to receive information about local services and resources through email. In response, GCBH created a monthly newsletter that discusses GCBH resources and services; highlights a partner agency; and provides information about the implementation of MHSA projects. Several staff have added the link to subscribe within their email signature line. GCBH also gathers email addresses through outreach, focus groups, and presentations. The GCBH newsletter list currently has 477 subscribers.

In FY 2023/24, Harmony House Coaches began an active campaign to reach out to senior center and community church organizations to build relationships, and provide information about GCBH services and Know the Signs Campaigns.

Figure 35 shows the variety of TAY Peer Mentor outreach and Harmony House outreach activities offered in FY 2022/23. There were 39 different events with an estimated 695 persons contacted through these outreach activities.

Figure 35
PEI Outreach Activities
FY 2022/23

	Number of Outreach Activities/ Events	Number of Outreach Contacts
C.K. Price Outreach and Engagement	7	149
C.K. Price Back to School Night	1	10
C.K. Price Career Day	1	55
C.K. Price Open House	1	25
Back to School Haircutting event	1	105
Hamilton Highschool Outreach and Engagement	3	10
Orland Highschool Outreach	5	33
Orland Highschool Back to School Night	1	20
Willows Intermediate School Open House	1	30
Community Event Flyers	4	33
Community Outreach	5	85
Fair Outreach	4	63
Grindstone Game Night	1	28
Outreach at Local Businesses	2	9
Youth Sober Game Night	1	10
Social Media Post	1	30
Total Outreach (All Activities)	**39**	**695**

Figure 36 shows the MHSA cost per Outreach contact in FY 2022/23. MHSA Outreach program expenditures in FY 2022/23 were approximately $46,696; there were 695 Outreach contacts made; and the MHSA cost per contact was roughly $67.

Figure 36
PEI Outreach Activities
Total MHSA Outreach Expenditures, Clients, and Cost per Contact
FY 2022/23

Total FY 22/23 MHSA PEI Outreach Costs*	$ 46,696
Total FY 22/23 PEI Outreach Contacts	695
FY 22/23 MHSA Cost per PEI Outreach Contact*	$ 67

**Expenditures and cost per contact are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

d. Suicide Prevention Program Report: Suicide Prevention Services

Glenn County's Suicide Prevention Coalition was formed in October of 2019 following a series of youth suicides. The Coalition focuses on various systems, including, but not limited to, K-12 school settings; first responder settings; primary care; behavioral health; monolingual Spanish speakers; adult community; data sharing; postvention services; etc. This group meets on a monthly basis in order to continue collaboration and support its mission of "Zero Stigma, Zero Suicide." The coalition joined the Glenn County Alliance for Prevention (GCAP) in 2021 to broaden its outreach and collaborative partners. 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 prevention, opioid-use prevention, and suicide prevention.

During FY 2021/22, the Coalition began working with the "Striving for Zero" rural cohort and receiving technical assistance from Sandra Black (Know the Signs) to write a 3-Year Suicide Strategic Prevention Plan for Glenn County. This plan was completed and showcased during September 2022 throughout Suicide Prevention week. This plan focused on five main goals, including: establishing a suicide prevention infrastructure; minimizing risk for suicidal behavior by promoting safe environments; coordinating collaborative activities with efforts to address stigma around help-seeking within the community; establishing support services following a suicide loss; and supporting districts and schools in implementing comprehensive suicide prevention approaches in the school setting. Implementation of this plan and corresponding goals will be a main focus of the Suicide Prevention Coalition throughout 2026.

One campaign the Suicide Prevention Coalition is focusing on to promote help-seeking behaviors in Glenn County is the QR Code/Bathroom Stall Campaign. The QR Code Campaign is a collaborative campaign dedicated to raising awareness regarding available resources within Glenn County. The goal is to provide quick access to local crisis lines and other resources. The idea came from concerned citizens who wanted to make a difference. The project was gifted from the Children's Interagency Coordinating Council (CICC) to the Suicide Prevention Coalition to follow the vision. This project was developed through a partnership between the Suicide Prevention Coalition and the Glenn County Office of Education. QR code clicks are categorized in three areas: English community, Spanish community, and school-based. Since the launch of this campaign in May of 2021, there have been a total of 184 English community clicks, 18 Spanish clicks, and 62 school clicks. The resource website and stickers were made available in Spanish as of January 2023.

A second preventative project involving the county Public Health Officer and a PEI Case Manager addresses suicide prevention at the primary care level. GCBH and the Public Health Officer collaborated with GCBH psychiatrists to implement screening techniques in primary care settings to identify patients who may be struggling with suicidal ideation. GCBH psychiatrists and the Public Health Officer designed a step-by-step protocol for primary care providers to follow when individuals screen positive for being at risk of suicide, based upon the individual's level of need. This project had an initial implementation date of May 2020. Due to COVID, the project was delayed until November 2020. GCBH partnered with the Public Health Officer to provide outreach, training, and resources to all the local medical facilities in Glenn County. The

implementation of this project is maintained through monthly outreach efforts to primary care facilities to track implementation of resources and to determine if support is needed. Providers are given the opportunity to share feedback and ask questions with GCBH staff and the Public Health Officer. Provider feedback led to the development and implementation of an online referral process, including a more standardized use of the GCBH Universal Release of Information form. Provider feedback also led to the creation of magnets that include the GCBH Crisis Line phone numbers.

Members of the Suicide Prevention Coalition outreached to local organizations, businesses, and events to decrease the stigma surrounding mental health and suicide and connect community members to crisis and mental health services.

The PEI Case Manager worked with a LivingWorks Suicidologist to create a Facebook moderator campaign that addresses local media posts about suicide and assists in prevention measures against suicide contagion. Glenn County Facebook moderators were sent information about how they could support suicide discussion in their groups. This campaign has since expanded to include in person educational opportunities to address stigma and contagion-based language in Glenn County. This presentation specifically addresses best practices for discussing suicide as suggested through reportingonsuicide.org. Presentations are being planned for local community health workers, healthcare workers, behavioral health staff, and general community members.

A subcommittee was formed from the Suicide Prevention Coalition to mitigate access to lethal means. The campaign, "Safe Storage, Saves Lives" addresses medication storage safety, gun safety, and harm reduction safety. The committee is working with SUDS, Public Health, Mental Health, Sheriff's Office, Probation, and the jail to educate staff, and reduce access to lethal means in the community. Over the next three years, GCBH plans to brand the campaign, expand efforts, and begin addressing firearm safety. GCBH will be partnering with Stan Collins to participate in piloting the state's new means safety campaign, Striving for Safety.

School-based suicide prevention efforts include partnering with Glenn County Office of Education to support the alignment between districts and schools and policy mandates surrounding suicide prevention, intervention, and postvention efforts. GCBH will partner with GCOE to offer trainings and support to school-based staff trainings. Beginning in 2024, a bi-yearly or quarterly school-based subcommittee was convened to focus on suicide prevention. This subcommittee is facilitated by GCOE staff, and will begin to provide resources and support to school staff.

In FY 2022/23, GCBH launched a Fatality Review Team (FRT) through an MHSOAC learning collaboration with Dr. Kimberly Repp. Dr. Repp provided on-hands support and training to GCBH staff to assist with the creation of this team. The FRT is a multidisciplinary group of professionals who meet quarterly to learn more about the circumstances leading to suicide deaths in Glenn County. This team launched their first meeting with a mock review led by Dr. Repp. The FRT includes the Glenn County Health & Human Services Agency (HHSA); Glenn County Coroner's Office; health care professionals; and representatives from community agencies. This team works to identify and address gaps in prevention services. The FRT also works with the

Coroner's to establish procedures around suicide death notification. One goal for the FRT is to establish local data collection efforts in partnership with Glenn County Sheriff's Office to gather data related to suicidal behavior and death, by specific demographic (such as race/ethnicity, age, sexual orientation, and gender identity), and cultural groups. This information will guide the ongoing development of focused prevention efforts.

A wide range of wellness and healthy living support services are available at the Wellness Centers to support individuals and promote wellbeing and recovery. Staff at the Wellness Centers help individuals learn skills to manage their symptoms and prevent 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.

In FY 2023-24, the PEI Case Manager attended an in-person ASIST Training for Trainers. This individual will partner with other trainers in the Superior Region to provide ASIST in Glenn County over the next three years, especially in the schools and the community. The Suicide Prevention Coalition will also work to offer trainings and supports to schools for the formation of postvention plans and procedures.

Figure 37 shows the variety of TAY PEI Suicide Prevention Group services offered in FY 2022/23. The data shows the number of groups by topic area, attendance, and average attendance for each group. There were 62 different groups held, with 30 different group topics groups. These groups provided an excellent forum for engaging youth in positive suicide prevention activities. There were 298 people who attended the activities, for an average of 4.8 people per group.

Figure 37
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Active Minds	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5
Animal Shelter Day	# Groups	2
	Attendance	11
	Avg. Attendance/Group	5.5
Aroma Therapy Group	# Groups	2
	Attendance	15
	Avg. Attendance/Group	7.5
Art Group	# Groups	4
	Attendance	14
	Avg. Attendance/Group	3.5
Baking Group	# Groups	3
	Attendance	13
	Avg. Attendance/Group	4.3
Building Group	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Button Making Group	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5
Collaging Group	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5
Cooking Group	# Groups	2
	Attendance	10
	Avg. Attendance/Group	5.0
Creativity For Change	# Groups	4
	Attendance	20
	Avg. Attendance/Group	5.0
Cultural Cooking Group	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0

Figure 37 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Dia De Los Muertos	# Groups	1
	Attendance	8
	Avg. Attendance/Group	8.0
Easter Event	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0
Exploratory Group	# Groups	2
	Attendance	12
	Avg. Attendance/Group	6.0
Game Night	# Groups	3
	Attendance	5
	Avg. Attendance/Group	1.7
Gateway Science Museum	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
K Pop Group	# Groups	3
	Attendance	15
	Avg. Attendance/Group	5.0
Mindful Adventures	# Groups	3
	Attendance	18
	Avg. Attendance/Group	6.0
Mindfulness Group	# Groups	5
	Attendance	17
	Avg. Attendance/Group	3.4
Movie Night	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Painting Group	# Groups	3
	Attendance	6
	Avg. Attendance/Group	2.0
Pool Group	# Groups	3
	Attendance	23
	Avg. Attendance/Group	7.7
Recreation Day	# Groups	2
	Attendance	9
	Avg. Attendance/Group	4.5
Ribbon Making	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0

Figure 37 (Continued)
TAY PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Scavenger Hunt	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Snow Trip	# Groups	1
	Attendance	10
	Avg. Attendance/Group	10.0
St. Patty's Day Party	# Groups	1
	Attendance	11
	Avg. Attendance/Group	11.0
Taco Tuesday	# Groups	1
	Attendance	5
	Avg. Attendance/Group	5.0
TAY Group	# Groups	3
	Attendance	12
	Avg. Attendance/Group	4.0
TAY Open House	# Groups	1
	Attendance	5
	Avg. Attendance/Group	5.0
Total Groups	**# Groups**	**62**
	Attendance	**298**
	Avg. Attendance/Group	**4.8**

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

Figure 38 shows the variety of PEI Suicide Prevention Group activities offered in FY 2022/23 through Harmony House groups. The data shows the number of groups by topic, attendance, and average attendance per group. There were 279 groups held, with 33 different topics. There were 1,201 attendees, with an average of 4.3 persons per group. These groups provided an excellent forum for engaging individuals in positive activities.

