DRAFT #2

PLUMAS COUNTY MENTAL HEALTH SERVICES ACT THREE-YEAR PLAN 2023-2026 AND ANNUAL UPDATES FOR FY 21/22 & FY 22/23

Incorporating the MHSA General Standards of Community Collaboration, Cultural Competence, Client and Family Driven, Integrated Service Experience, and Wellness, Recovery & Resilience Focused

2023

PLUMAS COUNTY BEHAVIORAL HEALTH

Mental Health Services Act

Three-Year Program and Expenditure Plan

2023-2026 & Annual Updates for FY 21/22 & FY 22/23

POSTED FOR PUBLIC COMMENT

August 2, 2023 through September 1, 2023

The MHSA FY2023-2026 Three-Year Plan is available for public review and comment from August 2, 2023 through September 1, 2023. We welcome your written feedback. Comments may also be made during the Public Hearing, to be held on

Public Hearing Information:

Behavioral Health Commission Meeting

Wednesday, September 6, 2023 1:00pm Court House Board Room

Comments or Questions? Please contact:

Kristy Pierson MHSA Coordinator
MHSA Three-Year Plan Feedback
Plumas County Behavioral Health
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Thank you!

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name:	Name:
Telephone Number: E-mail:	Telephone Number: E-mail:
Local Mental Health Mailing Address:	

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

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

_____ _____ _____
Local Mental Health Director (PRINT) Signature Date

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

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is an Annual Revenue and Expenditure report attached, is true and correct to the best of my knowledge.

_____ _____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

COUNTY: Plumas
(Check one:)

[x] **THREE-YEAR PROGRAM & EXPENDITURE PLAN**
FISCAL YEARS 2023 - 2026

[x] **ANNUAL UPDATE FY 2021/2022 & 2022/2023**

[ ] **UPDATE FY 202__ - 202___**

DESCRIPTION & CHARACTERISTICS OF COUNTY

Plumas County is a rural county that lies in the far northern end of the Sierra Nevada range. The region's rugged terrain marks the transition point between the northern Sierra Nevada Mountains and the southern end of the Cascade Range. More than 75% of the county's 2,553 square miles is National Forest. The Feather River, with its several forks, flows through the county. Quincy, the unincorporated county seat, is about 80 miles northeast from Oroville, California, and about 85 miles from Lake Tahoe and Reno, Nevada. State highways 70 and 89 traverse the county. The county's communities are nestled in different geographic areas, such as Chester in the Almanor basin, the communities of Greenville and Taylorsville in Indian Valley, the town of Quincy in American Valley, Blairsden, Graeagle, and Clio in Mohawk Valley, and the town of Portola, which lies west of Sierra Valley on Highway 70.

Population Estimates

The county's population is approximately 19,351 *(US Census 2022 Population Estimates Program)*. Plumas County's largest town is the incorporated city of Portola, home to approximately 2,083 residents *(US Census 2021 Population Estimates Program)*. The town of Quincy, the county seat, has an estimated population of 1706, and East Quincy a population of 2279, with the greater Quincy area's (American Valley and surroundings) population at approximately 7,000. The County's population is comprised of 91% Caucasian or White, approximately 10.3% identify as Hispanic or Latino, those who identify as two or more races is 3.9%, 3.2% are Native American or Alaska Native, and the balance consists of individuals from other race/ethnicity groups.

There are over 1,800 veterans who are residents, which represents up to 10.7% of the County population. Approximately 17% of the population is under 18 years of age with 4% of that being children under the age of 5 (US Census 2022); 53% are ages 18-65, with over 65 years at 30%. The US Census shows that 49.7% of the total population is female.

The US Census estimates that 7% of the population of Plumas County speaks a language other than English at home, with the predominate language being Spanish. However, Plumas County

has no threshold language, per the Department of Health Care Services (DHCS) formula, but Plumas County Behavioral Health strives to offer services and materials in Spanish and any primary language of the individual client.

Social Determinants of Health

Plumas County's unique topography and geography (multiple and diverse, isolated communities separated into high valleys by overlapping mountain ranges) directly affect each communities' social determinants of health. Generational poverty and the ongoing decrease of once prosperous natural resource industries have made long-term deleterious economic impacts on rural communities in Northern California, as well as cutting financial reimbursement levels to local infrastructure (reducing Secure Rural Schools Act funding and declining timber receipts), lack of affordable housing and healthcare options, chronic under- and unemployment, few adult vocational/tech educational opportunities due to many years of funding cuts and underfunding local vocational programs, and the lack of innovation and shoring up of economic development programs, have contributed to long-term health disparities in this rural county.

- Food insecurity rates among the population have increased, with child food insecurity rates higher than for adults (28.6% vs.18.6%).
- Median household income in Plumas County has inched up but remains below state and national levels, $57,885 compared to California's of $84,097 (*US Census Bureau 2021).*
- 13% of county households live below the Federal Poverty level.
- Plumas County ranks 54th of 58 counties for overall health outcomes.
- Demand for and low inventory of affordable housing impacts families' overall income spent on renting, thus impacting financial health – greater competition for affordable rentals. Families who may otherwise stay in county must move away to find affordable housing.
- Plumas County lacks inventory to meet the permanent affordable housing needs of local individuals and families (affordability of homes to purchase).
- Increasingly higher estimates of overall depression-related feelings in 7th, 9th, and 11th graders in study years 2015-17, than the state average and compared to prior study years for Plumas County youth in 2011-13 and 2013-15 (*CA Health Kids Surveys*). For example, these estimates increased for the same cohort from 19.3% in 2011-13 (7th grade) to 29% in 2013-15 (9th grade) to 39.6% in 2015-17 (11th grade).

Homelessness and the Plumas County 2023 Point In Time (PIT) Count

Plumas County Behavioral Health MHSA program has been providing direct homeless services for a number of years to new and ongoing clients, as well as referrals for homeless services and other emergency supports to the lead agency, Plumas Crisis Intervention and Resource Center, for residents who don't meet eligibility for mental health services at PCBH. As part of the department's commitment to meet community needs for homeless services, PCBH partners with multiple agencies, such as Plumas Rural Services, Environmental Alternatives, and PCIRC.

The 2023 Point-in-Time Survey collected data on a total of 128 individuals experiencing homelessness in Plumas County. Of these individuals:

- 52 were sheltered, 76 unsheltered.
- 76 were male, 49 were female.

- Most individuals were ages 25-34 (18%), or ages 55-64 (28%)
- There were 18 children under the age of 17.
- 40% reported they have lived in the county all or the majority of their lives.
- 27% of individuals have only been in the county 1-5 years.
- 3 unsheltered individuals were veterans.
- Less than 7% of reported mental health being a reason for being homeless.
- 19% reported that they were impacted by the 2021 Dixie Fire

Plumas County agencies and the local Housing Continuum of Care (CoC) Advisory Board continue to work towards expanding the continuum of housing services for homeless individuals and families, including increasing the affordable housing inventory for both rentals and homebuying and housing for special populations, such as initiatives funded through the CA Department of Housing and Community Development (HCD)

Access to affordable permanent housing with supportive services is a significant barrier that prolongs suffering for individuals and their families. The table below gives an overview of the PIT count demographics.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language Spoken	% of Total	Threshold (Y/N)
0-5 yrs.	4.6%	White	84.3%	Female	38.2%	English	92.7%	Y
6-18 yrs.	9.3%	Black or African American	0%	Male	59.3%	Spanish	7.3%	N
18-65 yrs.	81.2%	Asian	0%			Vietnamese		
65 & older	4.6%	Native Hawaiian or other Pacific Islander	0%			Cantonese		
Military Status	**% of Total**	American Indian or Alaska Native	5.4%			Mandarin		
		Other				Tagalog		
Veteran	2.3%	More than one race	0%			Cambodian		
Active Duty		**Ethnicity**	**% of Total**			Hmong		
Civilian						Russian		
		Hispanic	4.6%			Farsi		
		Non-Hispanic	91.4%			Arabic		
						Other (Specify)		

Unserved Populations	Underserved Populations
Veterans	**Private insurance**
Senior Citizens	**Mild/Moderate**
	Youth

Plumas County is a frontier county with limited resources in comparison to the rest of California. After Covid 19 and the Dixie fire, Plumas County experienced a large decrease in staffing, especially among the licensed clinicians. Plumas County has had

multiple open positions for clinicians for the past 2 years with no applicants. PCBH is currently down 50% of its clinical staff.
Plumas County is still recovering from the Dixie Fire in 2021. The residents of the county continue to experience trauma from this event which creates a greater need to address the trauma among our entire community.
Mental Health has also become a greater focus after Covid-19 and we are finding that multiple agencies are looking to hire their own clinicians and they are able to offer higher wages and better benefits and hours than the county. Over the past 2 years we have lost multiple clinical staff members to other local agencies due to the perks that these agencies can offer.
The needs of the unserved and underserved populations are difficult to address due to a combination of meeting medical necessity for severely mentally ill, alternate insurance carriers and a lack of staffing to provide the services. Plumas County has limited resources and a lack of non-profit agencies to contract with for services. Plumas County also struggles with a lack of managed care options.
Veterans, Senior Citizens, and those with private insurance are referred to managed care providers which is very difficult to find in Plumas County. This leaves these individuals having to travel to Reno or Chico to get mental health services, both of which are anywhere from 1-2 hours away from any given Plumas County community.
Plumas County youth are another underserved population. PCBH has partnered with the local school district to help narrow this gap, but it continues to be a struggle for youth who do not have Medi-Cal insurance. PCBH obtained the MHSSA grant in partnership with Plumas Unified School District in 2021 to help provide free mental health services for all students. This service is called “Tiny Eye” and is a telehealth service offered at each school site in the county. During the 22/23 school year Tiny Eye provided 137 unduplicated students with services. In other words, an extra 137 students were able to receive mental health services last year that otherwise wouldn’t have been able to receive services due to their insurance or difficulties with travel to see a provider.
The fully served clients would include our FSP clients who are eligible for ancillary services that could include, but are not limited to, assistance with utilities, clothing, food, rental assistance, housing, gas or bus passes to get to appointments or a job etc. FSP is a whatever it takes model to help a client stabilize. Non-FSP clients are eligible for up to $300 a year in ancillary assistance.

Threshold Language	% of Service Providers
English	100%

A. Percentages 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 currently being served.

Ethnicity	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Race	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Hispanic		1.3%	10%	White		72%	82%
Non-Hispanic				African American or Black		1.3%	1.8%
More Than One Ethnicity				Asian		0.7%	1.3%
Unknown		0.97%	3%	Native Hawaiian or Other Pacific Islander			
				Alaska Native or Native American		2.3%	4.0%
				Other		.01%	1.5%
				More Than One Race			
				Unknown		9.7%	6.6%

Gender	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Female		53%	48%
Male		46%	51%

Language Spoken	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Veteran	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
English	100%	95%	97.4%	Yes			
Spanish		3.8%	1.1%	No			
Vietnamese				Declined to Answer	100%		
Cantonese							
Mandarin							
Tagalog							
Cambodian							
Hmong							
Russian							
Farsi							
Arabic							
Other		0 .4%	1.5%				

Disability							
Communication	**% of Direct Service Providers**	**% of Total Population Needing Services**	**% of Total Population Currently Being Served**	**Disability Types**	**% of Direct Service Providers**	**% of Total Population Needing Services**	**% of Total Population Currently Being Served**
Seeing				Mental (not SMI)			
				Physical/Mobility			
Hearing or Having Speech Understood				Chronic Health Condition			
Other (specify)				Other (specify)			

The main barrier that Plumas County faces for being able to implement programs is the lack of staffing and the lack of resources available in a frontier county. It is difficult to run a program when you don't have people to staff it or community agencies to contract with to provide the services. Plumas County is severly limited on agencies that have the staffing or capacity to run programs as well.

California Code of Regulations Title 9 (CCR) and Welfare and Institutions Code Section (WIC) 5847 state that county mental health programs shall prepare and submit Three-Year Plans and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures. Plans and Annual Updates must be developed with the participation of stakeholders, and the description of the local stakeholder process must be included in that plan or update. The county is to conduct a 30-day public review period of the draft Annual Update and the Mental Health board shall conduct a public hearing at the close of a 30-day comment period. Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the county Board of Supervisors.

MHSA Community Program Planning and Local Review Process

County: PLUMAS **30-day Public Comment period:** August 2, 2023 – September 1, 2023

Date of Public Hearing: September 6, 2023

The Plumas County Behavioral Health (PCBH) MHSA Community Program Planning Process for the development of the 2023 - 2026 Three-Year Program and Expenditure Plan builds upon the continuous planning process that started several years ago. Over the past several years, this planning process has developed into obtaining input from diverse stakeholders through focus groups, stakeholder meetings, and survey results.

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

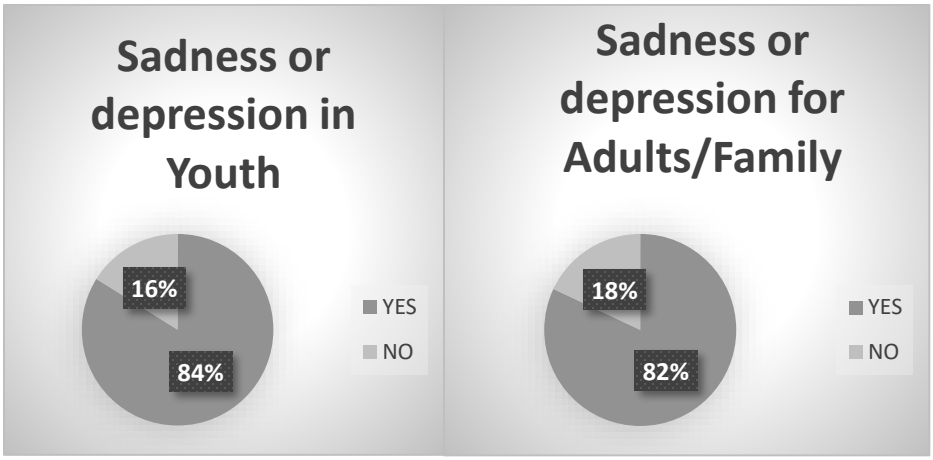
In addition to reviewing stakeholder input, we analyzed data on our client service utilization to determine if clients are successfully achieving positive outcomes. Outcome and service utilization data is regularly analyzed and reviewed by management to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client access and has been instrumental in our planning process to continually improve mental health services.

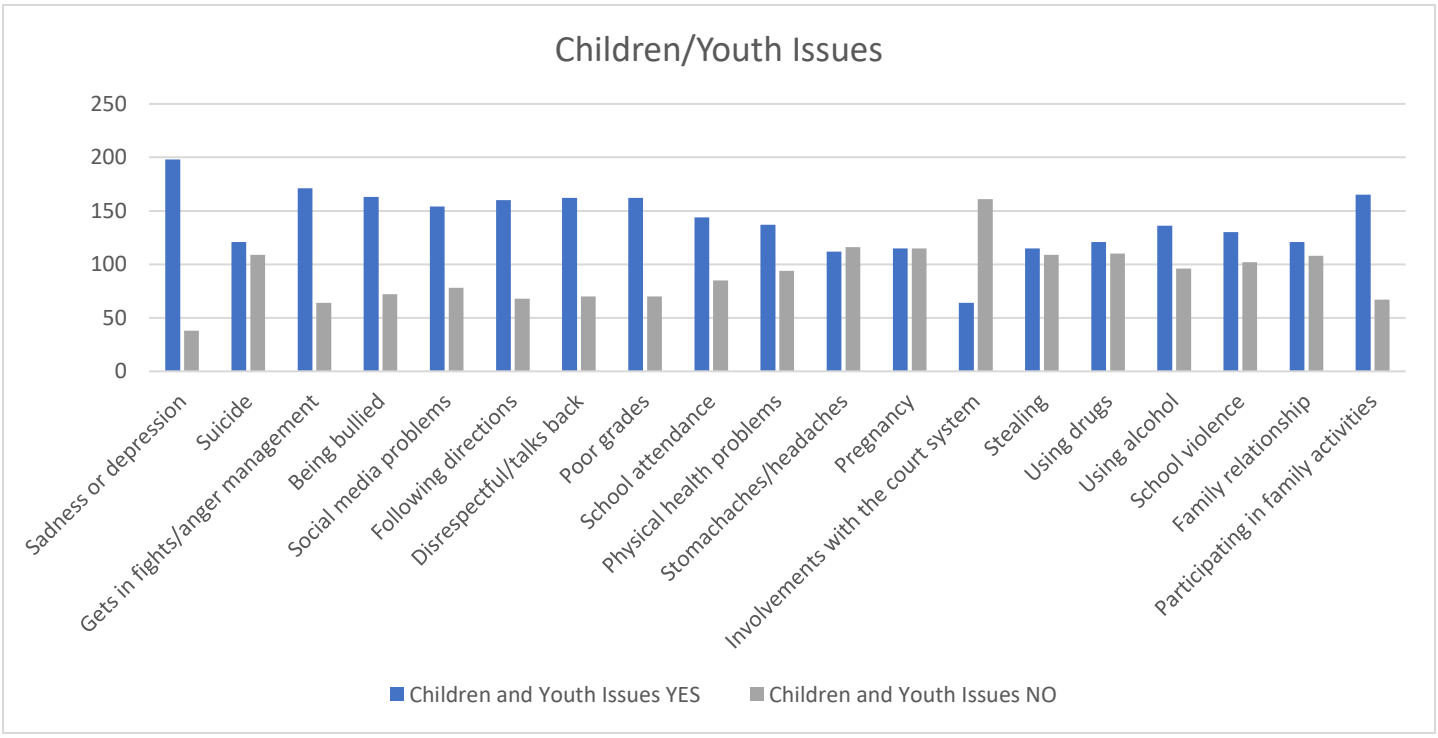
A primary goal of this 3-Year Plan includes a focus on funding for continuing programming that offers expanded services to underserved and unserved populations, with program changes to address stakeholder feedback obtained in the 2023 stakeholder meetings.

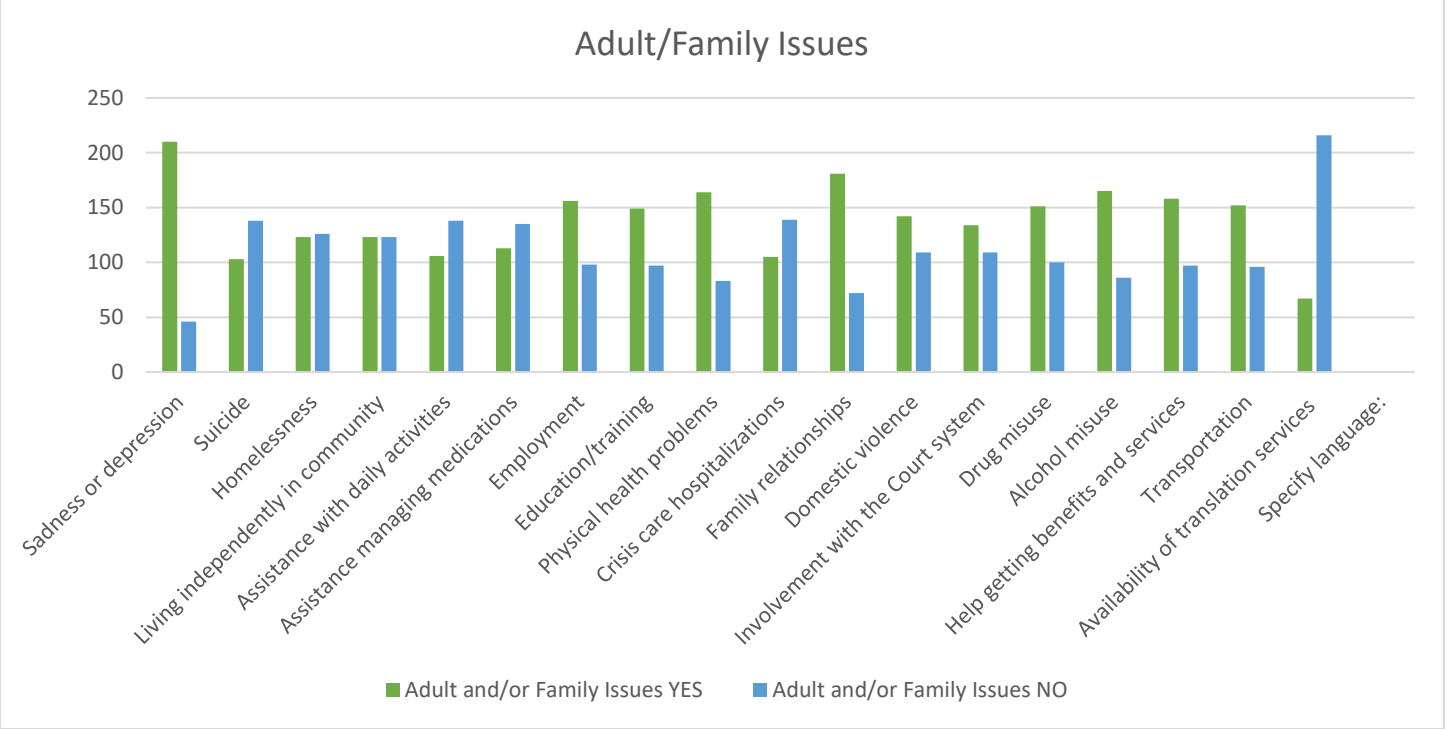
MHSA Program staff disseminated over 300 surveys and collected 281 Community Mental Health Priority surveys in February 2023. MHSA program staff obtained input from 32 youth, 9 Law Enforcement, 14 senior citizens, 9 Veterans, 76 school staff, 82 clients and 59 community members.