Figure 38
Harmony House PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Anti-Stigma	# Groups	2
	Attendance	5
	Avg. Attendance/Group	2.5
Anxiety Group	# Groups	7
	Attendance	18
	Avg. Attendance/Group	2.6
Art Group	# Groups	42
	Attendance	156
	Avg. Attendance/Group	3.7
Busy Hands	# Groups	7
	Attendance	22
	Avg. Attendance/Group	3.1
Check In Group	# Groups	2
	Attendance	6
	Avg. Attendance/Group	3.0
Coffee Talk	# Groups	10
	Attendance	30
	Avg. Attendance/Group	3.0
Consumer Outreach	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Consumer Voice	# Groups	1
	Attendance	6
	Avg. Attendance/Group	6.0
Cooking Group	# Groups	26
	Attendance	215
	Avg. Attendance/Group	8.3
Creative Expression	# Groups	10
	Attendance	29
	Avg. Attendance/Group	2.9
Fall Festival	# Groups	1
	Attendance	19
	Avg. Attendance/Group	19.0

Figure 38 (Continued)
Harmony House PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Field Trip	# Groups	5
	Attendance	24
	Avg. Attendance/Group	4.8
Games Group	# Groups	9
	Attendance	29
	Avg. Attendance/Group	3.2
Gardening Group	# Groups	2
	Attendance	3
	Avg. Attendance/Group	1.5
Good Vibes	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
Harmony House Group	# Groups	13
	Attendance	47
	Avg. Attendance/Group	3.6
Holiday Cooking Group	# Groups	1
	Attendance	11
	Avg. Attendance/Group	11.0
Karaoke	# Groups	25
	Attendance	104
	Avg. Attendance/Group	4.2
Meditation Group	# Groups	12
	Attendance	26
	Avg. Attendance/Group	2.2
MHSA - Focus Group	# Groups	1
	Attendance	13
	Avg. Attendance/Group	13.0
Networking	# Groups	1
	Attendance	2
	Avg. Attendance/Group	2.0
Open Discussion	# Groups	1
	Attendance	8
	Avg. Attendance/Group	8.0
Pool	# Groups	1
	Attendance	3
	Avg. Attendance/Group	3.0
Positive Psychology	# Groups	10
	Attendance	47
	Avg. Attendance/Group	4.7

Figure 38 (Continued)
Harmony House PEI Suicide Prevention Group Services
Number of Groups, Attendance, and Average Attendance per Group*
FY 2022/23

Sanamente	# Groups	21
	Attendance	48
	Avg. Attendance/Group	2.3
Self Confidence	# Groups	16
	Attendance	64
	Avg. Attendance/Group	4.0
Self Love	# Groups	14
	Attendance	63
	Avg. Attendance/Group	4.5
Smoking Cessation	# Groups	8
	Attendance	38
	Avg. Attendance/Group	4.8
TALK Group	# Groups	23
	Attendance	82
	Avg. Attendance/Group	3.6
Thanksgiving Potluck	# Groups	1
	Attendance	28
	Avg. Attendance/Group	28.0
Walk for Change	# Groups	1
	Attendance	41
	Avg. Attendance/Group	41.0
Women's Group	# Groups	3
	Attendance	4
	Avg. Attendance/Group	1.3
Yoga	# Groups	1
	Attendance	4
	Avg. Attendance/Group	4.0
Total Groups	**# Groups**	**279**
	Attendance	**1,201**
	Avg. Attendance/Group	**4.3**

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

Harmony House and the TAY Center offered 27 different WRAP groups, with 131 individuals attending (see Figure 39). This data is calculated into an average of 4.9 individuals attending each group. This supports youth to create a wellness plan and develop the skills needed to utilize this individualized document to help support their wellness and recovery.

Figure 39
Harmony House and TAY Center PEI Suicide Prevention WRAP Group Services
Number of Groups, Attendance, and Average Attendance per Group
FY 2022/23

Harmony House WRAP	# Groups	15
	Attendance	79
	Avg. Attendance/Group	5.3
TAY Center WRAP	# Groups	12
	Attendance	52
	Avg. Attendance/Group	4.3
Total WRAP	**# Groups**	**27**
	Attendance	**131**
	Avg. Attendance/Group	**4.9**

The PEI Suicide Prevention program offered 518 outreach events (see Figure 40). There were approximately 19,204 contacts. Utilizing social media provides an important method for reaching out to people.

Figure 40
PEI Suicide Prevention
Suicide Prevention Outreach Activities
FY 2022/23

	Number of Activities/ Events	**Number of Contacts**
Child and Family Resource Fair	1	43
NVIH Grindstone Health Fair	1	20
NVIH Willows Health Fair	1	24
Suicide Prevention Outreach	2	60
Suicide Prevention Presentation	1	40
Suicide Prevention Week	5	9
Cinco De Mayo Event	1	36
Crisis Line Outreach	1	2
Drop-In Center Outreach	1	40
Grindstone Game Night	1	28
Hamilton Elementary School Wellness Night	1	27
Older Adult MH Outreach	7	7
Older Adult MH Toolkit	1	1
Primary Care Outreach	9	77
Primary Care Screening Training	1	14
QR Code Campaign	1	10
WUSD Wellness Walk	1	47
Newsletter	10	2,275
Social Media Post	472	16,444
Total Suicide Prevention Outreach (All Activities)	**518**	**19,204**

Figure 41 shows the MHSA cost per Suicide Prevention contact in FY 2022/23, including attendance at groups and excluding social media posts and interactions. MHSA Suicide Prevention program expenditures in FY 2022/23 were approximately $135,418; there were 4,390 Suicide Prevention contacts made (excluding social media); and the MHSA cost per contact was roughly $30.

Figure 41
PEI Suicide Prevention Activities
Total MHSA SP Expenditures, Clients, and Cost per Contact*
FY 2022/23

Total FY 22/23MHSA PEI Suicide Prevention Costs**	$ 135,418
Total FY 22/23 PEI Suicide Prevention Contacts*	4,390
FY 22/23 MHSA Cost per PEI Suicide Prevention Contact**	$ 30

**Excluding social media posts and interactions*
***Expenditures and cost per contact are rough estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

e. Stigma Reduction Program Report: 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 with "Take Action for Mental Health" campaign to implement their materials through the Wellness Centers, and tabling and social media outreach.

The TAY Center and Harmony House worked in collaboration with the Glenn County Cultural, Diversity, and Equity Committee to organize CHANGE (Creating Hope, wellness, And New Growth Everywhere) festival for youth, families, and adults to reduce stigma. In May 2021, due to COVID restrictions, TAY and Harmony House supported this annual event through social media activities and posts by using Each Mind Matters tool kit. The activities followed physical distancing guidelines.

The TAY Center and Harmony House also supported the Glenn County SPEAKS (Safety Prevention Education/Environment Awareness Knowledge Stigma) event on World Suicide Prevention Day, September 9, 2021. Over 100 community members attended. This event included 25 resource tables with information and handouts; bounce house; Orland Volunteer Fire Department vehicles, speakers (family member and personal story of recovery); free raffle; Community Recognition Award; Candlelight Vigil; Native American Drumming Ceremony; and a cake walk. The event challenged mental health stigma and helped educate the community to identify signs of depression and/or suicide.

To address the concerns identified by the MHSA needs assessment regarding stigma, GCBH developed a "stigma packet" to be used during outreach and as a resource in the wellness centers.

The packet is comprised of items created or curated by community members and clients that reflect anti-stigma campaigns. Also, in collaboration with the Cultural Diversity and Equity Committee, the BH clinic lobbies and the Wellness Centers display monthly, themed anti-stigma information, which includes such topics as: Black, Indigenous, and People of Color (BIPOC); LGBTQ; persons with disabilities; National Month of Hope; teen dating and violence prevention; Men's Health - November; the effects of gratitude; recovery; and Suicide Prevention Month.

In FY 2023/24, GCBH applied to the Board of Supervisors to make a proclamation to support National Suicide Prevention Awareness Week. These county proclamations help address the impact of stigma across the county on a broader scale.

Figure 42 shows the PEI Stigma Reduction outreach activities for FY 2022/23. There was one (1) Change Festival with 205 contacts, one (1) SPEAKS event with 125 contacts, and a SPEAKS flyer sent out to 651 people.

Figure 42
PEI Stigma Reduction
Stigma Reduction Activities
FY 2022/23

	Number of Activities/ Events	**Number of Contacts**
Change Festival	1	205
SPEAKS Event	1	125
SPEAKS/Recovery Happens Event Flyer	4	651
	Total Contacts	**981**

Figure 43 shows the SPEAKS Survey, which was completed by participants who attended the SPEAKS event. There were 56 participants that completed the SPEAKS Survey. This survey demonstrates knowledge of how to access mental health resources (87.5%); comfort level of discussing mental health issues with others (90.9%); and comfort level with knowing that people know the participant had a family member with a mental illness (80%).

Figure 43
PEI Stigma Reduction
SPEAKS Survey
FY 2022/23

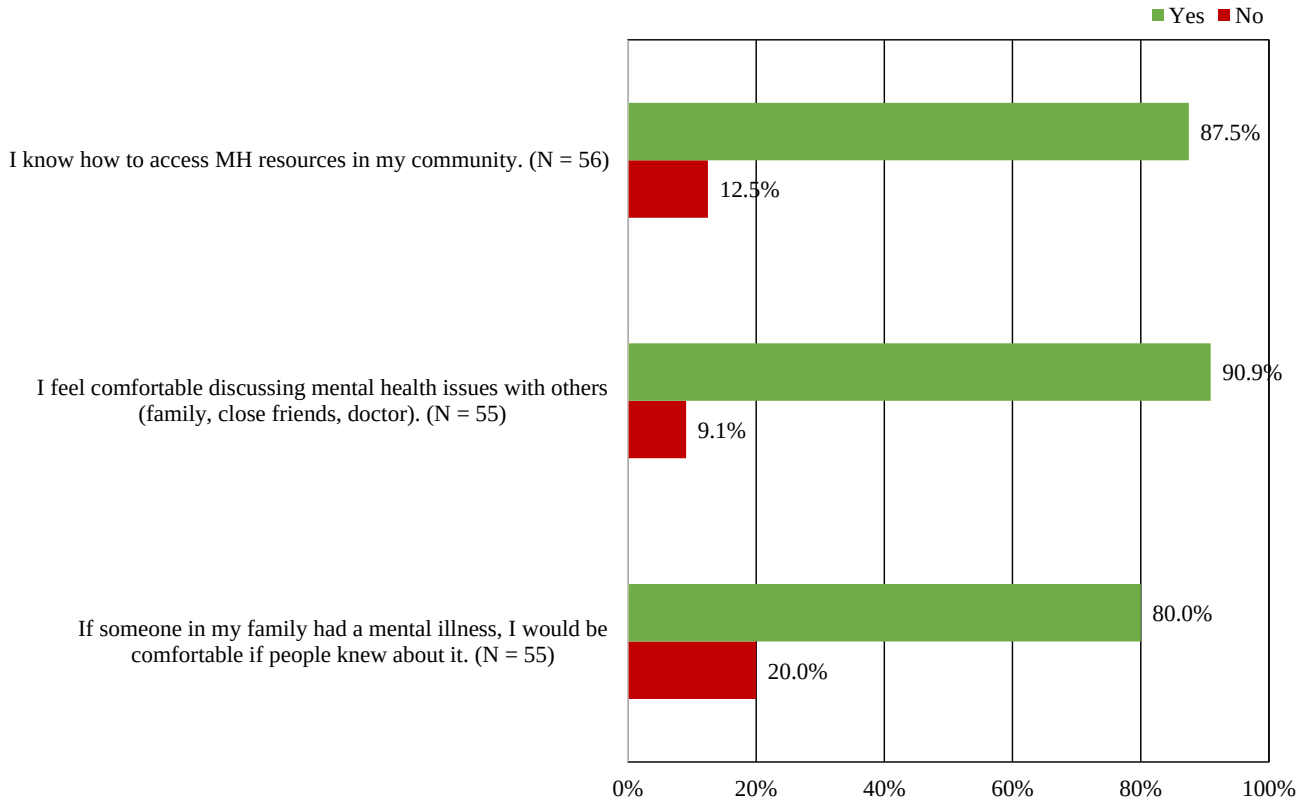


Figure 44 shows the MHSA cost per Stigma Reduction contact in FY 2022/23. MHSA Stigma Reduction program expenditures in FY 2022/23 were approximately $88,722; there were 981 Stigma Reduction contacts made; and the MHSA cost per contact was around $90.

Figure 44
PEI Stigma Reduction Activities
Total MHSA SR Expenditures, Clients, and Cost per Contact
FY 2022/23

Total FY 22/23 MHSA PEI Stigma Reduction Costs*	$ 88,722
Total FY 22/23 PEI Stigma Reduction Contacts	981
FY 22/23 MHSA Cost per PEI Stigma Reduction Contact*	$ 90

***Expenditures and cost per contact are estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

f. Access and Linkage Program Report: Access and Linkage

In FY 2023/24, Access and Linkage activities changed from staffing the Welcoming Line to funding a Case Manager to facilitate referrals and linkages. These activities will support increased client outcomes from referral to first clinical appointment, and triage clients to appropriate service linkages. With the implementation of CalAIM screenings, these activities also provide case management follow up on referrals to ensure follow through for client outcomes. This approach supports the system with behavioral health triage to provide the best linkage to assist clients with response to their individual urgency. The program will consist of Case Manager(s) who will provide access, screenings, and linkages; and assist clients as needed with behavioral health issues. The Case Managers will also monitor clients from referral to assessment, and then from assessment to first clinical appointment with their service delivery team.

The Access and Linkage program is designed to improve access to unserved and underserved populations by immediately connecting the client to an individual who is knowledgeable about resources and is willing to listen to the caller and determine the need for services. By offering immediate interactions and supportive responses to callers, GCBH provides the support and welcoming conversation to help individuals remain stable and prevent an escalation in symptoms.

Data from the Case Manager activities will be published in the next Annual Update. Final data from the Welcoming Line activities is included below.

Figure 45 shows the number of calls into the Welcoming Line and the number of calls that reach out to persons in the community in FY 2022/23. There were 74 calls into the Welcoming Line and 785 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 45
PEI Access and Linkage
Calls into the Welcoming Line and Check-in Calls to Existing Clients
FY 2022/23

	# Calls into Welcoming Line	# Calls out for Outreach	Total Calls
Harmony House	47	1	48
TAY Center	27	784	811
Total	74	785	859

Figure 46 shows the cost per Access and Linkage contact in FY 2022/23. Access and Linkage program expenditures in FY 2022/23 were approximately $28,017; there were 859 Access and Linkage contacts made; and the cost per contact was around $32.

Figure 46
PEI Access and Linkage
Total MHSA Access & Linkage Expenditures, Clients, and Cost per Contact
FY 2022/23

Total FY 22/23 MHSA PEI Access and Linkage Costs*	$ 28,017
Total FY 22/23 PEI Access and Linkage Contacts	859
FY 22/23 MHSA Cost per PEI Access and Linkage Contact*	$ 32

**Expenditures and cost per contact are estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

2. PEI Program Successes and Challenges

PEI Successes
The current Strengthening Families cohort is held in-person, and is running at pre-pandemic numbers. Data from pre and post testing and demographic information has been regularly collected and reviewed to inform programming. Most families report improvement toward desired outcomes in family functioning.

PCIT has increased services to more Spanish-speaking families and to fathers who are the primary caregiver.

The first GCBH 3-Year Suicide Prevention Plan was completed and began implementation in January 2023. Suicide Prevention Coalition is growing to include diverse community partners. The coalition has partnered with Glenn County Office of Education (GCOE) to disperse

campaign material for the Suicide Prevention QR Code Campaign. GCBH and GCOE are also collaborating to provide safeTALK and ASIST trainings to the schools and community. Many of the county's primary care providers have implemented suicide prevention screening tools, including the AMPLA Federally Qualified Health Centers. In Spring 2023, GCBH had its first Fatality Review Team meeting, which included individuals form 13 different community partnerships.

A SPEAKS event for suicide prevention week was attended by several people. The event continues to grow, and now includes over 25 resource tables; raffle prizes to encourage engagement; and many community speakers.

PEI Challenges

GCBH has experienced changes in leadership of the PEI programs, which resulted in months of transition and role development. The TAY Center continues to struggle to engage youth clients in drop-in center activities after the COVID restrictions ended.

3. Planned PEI Programs in FY 2024/25

a. Prevention Program in FY 2024/25: Strengthening Families

- In FY 2024/25, GCBH will continue to provide the same level of PEI Prevention services as in FY 2023/24. No new Prevention activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Prevention program will serve approximately 50 clients, with an estimated MHSA cost per client of $112.

    - The estimated age breakdown for the PEI Prevention program is: 36 adults (ages 26-59); and 14 clients of other ages.

b. Early Intervention Program in FY 2024/25: Triple P Program

- In FY 2024/25, GCBH will continue to provide the same level of PEI Early Intervention services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Early Intervention program will serve approximately 27 families, with an estimated MHSA cost per family of $6,742.

    - The estimated age breakdown for the PEI Early Intervention program is difficult to estimate at this time, as GCBH will serve families, with members of all ages. Once baseline data has been collected, GCBH will estimate an age breakdown for this program.

c. Outreach Program in FY 2024/25: Outreach Activities

- In FY 2024/25, GCBH will continue to provide the same level of PEI Outreach services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Outreach program will make approximately 765 contacts, with an estimated MHSA cost per contact of $173.

    - The estimated age breakdown for the PEI Outreach program is: 162 children (ages 0-15); 98 TAY (ages 16-25); 322 adults (ages 26-59); and 179 older adults (ages 60+).

d. Suicide Prevention Program in FY 2024/25: Suicide Prevention Services

- In FY 2024/25, GCBH will continue to provide the same level of PEI Suicide Prevention services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Suicide Prevention program will make approximately 4,829 contacts (excluding social media posts/interactions), with an estimated MHSA cost per contact of $32.

    - The estimated age breakdown for PEI Suicide Prevention program is: 1,425 children (ages 0-15); 1,057 TAY (ages 16-25); 1,965 adults (ages 26-59); and 386 older adults (ages 60+).

e. Stigma Reduction Program in FY 2024/25: Stigma Reduction Activities

- In FY 2024/25, GCBH will continue to provide the same level of PEI Stigma Reduction services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Stigma Reduction program will make approximately 1,079 contacts, with an estimated MHSA cost per contact of $122.

    - The estimated age breakdown for the PEI Stigma Reduction program is: 229 children (ages 0-15); 139 TAY (ages 16-25); 456 adults (ages 26-59); and 255 older adults (ages 60+).

f. Access and Linkage Program in FY 2024/25: Access and Linkage

- In FY 2024/25, GCBH will continue to provide the same level of PEI Access and Linkage services as in FY 2023/24. No new activities are anticipated.

- In FY 2024/25, GCBH estimates that the PEI Access and Linkage program will serve approximately 1,498 contacts, with an estimated MHSA cost per contact of $3.

    - The estimated age breakdown for the PEI Access and Linkage program is: 441 children (ages 0-15); 328 TAY (ages 16-25); 610 adults (ages 26-59); and 120 older adults (ages 60+).

H. INNOVATION (INN)

1. Report on INN Program (FY 2022/2023 and Current)

➢ *INN Project: Crisis Response and Community Connections*

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 a behavioral health clinician, 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 who experience mental health issues; 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. The CRCC Team provides discharge planning and ongoing support services to persons discharged from psychiatric inpatient facilities 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 helps them to reduce their mental health and substance use disorder symptoms and increases their utilization of community services and resources. System-wide outcomes of the provision of CRCC service include a reduced number of crisis calls, reduced number of hospitalizations, shortened hospital stays, and fewer instances of re-entry/recidivism to psychiatric facilities and 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/SUDS, the Sheriff's Office, CWS, Probation, 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.

The two (2) dedicated Case Managers manage the majority of crisis cases that occur during the day, as well as provide intensive targeted case management for individuals seen during after-hours crisis services and inpatient hospitalization 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.

Over the past several years, 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 ESC 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.

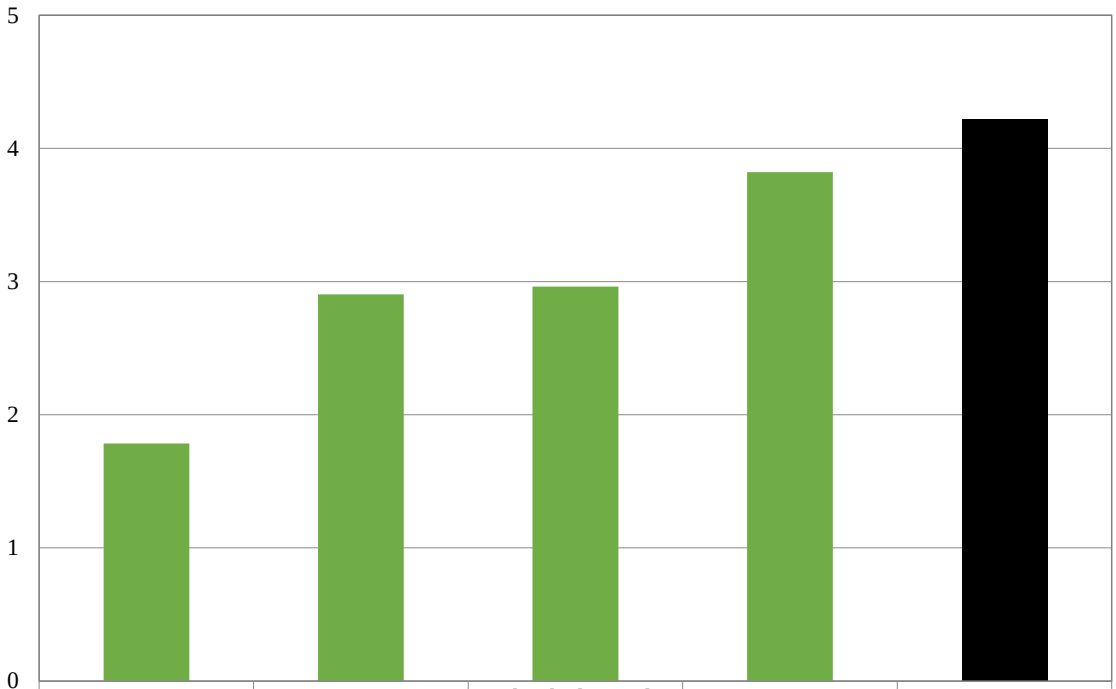
Even during the COVID pandemic, GCBH has provided more mobile welfare checks, which pair part-time Sheriff Sergeant and the CRCC Team. This strategy has helped to provide earlier interventions, has reduced the need for inpatient placement, as well as also reducing the need for more extensive law enforcement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

- INN Program Data (FY 2022-2023)

The following graphs show the services delivered by the CRCC team in FY 2022/23. Figure 47 shows that there were 72 clients that received 275.2 hours of crisis intervention services during business hours. This shows that each person averaged 3.8 hours of crisis and support services. The support services included assessment; case management; individual/family therapy; and crisis intervention. Approximately 36% of the hours were crisis intervention services (3.8 hours per person). Supportive services help the individual stabilize and remain in the community and/or supports family members during a crisis.

Figure 47
INN CRCC Services
Total Hours, Clients, by Hours per Client, by Service Type
FY 2022/23



	Assessment	Case Management	Individual/ Family Therapy	Crisis Intervention	Total
# Hours	21.4	432.6	38.5	275.2	767.6
# Clients	12	149	13	72	182
Avg. Hrs per Client	1.8	2.9	3.0	3.8	4.2

Figure 48 shows the number and percentage of CRCC clients, by age for FY 2022/23. There were 182 unique individuals served. Of these, there were 31 Children (17%); 35 were TAY (19.2%); 97 Adults (53.3%); and 19 Older Adults (10.4%).

Figure 48
INN CRCC Services
Number and Percent of Clients, by Age
FY 2022/23

	# Clients	% Clients
Children/Youth (0-15)	31	17.0%
TAY (16-25)	35	19.2%
Adults (26-59)	97	53.3%
Older Adults (60+)	19	10.4%
Total	**182**	**100.0%**

Figure 49 shows the number and percentage of CRCC clients, by Gender. In FY 2022/23, there were 82 Males (45.1%) and 100 Females (54.9%).

Figure 49
INN CRCC Services
Number and Percent of Clients, by Gender
FY 2022/23

	# Clients	% Clients
Male	82	45.1%
Female	100	54.9%
Total	**182**	**100.0%**

Figure 50 shows the number and percentage of CRCC clients, by Race/Ethnicity for FY 2022/23. There were 72 persons who were White (39.6%); 35 Hispanic (19.2%); and 75 who Other/Unknown (41.2%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, American Indian/Alaskan Native, 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 50
INN CRCC Services
Number and Percent of Clients, by Race/Ethnicity
FY 2022/23

	# Clients	% Clients
White	72	39.6%
Hispanic	35	19.2%
Other/Unknown	75	41.2%
Total	**182**	**100.0%**

Figure 51 shows the number and percentage of CRCC clients by Language, for FY 2022/23. Of the 182 unique individuals served, there were 168 (92.3%) persons who reported English as their primary language and 14 who reported Other/Unknown (7.7%).

Note: The Language categories of Spanish, Hmong/Lao, Other, and Unknown 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 51
INN CRCC Services
Number and Percent of Clients, by Language
FY 2022/23

	# Clients	% Clients
English	168	92.3%
Other/Unknown	14	7.7%
Total	**182**	**100.0%**

Figure 52 shows the cost per INN client in FY 2022/23. INN expenditures in FY 2022/23 were approximately $98,439; there were 182 clients served; and the cost per client was roughly $540.