The top areas of concern to stakeholders are:

1. Sadness and Depression among youth and adults
2. Improving access to services for children and their families
3. Family Relationships
4. Anger Management
5. Alcohol Misuse
6. Physical health problems
7. Help getting benefits and services
8. Employment
9. Bullying, poor grades and disrespectful youth
10. Domestic Violence
11. Involvement with the court system
12. Homelessness







Plumas County MHSA Program staff scheduled 4 Community Program Planning meetings for all stakeholders and community members. In Quincy on February 21, 2023, Portola on February 23, 2023, Chester on February 28, 2023, and via zoom for the Greenville community on February 24, 2023. Due to inclement weather the Chester meeting was cancelled. During the community meetings, attendees were shown an MHSA 101 Slideshow that describes and covers the main components of the MHSA and how it is currently implemented in Plumas County. MHSA staff then engaged the stakeholders in open conversations about the current needs and gaps of Plumas County.

The MHSA Coordinator conducted the stakeholder surveys and community meetings. See Appendix A. for supporting documents.

In the Appendices, the following documents may be included:

A. The outline of the training or the presentation offered or provided to stakeholders, clients, and family members of clients who are participating in the CPPP.
B. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP.
C. Copies of materials used to announce planning meetings and other CPPP activities as well as presentations/handouts for the meetings and other activities.

DEMOGRAPHIC	CPPP PARTICIPANTS	County Total Population
Age Group		
Youth (under 21)	32	
21-59	226	
60 and older	23	
Race/Ethnicity		
American Indian or Alaskan Native	20	
Asian	10	
Black or African American	3	
Hispanic or Latino	19	
Native Hawaiian or Pacific Islander		
White	210	
Multi-racial		
Other	21	
Gender		
Female	170	
Male	86	
Other	25	
Language Spoken at Home		
English	281	
Spanish	unknown	
Other	unknown	

AFFLICIATION/AREA OF INTEREST	CPPP PARTICIPANTS
Adults and Older Adults with SMI	82
Families of children & Tay with SMI	32
Behavioral Health Service Providers	
Law Enforcement Agencies	9
Education	76
Social Services Agencies	
Veterans	7
Representatives of Veterans	2
SUD Providers	
Health Care providers	
Senior Citizens	14
Community Members	59
Other	

Plumas County Behavioral Health staff created an MHSA 101 slideshow that covers the basic components, funding categories and the purpose and requirement of each category. This slideshow was shown at the beginning of each stakeholder meeting and was posted to the Plumas County website under the MHSA section. A hard copy of this slideshow can be found in appendix A

Plumas County makes every attempt and effort to gain stakeholder involvement and feedback in the MHSA. The MHSA coordinator holds a quarterly MHSA meeting, a quarterly Cultural Competency meeting, attends and reports at the monthly Behavioral Health Commission Meetings. The MHSA Coordinator has also gone out into the community to meet with other agencies, schools, other therapy providers in the community and MHSA contract partners to invite them to any of the meetings and to answer any questions about the MHSA.

The Behavioral Health Commission is updated monthly on the MHSA and is made up of consumers, community members, youth, and a Board of Supervisors attendee. In recent months we have been able to get other community agencies to regularly attend the Commission meetings such as a representative from the sheriff's office and the school district. The Commission reviews all of the MHSA plans and updates before they are posted for the 30-day public comment or sent to the Board of Supervisors for final approval.

Stakeholder meetings were scheduled in each of the 4 communities for the CPPP process and gaining stakeholder feedback. Over 300 surveys were handed out throughout the community and a total of 281 were returned with stakeholder feedback about problem areas and needed services in this county.

Stakeholder Comments and Feedback from the 2023 Stakeholder Survey:

- The Work Crew Reinstated
- Bring back Mountain Visions & Work Crew
- Services are very limited in our county
- More IEP
- A big area of concern in the lack of Mental Health therapist as well as a community care facility for those suffering from mental health issues
- I am answering the questions for people I have seen that need help. So many kids need help
- Suicide for kids as young as 6 yrs old (services needed)
- Help with major PTSD and major anxiety disorder
- We all need to be important mentally, physically, emotionally, spiritually. I am tired of being the mental patient
- Support our library, children and youth activities
- Services county wide for cultural indigenous people of this land
- A close relative uses your services. Dr. B is amazing while I find your therapy/counseling lacking. Doesn't spend more than 10 minutes w/ client and no goals provided. Its like they are filling a quota to get funded.
- I do suffer from mental health issues and heart artery issues. Over past few years I am extremely grateful finding resources to help me
- I believe that many of these services are required. The stories I hear about bullying issues within the school district, youth taking their lives or attempting too. My family member went to PCBH, doctor told him he didn't need meds. He's been manic for 2 months at least, was 5150 but released 2 weeks later and is full on manic again.

- (clients name) has trouble focusing on school work in class. He gets distracted easily. Hard time following directions. He has had been sent to the office many times. He can't ride the bus because of behavior problems. He was suspended from school for fighting.
- Trauma counseling
- Services for children are needed
- Services for children are needed
- Services for children are needed
- Anger management for teens is needed
- Help for teens, NOT severe mental illness, support
- Children: Afraid of shooting
- Fire survivor family therapy is needed
- Family Groups
- Family Groups
- Family group counseling for family unit together (not just individually) more in person in Quincy vs Telehealth
- I just need a different provider my current one isn't helping anymore or available enough. I need case management as well since my previous one quit.
- Children/youth sexual assault is a problem
- People who have Agoraphobia had more access to class/support over the phone.
- Closer facilities for 5150 hospitalizations
- What can I do to help
- Vocational plumbing and heating school
- Some counselors don't' call patients back at all
- More help fo the parents dealing with unruly kids
- Plumas County needs a Rec center in Portola
- The doctors in the area are not listening to patients. I've had friends sent home only to have to be sent to Reno for proper care. Friend who's 14 year old sent home with "stomach bug" that died in Reno from juvenile diabetes because they wouldn't do the tests the mother asked for. I know multiple cancer patients who were told they didn't have anything wrong. They all got diagnosed in Reno of Chico. We need better doctors.
- I am age 75 (since age 28, have had sensations) I live alone. I am enrolled in one class at FRC British Literature 1785 to present. I walk to -from school. I am in stress reduction group workshop. One day a month I work, recording secretary.
- Education in nutrition, life skills, managing finances, health exercise.
- Our SSC has made a huge difference and is really needed
- I think there is difficulty for people in our community who are just out of high school to access resources while still dependents of family when what they need is to gain independence but can't if parents won't waive them. Its difficult for some populations to find a safe place to be.
- Counseling services in Spanish
- I think many people are not aware of which services are available
- There is so much need for mental health services for youth, family and parents. Housing is also an increasing need for many families
- Parenting classes and support groups
- Need for housing and job employment opportunities. Provide trade education to enhance our community as well as give others more job opportunities.
- Feeling included with peers/relationships is a problem.
- More counselors available across all fields
- More counselors available

- Housing not available
- Sexual abuse
- Homelessness
- Healthy recreational programs and activities
- Open safe place for LBGTQ
- Trauma counseling
- What happened to the counseling for fire victims?
- Low self esteem
- I am NOT aware of M.H. services for non-medi-cal
- Services needed for all, no matter what Insurance!!!!
- Cutting
- Vaping
- Vaping
- Services specifically for younger children counseling
- Unhealthy relationship dynamics – youth
- We don't have enough therapists locally
- Bring back Wilderness therapy, TAY and work programs
- These services might be available but people without medi-cal have a hard time accessing them.
- Sexual harassment
- Parenting skills, motivation, emotional support
- Parenting skills
- Its difficult to quantify how many families have difficulty with parent/family issues. Its not all of these issues all of the time. These items apply to a family for a time/place maybe temporarily. These issues seem to come and go in waves.
- Need someone to help with truancy
- Our SSC and full time counselors are invaluable. I think that readily available and easily accessible MH services are critical too. Especially on weekends, holidays and after school hours.
- Hard to convey understanding of parental situations as I do not have access to them as easily as with students. I do suspect possible domestic unrest in families, but no real direct evidence. I talk with (school staff member) about starting up a parental support group through the school and mental health outlets in the future. Community providers can come in once a month to give parents educational tools. Reading support, parent to parent support, educational work, tracking system, mental health coping skills, financial planning. A link between behavioral health, PRS, PCS, Rethink Industries.
- Addiction to phones, devices, social media
- I had a very interesting conversation with a group of 5th graders that expressed their personal issues with being LBGTQ. Many feel as though they can't tell parents and some have not told teachers either. This was very informative conversation to me, learning how some students prefer to be addressed (pronouns) and each sharing issues they have had at home or at school regarding being LBGTQ. I believe they need a place to come together outside their regular friend groups and have these tough conversations.
- My experience is most of the veterans here at EPHC feel they have utilized the services they have needed and want. The younger generation to get what they have coming. Hats, t-shirts, pens, pizza is what these guys want.
- We need more mental health providers and services for the area
- Transportation to outside services in Reno or Chico
- IHSS access not good
- Pro-active Chaplin, availability offered possibly local ministers on a rotation (weekly)
- Divorce: this needs to be its own subject. Have seen this hit our kids/parents hard in the community

The draft 3 year plan will be posted to the county website and announced at the Behavioral Health Commission Meeting and the Board of Supervisors meeting. Hard copies will be printed out and posted at all of the Wellness Centers throughout the county. A hard copy will also be delivered to the following agencies: Plumas Rural Services, Environmental Alternatives, Sheriffs substations, CHP office, Chester Elementary School, Chester High School, Greenville Elementary School, Greenville High School, Quincy Elementary School Pioneer Campus, Quincy Elementary School Alder Campus, Quincy High School, Plumas Charter School, Portola High School, C. Roy Carmichael Elementary School, county libraries in the communities of Portola, Quincy, and Chester, Public Health, Social Services, Quincy Court House, Plumas News. Notice of the 30 day public comment will be posted on all public billboards in all 4 communities with a link to the posted draft document. The community of Greenville was lost in the Dixie Fire so the MHSA Coordinator will make contact with the Greenville Long Term Recovery Group and will provide them with a copy of the draft plan and inquire about other ways of advertising for the 30 day public comment within this community. Please see Appendix B for supporting documentation.

In the Appendices, the following documents may be included: newspaper articles, radio ads, flyers, billboards, website postings, email blasts, website screenshots, flyers, notices in social and print media, etc. are examples of methods that were used as described above.

10. LOCAL REVIEW PROCESS

A. 30-DAY PUBLIC COMMENT PERIOD
BEGIN DATE: August 2, 2023 END DATE: September 1, 2023

B. DATE OF PUBLIC HEARING: September 6, 2023
Held by County Behavioral Health Commission at the close of the 30-day comment period on draft Three-Year Plan/Annual Update.

C. Comments Received
1.) A Table of Contents would be helpful
2.) Plumas Charter School was concerned about the wording in their section of the report because they have not officially implemented PBIS
3.) “Veterans and Senior Citizens are listed as “unserved” but on P39 they are referred to as “underserved”. Why? How do you decide and where is the line between these 2 categories?”
4.) P8) This is a top concern of mine: the box states "shall conduct a public hearing at the close of the 30 day comment period". The un-numbered page right after the title page says "...public review and comment from August 2, 2023 through September 1, 2023. We welcome your written feedback. Comments may also be made during the Public Hearing, to be held on... September 6, 2023 1:00pm" (does not stipulate if comments at Public Hearing should be written or oral. I can see how it might be more convenient for you to receive written comments and "prior" to the very end...but, I feel this is a departure from prior Public Hearings on the MHSA. This may cause confusion to the public and others, as it did for me. Also, on this page, the groups defined that turned in the surveys...why are "family/caregivers" not a defined category? Are we lumped in with community members? I would suggest a box to check on these surveys which adds that category/population.

5.) P12) "The MHSA coordinator holds a quarterly MHSA meeting". When were these held? Dates? Who are the members or on the email list? I may be confusing this with the MHSA Stakeholders meetings, that I believed ended about 3 years ago @2020.
Also, you mention the PCBHC is made up of consumers, community members, youth, and a Board of Supervisors attendee. Did you not mention "Family/Caregiver Member" because you thought there are no family/caregivers currently on the commission? I believe that *Redacted* is a family member. From the current bylaws: "4. Fifty (50) percent or more of the members shall be consumers or family members who are or have received mental/behavioral Health services, as follows: at least twenty (20) percent direct consumers; at least twenty (20) percent family members, and if not covered in these four, one (1) Alcohol and Drug Abuse representative.

6.) *Redacted…* " I believe that it is important that the Comission reviews all of the MHSA plans and updates before they are posted for the 30-day public comment or sent to the Board of Supervisors for final approval" *Redacted*

7.) P16) At top of page "older adults (ages 60+)." Table towards the bottom, the breakdown of clients: 25-65 years and 65+. Then on P18, Table of Projected FSP Enrollment by Age: 26-59 years and 60+. Why? There should be some consistency? This is a real world problem..AARP at 50 or 55? MediCare at 65...when are you a "Senior or Older Adult"? But, I'm hoping more consistency can be established if only for this report.

8.) P17) It's sad to me that there is NEED for expansion of service deliveries in the county jail. The emphasis should be on services provided before someone commits a crime and ends up in jail. https://calmatters.org/newsletters/whatmatters/2022/12/california-mental-health-jails/

9.) P25) Contractor will bill a monthly bundled rate of $_____ for the 4 transitional units. Has the rate been decided on, so that it can be filled in?

10.) P28) It's noted that each of the Wellness Centers will offer a range of services. As it is not all inclusive, I was wondering where Tai Chi is funded? Was it PEI? I might have missed it but didn't see it. Was it $18,000?

11.) P33) The Spanish Creek Motel purchase is no longer on the table. Where does that $800,000 go for expenditure now? P79/86/93) Is there an alternative program? Does the FSP expenditures have to equal 59% of the MHSA Expenditure Plan?

12.) P43) Under "Measurable Outcome" MHSA is written as MSHA.

13.) P77) Relias, when this program first came out, I thought it was web-based learning platform for families too...then found out it wasn't. Many of the learning modules could help families and how we communicate and deal with our SMI family member. As some of the 2023 Stakeholder survey responses stated family groups, support and education are needed. I think I read in one of the Annual Report updates about your difficulty in expanding this for families.

14.) P79-85, P86-92, P93-99) Why 3 groups of what seems like all copies except the first page of the first group that has a separate entry under "Estimated BH Subaccount" of $100,000.

15.) P81 +copies) PCBH Wellness Centers, it's a bit confusing as the numbers don't add up to me. For example, Materials and Supplies x 3 sites....$5,000 x 3 =$20,000? And the "Office Supplies" also doesn't seem correct? The PCBHC is budgeted for $4,000. What is the annual meeting? Is the Patients Rights Advocate payed out of this expenditure. Is the fee paid the same as to our past PRAs? Is the stipend to the PCBHC consumer member paid from this? I never knew there was a stipend paid until I saw it in one of the minutes. Just curious of the history of this, if you are able to enlighten me?

16.) P82 +copies) 8. Plumas Arts? Did I miss this? I don't remember reading about an expenditure for Plumas Arts.

17.) P84 +copies) 2. Regional WET Partnership $14,737. Refer to P77) PCBH is able to allocate w/o having to pay contribution to the Superior Region. Does this fee still have to be paid or might it be made available for access to education trainings for Family members?

D. Responses to comments

1.) A Table of Contents was added to the 3 year plan

2.) The wording under Plumas Charters section was updated to show that they are using MTSS which is under the umbrella of PBIS

3.) Veterans and Senior Citizens can be considered both an unserved and an underserved population because veterans and senior citizens do not have Medi-cal insurance and therefore in that realm they are an unserved population by our agency. Under the MHSA contracts we have with Veterans Services and Public Health for senior citizens, they are now receiving some type of services because of MHSA funding but they continue to be underserved in our community. It is important to note that if a veteran or senior citizen was experiencing a crisis such as harm to self or harm to others, our agency would be able to serve them regardless of insurance.

4.) The appropriate process for the approval of a 3-year plan or annual update is as follows:

- Hold Community Planning meetings. These were held February 21st, 23rd and 24th
- Create the draft plan and submit it to the Behavioral Health Commission for approval to hold a 30-day public comment and public hearing
- Post for a 30-day public comment period. Advertise on website, at meetings and throughout the community. Post copies of the draft plan in public places and online
- Comments received during the 30-day public comment will be included in the draft plan and addressed at the public hearing. Comments received at the public hearing will not be included in the draft plan and may or may not be addressed during the public hearing.
- Behavioral Health Commission will vote to approve the draft plan for submission to the Board of Supervisors.
- Once the Board of Supervisors approves the draft plan it becomes finalized and is submitted to the state.

The surveys have not been broken up into categories in the past and are anonymous. Although the surveys were anonymous, people filling them out were asked to include what demographic they were from so we could see what demographics were experiencing which problems. Family and caregivers that identified themselves were included in the consumer survey results because of their lived experience. The MHSA identifies consumers as those receiving services or those with a "lived experience." It can be seen where the experience of the caregiver or family member can be useful in gathering information for future programming so separating this out on future surveys will be considered.

5.) The MHSA quarterly meetings started up again in December of 2022. Meetings were held via zoom on the following dates: 12/15/22, 3/16/23, 6/15/23 and the next one is scheduled for 9/21/23 at 10:00am. These meetings were announced at the Behavioral Health Commission meetings and are posted on the county website under MHSA. The MHSA quarterly meetings are open to the public. This is the meeting link https://us05web.zoom.us/j/84512303152?pwd=dnFXVTN1aE9ZbVJBV1F1aFpTelROZz09

The by-laws for the Behavioral Health Commission do include percentages of who should be serving on the commission. This might be easy to accomplish in larger counties, but it has been difficult to accomplish here in Plumas County. It has been difficult to get people interested in joining the commission so we operate as best we can with the members we have and do our best to fill the

positions with the appropriate individuals. The bylaws state consumers or family members so I did not separate out consumers from family members because people can be both and it is up to the commission members to self-identify if they choose to.

6.) Any documents, especially 3-year plans or annual updates, that require a vote to implement, are sent to the Behavioral Health commission at least 72 hours prior to the meeting. This document was submitted to the Behavioral Health Commission for review on 7/25/23 and was distributed to everyone on the Behavioral Health Commission email list. It went to vote on 8/2/23 and opened for public comment the same day.

7.) Different reports are generated from different entities, and it is problematic that they are not standardized. I will be working together with those that generate these reports to come up with a solution and try to make them consistent in the future.

8.) This refers to state requirements and is something we must do.

9.) This contract is still in negotiations, and it will be based on a tiered system. The negotiated amount will not exceed the total contracted amount.

10.) Tai Chi falls under the description of the Wellness Centers however it is funded out of PEI. For clarity purposes a Tai Chi section has been added to the PEI section of this report.

11.) The $800,000 will remain allocated for acquiring a location for housing. The Spanish Creek Motel is no longer an option, but we are hopeful another opportunity may present itself in the future. Spanish Creek Motel has been updated in this plan to TBD. Currently, the majority of CSS funds (51%) must be allocated to FSP.

12.) This typo has been fixed.

13.) We will investigate this and identify other resources for families as well.

14.) This is the template that the state has asked us to use.

15.) During this planning period we were hopeful that we would be able to re-establish the Greenville Wellness Center which would then be a total of 4 Wellness Centers equaling $20,000. At this point in time, we only have 3 Wellness Centers. The amount has been updated to be $15,000.

The Patients Rights Advocate is not paid by MHSA. The stipend is not paid from the Commission budget, it is paid from the wages budget.

16.) There have been some discussions with Plumas Arts about a possible contract to help support the consumer requests for positive family and youth activities. At this point in time there is no plan or contract. If we can develop this program, it will be included in the annual update.

17.) Yes, PCBH can allocate an appropriate amount without contributing to the Regional WET Partnership. It was determined that PCBH's share of cost for the WET partnership was more than what is already allocated and would not be a positive financial gain for PCBH to participate.

E. The Three-Year Plan/Annual Update is forwarded to the County Board of Supervisors for approval and adoption.

In the Appendices, the following documents are included: copies of the Meeting Notice(s), as well as the Meeting Agenda and Minutes from the County BHAB.

11. DATE OF ADOPTION BY COUNTY BOARD OF SUPERVISORS: _____

In the Appendices, the County Board of Supervisors' Board Resolution/Minute Order is included.

MHSA Community Services and Supports (CSS)

The PCBH MHSA Community Supports and Services (CSS) program will continue to provide ongoing services to all ages [children (ages 0-15); transition age youth (TAY, ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities.

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

Outreach and Engagement activities address hard-to-reach populations, such as seniors, individuals who abuse substances, and those released from incarceration. Outreach activities that focus on Native American and veteran populations improve access to needed mental health services and improve overall community wellness.

Additionally, clinical and case management services will continue to be available in each of the four communities, at the schools, and at Wellness Centers. There will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients.

Service Utilization

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; same-day and afterhours crisis services; medication vouchers; education and employment support; training and anti-stigma events; linkages to needed services; and emergency lodging and transitional housing support for Full-Service Partnership and outreach & engagement clients.

To understand service utilization for our existing behavioral health services, data was analyzed to show the number of CSS clients served in Calendar Years 2019 and 2020 by age and race/ethnicity.

PCBH CSS Clients (FY22-23) By Age

0 - 20 years	161	35.5%
21 - 24 years	21	4.6%
25 - 65 years	246	54%
65+ years	27	5.9%
Total	455	100%

PCBH CSS Clients (FY22-23) By Ethnicity

White, Non-Hispanic	341	75.1%

Hispanic - Mexican	45	9.8%
Native American	18	3.9%
Other Ethnicities	21	4.6%
Unknown	30	6.5%
Total	455	100%

N<11 = not reportable – combined in “Other”

PCBH CSS Clients (FY22-23) By Gender

Male	235	51.6%
Female	218	47.9%
Other		NR
Total	455	100%

NR = not reportable due to N<11

The Plumas County MHSA Three-Year Plan, 2023-26, continues to serve Plumas County consumers and their families in each community through a comprehensive plan of improving Systems of Care behavioral health access in all communities. It continues to improve access to services and to provide high-quality and expanded services in the schools through school-based services and in the communities at PCBH Wellness Centers. The plan continues the Department’s goals of client and family driven services with opportunities for Full-Service Partners to improve their outcomes through meaningful employment and education.