Figure 52
INN CRCC Services
Total MHSA INN Expenditures, Clients, and Cost per Client
FY 2022/23

Total FY 22/23 MHSA INN Costs*	$ 98,439
Total FY 22/23 INN Clients	182
FY 22/23 MHSA Cost per INN Client*	$ 540

**Expenditures and costs per client are estimates, pending the final FY 2022/23 Revenue and Expenditure Report from GCBH.*

2. INN Program Successes and Challenges

INN Program Successes
As a result of the CRCC Team activities, GCBH has noted 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.

The CRCC Team continues to work with the Forensic Committee to improve the 5150 process. The Forensics Committee consists of Glenn Medical Center, the Sheriff's Office, and Orland Police Department. The committee functions to build relationships and problem solve 5150 issues. In addition, Committee meetings are a place to define roles; increase knowledge; combat stigma; and improve relationship among partners. GCBH is in the process of completing a new Crisis MOU with relevant agencies and are looking forward to having quarterly Forensics Team meetings.

INN Program Challenges
In FY 2021/22 and FY 2022/23, Glenn County experienced staffing changes that impacted the INN project. The part-time Sheriff's Deputy retired, the GCBH Director retired, and GCBH had numerous staffing vacancies. However, the CRCC Team continued to serve the community and provide outstanding crisis services.

One area in which the CRCC Team continues to struggle is implementing ongoing groups to support clients and their families. Telehealth necessitated by the COVID restrictions seemed to impede developing ongoing and supportive groups (WRAP or otherwise). 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.

3. Planned INN Program in FY 2024/25

- This INN Project terminates on June 30, 2024. A final report will be published within 6 months and will include an evaluation of the project, FY 2022/23 data, and lessons learned.
    - In FY 2024/25, this project will be transferred to CSS.
- In FY 2024/25, GCBH may conduct planning for a new INN project, but a new project has not been identified at this time.

I. WORKFORCE EDUCATION AND TRAINING (WET)

1. Report on WET Program (FY 2022/2023 and Current)

The GCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

a) WET Coordination: WET funds covered GCBH coordination of WET activities and programs.

b) Training and Technical Assistance: GCBH utilized WET funds to cover staff training programs, including a contract with Relias Learning for access to its online training curriculum. Staff utilized this program to complete various trainings, including the completion of courses for CEUs. WET funding provided secondary trauma training for staff; and individual clinical supervision for MFTI and ASW towards licensure. Funds also allowed staff to attend other training events as needed.

- *In FY 2022/23, two staff began the Peer Certification process. By the end of FY 2022/23, one staff was certified, and the other was preparing for the certification exam.* .

c) Internships: GCBH offered internship stipends to MSW and/or MFT interns who worked at the mental health clinic, to help pay for gasoline and other expenses, including required supervision. This program allowed GCBH to recruit individuals from California State University, Chico, and other institutional organizations, who otherwise might have been unable to intern in Glenn County due to commuting costs.

d) WET Superior Regional Partnership: This regional WET partnership aims to address the shortage of mental health practitioners in the public mental health setting. The program offers free trainings, loan repayment, education stipends and scholarships. The term of the Partnership Agreement with CalMHSA is valid until June 30, 2025.

2. Planned WET Program in FY 2024/25

GCBH plans to transfer CSS funds to WET in FY 2024/25. Ongoing WET activities will include WET coordination; training and technical assistance, and internships.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

1. Report on CFTN Program (FY 2022/2023 and Current)

The Capital Facilities and Technological Needs (CFTN) component allows GCBH to make necessary upgrades to facilities and technology systems used for MHSA staffing, service delivery, and meeting client needs.

a. Ongoing Projects:

1) Building Improvements: In FY 22/23, GCBH transferred funds from CSS to the Capital Facilities (CF) component. These CF funds are being used to make ADA improvements and upgrades to existing MSHA buildings to better meet the needs of MHSA staff and clients.

    a) **Progress report:** This project was completed as planned, within anticipated timelines.

2) Fire Sprinkler System Upgrade: In FY 2022/23, GCBH transferred CSS funding to CF to upgrade the fire sprinkler system in the CWRC building, where MHSA services are delivered. It is vital that this project is completed, as Medi-Cal and MHSA services are provided in this facility, and it must regularly pass a fire inspection for certification.

    a) **Progress report:** This project was completed as planned, within anticipated timelines.

3) Building Siding Upgrades: Glenn County is upgrading the cedar siding on one of the MHSA buildings. The siding is deteriorating and showing signs of rot. MHSA funding is being used to cover the costs associated with the portion of the building that is used for MHSA services and supports.

    a) **Progress report:** This project was completed as planned, in FY 2023/24.

4) BHCIP Shovel Ready Project: GCBH is using CF funding to support the MHSA-related costs associated with the implementation of the Behavioral Health Continuum Infrastructure Program (BHCIP) planning grant. GCBH was awarded this grant to begin assessing the need to construct, acquire, and/or rehabilitate real estate assets, or to invest in a mobile crisis infrastructure, to expand the community continuum of behavioral health treatment resources. BHCIP funds have been used to conduct a needs assessment and develop an action plan. Once a project is identified, additional BHCIP funding may be accessed to fund the project. It is anticipated that CF

funding will be used to engage real estate, legal, and other professionals needed to support project development.

a) **Progress report:** Through the BHCIP planning process, GCBH identified infrastructure needs for youth and family behavioral health services. GCBH successfully wrote and was funded a $17,000,000 dollar grant from DHCS for the development of the Orland Youth and Family Behavioral Health Center. Glenn County is under contract to purchase land in Orland for the BHCIP Youth and Family BH facility. Escrow is scheduled to close in May 2024. GCBH is working with a Bridging Architect in early 2024 to develop the conceptual design and gathering stakeholders to be involved in the planning process. The RFP process was completed in February 2024 to identify and contract with a Project Manager. GCBH will next release a Design Build RFP in Spring 2024. The new facility will house the behavioral health workforce to provide integrate outpatient care along the children's system of care continuum to Glenn County residents. The local match for the grant will be comprised of blended funds from MHSA CFTN dollars, County Medical Services Program (CMSP) funding, and local opioid settlement dollars.

5) BHCIP Building Match project: In FY 2023/24, GCBH transferred CSS funds to the CFTN component for a new project. These funds are being used to make improvements to the existing MHSA building in Willows, to better meet the needs of MHSA staff and clients. Anticipated completion of the BHCIP Building Match project is by the close of FY 2024/25.

2. Planned CFTN Program in FY 2024/25

a. BHCIP Shovel Ready project: In FY 2024/25, GCBH will continue the BHCIP Shovel Ready project. It is anticipated that this project will be completed by March 2026. MHSA funds are not needed for this project as it moves forward.

b. Future projects: In FY 2024/25, GCBH is transferring funds from CSS to CFTN to be used for future projects. Details will be published in future MHSA Three-Year Plans and/or Annual Updates.

K. PRUDENT RESERVE

GCBH is obligated to maintain its MHSA Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding 5 years. GCBH is required to reassess this Prudent Reserve maximum level every 5 years. During each assessment, if Prudent Reserve funding levels are found to exceed the current maximum level, SBCBH is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS.

GCBH conducted a Prudent Reserve Assessment as part of the MHSA FY 2019/20 Annual Update. At the close of FY 2018/19, the GCBH Prudent Reserve funding did not exceed the maximum level allowed at that time. As a result, in FY 2019/20, GCBH was not required to transfer any funding from the Prudent Reserve to CSS.

The FY 2019/20 Prudent Reserve assessment calculations are included below. GCBH will conduct a new Prudent Reserve assessment in FY 2024/25.

Glenn County				
Prudent Reserve				
May 28, 2019				
FY	Total MHSA	CSS	Average CSS	33%
13/14	1,906,678.32	1,449,075.52		
14/15	2,656,451.68	2,018,903.28		
15/16	2,348,471.60	1,784,838.42		
16/17	2,673,882.00	2,032,150.32		
17/18	2,777,161.30	2,110,642.59		
	12,362,644.90	9,395,610.12	1,879,122.02	620,110.27
Actual PR	88,510.00			
% Funded	4.71%			

L. MHSA FY 2024/25 PLANNING BUDGETS

See the next pages for the Annual Update Planning Budget.

FY 2024/2025 Mental Health Services Act Annual Update
Fiscal Planning Summary

County: Glenn Date: 4/11/24

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and GCBH policy.	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 2024/2025 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 1,869,954	$ 806,840	$ 200,303	$ 48,556	$ 17,964	$ 295,213
2. Estimated New FY 2024/2025 Funding	$ 2,393,048	$ 638,146	$ 159,537			
3. Transfer in FY 2024/2025[a/]	$ (206,876)			$ 50,000	$ 156,876	
4. Access Local Prudent Reserve in FY 2024/2025	$ -	$ -				
5. Estimated Available Funding for FY 2024/2025	$ 4,056,126	$ 1,444,986	$ 359,840	$ 98,556	$ 174,840	$ 295,213
B. Estimated FY 2024/2025 MHSA Expenditures[b/]	$ 4,056,126	$ 694,254	$ 45,225	$ 50,000	$ 156,876	$ -
C. Estimated FY 2024/2025 Unspent Fund Balance	$ -	$ 750,732	$ 314,615	$ 48,556	$ 17,964	$ 295,213

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	$ 295,213
2. Contributions to the Local Prudent Reserve in FY 2024/2025	$ -
3. Distributions from the Local Prudent Reserve in FY 2024/2025	$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2025	$ 295,213

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 2024/2025 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Planning Worksheet

County: Glenn Date: 2/19/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2024/2025					
	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 FSP Program	$ 2,805,643	$ 996,154	1,352,498		306,643	150,348
FSP Programs						
2. CSS Non-FSP Program	$ 7,214,511	$ 2,561,538	3,477,852		788,511	386,610
CSS Administration	$ 778,803	$ 498,434	280,369			
CSS MHSA Housing Program Assigned Funds	$ -	$ -				
Total CSS Program Estimated Expenditures	$ 10,798,957	$ 4,056,126				
FSP Programs as Percent of Total	69%					

FY 2024/2025 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Planning Worksheet

County Glenn Date: 2/19/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2024/2025					
	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 Families (P)	$ 5,634	$ 5,634				
2. TripleP (EI)	$ 242,042	$ 182,042	$ 60,000			
3. Outreach Activities (O)	$ 132,513	$ 132,513				
4. Suicide Prevention Services (SP)	$ 155,618	$ 155,618				
5. Stigma Reduction Activities (SR)	$ 132,513	$ 132,513				
6. Access & Linkage (A)	$ 5,560	$ 5,560				
PEI Administration	$ 80,374	$ 80,374				
PEI Assigned Funds	$ -	$ -				
Total PEI Program Estimated Expenditures	$ 754,254	$ 694,254				

FY 2024/2025 Mental Health Services Act Annual Update
Innovation (INN) Planning Worksheet

County: Glenn Date: 2/19/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2024/2025					
	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						
Planning Funds	$ 45,225	$ 45,225				
INN Administration						
Total INN Program Estimated Expenditures	$ 45,225	$ 45,225	$ -	$ -	$ -	$ -

FY 2024/2025 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Planning Worksheet

County: Glenn Date: 2/19/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2024/2025					
	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	$ 17,000	$ 17,000				
2. Training and Technical Assistance	$ 28,500	28,500				
3. Internships	$ 4,500	4,500				
WET Administration						
Total WET Program Estimated Expenditures	$ 50,000	$ 50,000				

FY 2024/2025 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Planning Worksheet

County: Glenn Date: 2/19/24

	Fiscal Year 2024/2025					
	A	B	C	D	E	F
All MHSA funds are managed via "first in, first out."	**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. Project TBD	$ 156,876	$ 156,876				
CFTN Administration						
Total CFTN Program Estimated Expenditures	$ 156,876	$ 156,876				

APPENDIX A
MHSA STAKEHOLDER TRAINING PRESENTATION

See the next pages for a sample of the GCBH MHSA stakeholder training presentation.

Mental Health Services Act 2023/2026 Three Year Update Focus Group

What is MHSA?

- In November 2004, California voters passed Proposition 63, which created the Mental Health Services Act.
- MHSA Vision Statement :
  - "to create a state-of-the-art, culturally competent system that promotes **recovery and wellness** for adults and older adults with severe mental illnesses and **resiliency** for children with serious emotional disorders, and their families"

Guiding Principles

- Focus on Improving Access to Services
- Access to Unserved and Underserved Persons
- Expand Mental Health Services for Children, Transition Age Youth, Adults, and Older Adults
- Create an Integrated Array of Services
- Promote Community Collaboration
- Ensure Cultural Competency
- Promote Services that Utilize Best Practices and Professional Standards

Community and Stakeholder Engagement

- **Community Collaboration** is defined by MHSA as a process of working together with clients and/or families, other community members, organizations, and businesses to share information and resources to achieve a shared vision and goals.

- **Stakeholder Engagement** includes community meetings, focus groups, and surveys to facilitate community participation and input from diverse groups of individuals.

MHSA Funding Components

- Community Services & Supports (CSS)
- Prevention & Early Intervention (PEI)
- Capital Facilities & Technological Needs (Cap Facilities and Tech)
- Workforce Education & Training (WET)
- Housing
- Innovation (INN)

Note: MHSA Programs can be funded by more than one funding stream.

Community Services & Supports (CSS)

- Over 50% of all MHSA funding goes to CSS. The CSS component is focused on community collaboration, client and family driven services and systems, wellness and recovery focused integrated services for the unserved and underserved. Housing is also a large part of the CSS component.
- **CSS Programs:**
  - Full Service Partnerships (FSP)
  - Expanded community-based services for All Ages
  - Trauma-Informed Services
  - Crisis On-Call Response
  - Wellness Centers:
    - Transition Age Youth (TAY) Center
    - Harmony House

CSS (Continued)

- Housing
  - Supplemental funding for housing costs (1st month's rent, supplies, security deposit)
  - Services to help prevent homelessness

Prevention and Early Intervention (PEI)

- PEI helps implement services that promote prevention activities, early intervention, wellness, reduce stigma, and conduct outreach to persons who are unserved.
- There are six components of PEI:
  - Prevention
  - Early Intervention
  - Access and Linkage
  - Stigma Reduction
  - Suicide Prevention
  - Outreach

Capital Facilities and Technology

- Capital facilities provides funding to: 1) build facilities to provide mental health services to mental health clients and their families or for administrative offices and 2) purchase Information Technology and computers to expand and improve technology.

  - Community Resources and Wellness Center (CRWC) Annex was built with CAP Facilities funds.

  - Purchased new Electronic Health Record (EHR) to collect data, document services and outcomes.

Workforce Education and Training

- Program/Service/Initiatives:
  - Staff Electronic Learning System
  - Consumer/Family member Employment Support and Training
    - Training on Evidence-Based Practices
    - Pay interns to travel to Glenn for internships
    - Job-specific training
    - Loan Repayment programs
    - Curriculum development
    - Promotion of the employment of mental health consumers and family members into the mental health system
    - Promotion of culturally-diverse staff: bilingual and bicultural

Innovative Plans

- The Mental Health Services Oversight Accountability Commission controls funding approval for the Innovation (INN) component of the MHSA.
- The goal of Innovation can be to:
  - Increase access to underserved groups
  - Increase the quality of services
  - Promote interagency collaboration
  - Increase access to services

Innovative Plans (Continued)

- Current Innovation Program:
  - **Crisis Response Community Connections** (CRCC)
- Previous Innovative Programs:
  - **Weekend Wellness**
  - **SMART** – Assessing School Threats (funded through CSS)

Oversight and Accountability

- The MHSA created the *Mental Health Services Oversight and Accountability Commission* to oversee the provisions included in this measure.
- The Commission consists of sixteen (16) voting members, comprised of public and private community leaders, mental health consumers, and family members. Members are not paid for their participation on this Commission.
- Members are appointed by the Governor and preferably have personal or family experience with mental illness.
- The Commission meets monthly to approve Innovative Plans and provided oversight to all MHSA services.

MHSA Stakeholder Process

Overview of the Stakeholder Process

- The MHSA Stakeholder Process provides an opportunity for stakeholder input and feedback into all phases of the MHSA:
  - Annual county plan review process
  - Three Year Plan
  - Innovation Ideas and Plans

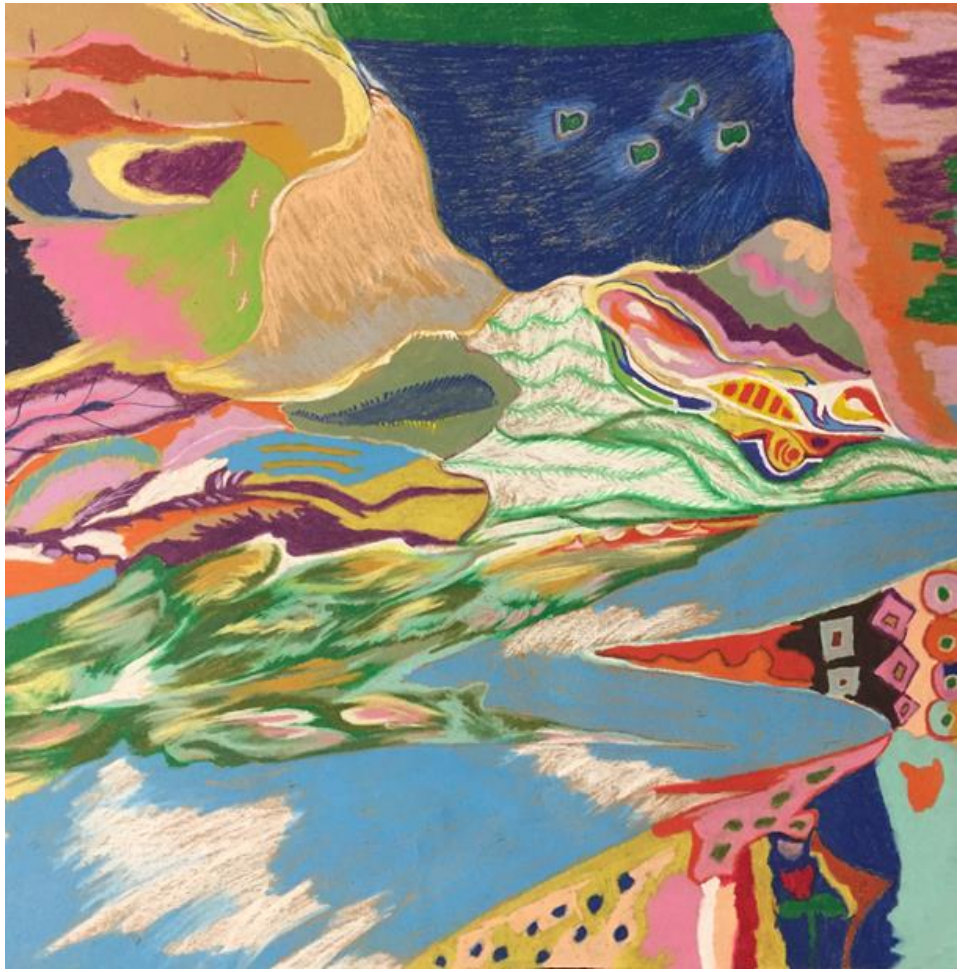
Stakeholder Groups

- Stakeholders provide input into planning, development, and implementation of each MHSA Plan. Stakeholders include:
  - Clients including youth, adults and older adults
  - Families
  - Community Organizations
  - Partner Agencies
- How to participate in the Community Planning Process?
  - Attend a focus Group
  - Take Survey
  - Email or contact Cindy Ross@ cross@countyofglenn.net or 530.865.6106

Glenn County Behavioral Health thanks you for your comments and input for our MHSA 3 year plan.

Any Questions or Comments?

Thank you!