Improvements in expansion of service deliveries by PCBH include increased behavioral health services in the County jail, a completely revised system to meet DHCS’s standards for network adequacy, ensuring new client contact and the intake/assessment appointment occur within the10-day window, an improved access through the Department’s open access model at all 3 clinic locations with plans to return to the Greenville community in the next 2-4 months after the wellness center there was lost in the Dixie Fire. PCBH has expanded telehealth days of operation with 3 new contracted telehealth providers.

A. Full-Service Partnerships

Plumas County's current Full-Service Partnership program enrolls from fifteen (15) to thirty (30) clients at any given time (FSP census in 2022/2023 for the entire year was 25), who demonstrate the highest need for supports and services, based on criteria including a diagnosis of severe mental illness, or severe emotional disturbance in a minor, and other risk factors, including but not limited to being homeless or at risk for homelessness, hospitalization, or incarceration. PCBH continues to make progress in developments and supports for the FSP program. Since 2020 a formalized procedure has been used to review each client for enrollment as full-service partners through the Department's Utilization Management (UM) review process, with quarterly re-assessment and status updates.

In any given program year through June 30, 2026, MHSA Plan Year, PCBH is projecting it will provide Full-Service Partnership services and supports to the following number of clients by MHSA age category:

Projected FSP Enrollment by Age:

0 - 15 years	6	15%
16 - 25 years	10	25%
26 - 59 years	14	35%
60+ years	8	20%
Total	**40**	**100%**

For the past 7 years, PCBH has been contracting with Environmental Alternative, Inc. (EA) to assist with the identified need for greater oversight, intensive case management and housing stability for the Department's Full-Service Partner clients. The program has shown success in helping FSP clients to stabilize, remain housed, engaged in therapy, and working with their case managers in decreasing functional impairments and homelessness, prolonged suffering, and unemployment. There has been a decrease in negative outcomes associated with a serious mental illness for full-service partners, specifically hospitalization, incarceration, and homelessness.

EA's program has become more comprehensive by adding therapeutic services to those already in place and an on-site 24/7 peer staff. Participants will be identified and referred by PCBH Utilization Management process, and a service plan will be created by PCBH clinical staff and EA to best meet the participant's needs and treatment goals, while the partner lives in a safe, stable environment and receives a scaffolded "whatever it takes" system of support and resources.

This year EA and PCBH have partnered for EA to add a work crew to their service delivery which will further help clients to gain daily living skills such as budgeting, banking, establishing a consistent schedule, learning skills appropriate for the work force, communication and a safe environment for clients to learn skills for managing their symptoms.

1.	**Program Name**	Environmental Alternatives Full-Service Partnership (FSP) Program and Transitional Housing			
Program Partner		Environmental Alternatives, Inc.			
FY23/24 Budget		Up to $765,113 MHSA funds/$157,000 in federal funds			
Program Type			New	X	Continuing
MHSA Emphasis			General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
			Outreach and Engagement (O/E)		
Age Groups Served			Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Enrollment FY23/24		14 adults and older adults enrolled at any one time (FY22/23 served over the course of one year)			
Anticipated Cost per Client:		$25,000-$47,900			

Program Deliverables

Environmental Alternatives is a non-profit organization with the knowledge and ability to fulfill the mission of providing comprehensive services to homeless PCBH FSP clients and offers a program tailored to meet their identified needs. EA will be taking on our 4 transitional housing units as of July 1, 2023. These 4 units are for a lower level of care and do not require 24/7/365 overview. These units are designed to house a client for up to 3 months in preparation for obtaining their own housing.

Goal

The goal of this program is to provide up to ten (10) qualified individuals (longer term housing) and four (4) individuals (transition housing) who meet eligibility for *MHSA Full-Service Partnership* through Plumas County Behavioral Health's Utilization Management (UM) review process with:

- a single-occupancy residence, up to 50% of the units will be designated as Transitional Sober Living Environment (TSLE) housing for co-occurring individuals, and a broad array of services and supports to promote:
- a stable and secure living arrangement
- progressively increased normalcy and integration in accord with participant capacities

- sustained periods of non-incarceration and non-hospitalization with decreases in overall incarcerations and hospitalizations
- optimal use of existing community resources
- accommodations for mental and physical disabilities
- improved health outcomes and quality of life
- harm reduction interventions to support sober living
- individualized goals and outcomes to improve independent living skills
- individualized permanent housing planning to optimize community integration upon program exit
- individualized vocational/educational planning and support

Program Philosophy

The qualifying population has been identified as needing targeted help and services because of higher than average risk factors for homelessness, incarceration, hospitalization and/or failure to respond favorably to normal intervention efforts. It is therefore important for this program to maintain a tolerance for and understanding of participant setbacks. For example, participants who have been previously discharged from the program should not be automatically rejected for future services. Rather, it challenges the program to develop alternative strategies and practices for handling especially difficult cases. Flexibility and consistency are hallmarks of the program's orientation.

Success for the targeted population is best measured by identifying small gains and evolving stability, as viewed against a background of less desirable outcomes for these individuals. Program tolerance for non-conformity and abnormality is the norm, while implementing program and community standards for greater participant acceptance.

It is the program's belief that participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. Therefore, all participants are assigned a staff mentor whose major responsibility is to develop a trusting and comforting relationship. Employees assigned that task assume the complex role of an advocate, facilitator, coordinator and guide to participants. Thus, this program intends to blend the role of a standard case manager with characteristics of an emotionally invested mentor. The interpersonal bond becomes a foundational resource in assisting participants to sustain progress and stability.

I. TARGET POPULATION:

County-referred MHSA FSP clients who are Plumas County Medi-Cal beneficiaries:

These are Seriously Mentally Ill (SMI) adults, many of whom will have a co-occurring substance use disorder (SUD) diagnosis, as identified by Plumas County Behavioral Health's Utilization Management review process.

For these FSP participants, there are up to ten (10) units available across two program campuses during this contract period and four (4) transitional units. For services to be eligible for payment, all eligible clients must be approved by the County specifically, as follows:

A. The County will provide initial signed approval for service authorization.

B. All MHSA FSPs will require a County-approved Utilization Review (UR) process every three months.

II. PROGRAM DELIVERABLES:

A. Wraparound services will include formal therapeutic interventions (i.e. risk assessment, crisis prevention and stabilization, individualized treatment planning, targeted case management, and access and utilization of formal and informal supports and referrals).

B. 24/7/365 Coverage - Contractor will be available 24 hours per day, seven days per week, and 365 days per year (24/7/365), with a minimum of five client contacts each week, to facilitate the therapeutic, rehabilitative, case management, and transportation needs of each client; to ensure clients have access to the support they need, including meeting clients who are in crisis in the emergency room. The exception being the 4 transitional units which are designed for clients to have independence as they move towards obtaining their own housing over a 3 month period.

Response staff may include case managers, rehab counselors, therapists, and peer support staff. Staff changes will be communicated to PCBH immediately and no later than one business day, so that EHR access may be revoked.

C. Maintain consistent high-fidelity FSP Community-Integrated Service, with wraparound principles.

D. Provide individual and group services specific to each client's unique needs, including but not limited to:

1. Feedback Informed Treatment (FIT)
2. Trauma Focused Cognitive Behavioral Therapy (TFCBT)
3. Dialectical Behavioral Therapy (DBT)
4. Substance Use Disorder support and intervention
5. Motivational Interviewing (MI)
6. Seeking Safety

E. Consistent outreach and engagement strategies to enable each client to live in his/her own residence, to find and maintain meaningful activities in their community – whether vocational, educational, or service-oriented, to better manage symptoms of his/her illness, and to receive support in maintaining optimism that their recovery is achievable:

1. Feedback Informed Treatment (FIT) to increase client engagement and maximize clinician responsiveness to client perception of outcomes
2. Motivational interviewing
3. Education regarding available services
4. Determining and re-evaluating at 3-month intervals, each client's strengths and challenges, interests, risk indicators and life goals
5. Assuring services are provided in ways that meet the cultural and linguistic needs of each client
6. Assuring client identification and development of meaningful life activities and roles within his/her community
7. Locate and secure safe, affordable and appropriate housing options based on each client's needs and stated preferences
8. Concurrent/Collaborative Documentation

F. Provide clients with the following housing retention support strategies:

1. Assistance with obtaining federal housing subsidies (Housing Choice Voucher Program) as available
2. Training in skills necessary to maintain acquired housing
3. Timely linkage with utility resources
4. Payment of rental and utility obligations
5. Housing repair and maintenance
6. Budget skill development
7. Client rental share of cost to build skills in self sufficiency
8. Unit turnover at time of move out

G. Provide vocational readiness support and training to all clients, including:

1. Developing employment resources in the community through linkage and partnerships
2. Partnering with community-based employment services to assess work skills and training needs

H. Assist participants with linkage to and coordinate supports with primary care team and Conservator, as assigned.

I. After-care services for clients transitioning to independent permanent housing:

1. Case management, titrating to less frequency, as appropriate to need

2. Therapy a minimum of two times per month

3. Service delivery type, duration and frequency to be determined by periodic PCBH UM review.

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III. MONITORING:

Contractor shall track and report quarterly to MHSA or as noted on the following:

A. Partnership Assessment Form (PAF) for FSP Clients due: no later than twenty (20) days from the date of referral

B. Quarterly (3M) Report for FSP Clients due: no later ten (10) days after the completion of each three-month service

C. Key Event Tracking (KET) Forms for FSP Clients due: within 72 hours of the key event occurrence (i.e., Psychiatric Hospital Days, Incarceration Days, Homeless Days, Emergency Interventions, Employment Change, etc.)

D. Utilize and provide County with Client Feedback Informed Treatment (FIT) trajectories.

E. Bi-annual Adult Needs and Strengths (ANSA) and Milestones of Recovery Survey (MORS) completion for each client, as well as development of the participant's Individual Services and Supports Plan (ISSP).

F. Bi-Annual completion of the State Consumer Perception Survey and applicable MHSA stakeholder input.

G. Additional indicators of effectiveness and timeliness of engagement strategies, including:
1. Stability and tenure of community-based housing
2. Participation in non-mental health activities in the community
3. Service utilization (e.g., groups)
4. Each clients' self-report through individual wellness self-perception surveys at 3-month intervals beginning at the 6th month after enrollment.

H. Meet quarterly with PCBH program staff to review compliance with program deliverables, monitoring, and participant outcome measures

IV. MEASURABLE PROGRAM OUTCOMES:

Contractor will ensure that the following program participant outcomes are achieved:

A. 80% of program participants will demonstrate a 75% decrease in incarcerations and hospitalizations compared to their pre-program levels in the year prior to program enrollment.

B. 80% of program participants will have completed an employment and training needs assessment within the first six months of enrollment in the program.

C. 80% of program participants who remain in the program at least 9 months will obtain a community-based job or volunteer opportunity that is commensurate with their skill level and that aligns with their mental health treatment goals.

D. 60% of program participants will report an increased overall wellness in their self-perception score at the end of the program year, including improved measures of physical wellness, a sense of belonging, hope for their recovery, and greater life purpose.

E. 60% of program participants living with a co-occurring severe mental illness and a substance use disorder will engage in SUD treatment at least 80% of their sessions.

F. Contractor will provide Medi-Cal billable specialty mental health services with a productivity expectation set at 50%.

Other Program Outcomes

- Maintain housing stability – with plan to move to permanent housing
- Improve functioning and self sufficiency
- Increase engagement in treatment and case management services
- Establish positive support system
- Community of practice standard

Federal Financial Participation (FFP) will be reimbursed to the department for Medi-Cal billable direct services based on the approved Plumas County Behavioral Health Medi-Cal Fee Schedule. This program incorporates funding braided from the following agencies:

MHSA, SAMHSA Mental Health and Substance Abuse Prevention and Treatment Funding:

23-24 Description of Funding Source	Not to exceed:
MHSA Community Services and Supports FSP Program	$765,113.00
SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG) Housing Services (TSLE)	$100,000.00
Total	$865,113.00

MHSA FSP and SAMHSA Housing Programs

For FSP therapeutic, housing, and supportive services, Contractor will bill a monthly bundled rate of $6,800.00 per participant for the ten (10) long term units. This reflects an array of “whatever it takes” therapeutic and case management services, including but not limited to tracking medication supply and availability, psychiatric and therapy appointments, attorney, probation, and/or court obligations, and medical treatment coordination. Staff to participant ratio is 1:5 in accordance with need for heightened participant monitoring. Contractor will bill a monthly bundled rate of $ for the four (4) transitional units.

In some cases, participants who may have difficulty transitioning to an EA therapist may continue to receive therapy from the existing PCBH provider until such time as a transition is suitable. In such cases, the fee for bundled care shall be reduced by $600 per month, from $6,800.00 to $6,200.00.

Individuals who have successfully completed this program and have moved into an independent permanent living arrangement may be provided with a continuation of therapeutic and case management services by Contractor, and costs for these services will be based on the current, approved Plumas County Behavioral Health Medi-Cal Fee Schedule.

Federal SAMHSA funds will be used to pay for transitional sober living environment housing for PCBH clients living with a co-occurring severe mental illness (SMI) and a substance use disorder. TSLE housing costs will be invoiced under a separate line item of up to $1,222 per month for rent, utilities, and furnishing.

2.	**Program Name**	Plumas County Wellness Centers: Chester, Quincy, Greenville & Portola			
Program Agency		Plumas County Behavioral Health			
FY23/24 Budget		Up to $218,000 Operating Costs + $514,000 Personnel Costs			
Program Type			New	X	Continuing
MHSA CSS Program		X	General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
		X	Outreach and Engagement		
Age Groups Served		X	Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Number Reached and Served in FY23/24:		2,500 unduplicated across four centers			
Estimated Average Cost Per Visit:		$70.00 (before Medi-Cal services offset as FFP)			

Wellness Centers in Plumas County have played a crucial role in expansion of mental health and substance disorders services across the county. These centers are an essential location for outreach to community members and engagement of clients in the breadth of services offered at PCBH.

In the Fall of 2021 the Greenville Wellness Center was lost in the Dixie Fire. PCBH has worked with the Greenville Long Term Recovery team to develop a plan for getting a wellness center back in Greenville. There are currently no options for a Wellness Center in Greenville due to the complete destruction of the town and there being no buildings to rent. Land and property owners are tied up in litigation with PG&E which prevents them from doing anything with their land until the lawsuits are completed. PCBH cannot own or build anything and are at the mercy of finding a building to rent once rebuilding starts. PCBH was able to locate office space with the Plumas District Hospital Clinic in Greenville to allow for 1-2 days a week of therapy and tele-med services only until we can get a full Wellness Center back in the community.

In early 2021, Plumas County Behavioral Health began renovation plans for the Quincy wellness Center. The Drop in Center in Quincy was located outside of town and was difficult for some clients to access. The Drop In Center was County owned property and the County made the decision to sell the property which required plans for relocating the Drop In Center which is now called the Quincy Wellness Center. The process was completed and we moved into the new center in June of 2022. The Quincy Wellness Center as well as the Portola and Chester Wellness Centers are staffed by one site supervisor (located at the QWC) and three site coordinators, 1 located at each of the 3 centers.

Wellness Centers play an integral part of the community-based service delivery model that Plumas County Behavioral Health has been developing since 2014. Direct individual and group services are provided within the Wellness Centers and incorporate appropriate and existing SMI/SED therapeutic services, including comprehensive assessment services, wellness and recovery action planning (WRAP), case management services and crisis services; education and employment support, mental health training and anti-stigma events, linkages to needed services, housing support, as well as transportation, and peer to peer advocacy and peer group facilitation. Over the past 9 years, the Wellness Centers have proven to be an integral part of each community and has greatly decreased the challenges for individuals to access services.

PCBH Wellness Centers reflect characteristics and needs of their respective communities. General features of all Wellness Centers, as well as some community-specific information are summarized below:

- Facility locations that are easy-to-access, *consumer-friendly*, and provide a *community-based alternative* to a traditional clinic atmosphere.
- Full-time supervising site coordinator supervises three site coordinators, one in each of the wellness centers in Portola, Quincy and Chester (all PCBH employees)
- Office space made available to other county agencies and non-profit direct service providers, including but not limited to, Public Health Agency, Veterans Services, Social Services, Probation, and community-based organizations who provide direct services
- Telepsychiatry and telemedicine services
- Training and professional development as well as clinical supervision to support peer advocacy staff who work with clinical and wellness center staff
- Space for PCBH licensed clinicians and client support specialist (case managers) staff to provide clinical services
- Localized outreach and engagement efforts to underserved populations
- Resource referrals to PCIRC and other service-based agencies; ongoing food/clothing distributions
- Space and funding for community-based wellness activities, such as yoga, tai chi, art, children's afterschool and holiday programs (outreach to families), smoking cessation, etc.

PCBH Wellness staff began collecting and reporting center utilization data in 2017-18 using an electronic collecting tool on a tablet at each center. Data was collected beginning in January 2018. Visitors voluntarily sign in and self-report their reason for the visit. They may indicate multiple reasons during the same date, so this data represents some duplicated clients and visitors. Data collected include individual and group activities, other agency services and classes, such as Probation check in, Plumas Rural Services parenting classes, and Social Services benefits eligibility, wellness activities. Each site has community access desktops and libraries of books and DVDs.

The centers are located in each community, and they provide peer to peer support for clients and family members in need; the peer advocates will also help the Wellness Center site coordinator to identify community needs for developing wellness programming, and when possible, they may facilitate peer-run groups/activities.

Each of the centers will offer a range of services that are consumer-focused and recovery-based, helping PCBH to enhance and to improve access to our mental health services system. These services will include wellness and recovery focused programs such as nutrition, smoking cessation; individual and group services; as well as consumer-run activities (art, yoga), walking, and other activities that focus on engagement and wellness.

Each center has both clinical and case management staff, a site coordinator, four-wheel drive vehicle(s), and other transportation options. Additionally, community and agency partners who might be centralized in another part of the county are able to meet additional local needs by using “flex” space to provide one on one counseling and supports. Examples of this partnership include Social Services eligibility and social workers, Veterans Services case management and outreach workers, as well as Plumas Rural Services children and families’ programs.

Outcomes

- Improve access, timeliness and linkage to services, decreasing duration of untreated mental illnesses
- Improve outreach and engagement to community members and unserved and underserved populations
- Increase sense of community connections and well-being
- Increase access to services by targeted populations through funded-partner direct service delivery (TAY, Seniors, Children and Families, and Veterans)
- Decrease social isolation and increase access to peer advocacy, support, and wellness activities
- Increase engagement in treatment and case management services
- Expand workability by offering peer employment opportunities to those with lived experience

3.	**Program Name**	Adult and Transition Age Youth (TAY) Peer Employment Program			
Program Agency		Plumas County Behavioral Health			
FY23/24 Budget		$50,000.00			
Program Type			New	X	Continuing
MHSA CSS Program		X	General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
			Outreach and Engagement		
Age Groups Served		X	Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Number Reached and Served in FY23/24:		10 Adult and 12 TAY clients			
Estimated Average Cost Per Client:		$4,500 for adults and $1,500 for TAY clients			

The Adult Peer Work Program at PCBH enrolls highly motivated clients who wish to return to work in some capacity, some of whom receive Supplement Security Income or SSDI. These consumers participate and contribute to their communities by working abbreviated work schedules and are often supervised by an outside work site supervisor.

PCBH case managers transport and work with the consumers on improving their functional impairments in the work setting: the Program is designed to assist clients to develop the skills that will help them manage their mental illness symptoms as they are placed in a work situation where they're completing routine tasks while engaging with other program participants and a work supervisor.

The case managers also work with the individual clients to practice stress management and to work on strengthening coping skills that help the client to better self-regulate and to start transitioning into a job setting within their community. The program enrollment is set at up to 9 months running from early spring to late fall depending on weather conditions. Clients are limited to 1 term in the adult work crew to allow for more clients to access this service and to prevent clients from becoming financially dependent on the program.

The Adult Peer Employment Program plans to enroll ten clients with an average attendance of eight participants per session. Outcomes will include participants who will transition to community-based employment and participants will report decreased feelings of isolation, an increase in self-confidence, and increased motivation to search for job opportunities outside of the program. Clients will also learn daily living skills such as budgeting, money management, banking, resume building, interviewing skills etc.

The program was moved to the Community Services and Supports (CSS) component in FY18/19 to better align with the goals of the CSS component, offering a supportive employment program to consumers living with a serious mental illness (SMI).

During Covid-19 and the Dixie Fire, PCBH lost staffing and had to put a halt to the adult work program. We were able to re-establish the program in Spring of 2023.

Plumas County Behavioral Health began its Transition Age Youth Peer Employment program in 2015. In summer 2017, the program transitioned from a year-round after school and summer program to a brief-intervention model of case management rehabilitation interventions in a typical youth summer work field setting. During 2020 and 2021 the program experienced a lot of changes from not being able to operate at all due to Covid restrictions to an increase in the workable season and hours due to lifted regulations when outdoors and the youth remaining out of school and having more flexible schedules and workable hours outside of summer. Unfortunately, during the summer of 2021, Plumas County was victim to the Dixie Fire and the program was not able to run due to unhealthy air quality from the smoke. In late summer of 2021, the community of Greenville was lost to the Dixie Fire which resulted in the loss of staffing and the overall loss of the program. PCBH would like to bring back the TAY program and has plans to do so but due to continues staffing shortages it has been difficult to find the appropriate staffing necessary to run this program. PCBH has identified a staff member who is completing their Masters Degree and will be available to run this program beginning Summer of 2024.

The TAY Peer Employment Program is a collaborative, community-based mental health program which supports the participant in building emotional self-regulation and other stress-reducing coping skills in a vocational and social setting; the program operates for seven weeks over the course of each summer. The Programs bridge two program fiscal years: from late June through early August. Workdays are typically Monday through Wednesday from 9AM to 1PM.

To address the unique needs of Transitional Age Youth in Plumas County, partnerships were established with area nonprofits, Rugged Roots Farm and Sierra Buttes Trail Stewardship, which operate within resource and conservation management, the most specialized industries in the county. Projects with Sierra Buttes Trail Stewardship take place on the South Park Trail system of the Cascades, Bucks Lake Wilderness, and Mt. Hough, and may include trail building and maintenance, trail engineering, and removal of forest overgrowth.