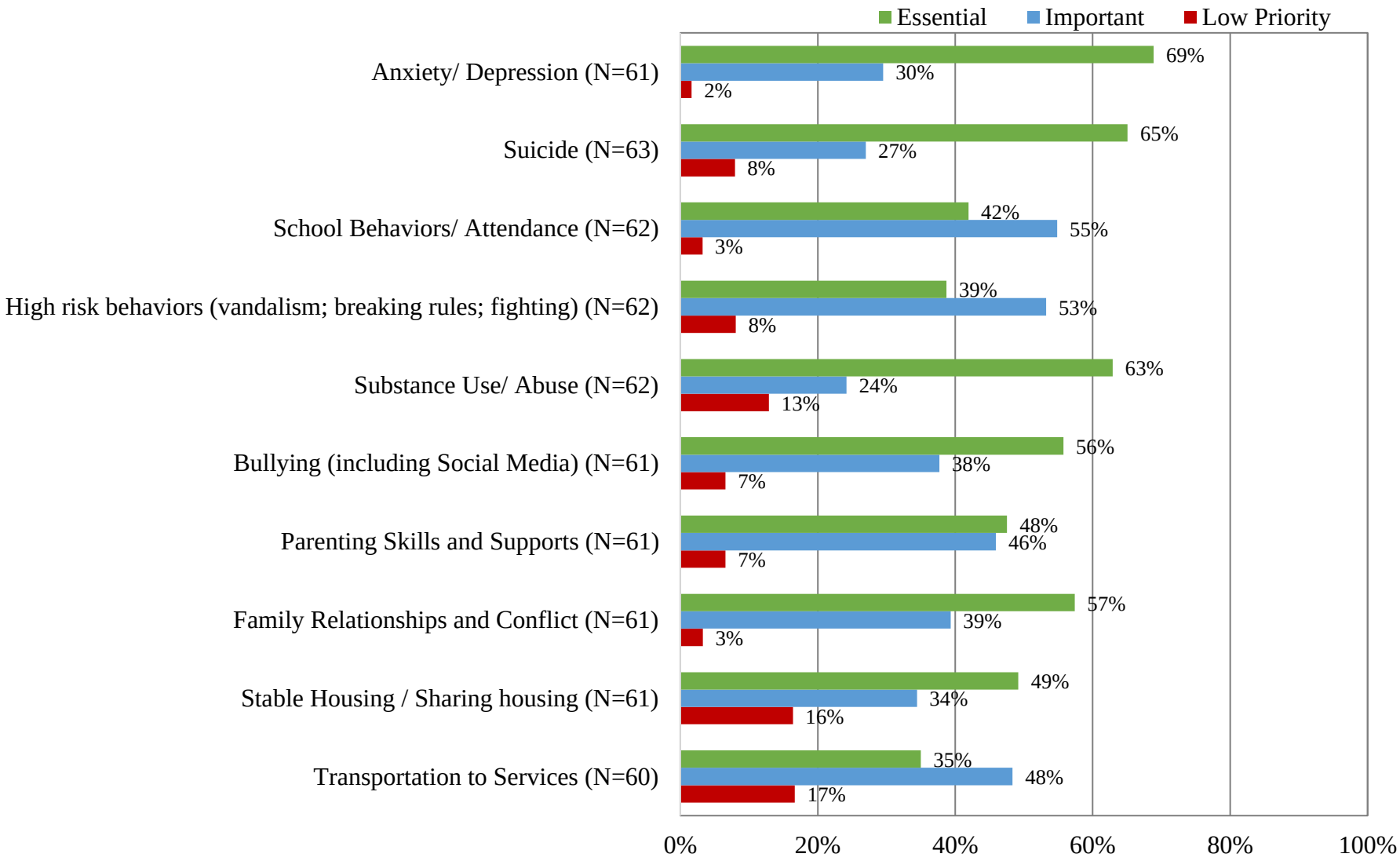


COLLABORATION: MULTIPLE ARTISTS,
ORCHESTRATED BY JOHN V. MCMACKIN

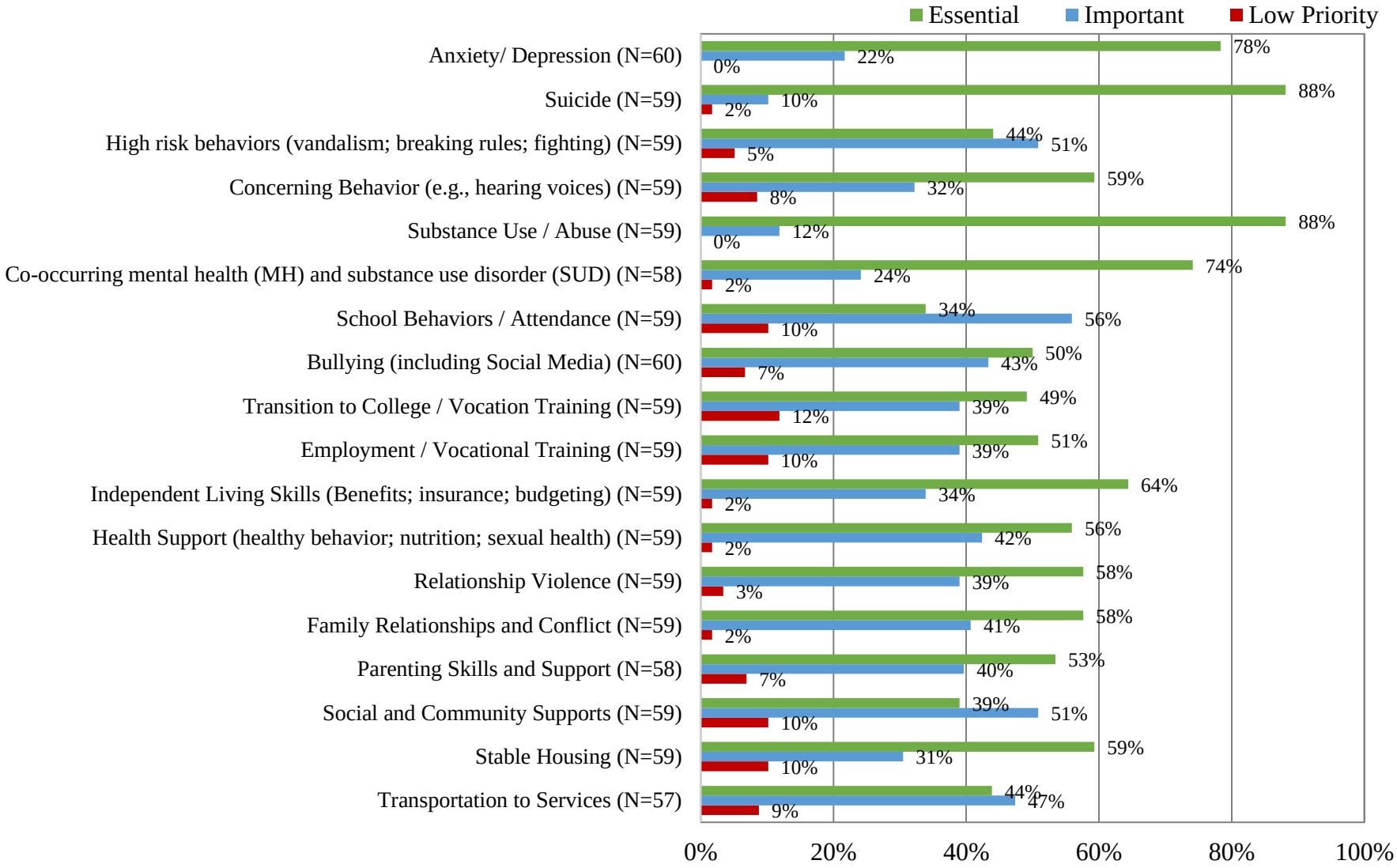
APPENDIX B
MHSA STAKEHOLDER SURVEY RESULTS (2024)

See the next pages for the results of the 2024 MHSA Stakeholder Survey.

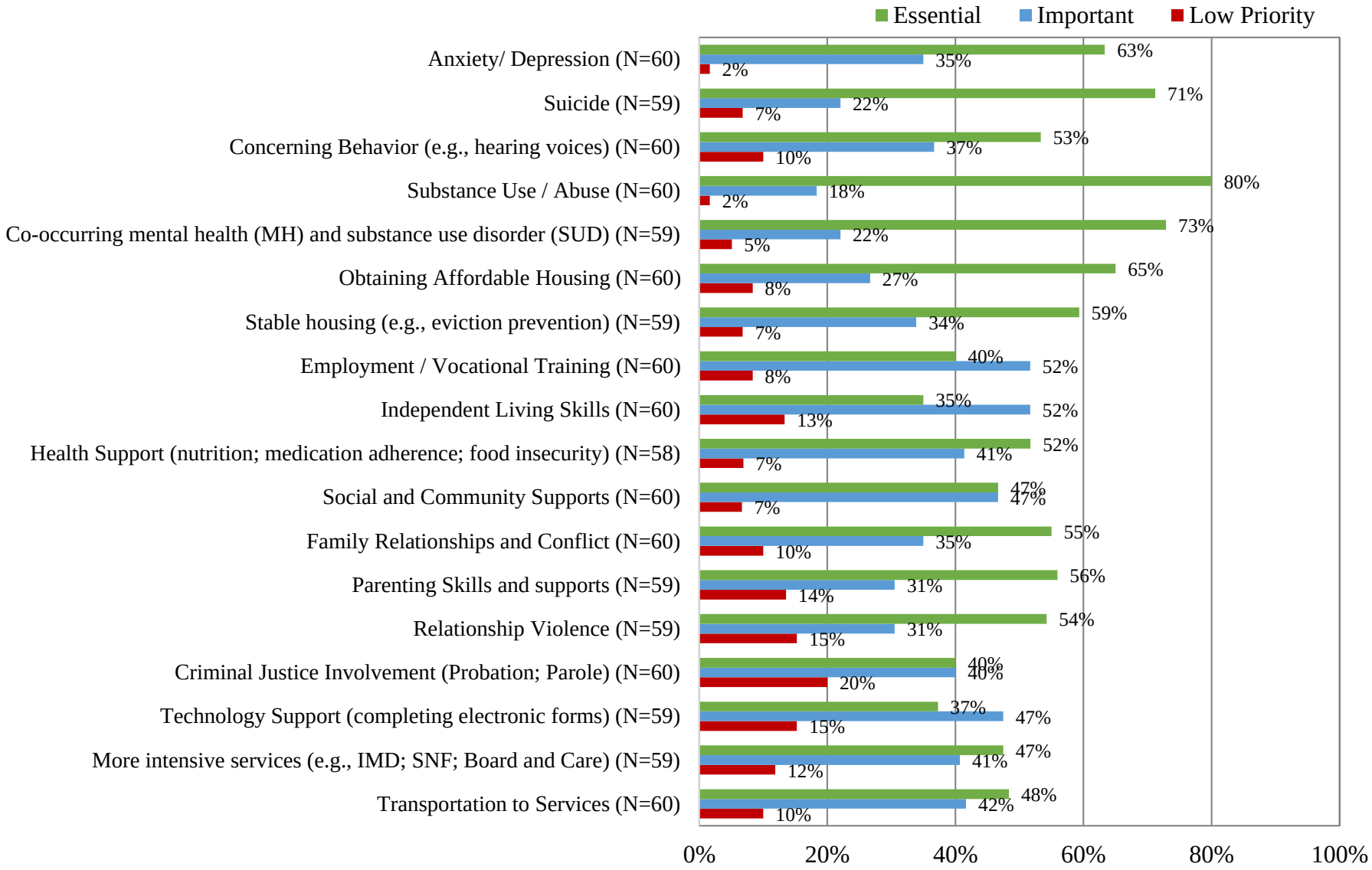
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Child and Family Issues That Need to Be Addressed



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



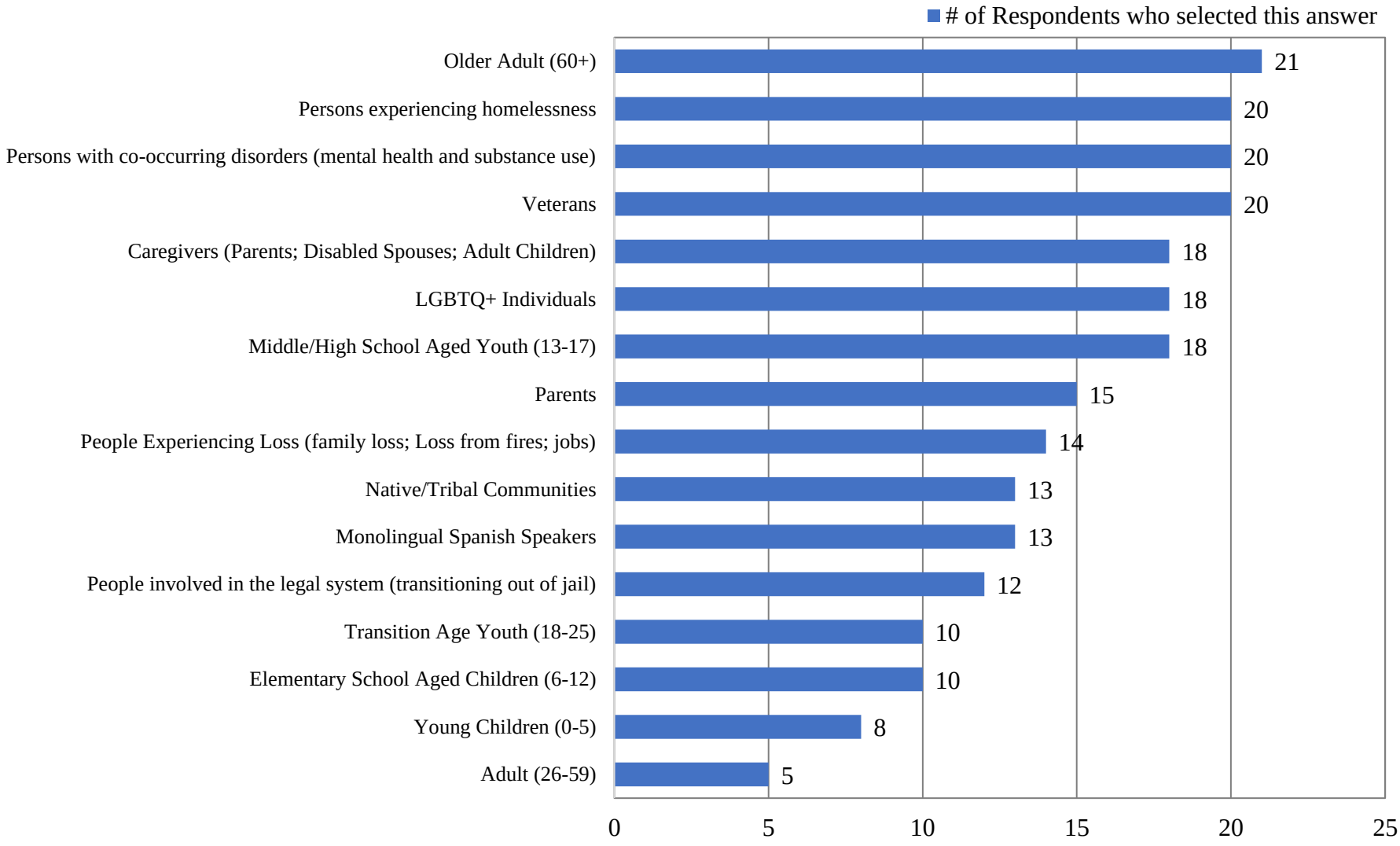
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Adult and Older Adult Issues That Need to Be Addressed



Glenn County Behavioral Health
MHSA Stakeholder Survey Results

Are there any populations or groups of people not being adequately served? (N=57)

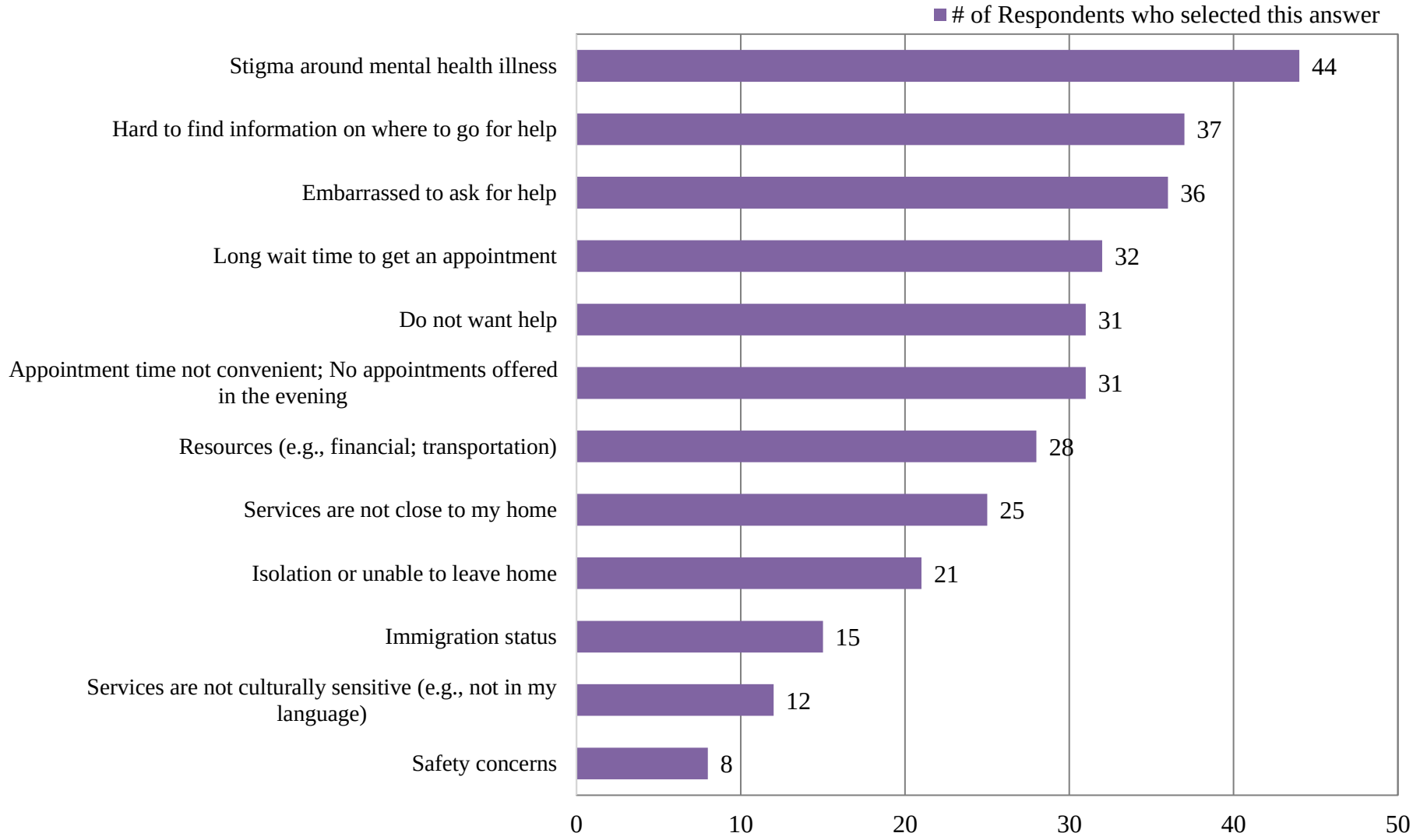
(Respondents may select multiple answers)



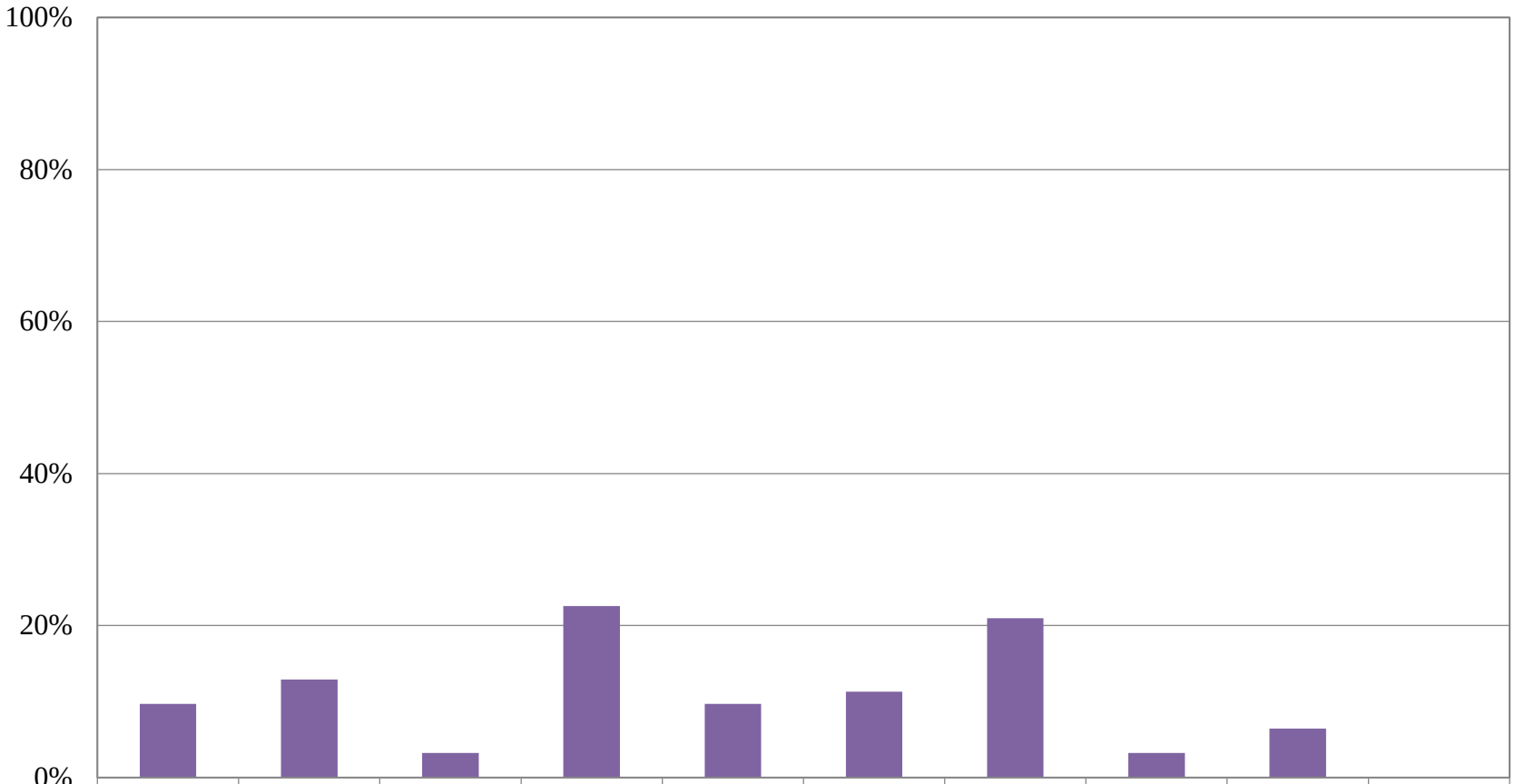
Glenn County Behavioral Health
MHSA Stakeholder Survey Results

What barriers make it harder for individuals and family member(s) to access mental health services? (N=62)

(Respondents may select multiple answers)

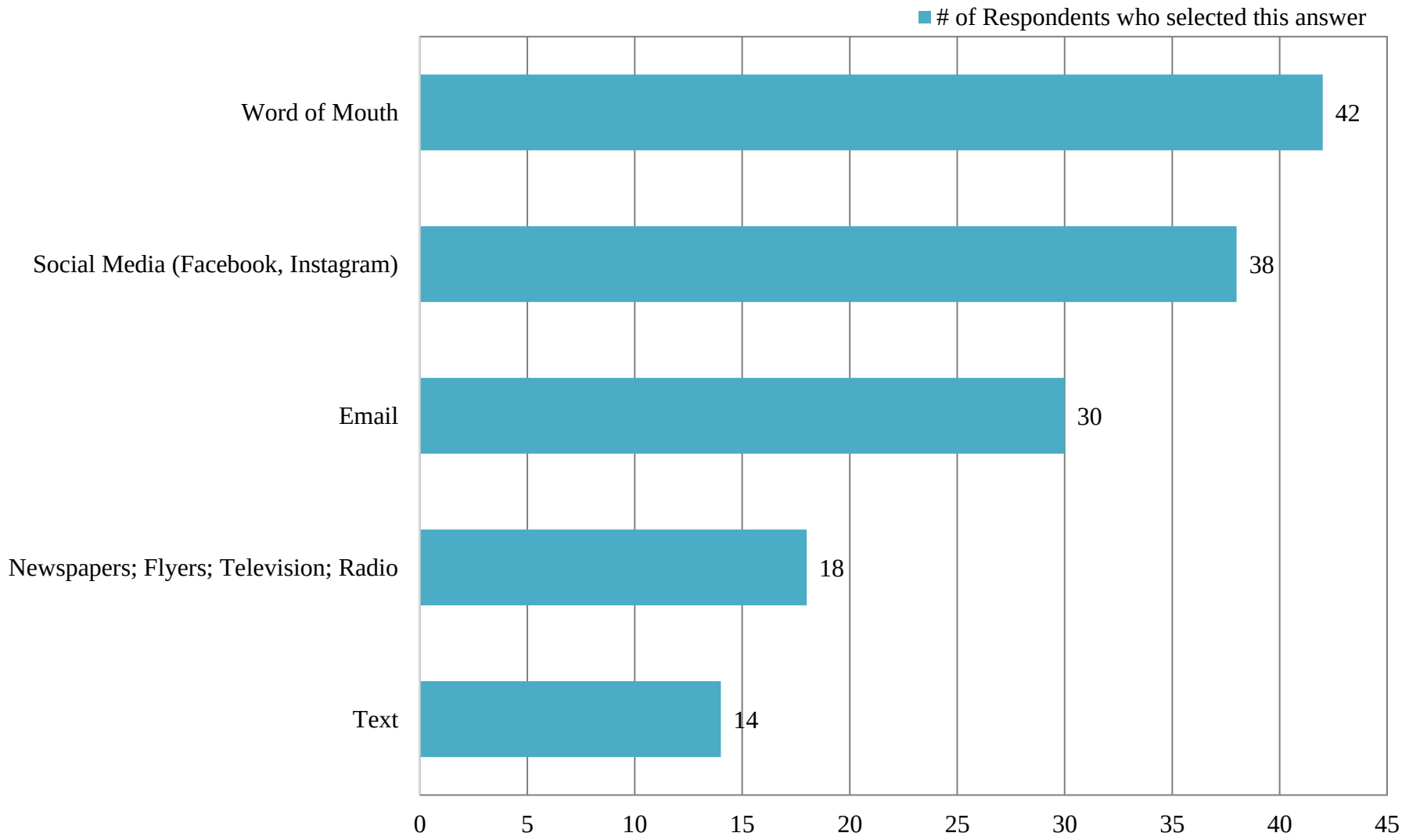


Glenn County Behavioral Health
MHSA Stakeholder Survey Results
What is your role in the community? (N=62)