Projects with Rugged Roots Farm take place at the farm site in Quincy and includes agriculture and the farm to fork model of healthy foods and production and distribution. The Rugged Roots Farm also offers

different community opportunities to access healthy foods such as their “Farm Bucks” program, accepting EBT and distributing a box of fresh fruits and vegetables weekly to the Wellness Centers throughout the county.

One day a week, clients may spend engaging in the evidence-based program, *Working at Gaining Employment Skills (W.A.G.E.S.)*, which included professional skills development and practice, the creation of resumes and cover letters, and engagement in mock interviews.

During all activities, PCBH staff trained in a variety of evidence-based treatment modalities provide therapeutic interventions to individual participants and to the group. Treatment modalities utilized included Cognitive Behavioral Therapy, Solution-Focused Therapy and Mindfulness-Based Cognitive Therapy.

All participants will complete the program from start to finish. All participants are expected to complete 80% or more of the work activities (17/21 workdays). Progress will be monitored through documentation by program staff in individual Electronic Health Records and in communication with participants’ individual treatment teams.

It is expected that 80% of participants may be able to terminate services shortly after program completion by meeting all their treatment goals.

Previous participants have gone on to obtain internships through the Forest Service, employment within PCBH, and other community agencies. Throughout the duration of the program, participants will receive support from their individual case management specialists and clinicians at PCBH and education about community resources through visits to the Alliance for Workforce Development and local wellness centers.

MHSA CSS funding is used for the TAY consumer salaries and benefits, transportation, as well as program supplies and equipment. Case management services are billed through Medi-Cal.

This program was moved to the Community Services and Supports (CSS) component to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI) or serious mental disturbance (SED). Program cost per participant is less than $1,500 per year.

Due to the potential for environmental risks to clients, PCBH will provide snacks and water or Gatorade to help prevent any environmental illness such as heat stroke or low blood sugar that could result in an emergency while out in the field on the TAY or Adult work crew. The safety of our staff and clients is our number 1 priority.

4.	**Program Name**	Environmental Alternatives FSP Work Program			
Program Agency		Environmental Alternatives			
FY23/24 Budget		$50,000.00			
Program Type		x	New		Continuing
MHSA CSS Program			General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
			Outreach and Engagement		
Age Groups Served			Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Number Reached and Served in FY23/24:		14 Adults			
Estimated Average Cost Per Client:		$3500			

The Work Program at Environmental Alternatives will operate similarly to the PCBH Adult work program but E.A. will focus working with the FSP population that is housed through E.A. and receives their case management services from E.A. staff.

E.A. case managers transport and work with the consumers on improving their functional impairments in the work setting: the Program is designed to assist clients to develop the skills that will help them manage their mental illness symptoms as they are placed in a work situation where they're completing routine tasks while engaging with other program participants and a work supervisor.

The case managers also work with the individual clients to practice stress management and to work on strengthening coping skills that help the client to better self-regulate and to start transitioning into a job setting within their community. Clients will also learn daily living skills such as budgeting, money management, banking, resume building, interviewing skills etc. The ultimate goal for clients in the E.A. work program will be to transition from E.A. housing to their own established housing while having gained the skills to be financially independent of E.A. and PCBH services.

5.	**Program Name**	Housing Purchase TBD			
Program Partner		TBD			
FY23/24 Budget		Up to $800,000			
Program Type		x	New		Continuing
MHSA Emphasis			General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
			Outreach and Engagement (O/E)		
Age Groups Served			Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Enrollment FY23/24					
Anticipated Cost per Client:		One time cost to obtain additional housing units			

Program Deliverables

PCBH is in the process of having discussions with the Spanish Creek Motel and partnering agencies to acquire the property to expand the amount of transitional housing units we have for the SMI population.

Goal

The goal of this program is to provide up to ten (10) qualified individuals who meet eligibility for *MHSA Full-Service Partnership* through Plumas County Behavioral Health's Utilization Management (UM) review process with:

- a single-occupancy residence.
- a stable and secure living arrangement.
- progressively increased normalcy and integration in accord with participant capacities
- sustained periods of non-incarceration and non-hospitalization with decreases in overall incarcerations and hospitalizations
- optimal use of existing community resources
- accommodations for mental and physical disabilities

- improved health outcomes and quality of life
- harm reduction interventions to support sober living
- individualized goals and outcomes to improve independent living skills
- individualized permanent housing planning to optimize community integration upon program exit
- individualized vocational/educational planning and support

6.	**Program Name**	Dixie Fire Replacement Vehicles			
Program Partner		Plumas County Behavioral Health			
FY23/24 Budget		$90,000 (insurance replacement), up to $250,000 for program and Wellness Center vehicles			
Program Type		x	New		Continuing
MHSA Emphasis		x	General Systems Development (Non-FSP)	x	Full-Service Partnership (FSP)
		x	Outreach and Engagement (O/E)		
Age Groups Served		x	Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Enrollment FY 23/24		3 replacement vehicles covered by insurance from loss in the Dixie Fire. Additional 3 vehicles including but not limited to a multi-passenger vehicle, utility vehicle, utility trailer for groups and work programs.			
Anticipated Cost per Client:		Case Managers and clinicians will have access to use these vehicles to provide services up to 250 clients annually			

Program Deliverables

In August of 2021 the Dixie Fire went through the community of Greenville and destroyed the Greenville Wellness center along with 3 MHSA vehicles. The 3 vehicles that were destroyed in the fire will be replaced with insurance payouts. However, it was determined that additional vehicles would be needed to run programs more effectively and efficiently. One of these situations is the PCBH work crews. Typically, staff need to utilize multiple MHSA vehicles to get participants to and from the work sites. To make this process more efficient with staffing shortages, it would be more effective to have a larger multi-passenger vehicle that can accommodate both the participants and the equipment needed.

The program equipment is something that is required at each job site and in order to keep the equipment safe, secure and accessible the purchase of a utility trailer would greatly impact the work crews ability to operate effectively and consistently.

Goal

The goal of the vehicle purchases will be to provide staff members with safe and reliable vehicles for providing in-the-field services to clients. Plumas county is a frontier county spread out over 2,553 square miles. This requires PCBH staff to travel to multiple communities and locations to provide adequate services to their clients.

The goals of the multi-passenger vehicles and utility trailer will be to reduce the amount of time spent organizing, loading, and transporting both program participants and equipment for the work crews and group activities. This will allow for more direct intervention time spent with clients.

7.	**Program Name**	Crisis Support for Local Hospitals			
Program Partner		Eastern Plumas Health Care, Plumas District Hospital, & Seneca			
FY23/24 Budget		$60,000			
Program Type		x	New		Continuing
MHSA Emphasis		x	General Systems Development (Non-FSP)	X	Full-Service Partnership (FSP)
			Outreach and Engagement (O/E)		
Age Groups Served			Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Expected Enrollment FY23/24		Up to 120 individual crisis situations			
Anticipated Cost per Client:		$500			

Program Deliverables

The purpose of this program is to provide support to the local hospitals that are dealing with 5150 holds and assessments. Since Plumas County is rural, all 5150 hospitalizations are out of county placements. It can often be difficult to locate and secure a bed in the contracted hospitals which requires patients to be in the local Emergency Room for multiple hours. This contract will help the hospitals to find supporting staff to sit with these patients while they are waiting for a bed. It is imperative that the emergency rooms have adequate staff to sit with these patients to keep them safe while not reducing the staff that is available to handle other emergencies. A patient on a 5150 hold must always be watched. This program will help provide the funding needed for the hospitals to hire sitters to ensure that not only the 5150 patient is being appropriately cared for but that there are still adequate staff to handle other life-threatening emergencies in the ER.

Goal

The goal of this program will be to improve access and care for those in crisis and in need of round-the-clock observation. This will not only improve care for SMI patients in the emergency room, but it will also improve the collaboration and working relationships between PCBH and the local hospitals.

When agencies can work together and have positive working relationships, we are able to improve the care we provide to our patients.

MHSA Prevention and Early Intervention (PEI)

The Plumas County MHSA Prevention and Early Intervention (PEI) Program consists of contracted community-based programs working with targeted populations to address mitigating negative outcomes - school failure and dropout, removal of children from their homes, suicide, and prolonged suffering – that may result from untreated mental illness through programs of Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment Program, Improve Timely Access to Services for Underserved Populations Program, Stigma and Discrimination Reduction Program, and Suicide Prevention Program.

Combined, these programs are expected to connect with over 4,000 (over 20% of) Plumas County residents either through indirect prevention, suicide prevention, and stigma and discrimination reduction and outreach and engagement programming or through direct referrals to services, supports, and case management. Plumas County commits a majority of its PEI funding (75.6%) to programs for those under 25 years of age, targeting elementary, high school, and college-based outreach and access and linkage to hard-to-engage and hard-to-serve child and adolescent populations through school-based and afterschool programs. Veterans (13%) and Seniors (33%) are other large populations in Plumas County which receive PEI funding for programs targeting these underserved populations.

Each of the following PEI programs provides unique experiences, services, resources, and supports to Plumas County populations which are typically unserved to hard-to-serve, due to difficulty in engaging, stigma discussion of mental illness, bullying behaviors, or isolation. All services and activities are delivered using stigma-reducing strategies and provider staff ensure that activities and services are culturally and linguistically competent to reflect the targeted populations.

To provide consistent and ongoing services, prior Prevention and Early Intervention programs will continue to be offered, allowing consistent service delivery and tracking/reporting of outcomes data to align with PEI regulations.

Prevention and Early Intervention services extend mental health services and outreach into the community, across underserved age groups, including Children, TAY, and Older Adults.

Prevention and Early Intervention activities provide an excellent opportunity to coordinate services across community providers and strengthen partnerships with community-based organizations and other agencies.

This plan has developed a comprehensive, yet uniquely local PEI program that integrates all components of MHSA funding to improve access, identify unserved and underserved individuals, improve quality of services, and measure outcomes to continually meet the needs of county stakeholders.

1.	**Program Name**	Outreach, Referral and Access to Care			
Program Partner		Plumas County Veterans Services Office			
FY23/24 Cost		$50,000			
Program Status			New	X	Continuing
Emphasis		X	Prevention		Early Intervention
Age Groups Served			Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Program and/or Strategy		X	Access & Linkage		Early Intervention
		X	Outreach for Increasing Recognition	X	Suicide Prevention
			Stigma & Discrimination		Improving Timely Access to Services
Estimated number to be served		Up to 200 TAY, Adult, and Older Adult			
Estimated cost per person		$250.00			

This Plumas County Veterans Services Office outreach and engagement and access and linkage program provides connection and support within the community to improve overall wellness outcomes for veterans and to reduce risk of suicide, homelessness, unemployment, and prolonged suffering.

Veterans' services representatives and case managers provide advocacy, care coordination and referrals for at-risk veterans due to identified high-risk key indicators, such as substance abuse, incarceration, homelessness, unemployment, etc. The program also provides mental health screening to identify at-risk Plumas County veterans and referrals to Plumas County Behavioral Health.

The program enhances ongoing collaboration and partnerships with Behavioral Health and other key community partners to provide this targeted population with outreach for increasing awareness of early signs of mental illness and to improve access and linkage to mental health services.

Projected number of the targeted population to be served in each age category:

Children and their families (0-15)	0
Transition Age Youth (TAY) (16-25)	≤20
Adult (26-59)	≤60
Older Adult (60+)	≤120

Program Activity 1:

By June 30th, 2024, increase veteran's connectedness and support within the community and improve utilization of benefits, direct services and supportive services that enhance wellness and quality of life by providing outreach, information and education to the Plumas County veteran population.

Program Activity 1A

Deliverable:

Meet 8-12 times per year with organizations serving Plumas County veterans (American Legion, Veterans of Foreign Wars, Elks Lodges), targeting veterans in each community (Chester, Greenville, Quincy and Portola) to inform them of various benefits, supports and programs available to assist them with basic services such as housing, health care, behavioral health services, transportation, supportive services and additional organized events (Veterans Stand Down etc.) to meet other veterans. Evening presentations in Quincy, Portola, and Chester on existing and expanding federal and state benefits and other topics of interest to the veteran and their dependents community. Eight of these meetings will be to host Community Outreach Dinners in each of the four main communities of Plumas County, with one dinner/BBQ held twice a year in each location.

Measurable Outcome:

VA Community Connection. Estimated Plumas County veteran population is 1,807. Outreach will be to an estimated 10-15% of county veterans (~180-271). These meetings will be held monthly in each of the communities.

Data Collection:

Sign in Sheets will be distributed and collected at each meeting. Data on the number of participants will be reported. Presentation Notes to be provided with report. Surveys will be taken during

presentations of awareness of specific topics such as PTSD, suicide prevention, access and enrollment to VA Healthcare as well as Vocational Rehabilitation and Employment.

Program Activity 1B

Deliverable:

Conduct community-based outreach to the four Plumas County communities with the intent of connecting veterans to eligible benefits and services that enhance their health care, financial and emotional stability as well as their overall wellness. Once enrolled, veterans will have access to case management, education, job training and other services available through Federal, State and nonprofit Veterans Services.

Measurable Outcome:

Quantitative data will be collected in the following areas: the number of people who receive outreach and education on the various benefits and topics, the estimated number of potential enrollees, the number of people who have been enrolled in various benefits, and the number of printed materials disseminated.

Data Collection:

Information will be collected on the PCVSO Information and Benefits Evaluation Form and reported in the appropriate time frame. Information from the VSO Claims Software (VetPro) will be utilized to track the number of claims for enrollment and their outcomes. The amount of printed materials disseminated will be tracked. MHSA demographic data collection forms will be distributed and collected during each event. Form completion by attendees is anonymous and voluntary.

Program Activity 1C

Deliverable:

Develop standard presentations on veterans benefits, the enrollment process in the VA Health Care System through Reno VAMC, increasing compensation benefits (such as adding dependents to claim, PTSD, MST and suicide awareness or filing additional claims, etc.) as well as descriptions and contact information for local Mental Health and substance abuse services, and other related services. Collect brochures from various agencies (Behavioral Health, PCIRC, Alliance for Workforce Development, etc.) and distribute to veterans at appointments and presentation meetings.

Measurable Outcome:

The number of presentations developed will be tracked. The number of participants served for each presentation, and the number of people who received outreach material will be collected. Surveys will be taken during presentations of specific topics such as PTSD, MST, suicide awareness, and access and enrollment to VA Healthcare. MHSA demographic data collection forms will be distributed and collected during each event. Form completion by attendees is anonymous and voluntary.

Data Collection:

Sign in sheets will be distributed and collected at the end of presentation meetings. Data on the number of participants will be reported. The new presentations will be placed in the report. The numbers and descriptions of material distributed will be reported. Survey and demographic data will be reported.

Program Activity 2:

By June 30th, 2024, ensure ongoing Mental Health screening, assessment and referral for every veteran served by the Plumas County Veterans Services Office.

Program Activity 2A

Deliverable:

Ensure that the PCVSO Information and Benefits Evaluation Form is up to date and utilized at the first point of contact with every veteran served. The form will identify self-reported indicators that may indicate the need for a referral to Plumas County Behavioral Health, as well as other services and supports.

Measurable Outcome:

Quality improvement: Staff will update and utilize the Information and Benefits Evaluation form for all intakes, including required MHSA demographic information.

Data Collection:

Demographic information queried in the PCVSO Information and Benefits Evaluation Form (gender, age, reason for visit, depression or other mental illness, etc.) will be de-identified and reported by MHSA demographic category.

Program Activity 2B

Deliverable:

All Veterans Services Division and related Public Health support staff will obtain annual initial or ongoing Mental Health First Aid and/or ASIST training to increase their capacity to identify and assist veterans in crisis, displaying signs of suicidality or other signs of mental illness.

Measurable Outcome:

All staff will complete annual mental health trainings.

Data Collection:

Trainings and their descriptions will be included in annual program reports with certificates of completion (if desired by the State of CA).

Program Activity 2C

Deliverable:

Connect with PCBH (or other appropriate agency) to complete training in administration of screening tools for mental health issues, such as PHQ-2, PHQ-9 and GAD. Provide comprehensive screening at every appointment utilizing documented interview process to connect veterans with access to timely services and supports. PHQ and GAD surveys will be used for helping veterans or their family members to realize and express some of their issues at each of the interviews.

Measurable Outcome:

90% of veterans will fill out a screening survey. Collect the number of veterans who receive screening survey and the number of veterans who receive linkage to mental health services through referral process.

Data Collection:

Report the number of veterans who receive the screening survey and the numbers of veterans who receive linkage to mental health services.

Program Activity 3:

Through June 30th, 2024, provide advocacy and care coordination to every veteran, served by the PCVSO, who is identified at risk of experiencing mental illness, substance abuse, risk of suicide, unemployment or incarceration, homelessness, loss of children or any variety of prolonged suffering.

Program Activity 3A

Deliverable:

PCVSO will participate in a joint staff meeting/training session with Plumas County Behavioral Health to determine PCVSO's protocols and procedures for referring veterans to PCBH for services and coordinating shared case management or need for other services.

Measurable Outcome:

Attend one meeting. Meeting minutes. Sign in sheet.

Data Collection:

Report meeting minutes and overview of protocols and procedures.

Program Activity 3B

Deliverable:

Maintain access to covered Health Care by coordinating and scheduling the bi-weekly transportation of Plumas County veterans to the Reno VAMC and maintaining the volunteer driver pool with all the appropriate requirements and through educating and coordinating veterans on the use of the Veterans Transportation Service (VTS). The van and fuel costs of the VA Van Service is covered by the VA, but the volunteer coordination, transport scheduling and other operational activities are not funded.

Measurable Outcome:

Maintain Fuel Log, Schedule Log and Volunteer Driver list. Track number of Veterans served.

Data Collection:

Data on Fuel Log, Schedule Log, number of volunteer drivers and number of veterans served will be reported.

Program Activity 3C

Deliverable:

Ensure ALL referrals to PCBH for all veterans/veterans' family members will be accomplished using the attached PCBH form and warm hand off. This will reduce the number of missed appointments with PCBH or another counselor. This will improve the continuity of care.

Measurable Outcome:

QI Measure - All veteran referrals will receive a warm hand-off with approved forms.

Data Collection:

Number of referrals with warm hand offs to PCBH will be collected and reported.

Program Activity 3D

Deliverable:

Maintain targeted and limited case management for incarcerated veterans or veterans involved in the criminal justice system. Services will include Reno Health Care enrollment, assistance with application to a Drug/Alcohol Rehabilitation facility in coordination with PCBH or VA Mental Health, communication between veteran and their lawyer, updates to their case, assistance to the family of the veteran with possible VA/County services and ensuring that the proper documentation of Veteran status is filed with the court.

Measurable Outcome:

QI measure – The number of veterans that received cases. The number of veterans that connect to the VA DOJ and Rehabilitation. The number of veterans that get connected to lawyers.

Coordinate information sharing in existing Teleconferencing to VA DOJ.

Maintain integrity of services provided – tracking logs.

Data Collection:

Report the number of veterans that received cases, that connect to Rehabilitation and the number of veterans that get connected to lawyers.

Program Activity 3E

Deliverable:

Provide care coordination, supportive services and advocacy to overcome economic, geographic and other barriers to obtaining or remaining in care/services to at-risk veterans. Work with assigned staff from Probation and Behavioral Health, who are dedicated to the shared clients with PCVSO. Activities to include periodic needs evaluation, referral for clinical services and assistance with support services such as food, housing, clothing and education to help them remain stable both physically and emotionally.

Measurable Outcome:

The PCVSO Information and Benefits Evaluation Form will be utilized to show which resources veterans have been directed.

Data Collection:

Collection of resource referrals the PCVSO Information and Benefits Evaluation Form will be reported each quarter.

Program Activity 4:

By June 30th, 2024, build and maintain ongoing partnerships and collaborative relationships with behavioral health community partners to increase access to mental health services for Plumas County veterans.

Deliverable:

Coordinate with PCBH staff who may provide support and counseling to veterans and their family members who have requested a mental health intake and assessment for determination of services. Veterans services staff will consult with PCBH staff on referral procedures for intake and assessment using department referral forms and releases.

Measurable Outcome:

The Veteran Services staff will make referrals using appropriate PCBH request for services and release of information forms for 100% of veterans requesting referral for a mental health intake and assessment.

Data Collection:

Report number of direct referrals made to PCBH on behalf of veterans and their families who have made a request.

2.	**Program Name**	Senior Connections Program			
Program Partner		Plumas County Public Health Agency			
FY23/24 Cost		$65,000			
Program Status			New	X	Continuing
Emphasis		X	Prevention		Early Intervention
Age Groups Served			Children (0-15)		
			Transitional Age Youth (16-25)		
			Adult (26-59)		
		X	Older Adult (60+)		
Program and/or Strategy		X	Access & Linkage		Early Intervention
		X	Outreach for Increasing Recognition		Suicide Prevention
			Stigma & Discrimination	X	Improving Timely Access to Services
Estimated number to be served		Up to 200			
Estimated cost per person		$325.00			

This MHSA-funded prevention program employs strategies of improving timely access to services for underserved populations and access and linkage to treatment through support of home visits by a public health education senior specialist to homebound seniors, screening participants for early signs of depression or other mental illness.

This approach provides staff of Senior Connections the opportunity to quickly identify individuals who may otherwise remain underserved and may need a referral for a mental health intake and assessment. The program also connects seniors to the greater community to combat isolation and to improve whole health outcomes through social connection and education.

The program enhances ongoing collaboration and partnerships with Behavioral Health and other key community partners to provide this underserved population with access and linkage to mental health services, thereby increasing timely access. These activities and strategies will decrease negative outcomes of prolonged suffering that may result from untreated mental illness in homebound seniors.

Projected number of the targeted population to be served in each age category:

Children and their families (0-15)	
Transition Age Youth (TAY) (16-25)	
Adult (26-59)	
Older Adult (60+)	≤200

Activity 1: Home Visiting & Screening to Isolated Seniors

Visit 100-200 low-mobility individuals in their homes in order to relieve isolation and decrease prolonged suffering of depression, anxiety, or other potential health related issues, broadening access to health and social services, and connecting them to community.

A brief screening tool (PHQ-2) will be administered to assess for depression, and each home-bound meal recipient will be asked if they are receiving mental health services. In addition, a brief health history questionnaire including recent ER visits, sleeping and eating habits, living arrangement, and support systems will be provided. As needed, based on these surveys, seniors will be referred for mental health intake and assessment at Plumas County Behavioral Health, their primary care physician, or other access to supports available to meet their needs.

Community Practices or Standard:

Homebound seniors will receive a visit in their residences in order to reduce barriers to receiving help and resources. Low-mobility seniors enrolled for homebound meals will automatically be eligible for enrollment in home visiting.

Evidence-based Standard:

All seniors will receive the PHQ-2 evidence-based questionnaire to screen for depression.

As Related to Mental Health:

Addresses prolong suffering by reducing negative outcomes of isolation, anxiety, depression, and promotes seeking mental and physical health care through referrals, while increase timely access and linkage through partnership with PCBH and primary care providers.

Measures/Performance Indicators:

- Home visit count
- Referral count
- Results of referral follow-up survey

Methods of Collecting Data:

- Intake from Senior Nutrition to determine eligibility
- Brief health history questionnaire
- PHQ-2
- Referral submitted to PCBH or other agency providing mental health services
- Phone or in-person referral follow-up survey
- MHSA demographics forms for participants

Activity 2: Providing Seniors with Education & Help to Access Resources

Promote health maintenance, restorative care, illness prevention, education of chronic illnesses, and functional/self-care independence through newsletter articles, handouts delivered with home visits or meals, and wellness events (i.e. screening events, health education events), including Senior Summit event(s), and promoting/coordinating senior activities in Plumas County.

Promising Practices/Community Practices or Standards:

Provide verbal and written information and resources to participants to access services at their discretion to empower them with knowledge in how to access resources, while still maintaining a supportive and trusted rapport with participants.

As Related to Mental Health:

Addresses prolong suffering by reducing negative outcomes of isolation, anxiety and depression, and providing resources to improve quality of life.

Performance Indicators:

List of materials provided for each client

Follow-up survey on material or event usefulness

Methods of Collecting Data:

Materials usefulness survey by phone or in person

Survey for events held at culmination of event

Activity 3: Plumas County Senior Resource Workgroup & Resource Coordination

Act as catalyst for, and engage directly in, resource coordination within Plumas County Public Health Agency, Plumas County community-based organizations, and involved individuals to utilize and provide support services and resources to the target population.

Promising Practices/Community Practices or Standards:

Utilize current resources or engage stakeholders to find resources for seniors in need.

As Related to Mental Health:

Support through community connections improves the seniors' self-sufficiency and ability to remain in their homes longer, which reduces depression and anxiety and increases their quality of life.

Performance Indicators:

Count of services coordinated by Senior Connections

Count of Workgroup participants

Methods of Collecting Data:

Line items of services provided for seniors

Senior Resource Workgroup meeting agenda

Senior Resource Workgroup meeting minutes

3.	**Program Name**	School-Based Mental Health Services and Multi-Tiered Systems of Support			
Program Partner		Plumas Unified School District			
FY23/24 Cost		$251,932			
Program Status			New	X	Continuing
Emphasis		X	Prevention	X	Early Intervention
Age Groups Served		X	Children (0-15)		
		X	Transitional Age Youth (16-25)		
			Adult (26-59)		
			Older Adult (60+)		
Program and/or Strategy		X	Access & Linkage	X	Early Intervention
			Outreach for Increasing Recognition	X	Suicide Prevention or Other Prevention Program
			Stigma & Discrimination	X	Improving Timely Access to Services
Estimated number to be served		Up to 1,275			
Estimated cost per person		$198.00			

Over the past nine years, Plumas Unified School District (PUSD) and Plumas County Behavioral Health (PCBH) have worked in partnership to create a program born out of innovation to address the needs of students and their families by providing school-based mental health prevention and early intervention services.

To expand this program's reach and scope to meet increasing need for school-based mental health services, PCBH and PUSD are creating an integrated model of the previously successful school-based program by including school-based Medi-Cal billable mental health services.

The prevention and early intervention components of the program utilize Positive Behavior Interventions and Supports (PBIS), a research supported framework developed out of the University of Oregon and now implemented nationwide. PBIS allows for data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. This has been further

expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

Tier I of PBIS serves all students across the district by applying a universal approach to teaching behavior expectations at schools through a systematic process verified by fidelity measures to ensure the framework is being applied appropriately. Universal behavior expectations are taught to students by staff, positive behaviors within the expectations are reinforced by all staff and retaught repeatedly throughout the year. The mantra is: teach, reteach, reinforce, reteach again, reinforce. Research shows that 75 percent of the student body should respond favorably to this approach. For the students who do not respond, they move up to the next tier of supports.

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in conjunction with Student Service Coordinator support.

Research out of the University of Oregon has shown that 60% of students who participate in Tier II level supports when non-responsive to Tier I will reintegrate into Tier I level functioning and not require referrals to the most intensive Tier III supports. This is precisely where both prevention and early intervention occur as students who begin to manifest signs of mental illness typically rise to this level of need for support. If we apply the evidence-based interventions with these students, research tells us that 60% will not go on to need Tier III level of supports, which often includes treatment for severe mental illness.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process.

Individuals who are assessed and require a mild to moderate level of mental health services will be referred to Plumas Unified School District for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community- and school-based specialty mental health services by PCBH staff.

Other Tier III supports provided by PUSD include IEP evaluation and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

Prevention: Both Tier I and Tier II services provided at each school site through PBIS are focused on social/emotional and behavioral supports. When schools address social/emotional and behavioral issues within the framework of PBIS, data reports that this helps reduce risk factors for developing a potentially serious mental illness and builds protective factors such as emotional literacy, emotional regulation skills, improved conflict resolution and relationship skills. Tiers I and II support the goal of improving mental health, including the reduction of negative outcomes such as suicidality, school failure

and drop out, and prolonged suffering. Tiers I, II and III are focused on capturing data points to determine levels of support including specific risk factors such as biological family history, neurological history, behavioral/social/economic/environmental risks, chronic medical conditions, adverse childhood experiences (ACEs), trauma, ongoing stress, exposure to drugs, poverty, family conflict, domestic violence, racism and social inequities, prolonged isolation, previous mental illness, previous suicide attempts, and family history of mental illness or suicide attempts.

Early Intervention: Tier I and II supports also promote recovery and related improved functional outcomes for a mental illness early in its emergence. The data points gathered in the intervention team process through behavioral referrals and parent and teacher requests for assistance allow PUSD to identify the risk factors above through prevention and promote recovery through the Tier II, and when needed, Tier III supports applied to the students and families in need.

Functional outcomes addressed include intervention with suicide risk, interventions applied to address risk of school failure and drop out, and intervention to identify and decrease prolonged suffering. PUSD Early Intervention supports also include supports for family members of students, provided by or supported through Student Service Coordinators.

Deliverables:

- PUSD will provide PBIS Tier I and Tier II infrastructure practice with fidelity in all communities within the district.
- PUSD will provide a 1.0 FTE Student Services Coordinator in each community with student population at or above 400.
- PUSD will provide a .5 FTE Student Services Coordinator in each community with student population less than 400 as funding allows.
- PUSD will provide evidence-based Tier II interventions to students who are in need as determined by intervention teams (data collections and requests for assistance)
- PUSD will provide awareness activities on campuses physically and virtually through social media for suicide prevention as well as mental health awareness.
- PUSD will provide referral to PCPH for all Tier III individuals for assessment and level of care determination.
- PUSD will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care.

Measurable outcomes:

- PUSD will improve timely access to services for the underserved population of school children and youth. Site-based intervention teams meet once to four times monthly to review student data and requests for assistance. It is through this process that students are identified for necessary Tier II and Tier III services. PUSD will be able to report the number of students referred to services across the district quarterly (see below for collection method).
- PUSD will provide access and linkage to treatment through the intervention teams student data screening process as well as through requests generated from awareness month activities – suicide prevention and mental health awareness. Intervention teams meet once to four times monthly. Referrals are generated through the Request for Assistance process at each site and intervention team recommendations through data analysis on students.
- PUSD will provide supports using non-stigmatizing and non-discriminatory strategies by providing a tiered approach to supports which starts with application to the entire student body

as well as awareness activities both on physical campus and virtually through social media outlets. Making it available to all students decreases stigma and discrimination.

- PCBH will be able to measure the access to services by comparing the number of intakes completed from school referrals with the reported number of referrals from PUSD at the quarterly reporting periods.
- PUSD will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care. The productivity standard is set at 50% due to other prevention and referral related tasks.

Data collection methods:

- PUSD will utilize our student database to extract demographic reporting of students served.
- PUSD will utilize intervention team data-based decision making to ensure identification of students in need of Tier II supports in each community.
- PUSD will report the number of students within the district receiving Tier II evidence-based supports. These numbers will be collected through intervention team meeting minutes by school site.
- PUSD will report the number of students within the district receiving Tier III referrals to mental health services, reporting PCBH referrals and non-profit or private referrals separately. These numbers will be collected through intervention team meeting minutes by school site.
- PUSD will report the number of family members of students at risk that are supported by Student Service Coordinators across the district. These numbers will be collected by Student Service Coordinator documentation of daily contacts.

Projected number of students served through Tier I and Tier II supports:

Children and their families (0-15)	>1000
Transition Age Youth (TAY) (16-25)	>275
Adult (26-59)	0
Older Adult (60+)	0

Contractor will provide services in accordance with the following provisions.

I. Service Locations

Services will be provided at the following location(s).

Plumas Unified School District

50 Church Street

Quincy CA 95971

Chester Elementary School

158 Aspen Street, Chester, CA 96020

Chester Junior/Senior High School

612 First Street, Chester, CA 96020

Greenville Elementary School

225 Grand Street, Greenville, CA 95947

Greenville Junior/Senior High School

117 Grand Street, Greenville, CA 95947

Quincy Elementary School

175 N. Mill Creek Road, Quincy, CA 95971

246 Alder Street, Quincy, CA 95971

Quincy Junior/Senior High School

6 Quincy Junction Road, Quincy, CA 95971

C. Roy Carmichael Elementary School

895 West Street, Portola, CA 96122

Portola Junior/Senior High School

155 Sixth Avenue, Portola, CA 96122

II. Purpose

Provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) for full scope Medi-Cal eligible Plumas County children, ages 5-21, through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program for elementary, junior high, and high school students enrolled at Plumas Unified School District, who don't respond to Tier I and Tier II PBIS interventions and supports. A listing and description of these services are detailed in Section VI of this Scope of Work.

Goal

The goal of the EPSDT SMHS is to provide school-based screenings and referrals for assessment by PCBH Utilization Review process and to provide school-based mental health services for individuals who meet criteria for mild to moderate mental health services.

III. Target Population

County-referred Plumas County Medi-Cal beneficiaries.

These are children and youth who will be assessed by PCBH staff in each community and identified by Plumas County Behavioral Health Utilization Review team as either needing mild to moderate mental health services or moderate to severe specialty mental health services. It is expected that

PUSD will provide mild to moderate school-based mental health services. For services to be eligible for payment, all eligible clients must be approved by the County specifically, as follows:

1. The County will require periodic review for continued service authorization through the Utilization Review (UR) process.

IV. MONITORING

Track and report annually or as noted on the following:

I. Child and Adolescent Needs and Strengths-50 (CANS): The CANS tool is an evidence-based tool to measure children and youth functional outcomes in California. The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. The CANS is completed at intake, every six months thereafter, and at discharge.

J. The Pediatric Symptom Checklist (PSC) is a 35-item parent/caregiver-report psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC is completed at intake, every six months thereafter, and at discharge.

K. Bi-Annual completion of: State Consumer Perception Survey.

L. Chart reviews will be conducted by PCBH staff to support compliance with Medi-Cal documentation standards. PUSD will be held to the documentation standards that are expected by the Department of Healthcare Services.

4.	**Program Name**	Native Youth, Family, and Elders Prevention Program				
Program Partner		Roundhouse Council				
FY23/24 Cost		$50,000.00				
Program Status			New	X	Continuing	
Emphasis		X	Prevention		Early Intervention	
Age Groups Served		X	Children (0-15)			
		X	Transitional Age Youth (16-25)			
		X	Adult (26-59)			
		X	Older Adult (60+)			
Program and/or Strategy			Access & Linkage		Early Intervention	
			Outreach for Increasing Recognition	X	Suicide Prevention or Other Prevention Program	
		X	Stigma & Discrimination		Improving Timely Access to Services	
Estimated number to be served		40				
Estimated cost per person		$1,250.00				

Roundhouse Council is a community-based non-profit organization dedicated to providing language and cultural activities and education and resource support to Native American youth, families, and elders in Plumas County. This program focuses on reducing negative outcomes that may result from untreated mental illness, including school failure, suicide, and prolonged suffering.

Unfortunately, during the Dixie Fire in 2021, Roundhouse lost their Greenville facility and many of the items used in the following programming. The Roundhouse Council is working to re-establish the programming they lost during the fire and has plans to get back to providing all of the following services once their center is rebuild in the Greenville area. Roundhouse continues to offer the services and programming that they are able to including language services, children and youth services and community education through tribal activities and presentations.

<u>Youth Activities</u>

Roundhouse Council will work with local Native youth, providing them afterschool, weekend, and summer programming. Youth are offered Language, Traditional Dance, Hand game practice, along with youth prevention strategies, such as wellness groups and teen activity nights, as well as Native-specific mental illness stigma and discrimination reduction strategies. When appropriate, the organization provides a means for warm referral to other agencies, including Plumas County Behavioral Health, for its participants and their families.

Wellness Groups

Roundhouse Council will partner with two main facilitators who travel regularly to Indian Valley from out of county. Roundhouse Council's Cultural Coordinator will assist current facilitators during their groups, optimizing the effectiveness of these interactions, measuring attendance and collecting participant demographics, and moderating communication among participants and community members.

Roundhouse Council staff has made connections with other tribes and villages and will invite them to visit and share their knowledge with our students on a one on one basis and in a group setting - these individuals will visit this program site multiple times over to impart generational and tribal knowledge.

Staff will continue to reach out to Native individuals who have experience working with Native youth programs and who would like to offer their knowledge to assist in our current youth programs. The skill level of these facilitators ranges in program knowledge geared towards Native American people and the different ways they interpret and internalize information that pertains to mental, physical and spiritual wellness: White Bison, 12-step programs, *Fatherhood and Motherhood Is Sacred*, Sacred Native Institute's *Healthy Relationships,* and *Tobacco Is Sacred, Drugs and Alcohol Are Not Traditional,* are a few programs these facilitators are trained to provide.

These are family-oriented programs that can be formulated to focus on youth and multi-generational participants. The importance of reaching out to different individuals and inviting them to participate in this program helps to keep the program new for returning participants, while continuing to bring in the facilitators who have already built rapport with them.

Staff has reached out to the local Tribal TANF office in Greenville to partner on creation of wellness-focused groups; this is an opportunity to reach more Native people in the community who may not currently participate in Roundhouse Council programs and will allow Roundhouse facilitators to partner with other Native American educators utilized by the TANIF program to create future events and programs designed specifically for Native youth.

Skill Building

Roundhouse facilitators will continue to work with local youth on traditional dance, hand-games, and Native language. These lessons are taught and retaught to assist youth in retaining the cultural curriculum to pass the teachings on to others in their families and communities for those who didn't have this opportunity, and as a legacy for the next generation of Native children.

Roundhouse Council will invite additional facilitators to share their unique talents with student participants, such as their ability to make dance regalia. Dance regalia can take years to make: the

work that goes into dance regalia is time consuming and tedious. There are many individual pieces that need to be made in order to create a full dance outfit.

Many of these pieces are made with natural materials and need to be treated as live spirits; part of the teachings of making one's own dance *Reigns*, another term for regalia, is that they must make them in a good way, because the emotions one feels while creating the dance Rigens is what one puts into the feathers, requiring the participant to want to feel happy for the Rigens to offer up good prayers. Creating one's own dance Rigens also demonstrates the owner's sense of pride in self and teaches patience.

Language Program

There was a time in Native American History when tribes were not allowed to speak their language or practice their religion; practices that were punishable by death. The traditional teachings that RC can share with Native youth was passed down by Elders who retained the teaching of prior generations who practiced in fear of what could happen should they get caught. To be able to continue what RC has started with Native youth is a blessing from their Creator and is a solemn responsibility.

Roundhouse Council's Language program was born out of long-held recordings of local Elders who spoke the Maidu Language. Together with these recordings, the Maidu dictionary, and primary sources online and in the Berkeley Archives, RC and its educators have been able to start a language program.

The facilitators have used these recordings and created lesson plans for the Language group. This has been an ongoing learning process for the youth who participate in the Language group. Unfortunately, Maidu is not the first Language of RC participants, and without regular practice by RC's Language group, it will not survive for this and subsequent generations.

Gatherings of Native Americans

Roundhouse Council will plan and host a GONA, or Gathering of Native Americans, each year of the Plan; this is where collaboration and partnerships with other Native programs will be beneficial: during a GONA the need for multiple facilitators is required for the breakout sessions and to assist if needed when the conversation intensifies, for the potential of one-on-one counseling, when needed. Roundhouse Council has observed that many Native adults are not as willing to participate in weekly groups, but they are willing to participate in occasional functions, such as a GONA, Big Time or Hand game Tournament.

GONAs are intended to provide tools for emotional, spiritual and physical wellness and subject matter can be based around issues that are important to youth, adults and multi-generations.

Big Times are also Gatherings of the people and are an opportunity for Native communities to gather to Dance and Pray for the people. A Big Time will be held for a few hours or many days: some Big Times are just for an opportunity to be social with other groups, while others are spiritual.

Hand game tournaments are a Traditional game that is believed to have been around since the beginning of time. The game has since been modernized and Tournaments now are played for money prizes, while for prior generations, play was for merchandise, such as tools or jewelry.

While Hand game tournaments are incentivized with prizes, the game is deeply rooted in the ritual of play and connected through time singing the same songs. The songs are unique to people's Tribal areas but have been shared along the Hand game Circuit.

GONAs, Big Times, and Hand game Tournaments are traditional ways for Native People to come together to share their common history and culture. These events highlight Tribal commonalities and differences drawing on the strengths that all Tribal people share: the love of their culture and the motivation to preserve it for future generations.

Family Night Dinners and Elder Luncheons

During the next three years, Roundhouse Council will continue to work with students on culturally specific programs focusing on Tribal youth's mental, physical and spiritual wellness. Roundhouse Council will continue to meet the needs of the community by hosting bi-weekly Family Night dinners and monthly Elders' Luncheons.

While these meals help to supplement participating families' monthly food budgets, especially for struggling families who receive county aid, such as food stamps, they provide opportunities for Roundhouse Council leaders to assess wellbeing and to provide outreach when needed.

During family nights, the community members play games, tell stories, watch movies, or just visit. This allows Native families to stretch their monthly food budgets and have a break from cooking. Family night dinners offer a time for families to socialize in a safe and welcoming environment, while participating in activities that focus on harm reduction and are drug and alcohol free.

The Elders' Luncheons serve Elders from Indian Valley and Quincy. This has been a longtime function of Roundhouse Council, and it provides an opportunity for Native Elders to get out of their homes and visit amongst each other. No activities are planned during this time because the Elders would rather chat with each other and socialize about the "good ol' days." Before everyone goes home the staff likes to share program schedules, in case any of the Elders would like to join Language group activities, family night dinners, cultural field trips, or offer to share their lived experience and knowledge during youth wellness groups.

Program Participants and Outcomes

Roundhouse Council anticipates serving a minimum of 20 youth and 20 adults each year during the three-year MHSA program. Proposed outcomes include the following:

- 100% of those participating in Multi-Generational Wellness programs will have an increased knowledge of and connection to Native American culture, traditions, skills and language
- 100% of those participating will have increased connections to supports and linkages to services that may identify early signs of a mental illness, reducing mental health disparities among Native American families and decreasing prolonged suffering, suicide, and school failure
- 100% of those participating will receive timely access to supports and will experience reduced perceptions of stigma and discrimination in seeking and receiving mental health services
- All participants will have an increased sense of connection to family and community

Roundhouse Council will use sign-in sheets to show participation. Participation is voluntary and to have continual participation shows success of the program, along with feedback from the facilitators. Evaluation forms will be filled out by group facilitators to indicate their perceptions of group progress and to indicate when changes or adjustments are required. There will also be check-ins with all participants on a quarterly basis to assess to what extent the participants perceive the groups are progressing and if they are needed.

The Executive Director of Roundhouse Council will be responsible to guide staff in collecting demographic and outcomes data for Plumas County Behavioral Health MHSA Program, including sexual orientation and gender identity information, as age appropriate. The Executive Director will prepare required program and outcomes reports and submit these upon the established timelines of the MHSA Program.

Roundhouse Council regularly seeks federal, state, foundation, and corporate grant funding to support and sustain programming. The agency utilizes grant writing services provided by the Lassen-Plumas-Sierra Community Action Agency as in-kind to their program for development and support of long-term sustainability.

5.	**Program Name**	Visions Youth Prevention Program			
Program Partner		Plumas Rural Services			
FY23/24 Cost		$18,822.00			
Program Status			New	X	Continuing
Emphasis		X	Prevention		Early Intervention
Age Groups Served		X	Children (0-15)		
		X	Transitional Age Youth (16-25)		
			Adult (26-59)		
			Older Adult (60+)		
Program and/or Strategy			Access & Linkage		Early Intervention
			Outreach for Increasing Recognition	X	Suicide Prevention or Other Prevention Program
			Stigma & Discrimination	X	Improving Timely Access to Services
Estimated number to be served		15			
Estimated cost per person		$1,255.00			

The Visions Youth Prevention Program provides prevention services for up to 15 girls and nonbinary youth, ages 11-18. Originally grounded in research on girls' development, the program was updated in 2022-23 to reflect the changing needs of adolescents and the youth-led desire to increase inclusion in the program. Youth participants in the formerly named Girl's Rite program saw a need to offer this space for their nonbinary classmates in 2022, and the Visions program developed through their leadership and drive.