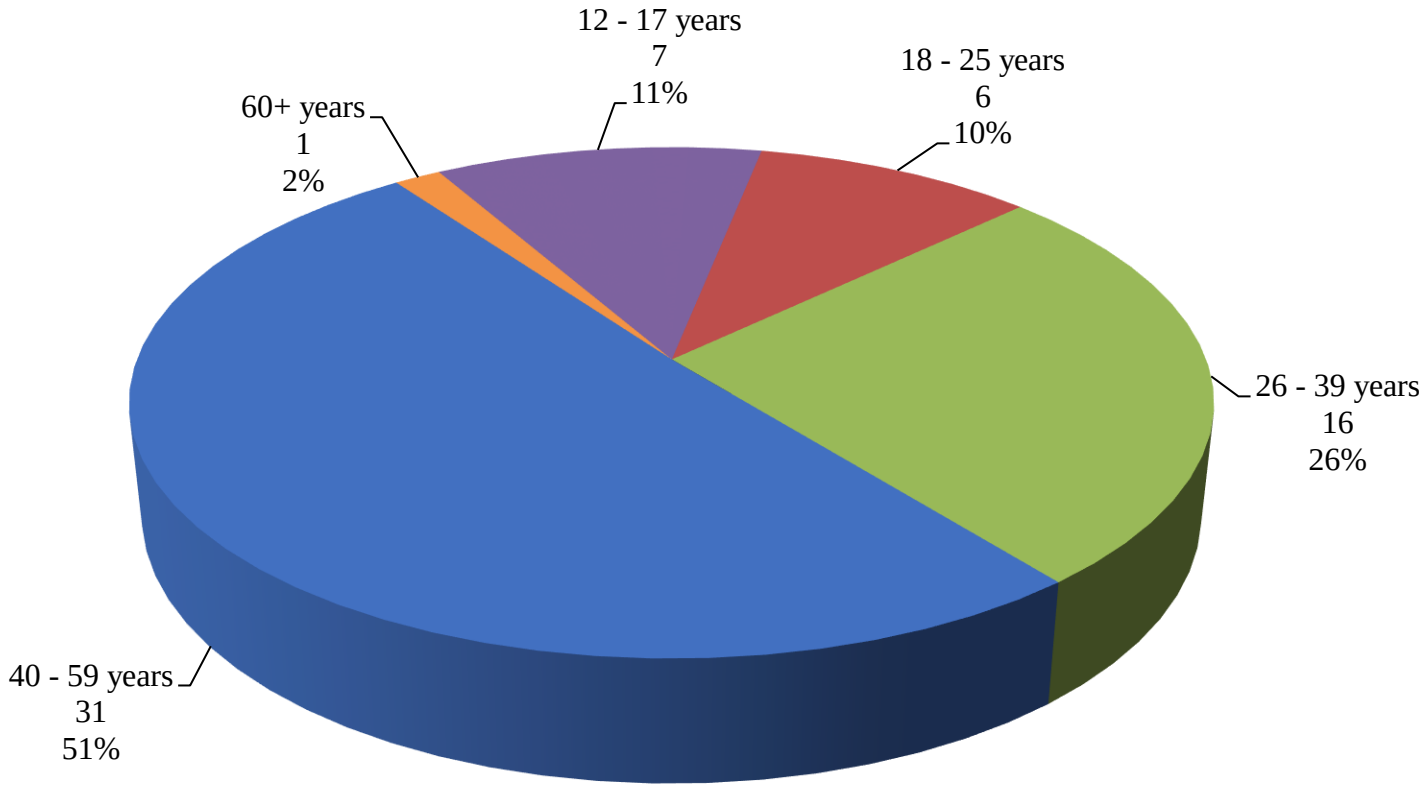


	Youth Consumer	Adult Consumer	Family member	Community member	School Personnel	Social Services and Child Welfare Services	Behavioral Health Staff	Health Care Provider	Other	Total Responses
# Respondents	6	8	2	14	6	7	13	2	4	62
% Respondents	9.7%	12.9%	3.2%	22.6%	9.7%	11.3%	21.0%	3.2%	6.5%	100.0%

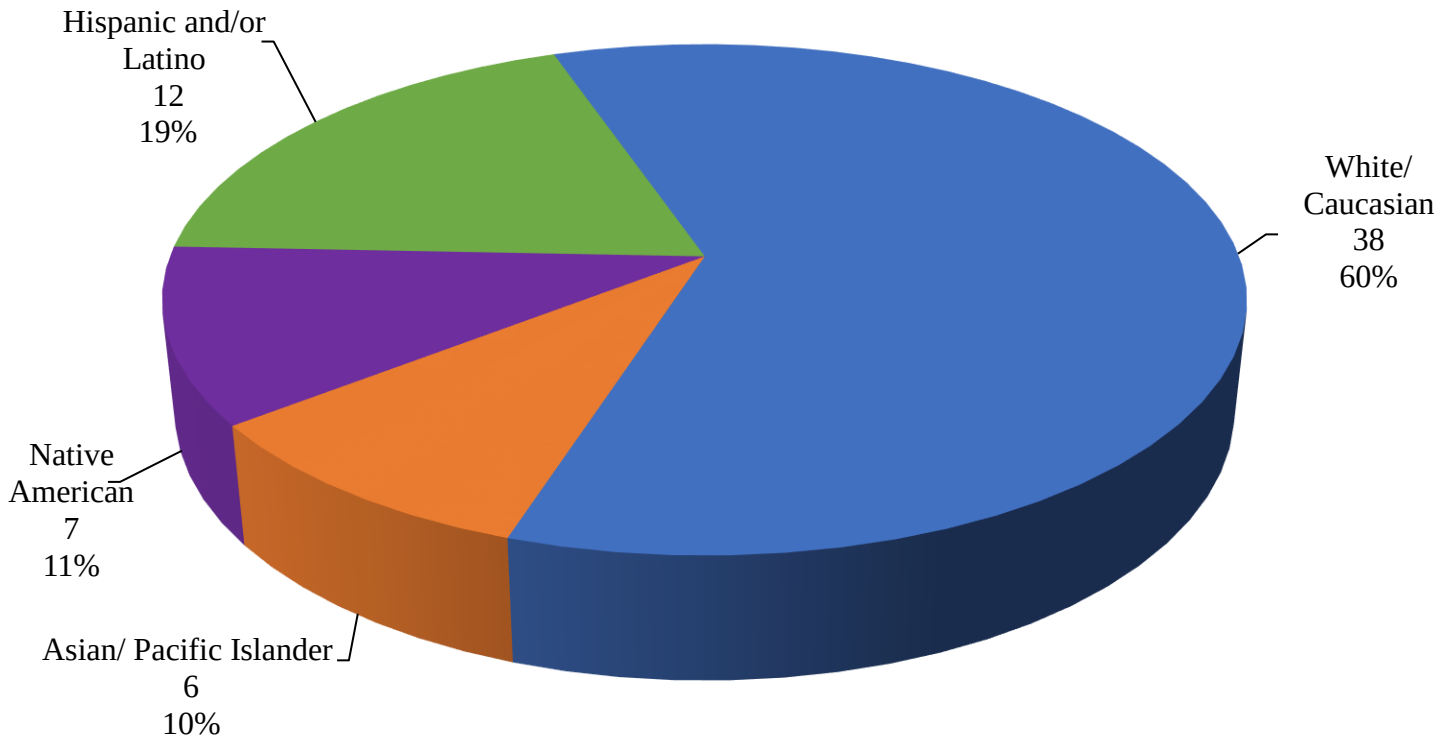
Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Sources of Information about Local Services and Resources (N=63)
(Respondents may select multiple answers)



Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Age (N=61)

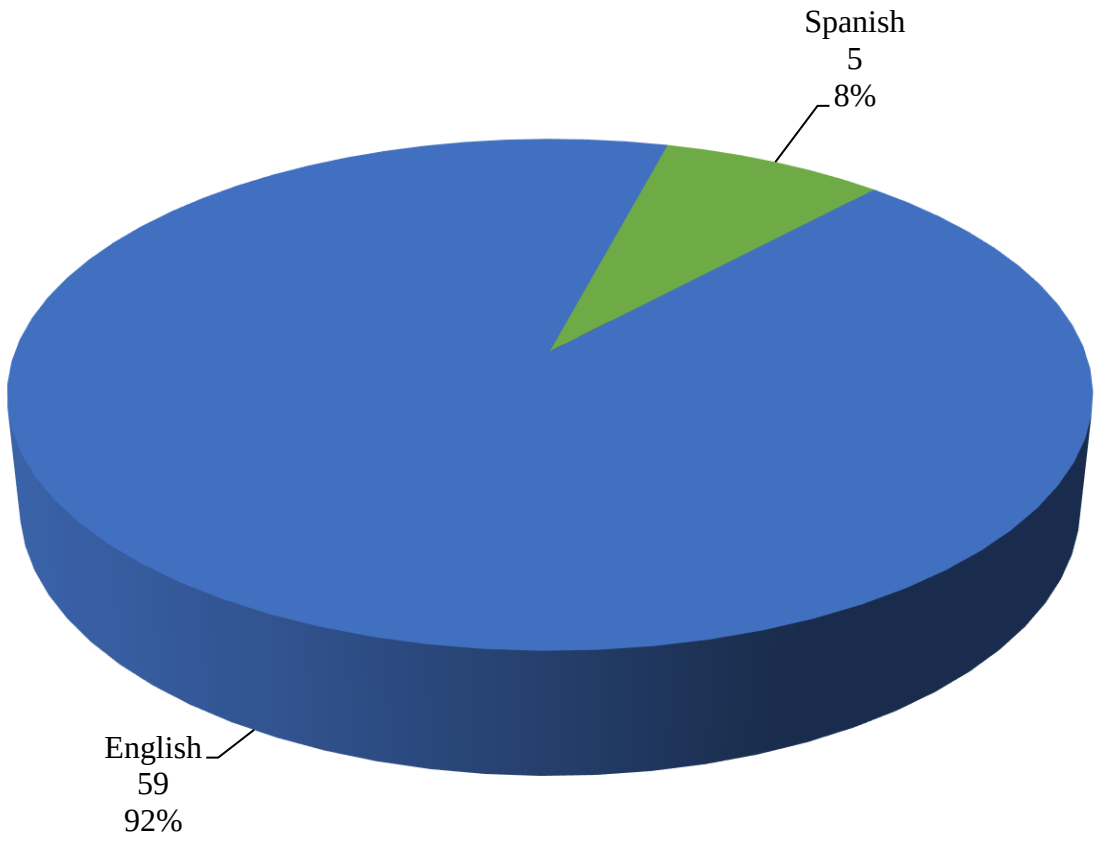


Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Race/Ethnicity (N=63)

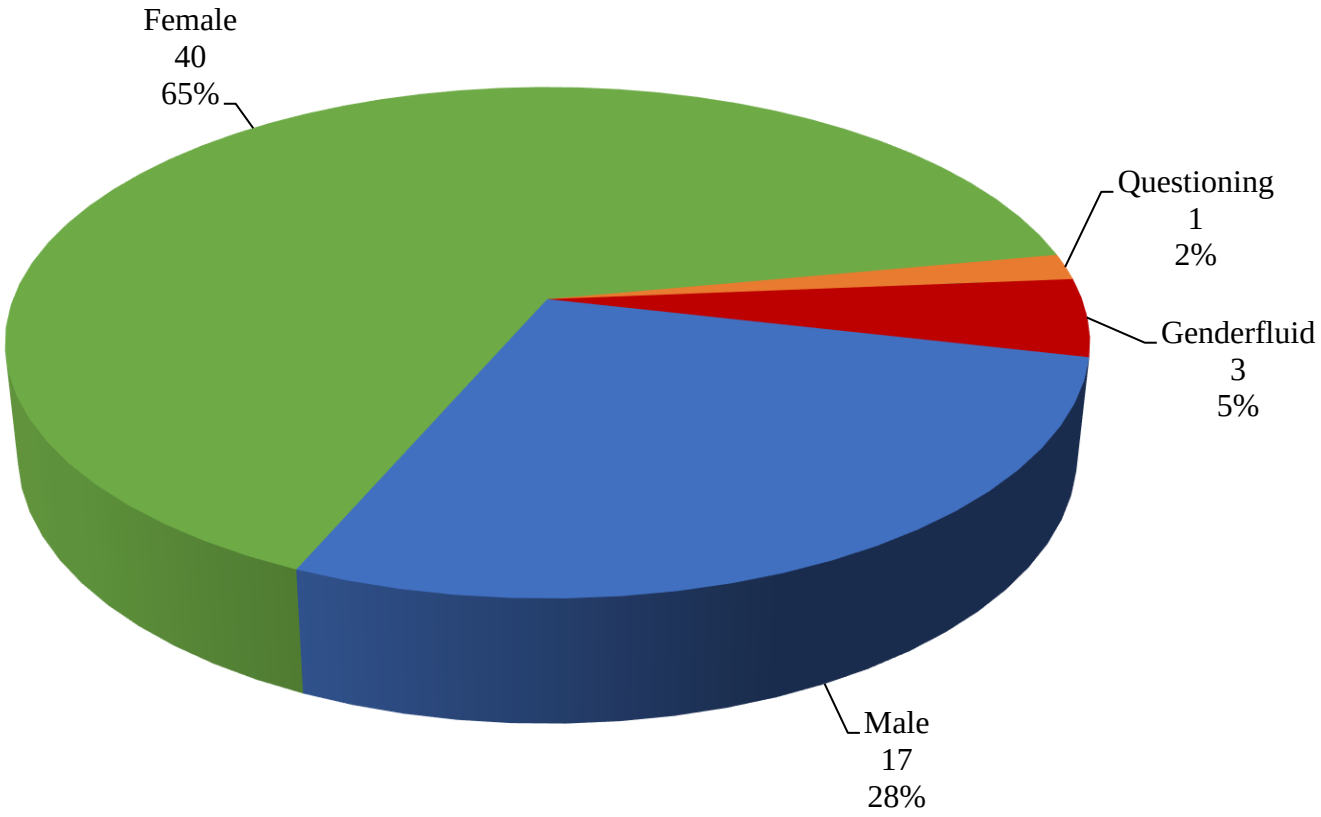


Glenn County Behavioral Health
MHSA Stakeholder Survey Results

What is your primary language? (N=64)



Glenn County Behavioral Health
MHSA Stakeholder Survey Results
Gender (N=61)



Glenn County Behavioral Health
MHSA Stakeholder Survey Results

Sexual Orientation (N=55)