Visions provides space for girls and nonbinary youth that supports participants' capacity for building self-confidence, physical and emotional resiliency, healthy relationships, and participating in regular physical activity. This work promotes these five protective and promotive factors of the Youth Thrive prevention framework, which is a trauma-informed, strengths-based youth development program to mitigate risk of and/or reduce negative outcomes that may result from untreated mental illness, such as suicide risk, school failure or dropout, and risk of removal of an adolescent from the family home. We know these risks increase significantly for LGBTQ+ youth, including gender non-conforming youth.

According to a 2011 study in the Journal of Adventure Education and Outdoor Learning, “all-girls programs create a space for adolescent girls to feel safe, increase their connection with others, and provide freedom from stereotypes.” Furthermore, outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy and initiative, with positive results persisting for years.

Visions will be delivered in Quincy with afterschool meetings for two (2) hours twice per month during the school year. During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth-developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication.

Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Through regular discussion and interaction, the Coordinator fosters bonds with participants that enables them to use her as a resource when they are facing challenges, including providing warm referrals for mental health assessment, as needed.

Professional women, nonbinary adults and other ally adults in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the participants’ own community. In addition to promoting protective factors described above, this work fosters an early introduction to possible future professions for participants, giving them relatable role models within their community and aspirational goals that insulate against future risks of unemployment and homelessness.

During the spring, interested youth will attend the annual *Reach for the Future* youth conference in Chico, CA. Hosted by the Butte County Department of Behavioral Health, the Reach Conference is based on a Youth Development framework, providing leadership skills, support, and opportunities for young people. The summer program meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

Program facilitator deliverables include:

- Holding two (2) afterschool meetings per month during the school year
- Leading seven (7) full-day excursions over the summer
- Leading one (1) multi-day campout over the summer
- Attending one (1) youth leadership development conference (the Reach Conference)
- Referrals to an early intervention or other mental health services will be tracked, reported, and a follow-up call or meeting with the participant and family will be conducted.

Measurable outcomes:
This prevention and improving timely access program will focus on reducing negative outcomes that may result from an untreated mental illness through building protective factors. By the end of the program year and through participant self-assessment or self-perception questionnaires, the program expects:

- increase of at least 60% of enrolled youth who report a perception of increased self-confidence;
- increase of at least 40% of enrolled youth who report a perception of an improved or a healthier relationship with family members or other primary social connections;
- increase of at least 40% of enrolled youth who report perception of improved emotional self-regulation or emotional resiliency;

- Decrease of at least 40% of enrolled youth reporting feelings of depression, sadness or suicidal ideation.

Data collection methods:

PRS collects MHSA-specific demographic data for participants from initial enrollment forms. The Visions Coordinator tracks participation at meetings and other events. PRS also collects data on protective and promotive factors intended to mitigate risk and enhance healthy development and wellbeing. This data on factors of youth resilience, access to system of supports, social/emotional/physical well-being is surveyed via a pre- and post-questionnaire; answers to this questionnaire also help the Coordinator to hone meeting topics for participants' needs.

6.	**Program Name**	Suicide Awareness and Mental Health Awareness			
Program Partner		PCBH, Feather River College, PUSD/Plumas Charter			
FY23/24 Cost		$15,000			
Program Status		x	New		Continuing
Emphasis		X	Prevention		Early Intervention
Age Groups Served		X	Children (0-15)		
		X	Transitional Age Youth (16-25)		
		X	Adult (26-59)		
		X	Older Adult (60+)		
Program and/or Strategy			Access & Linkage		Early Intervention
			Outreach for Increasing Recognition	X	Suicide Prevention or Other Prevention Program
			Stigma & Discrimination		Improving Timely Access to Services
Estimated number to be served		>2,000			
Estimated cost per person		Not applicable - If 10% of County stakeholders received prevention materials at an event, from the Wellness Centers, or through funded partners, or engaged with the website or department Facebook page, that would equal $13 per person.			

Plumas County Behavioral Health will be organizing and distributing their own suicide prevention and Mental Health awareness materials throughout all 4 communities and schools. In the past PCBH has participated in the CalMHSA suicide prevention program but found that the materials were not applicable or useful to the majority of our community members.

PCBH will be working with Feather River College to promote mental health and wellness and to reduce the likelihood of mental illness, substance abuse, and suicide among all Californians. This will include materials and items to be handed out at community events to help promote wellness and suicide prevention. These items may include but are not limited to stress balls, t-shirts, literature, pencils, note books, hats, resources for services, reusable grocery bags, etc. PCBH and FRC have chosen these types of items because they will continue to be used by community members which will help to continue promoting wellness and suicide prevention year round. These items are daily use items that can also help support clients of mental health with basic needs and make daily life and tasks more manageable.

Projected Outcomes

Changing the current culture around mental health and suicide prevention requires a long- term commitment. Ongoing investment in the prevention of suicide and mental health awareness PEI Project will result in larger social impact (e.g., changing attitudes, increasing knowledge, and modifying behaviors) by implementing programs that can benefit counties regionally and statewide, procuring resources at lower cost (e.g., cost efficiencies), and ultimately making a significant impact on preventing mental illnesses from becoming severe.

Projected outcomes:

- Increased intervention and provision of support by a community helper
- Increased proactive inclusion of individuals with mental health challenges
- Increased community encouragement and acceptance of seeking services early
- Increased knowledge and skills for recognizing and facilitating help seeking
- Reduced discrimination against persons with mental illnesses
- Reduced social isolation and self-stigma
- Improved functioning at school, work, home and in the community
- Reduced suicidal behavior
- Reduced societal costs related to untreated mental illness

Plumas County Behavioral Health will also be working with the Plumas Unified School District and Plumas Charter School to provide all 7th, 9th and 11th graders a Mental Health thrival and wellness kit. This project will serve upwards of 475 students during the 23/24 school year and will cost approximately 1/3 of the allocation for suicide prevention and Mental Health Awareness.

7.	**Program Name**	School-Based Mental Health Services and Multi-Tiered Systems of Support				
Program Partner		Plumas Charter School				
FY23/24 Cost		$70,000				
Program Status		x	New		Continuing	
Emphasis		X	Prevention	X	Early Intervention	
Age Groups Served		X	Children (0-15)			
		X	Transitional Age Youth (16-25)			
			Adult (26-59)			
			Older Adult (60+)			
Program and/or Strategy		X	Access & Linkage	X	Early Intervention	
			Outreach for Increasing Recognition	X	Suicide Prevention or Other Prevention Program	
			Stigma & Discrimination	X	Improving Timely Access to Services	
Estimated number to be served		Up to 350				
Estimated cost per person		$198.00				

PCBH will be contracting with the local Charter School to expand school based services and to meet increasing need for school-based mental health services, to serve up to an additional 350 students.

The prevention and early intervention components of the program utilize MTSS (Multi Tiered System of Support) research supported framework developed out of the University of Oregon and now implemented nationwide. MTSS is under the umbrella of PBIS and allows for data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. Plumas Charter currently uses MTSS and will begin working to implement PBIS. This has been further expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

Tier I of PBIS serves all students across the district by applying a universal approach to teaching behavior expectations at schools through a systematic process verified by fidelity measures to ensure the framework is being applied appropriately. Universal behavior expectations are taught to students by staff, positive behaviors within the expectations are reinforced by all staff and retaught repeatedly throughout the year. The mantra is: teach, reteach, reinforce, reteach again, reinforce. Research shows that 75 percent of the student body should respond favorably to this approach. For the students who do not respond, they move up to the next tier of supports.

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in conjunction with Student Service Coordinator support.

Research out of the University of Oregon has shown that 60% of students who participate in Tier II level supports when non-responsive to Tier I will reintegrate into Tier I level functioning and not require referrals to the most intensive Tier III supports. This is precisely where both prevention and early intervention occur as students who begin to manifest signs of mental illness typically rise to this level of need for support. If we apply the evidence-based interventions with these students, research tells us that 60% will not go on to need Tier III level of supports, which often includes treatment for severe mental illness.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process.

Individuals who are assessed and require a mild to moderate level of mental health services will be referred to Plumas Charter for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community- and school-based specialty mental health services by PCBH staff.

Other Tier III supports provided by Plumas Charter include IEP evaluation and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

Prevention: Both Tier I and Tier II services provided at each school site through PBIS are focused on social/emotional and behavioral supports. When schools address social/emotional and behavioral issues within the framework of PBIS, data reports that this helps reduce risk factors for developing a potentially serious mental illness and builds protective factors such as emotional literacy, emotional regulation skills, improved conflict resolution and relationship skills. Tiers I and II support the goal of improving mental health, including the reduction of negative outcomes such as suicidality, school failure and drop out, and prolonged suffering. Tiers I, II and III are focused on capturing data points to determine levels of support including specific risk factors such as biological family history, neurological history, behavioral/social/economic/environmental risks, chronic medical conditions, adverse childhood experiences (ACEs), trauma, ongoing stress, exposure to drugs, poverty, family conflict, domestic

violence, racism and social inequities, prolonged isolation, previous mental illness, previous suicide attempts, and family history of mental illness or suicide attempts.

Early Intervention: Tier I and II supports also promote recovery and related improved functional outcomes for a mental illness early in its emergence. The data points gathered in the intervention team process through behavioral referrals and parent and teacher requests for assistance allow Plumas Charter to identify the risk factors above through prevention and promote recovery through the Tier II, and when needed, Tier III supports applied to the students and families in need.

Functional outcomes addressed include intervention with suicide risk, interventions applied to address risk of school failure and drop out, and intervention to identify and decrease prolonged suffering. Plumas Charter Early Intervention supports also include supports for family members of students, provided by or supported through Plumas Charter staff.

Deliverables:

- Plumas Charter will provide PBIS Tier I and Tier II infrastructure practice with fidelity in all communities within the district.
- Plumas Charter will provide a .5 FTE Student Services Coordinator/Behavioral Health Clincian in each community with student population less than 400 as funding allows.
- Plumas Charter will provide evidence-based Tier II interventions to students who are in need as determined by intervention teams (data collections and requests for assistance)
- Plumas Charter will provide awareness activities on campuses physically and virtually through social media for suicide prevention as well as mental health awareness.
- Plumas Charter will provide referral to PCBH for all Tier III individuals for assessment and level of care determination.
- Plumas Charter will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care.

Measurable outcomes:

- Plumas Charter will improve timely access to services for the underserved population of school children and youth. Site-based intervention teams meet once to four times monthly to review student data and requests for assistance. It is through this process that students are identified for necessary Tier II and Tier III services. Plumas Charter will be able to report out the number of students referred to services across the district quarterly (see below for collection method).
- Plumas Charter will provide access and linkage to treatment through the intervention teams student data screening process as well as through requests generated from awareness month activities – suicide prevention and mental health awareness. Intervention teams meet once to four times monthly. Referrals are generated through the Request for Assistance process at each site and intervention team recommendations through data analysis on students.
- Plumas Charter will provide supports using non-stigmatizing and non-discriminatory strategies by providing a tiered approach to supports which starts with application to the entire student body as well as awareness activities both on physical campus and virtually through social media outlets. Making it available to all students decreases stigma and discrimination.
- PCBH will be able to measure the access to services by comparing the number of intakes completed from school referrals with the reported number of referrals from Plumas Charter at the quarterly reporting periods.

- Plumas Charter will provide mild to moderate school-based mental health services for those individuals who are determined by PCBH to qualify for a lower level of care. The productivity standard is set at 50% due to other prevention and referral related tasks.

Data collection methods:

- Plumas Charter will utilize their student database to extract demographic reporting of students served.
- Plumas Charter will utilize intervention team data-based decision making to ensure identification of students in need of Tier II supports in each community.
- Plumas Charter will report the number of students within the district receiving Tier II evidence-based supports. These numbers will be collected through intervention team meeting minutes by school site.
- Plumas Charter will report the number of students within the district receiving Tier III referrals to mental health services, reporting PCBH referrals and non-profit or private referrals separately. These numbers will be collected through intervention team meeting minutes by school site.
- Plumas Charter will report the number of family members of students at risk that are supported by Plumas Charter Staff across the district. These numbers will be collected by Plumas Charter Staff documentation of daily contacts.

Projected number of students served through Tier I and Tier II supports:

Children and their families (0-15)	>250
Transition Age Youth (TAY) (16-25)	>50
Adult (26-59)	0
Older Adult (60+)	0

Contractor will provide services in accordance with the following provisions.

I. Service Locations

Services will be provided at the following location(s).

Plumas Charter School Quincy Campus

1425 E. Main

Quincy CA, 95971

Indian Valley Academy – Taylorsville

Taylorsville, CA 95983

Plumas Charter School Chester Campus

135 Main St

Chester, CA 96020

II. Purpose

Provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) for full scope Medi-Cal eligible Plumas County children, ages 5-21, through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program for elementary, junior high, and high school students enrolled at Plumas Charter School, who don't respond to Tier I and Tier II PBIS interventions and supports. A listing and description of these services are detailed in Section VI of this Scope of Work.

Goal

The goal of the EPSDT SMHS is to provide school-based screenings and referrals for assessment by PCBH Utilization Review process and to provide school-based mental health services for individuals who meet criteria for mild to moderate mental health services.

III. Target Population

County-referred Plumas County Medi-Cal beneficiaries.

These are children and youth who will be assessed by PCBH staff in each community and identified by Plumas County Behavioral Health Utilization Review team as either needing mild to moderate mental health services or moderate to severe specialty mental health services. It is expected that Plumas Charter will provide mild to moderate school-based mental health services. For services to be eligible for payment, all eligible clients must be approved by the County specifically, as follows:

1. The County will require periodic review for continued service authorization through the Utilization Review (UR) process.

IV. MONITORING

Track and report annually or as noted on the following:

M. Child and Adolescent Needs and Strengths-50 (CANS): The CANS tool is an evidence-based tool to measure children and youth functional outcomes in California. The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. The CANS is completed at intake, every six months thereafter, and at discharge.

N. The Pediatric Symptom Checklist (PSC) is a 35-item parent/caregiver-report psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC is completed at intake, every six months thereafter, and at discharge.

O. Bi-Annual completion of: State Consumer Perception Survey.

P. Chart reviews will be conducted by PCBH staff to support compliance with Medi-Cal documentation standards. Plumas Charter will be held to the documentation standards that are expected by the Department of Healthcare Services.

8.	**Program Name**	Tai Chi				
Program Partner		Kiara Vicini				
FY23/24 Cost		$18,000				
Program Status			New	X	Continuing	
Emphasis		X	Prevention		Early Intervention	
Age Groups Served			Children (0-15)			
			Transitional Age Youth (16-25)			
		x	Adult (26-59)			
		X	Older Adult (60+)			
Program and/or Strategy		X	Access & Linkage		Early Intervention	
		X	Outreach for Increasing Recognition		Suicide Prevention	
			Stigma & Discrimination	X	Improving Timely Access to Services	
Estimated number to be served		Up to 100				
Estimated cost per person		$180.00				

The Tai Chi program falls under the description of activities available at the Wellness Centers (please see page 29). It was recognized that this program was serving primarily senior citizens which is an underserved population and therefore it was more appropriate for the Tai Chi program to be a PEI supported program.

MHSA Innovation (INN)

Plumas County receives approximately $110,000 per annual allocation (5% of overall funding) in Innovation funds. In the past nine years (three 3-Year Program and Expenditure Plans), the county was able to design and apply for use of their local funds for one project, the PUSD School-Based Response Team and PBIS Program, which transitioned to the PEI Program in 2018. It is estimated that by 2026, Plumas County will have accrued a total allocation of over $600,000.

In the winter of 2023 Plumas County joined the Crisis Now Innovation Collaboration project. PCBH spent months working with the collaboration to ensure use of the innovation funds. After all the data analysis it was determined that the Crisis now model would have cost Plumas County $2.5 Million a year to implement and sustain which is more that the total average allocation that Plumas County receives. The data also showed that Plumas County needed less than 1 FTE for a mobile crisis unit. It was determined that even with the accrual of innovation funds that this innovation project would not be suitable for Plumas County.

Plumas County had also already contracted for the new EHR system and was not able to join the innovation collaboration for a new HER system.

Challenges for Plumas County to develop and implement an Innovation component project include identifying a novel project, developing it at a local level, and submitting the project and its budget for MHSOAC review and approval, and being able to fund a meaningful project after the Innovation project and funds have expired.

Plumas County will continue to search for an appropriate innovation project that will fit the needs of our county and will match the appropriate funds to sustain programming.

MHSA Workforce Education and Training (WET)

PCBH WET funding will provide resources during 2023-2026 for staff and peer training and professional development in specific areas of interest and expertise. PCBH will also continue to use the online platform, Relias, which offers a comprehensive suite of behavioral health and human services-related courses.

Additional priorities include continuing the Behavioral Health Employee Loan Assumption Program and providing targeted clinical trainings in 5150 hold process and hold writing, SUD training, DBT, ACT and cultural competency training. Group supervision hours toward certification, and any other department training priorities as identified.

Additional trainings that are available to staff and stakeholder alike include ASIST, safeTalk, and Mental Health First Aid, all of which are provided at no charge through Plumas Rural Services' SAMHSA Behavioral Health Training grant.

In this plan, PCBH will work to create an integrated, coordinated, and comprehensive plan by articulating the following department priorities, which include:

A. WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there is an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County has identified a need for greater local incentives in an effort to "grow our own" behavioral health staff for hard-to-fill clinical and other positions. During Year 1 of the previous plan, the MHSA Coordinator worked with PCBH leadership, County Counsel and Human Resources, and the BH Commission and Board of Supervisors to finalize and award loan reimbursement to staff who had worked at least 1 year (12 consecutive months) with the county and had an outstanding loan balance. In 2023 PCBH awarded 4 staff members $10,000 each towards their loans.

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8 – Workforce Education and Training, Subsection 3850, which states, "Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level."

The program will enroll up to four PCBH full-time employees, with a projected allocation to this program each year of $40,000 for up to $10,000/per year loan assumption for each full-time employee with twelve continuous months of employment working for Plumas County Behavioral Health.

Having a local loan assumption program, allows for PCBH to offer this incentive regardless of the state funding and volatility available with the statewide OSHPD program. This program was able to fund four employees last year. If more apply, the overall loan assumption per employee may be reduced to accommodate more applicants.

B. ***Superior WET Regional Partnership - OSHPD***

Plumas County Behavioral Health made the decision not to participate in the Superior WET Regional Partnership because the amount of money that would have been received over the 5 year period was comparable to what PCBH is already able to allocate each year to the WET allocation. PCBH is able to allocate this amount without having to go through the extra steps the Superior Regional program requires and without having to pay the contribution to the Superior Region. This proved not to be a valuable program for PCBH to participate in.

C. ***Relias Web-Based Training Program for Plumas County Behavioral Health Staff***

Plumas County Behavioral Health has used Relias, a web-based training platform, for the past 4 years, to allow for multiple fiscal, clinical, and administrative units within the department to develop training plans for individual and unit employees, allowing each employee to complete self-paced trainings.

The Relias platform allows administrators, supervisors, and employees to upload external training documentation, run reports for individual and unit-specific training plans, and amend and add additional coursework, both required and elective. Some clinical courses come with continuing education units. The department determined that using this platform agency wide will provide valuable, consistent and comprehensive training opportunities, as well as real-time data management of up to 55 employee records – a savings in time, travel expenses, and training fees/facilitator costs. The Relias service agreement expires in 2023 and PCBH plans to renew this agreement. Program cost per staff member is $218.19 per year.

CAPITAL FACILITIES AND TECHNOLOGY NEEDS (CFTN)

In August of 2021, Plumas County lost the Greenville Wellness Center to the Dixie Fire. Since then we have been working to get a Wellness Center re-established in that community.

Some of the challenges with this include no buildings to rent in the area because the entire community was destroyed in the fire. The landowners are tied up in litigation with PG&E over their losses when requires that nothing is done with the land until that process is complete. This includes building on the land, renting the land, putting a temporary structure on the land etc.

PCBH was able to acquire office space 2 days a week in the Greenville community to offer therapy and tele-med services. There is currently not the availability for a fully functioning wellness center in this community yet. PCBH continues to search for options and once a suitable option is available PCBH will access CFTN funds to help with re-structuring a wellness center in this community.

FY 2023-24 THROUGH FY 2025-26 THREE-YEAR MHSA EXPENDITURE PLAN & FUNDING SUMMARY AND COMPONENT WORKSHEETS

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	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
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	879,000	779,000			100,000	157,000
2.Spanish Creek Motel Purchase for housing	800,000	800,000				
4. PCBH Personnel and Operations for FSP Clients	978,647	978,647				
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	940,268	940,268				
2. Local Hospital Crisis Support	60,000	60,000				
3. TAY WORK PROGRAM	20,000	20,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	100,000	100,000				
6. WET FUNDS Transfer	84,457	84,457				
7. Vehicles	250,000	250,000				
Subtotal						157,000
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures				0	100,000	157,000
FSP Programs as Percent of Total	59%					

Plumas County Behavioral Health Personnel and Operations Detail – FY23-24

PCBH Personnel				
Position Description	**Location/Description**	**Annual Salary**	**Full-Time Equivalent**	**Total with Benefits**
MHSA Coordinator	Quincy	85,503.18	1.00	121,861.24
Client Housing and Supports Case Manager	Greenville		1.00	
Wellness Center Supervising Site Coordinator	All	54,331.70	1.00	85,468.48
Wellness Center Site Coordinator	Quincy -	42,558.21	1.00	69,868.13
Wellness Center Site Coordinator	Portola	43,314.11	1.00	70,911.20
Wellness Center Site Coordinator	Chester	42,265.60	1.00	87,293.96
BH Client Support Services Tech	All	44,494.14	1.00	82,379.22
BH Client Support Services Tech	All	35,936.85	1.00	60,731.32
BH Management Analyst	Quincy	17,638.40	0.25	26,837.10
BH Information Systems Technician	Quincy	9,889.32	0.20	15,745.50
BH Clinical Records	Quincy	24,211.20	0.50	35,346.73
BH Administrative Assistant	Quincy	22,409.15	0.50	36,299.65
Case Management Specialist	Quincy	40,778.64	0.50	70,433.33
Case Management Specialist	Portola	30,586.40	0.50	47,454.25
Case Management Specialist	All	55,036.80	1.00	104,271.04
Case Management Specialist	Quincy	37,300.70	0.50	56,719.32
BH Therapist	Portola	33,166.75	0.50	56,257.68
BH Therapist	Chester	17,316.00	0.25	30,975.79
BH Therapist	Quincy	34,085.76	0.50	48,972.65
BH Therapist	Quincy	69,264.00	1.00	123,903.15
Additional Benefits, Overtime, & Retirement				30,000
Personnel Total				
PCBH Operations				
Wellness Center Peer Advocates	All	$100,000	3.50	$100,000
TAY and Adult Work Crew	All	$50,000	5.00	$50,000
Client Resources	Bus passes, grocery cards, petty cash for purchases by CM, clothing vouchers, and client incentives			$30,000
Client Water - 4 sites @ $500/year				$2,000
MHSA Advertising				$8,000
MHSA Community Planning Process				$50,000
PCBH Computers (laptops and desktops)				$10,000
Furnishings/Improvements				$5,000

Transportation (Fuel and maintenance)				$18,500
Office Supplies/Equipment				$20,000
Telecom Contribution to PCBH				$40,000
Tay/Adult Work Program Costs				$150,000
Plumas County - Norcal Housing CoC - Participation fee and HMIS licensure fee				$7,500
Behavioral Health Commission	Computers, meeting ads, annual meeting			$4,000
PCBH Operations Total				**$345,000**
PCBH Wellness Centers				
Wellness Center Rentals and Utilities				$102,000
Wellness Integration and Peer Support Activities (stipends and events x 3 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$10,000		$30,000
Materials and Supplies x 3 sites		$5,000		$15,000
Office Supplies		$5,000		$15,000
Furnishings		$, 2,000		$6,000
Consumables Chester, Greenville, & Portola		$5,000		$15,000
Janitorial and other contracted services (snow removal, etc.)		$2,000		$6,000
Wellness Centers Total				**$199,000**
Total MHSA Program Costs				$1,744,468
Administrative Costs @ 10%				$174,447
CSS PCBH Operations Total				**$1,908,915**

.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	FISCAL YEAR 2023-24					
	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 – Prevention and Early Intervention						
1. Veterans Services Outreach, Referral and Access to Care	*50,000*	*50,000*				
2. Plumas County Public Health Agency – Senior Connections	*65,000*	*65,000*				
3. PUSD – School-Based Mental Health Services and Multi-Tiered Systems of Support	*251,932*	*251,932*				
4. Roundhouse Council – Native Youth, Family, and Elders	*50,000*	*50,000*				
5. Plumas Rural Services – Visions Youth Prevention Program	*18,882*	*18,882*				
6.Suicide Prevention and Mental Health Awareness PCBH, FRC, PUSD	15,000	15,000				
7. Plumas Charter School	70,000	70,000				
8.Plumas Arts	25,000	25,000				
PEI Administration	47,319	47,319				
Total PEI Program Estimated						

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	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 Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26Three-Year Mental Health Services Act
Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	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. Behavioral Health Employee Loan Assumption Program	40,000	40,000				
2. Regional WET Partnership	14,737	14,737				
3. Relias Web-Based Training Program	12,000	12,000				
4. PCBH Clinical Training Priorities	17,720	17,720				
WET Administration	0	0				
Total WET Program Estimated Expenditures	84,457	84,457	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
Greenville Wellness Center Re-Build	250,000.00					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
Greenville Wellness Center Technology	10,000.00					
	0					
	0					
Public Wellness Center Computers	3500.00					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	263,500.00	0	0	0	0	0

FY 23-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Community Services and Supports (CSS) Component Worksheet

C

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2024-25					
	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
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	879,000	879,000				157,000
2.Spanish Creek Motel Purchase for housing	800,000	800,000				
4. PCBH Personnel and Operations for FSP Clients	978,647	978,647				
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	940,268	940,268				
2. Local Hospital Crisis Support	60,000	60,000				
3. TAY WORK PROGRAM	20,000	20,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	100,000	100,000				
6. WET FUNDS Transfer	84,457	84,457				
7. Vehicles	250,000	250,000				
Subtotal						157,000
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures				0	0	157,000
FSP Programs as Percent of Total	59%					

Plumas County Behavioral Health Personnel and Operations Detail – FY24-25

*****_These costs could increase by up to 15% due to annual raises and increases in operating costs_

PCBH Personnel				
Position Description	**Location/Description**	**Annual Salary**	**Full-Time Equivalent**	**Total with Benefits**
MHSA Coordinator	Quincy	85,503.18	1.00	121,861.24
Client Housing and Supports Case Manager	Greenville		1.00	
Wellness Center Supervising Site Coordinator	All	54,331.70	1.00	85,468.48
Wellness Center Site Coordinator	Quincy -	42,558.21	1.00	69,868.13
Wellness Center Site Coordinator	Portola	43,314.11	1.00	70,911.20
Wellness Center Site Coordinator	Chester	42,265.60	1.00	87,293.96
BH Client Support Services Tech	All	44,494.14	1.00	82,379.22
BH Client Support Services Tech	All	35,936.85	1.00	60,731.32
BH Management Analyst	Quincy	17,638.40	0.25	26,837.10
BH Information Systems Technician	Quincy	9,889.32	0.20	15,745.50
BH Clinical Records	Quincy	24,211.20	0.50	35,346.73
BH Administrative Assistant	Quincy	22,409.15	0.50	36,299.65
Case Management Specialist	Quincy	40,778.64	0.50	70,433.33
Case Management Specialist	Portola	30,586.40	0.50	47,454.25
Case Management Specialist	All	55,036.80	1.00	104,271.04
Case Management Specialist	Quincy	37,300.70	0.50	56,719.32
BH Therapist	Portola	33,166.75	0.50	56,257.68
BH Therapist	Chester	17,316.00	0.25	30,975.79
BH Therapist	Quincy	34,085.76	0.50	48,972.65
BH Therapist	Quincy	69,264.00	1.00	123,903.15
Additional Benefits, Overtime, & Retirement				30,000
Personnel Total				
PCBH Operations				
Wellness Center Peer Advocates	All	$100,000	3.50	$100,000
TAY and Adult Work Crew	All	$50,000	5.00	$50,000
Client Resources	Bus passes, grocery cards, petty cash for purchases by CM, clothing vouchers, and client incentives			$30,000
Client Water - 4 sites @ $500/year				$2,000
MHSA Advertising				$8,000
MHSA Community Planning Process				$50,000
PCBH Computers (laptops and desktops)				$10,000

Furnishings/Improvements				$5,000
Transportation (Fuel and maintenance)				$18,500
Office Supplies/Equipment				$20,000
Telecom Contribution to PCBH				$40,000
Tay/Adult Work Program Costs				$150,000
Plumas County - Norcal Housing CoC - Participation fee and HMIS licensure fee				$7,500
Behavioral Health Commission	Computers, meeting ads, annual meeting			$4,000
PCBH Operations Total				**$345,000**
PCBH Wellness Centers				
Wellness Center Rentals and Utilities				$102,000
Wellness Integration and Peer Support Activities (stipends and events x 3 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$10,000		$30,000
Materials and Supplies x 3 sites		$5,000		$20,000
Office Supplies		$5,000		$20,000
Furnishings		$, 2,000		$6,000
Consumables Chester, Greenville, & Portola		$5,000		$15,000
Janitorial and other contracted services (snow removal, etc.)		$2,000		$6,000
Wellness Centers Total				**$199,000**
Total MHSA Program Costs				$1,744,468
Administrative Costs @ 10%				$174,447
CSS PCBH Operations Total				**$1,918,915**

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	FISCAL YEAR 2023-24					
	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 – Prevention and Early Intervention						
1. Veterans Services Outreach, Referral and Access to Care	*50,000*	*50,000*				
2. Plumas County Public Health Agency – Senior Connections	*65,000*	*65,000*				
3. PUSD – School-Based Mental Health Services and Multi-Tiered Systems of Support	*251,932*	*251,932*				
4. Roundhouse Council – Native Youth, Family, and Elders	*50,000*	*50,000*				
5. Plumas Rural Services – Visions Youth Prevention Program	*18,882*	*18,882*				
6.Suicide Prevention and Mental Health Awareness PCBH, FRC, PUSD	15,000	15,000				
7. Plumas Charter School	70,000	70,000				
8.Plumas Arts	25,000	25,000				
PEI Administration	47,319	47,319				
Total PEI Program Estimated						

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2024-25					
	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 Programs						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2024-25					
	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. Behavioral Health Employee Loan Assumption Program	40,000	40,000				
2. Regional WET Partnership	14,737	14,737				
3. Relias Web-Based Training Program	12,000	12,000				
4. PCBH Clinical Training Priorities	17,720	17,720				
WET Administration	0	0				
Total WET Program Estimated Expenditures	84,457	84,457	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
Greenville Wellness Center Re-Build	250,000.00					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
Greenville Wellness Center Technology	10,000.00					
	0					
	0					
Public Wellness Center Computers	3500.00					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	263,500.00	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2025-26					
	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
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	879,000	879,000				157,000
2.Spanish Creek Motel Purchase for housing	800,000	800,000				
4. PCBH Personnel and Operations for FSP Clients	978,647	978,647				
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	940,268	940,268				
2. Local Hospital Crisis Support	60,000	60,000				
3. TAY WORK PROGRAM	20,000	20,000				
4. ADULT WORK PROGRAM	30,000	30,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	100,000	100,000				
6. WET FUNDS Transfer	84,457	84,457				
7. Vehicles	250,000	250,000				
Subtotal						157,000
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures				0	0	157,000
FSP Programs as Percent of Total	59%					

Plumas County Behavioral Health Personnel and Operations Detail – FY25-26

*****_These costs could increase by up to an additional 15% from FY 24/25 due to annual raises and increases in operating costs_

PCBH Personnel				
Position Description	**Location/Description**	**Annual Salary**	**Full-Time Equivalent**	**Total with Benefits**
MHSA Coordinator	Quincy	85,503.18	1.00	121,861.24
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Wellness Center Site Coordinator	Quincy -	42,558.21	1.00	69,868.13
Wellness Center Site Coordinator	Portola	43,314.11	1.00	70,911.20
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BH Administrative Assistant	Quincy	22,409.15	0.50	36,299.65
Case Management Specialist	Quincy	40,778.64	0.50	70,433.33
Case Management Specialist	Portola	30,586.40	0.50	47,454.25
Case Management Specialist	All	55,036.80	1.00	104,271.04
Case Management Specialist	Quincy	37,300.70	0.50	56,719.32
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BH Therapist	Chester	17,316.00	0.25	30,975.79
BH Therapist	Quincy	34,085.76	0.50	48,972.65
BH Therapist	Quincy	69,264.00	1.00	123,903.15
Additional Benefits, Overtime, & Retirement				30,000
Personnel Total				
PCBH Operations				
Wellness Center Peer Advocates	All	$100,000	3.50	$100,000
TAY and Adult Work Crew	All	$50,000	5.00	$50,000
Client Resources	Bus passes, grocery cards, petty cash for purchases by CM, clothing vouchers, and client incentives			$30,000
Client Water - 4 sites @ $500/year				$2,000
MHSA Advertising				$8,000
MHSA Community Planning Process				$50,000

PCBH Computers (laptops and desktops)				$10,000
Furnishings/Improvements				$5,000
Transportation (Fuel and maintenance)				$18,500
Office Supplies/Equipment				$20,000
Telecom Contribution to PCBH				$40,000
Tay/Adult Work Program Costs				$150,000
Plumas County - Norcal Housing CoC - Participation fee and HMIS licensure fee				$7,500
Behavioral Health Commission	Computers, meeting ads, annual meeting			$4,000
PCBH Operations Total				**$345,000**
PCBH Wellness Centers				
Wellness Center Rentals and Utilities				$102,000
Wellness Integration and Peer Support Activities (stipends and events x 3 sites) – nutrition classes, finance and budgeting, smoking cessation, restorative yoga, music and art, walking group, etc.		$10,000		$30,000
Materials and Supplies x 3 sites		$5,000		$20,000
Office Supplies		$5,000		$20,000
Furnishings		$, 2,000		$6,000
Consumables Chester, Greenville, & Portola		$5,000		$15,000
Janitorial and other contracted services (snow removal, etc.)		$2,000		$6,000
Wellness Centers Total				**$199,000**
Total MHSA Program Costs				$1,744,468
Administrative Costs @ 10%				$174,447
CSS PCBH Operations Total				**$1,918,915**

.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	FISCAL YEAR 2025-26					
	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 – Prevention and Early Intervention						
1. Veterans Services Outreach, Referral and Access to Care	*50,000*	*50,000*				
2. Plumas County Public Health Agency – Senior Connections	*65,000*	*65,000*				
3. PUSD – School-Based Mental Health Services and Multi-Tiered Systems of Support	*251,932*	*251,932*				
4. Roundhouse Council – Native Youth, Family, and Elders	*50,000*	*50,000*				
5. Plumas Rural Services – Visions Youth Prevention Program	*18,882*	*18,882*				
6.Suicide Prevention and Mental Health Awareness PCBH, FRC, PUSD	15,000	15,000				
7. Plumas Charter School	70,000	70,000				
8.Plumas Arts	25,000	25,000				
PEI Administration	47,319	47,319				
Total PEI Program Estimated						

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2025-26					
	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 Programs						
17.	0					
18.	0					
19.	0					
20.	0					
21.	0					
22.	0					
23.	0					
24.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act
Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2025-26					
	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. Behavioral Health Employee Loan Assumption Program	40,000	40,000				
2. Regional WET Partnership	14,737	14,737				
3. Relias Web-Based Training Program	12,000	12,000				
4. PCBH Clinical Training Priorities	17,720	17,720				
WET Administration	0	0				
Total WET Program Estimated Expenditures	84,457	84,457	0	0	0	0

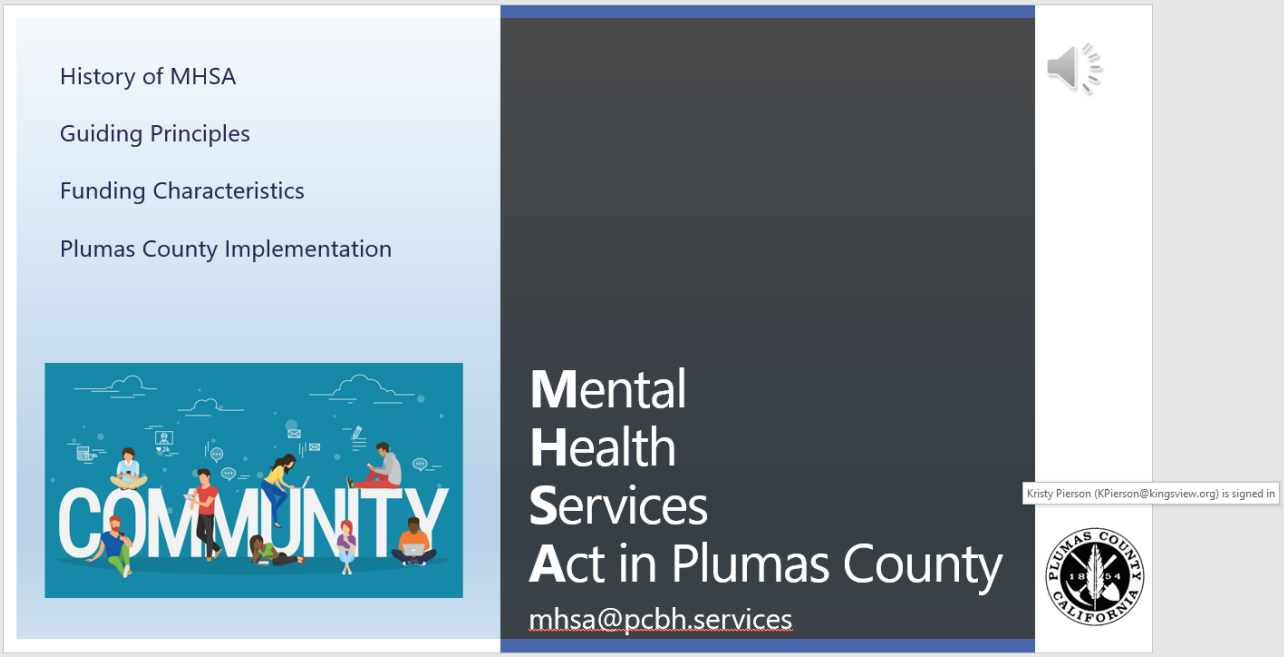
FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/23**

	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
Greenville Wellness Center Re-Build	250,000.00					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
Greenville Wellness Center Technology	10,000.00					
	0					
	0					
Public Wellness Center Computers	3500.00					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	263,500.00	0	0	0	0	0

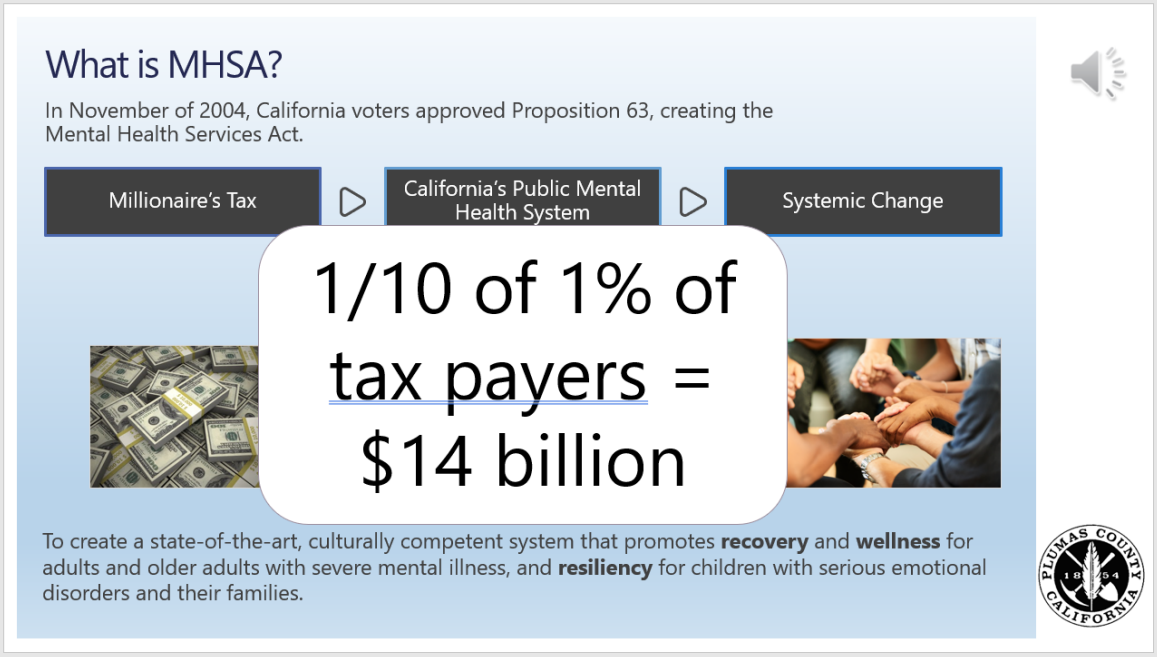
APPENDICES

A. MHSA 101 Slideshow for stakeholders, staff, community members, and consumers



Hello and welcome to the Mental Health Services Act and Plumas County presentation. This presentation serves to provide the viewer with a basic introduction to the Mental Health Services Act, also known as MHSA. You will learn about how the Act came to be, its guiding principles, it's funding characteristics and how Plumas County implements the Act on a local level.

What is MHSA?

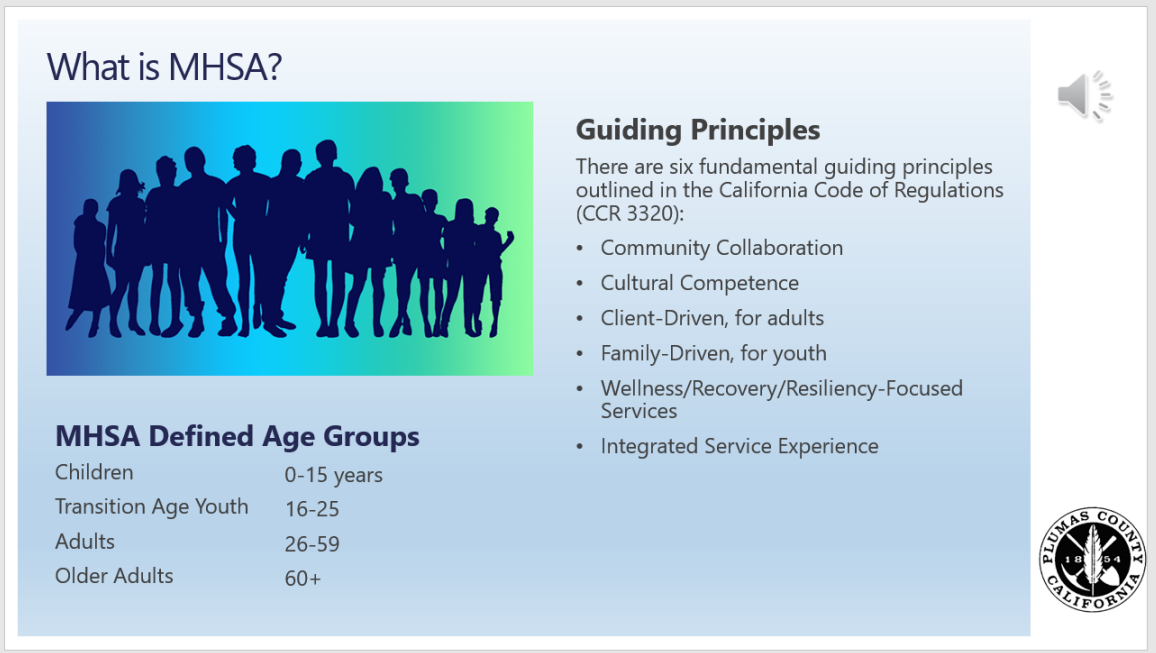


In November of 2004, California voters passed Proposition 63 creating the Mental Health Services Act. This act produced an additional one percent tax on any California resident making more than $1 million dollars in order to enhance the system of care for mental health services.

The need for an enhanced system of mental health care was born out of community and stakeholders urging for systemic change. Prop 63 was a legislative movement to provide better coordinated and more comprehensive care to those with mental illness, with a focus on underserved populations.

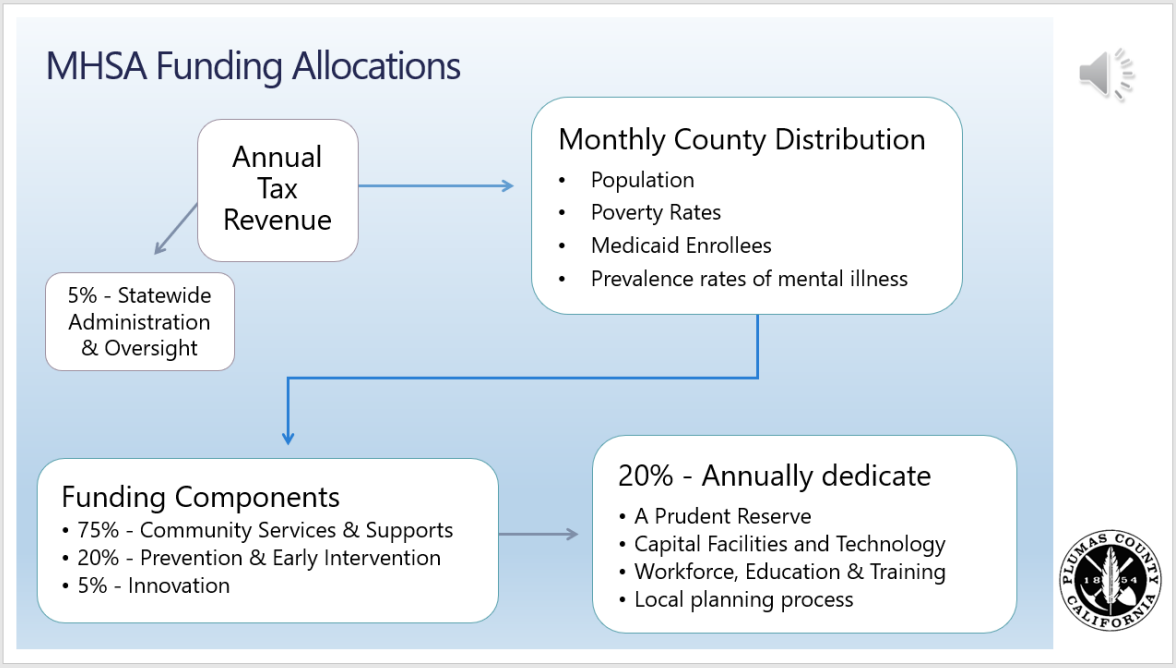
The MHSA was also unique, as its purpose included reducing the impact of untreated mental illness on individuals, families, and state and local budgets.

Approximately 1/10 of one percent of tax payers are impacted by tax, but since it's inception, it has generated approx. $14 billion dollars statewide.



The passing of Proposition 63 provided the first opportunity in many years to expand county mental health programs for all populations and age groups: children (0-15 years old), transition-age youth (16-25 years older), adults (26-59 years old), older adults (60 years and older. Programming also focuses on families, and especially, the unserved and/or underserved populations.

These guiding principles should be included in all areas of MHSA, and programming should be designed to implement the core values of community collaboration, cultural competence, services that are client driven by adults and family driven for youth, all services must be focused on wellness, recovery and resiliency. And MHSA programing should provide an integrated service experience.



Each year, MHSA revenue from taxes is collected, and before it is allocated to Counties, 5% is allocated to Statewide Administration and Oversight of the MHSA.

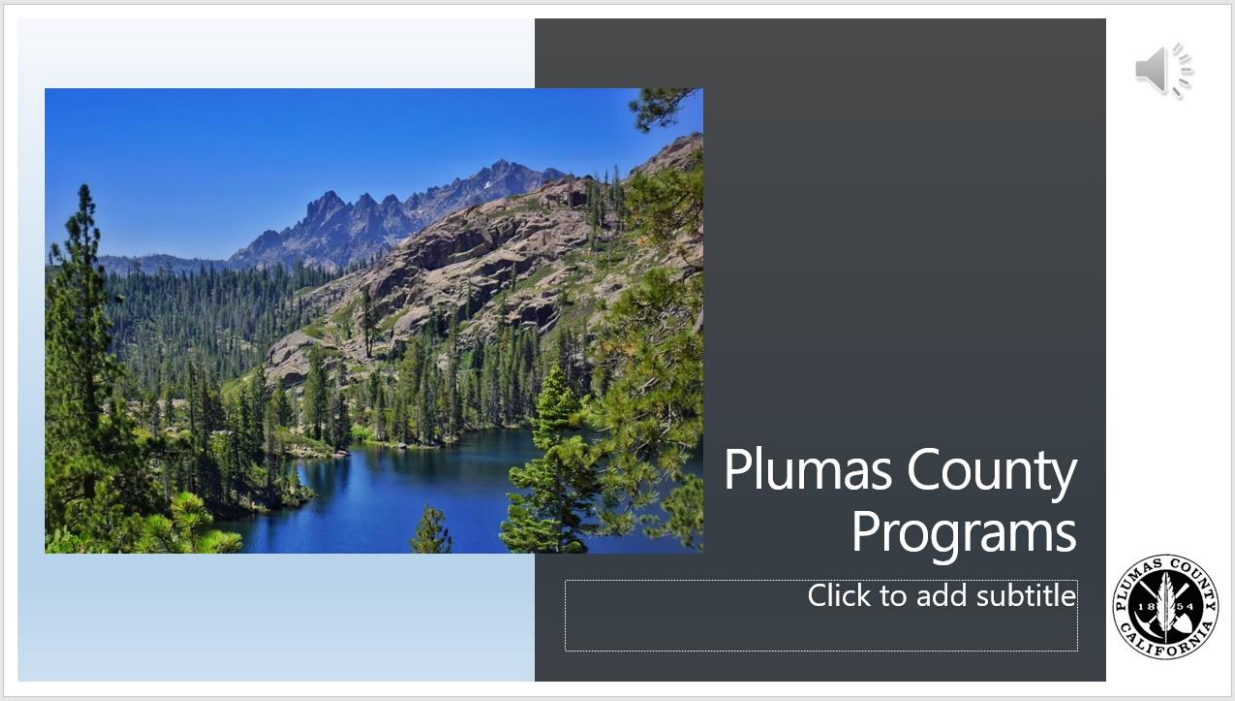
Funds are then distributed to counties on a monthly basis by utilizing a formula that considers a variety of factors, such as;
-Population, poverty, Medicaid enrollees, prevalence rates of mental illness

Counties have strict guidelines for how they can spend their annul allocation, with approx. 75% being allocated to Community Services and Supports, 20% allocated to Prevention and Early Intervention, and 5% to Innovation.

Of that annual allocation, Counties can divert up to 20% to the Prudent Reserve, which is a savings account to be used during an economic downturn, Capital Facilities and Technology, and Workforce Education and Training.

Counties may use 5% of their total annual MHSA revenues for the local planning process.

We will discuss funding allocations in more detail later on in the presentation.



Plumas County Programs.

Community Services and Supports

75% of annual allocation

Services that focus on community collaboration, client and family driven services and systems, wellness, recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

- Full-Service Partnerships
- Wellness Centers
- Peer Work Programs
- Client Supports and Homeless Prevention
- Children's Mental Health Services

Plumas Rural Services

EA FAMILY SERVICES

Community Services and Supports, also known as CS&S, is the largest funding allocation for each County. Plumas County achieves the goals of the CS&S component through internal programming and through contracted service providers.

Full Service Partnership is programming designed for community members who encounter severe symptoms from their mental illness. This programming is highly monitored and delivers the most intensive case management services for all age groups. The majority of CS&S funding is dedicated to Full Service Partnerships.

Wellness Centers were implemented in each community to allow for easy access to services for all Plumas County residents. These centers allow for peer support and socialization, along with peer led activities and community resources.

Plumas County developed peer work programs for both adults and Transitional aged youth. The peer work programs assist clients with gaining skills necessary for entering the work force while also building positive support systems that assist with managing symptoms related to mental illness.

Client supports and Homeless Prevention are achieved through partnerships with local agencies like Plumas Rural Services and Environmental Alternatives.

Childrens Mental Health Services helps broaden the range of youth clients that need services to those that are mild to moderate.

Prevention & Early Intervention

20% of annual allocation

Services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness.

- Community Education
- Prevention Unit
- Cultural Outreach Programs
- Early Intervention

- Prevention
- Early Intervention
- Outreach For Increasing Recognition Of Early Signs Of Mental Illness
- Stigma And Discrimination Reduction
- Suicide Prevention
- Access and Linkage to Treatment
- Improve Timely Access to Services for Underserved Populations

Prevention and Early Intervention, also known as PEI, aims to serve those who have yet to engage in mental health services.

Services strategies in this component include; Prevention, Early Intervention, Outreach For Increasing Recognition Of Early Signs Of Mental Illness, Stigma And Discrimination Reduction, Suicide Prevention, Access and Linkage to Treatment, and to Improve Timely Access to Services for Underserved Populations.

Plumas County achieves the goals of the PEI component through internal programming and through contracted service providers.

Community Education includes our efforts with the Statewide Mental Health Campaign called Each Mind Matters and our local outreach and engagement efforts to increase awareness of mental wellness.

The Prevention Unit works with adolescents to reduce risk factors and increase protective factors surrounding mental illness and substance abuse.

Cultural Outreach Programs target underserved populations and work to overcome barriers to accessing treatment, including increasing awareness and addressing stigma.

Innovation
5% of annual allocation

A project that the County designs and implements for a defined time period, and evaluates to develop new best practices in mental health services and supports.

Stakeholder Driven Idea	Time Limited Project	Evaluate
Designed to serve our local population	3-5 years of funding	To determine if program is a new best practice

Project approval is determined by the: MHSOAC Mental Health Services Oversight & Accountability Commission

At its core, an Innovation project is designed to better understand how to serve unique communities. No California County is the same, and each County has different characteristics that contribute to local needs. Innovation funds allow for Counties try something new in order to develop a new best practice in mental health services and supports for their communities.

While each County receives an allocation of Innovation each year, the Mental Health Services Oversight and Accountability Commission provides approval for spending these dollars.

One-time funding

Capital Facilities & Technology

- Works toward the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices.

Workforce Education & Training

- Promotes a diverse workforce that can provide services that are linguistically and culturally competent, and includes the viewpoints and expertise of clients and their families/ caregivers.

At the inception of the MHSA, these two funding components were allocated one time funding for all Counties, with 10-year timeline for spending.

Capital Facilities & Technology and Workforce Education & Training are still a large part of the MHSA, although they do not receive annual funding.

You may remember from a few slides back that up to 20% of funding can be diverted from the overall allocation, and we take advantage of this regulation to implement Workforce Education and Training initiatives. These initiatives include dedicated funding to job specific training, cultural trainings and our peer specialist workforce.

Community Input

page 11

Click to add notes

MHSA Program Plans

Provides an overview of:

- Plumas County
- MHSA initiatives in a descriptive, narrative format.
- Expenditure information by each component.
- Each program's objectives, followed by supporting data.
- Annual updates are required in-between each Three Year Plan.

Every three years an MHSA Program and Expenditure Plan is developed in partnership with community members and stakeholders to:
· Analyze the mental health needs in the community.
· Identify and re-evaluate priorities and strategies to meet those mental health needs.

MHSA funds must be spent according to the plan, and there must be evidence that the community and stakeholder's participated in the development of this plan.

(Recite bullet points)

Community & Stakeholder Engagement

"Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations." -(WIC) Section 5848(a),

- This important process is accomplished in multiple ways:
  - Annual Community Input Meetings
  - Focus Groups with consumers of MHSA programs
  - Behavioral Health Advisory Board
  - Stakeholder meetings and committees
  - 30-Day Public Comment Period

The MHSA began with the community voice. Californians not only urged for more mental health services in local communities, but they advocated for change in the way California treats mental illness. Imbedded in its regulations is the requirements for meaningful stakeholder inclusion at all levels of program planning, development, oversight and evaluation.

In Plumas County, we value the voice of our clients, peers, advocates, family members, staff and community partners. We gather feedback on all aspects of the MHSA through community input meetings, focus groups, and a specially designed survey.

MHSA is a standing agenda item on the Behavioral Health Commission and MHSA reports are given at various community meetings. All plans and proposals are posted for a 30-day public comment period before being presented at a public hearing.

Community & Stakeholder Engagement

Plumas County Community Planning Process

- Community Input and Surveys
- PCBH Leadership
- Behavioral Health Commission
- Board of Supervisors

Plumas County has allocated resources towards thoughtfully building policies and procedures surrounding Community and Stakeholder engagement. and is also looking for ways to improve these processes.

Broad Community Input is gathered and is utilized when designing the MHSA Three Year Plan and it's Annual Updates. The MHSA Plans are reviewed in detail by the PCBH Leadership and the Plumas County Behavioral Health Commission. Plans must be approval by the local Behavioral Health Commission prior to County Board of Supervisor approval

Learn more about local MHSA by:

Visiting

https://www.plumascounty.us/87/Behavioral-Health

Thank you to all of the stakeholders and community members that contribute their insight and experience to the MHSA

Suggestions? Comments?
mhsa@pcbh.services

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B. Stakeholder Survey

Plumas County Mental Health
Stakeholder Survey

Plumas County Mental Health is updating our Mental Health Services Act (MHSA) three-year plan. We are asking community agencies to provide us information on our existing services and to identify issues for children/youth and parents/families who need mental health services. Please indicate each issue as a concern or not by circling "*Yes*" or "*No*".

Children and Youth Issues

Children/Youth		
Sadness or depression	**Yes**	**No**
Suicide	**Yes**	**No**
Gets in fights/anger management	**Yes**	**No**
Being bullied	**Yes**	**No**
Social media problems	**Yes**	**No**
Lying	**Yes**	**No**
Following directions	**Yes**	**No**
Disrespectful/talks back	**Yes**	**No**
Poor grades	**Yes**	**No**
School attendance	**Yes**	**No**
Physical health problems	**Yes**	**No**
Stomachaches/headaches	**Yes**	**No**
Pregnancy	**Yes**	**No**
Involvement with the Court system	**Yes**	**No**
Stealing	**Yes**	**No**
Using drugs	**Yes**	**No**
Using alcohol	**Yes**	**No**
School violence	**Yes**	**No**
Family relationship	**Yes**	**No**
Participating in family activities	**Yes**	**No**
Other: _____		

Adult and/or Family Issues

Parent/Family		
Sadness or depression	**Yes**	**No**
Suicide	**Yes**	**No**
Homelessness	**Yes**	**No**
Living independently in community	**Yes**	**No**
Assistance with daily activities	**Yes**	**No**
Assistance managing medications	**Yes**	**No**
Employment	**Yes**	**No**
Education/training	**Yes**	**No**
Physical health problems	**Yes**	**No**
Crisis care hospitalizations	**Yes**	**No**
Family relationships	**Yes**	**No**
Domestic violence	**Yes**	**No**
Involvement with the Court system	**Yes**	**No**
Drug misuse	**Yes**	**No**
Alcohol misuse	**Yes**	**No**
Help getting benefits and services	**Yes**	**No**
Transportation	**Yes**	**No**
Availability of translation services Specify language:_____	**Yes**	**No**
Other: _____		

Additional comments or concerns:

1. **What Mental Health services are you currently aware of being available in Plumas County?** *(Please check all that apply.)*

❑ Individual Counseling
❑ Group Counseling
❑ Family Counseling
❑ Case Management
❑ Anger Management
❑ Couples Counseling
❑ Alcohol and Other Drug Counseling
❑ Psychiatric Medication Management
❑ Other *Specify)*:_____

❑ I am not aware of any Mental Health services in Plumas County.

2. **Are there other Mental Health services needed in Plumas County?** *(Please check all that apply.)*

❑ Individual Counseling
❑ Group Counseling
❑ Family Counseling
❑ Case Management
❑ Anger Management
❑ Couples Counseling
❑ Alcohol and Other Drug Counseling
❑ Psychiatric Medication Management
❑ Services available in another language (*Specify*):_____
❑ Other (*Specify*):_____
_____

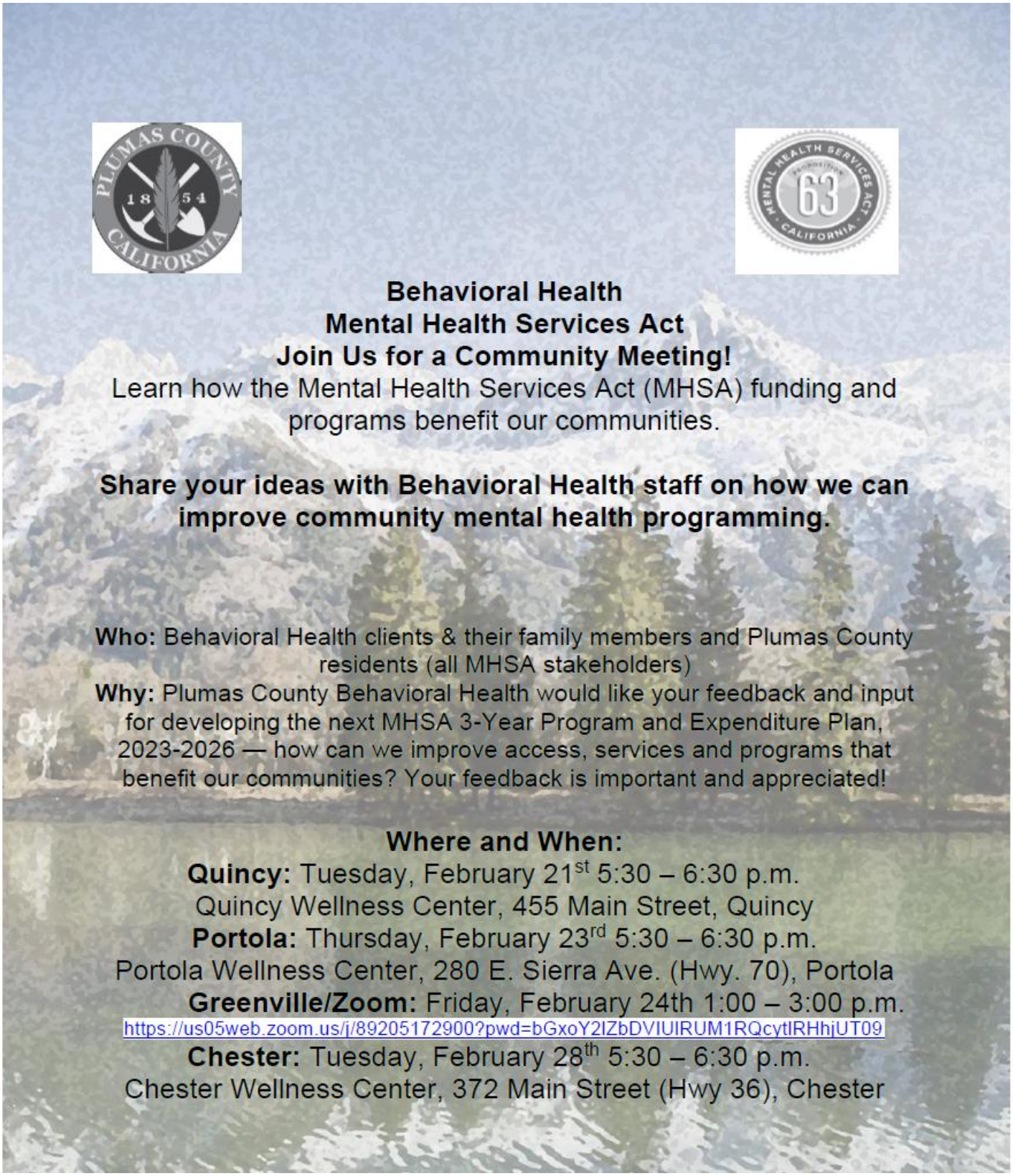
Please tell us a little about yourself:

Stakeholder agency/organization you are affiliated with:		
Job function within agency/organization you are affiliated with:		
Gender: ❑ Male ❑ Female ❑ Other	**Race/Ethnicity:** ❑ White/Caucasian ❑ Hispanic ❑ Black/African American	❑ Native American ❑ Asian ❑ Other: _____

Please return your completed survey by **February 17th** to:
MHSA - Plumas County Mental Health
270 County Hospital Rd #109
Quincy, CA 95971
Questions? Please call us: (530) 283-6307 ext 1200

Thank you for your participation!

C. Stakeholder CPPP Community Meeting Flier



State of California
Health and Human Services Agency Department of Health Care Services

MENTAL HEALTH SERVICES ACT

PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City:_____

Fiscal Year:_____

Local Mental Health Director

Name:_____

Telephone:_____

Email:_____

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

_____ _____

Local Mental Health Director (PRINT NAME) Signature Date

[1] Welfare and Institutions Code section 5892 (b)(2)

PLUMAS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE, 2021-2022

A Report on Plumas County Behavioral Health MHSA Programs Completed During FY 2021-2022 (Year 2) of the MHSA Program and Expenditure Plan, FY 2020-2023

Introduction

Plumas County Behavioral Health (PCBH) is the local Mental Health and Substance Use Disorder services plan Medi-Cal beneficiary provider for the State of California, providing screenings, assessments, crisis intervention, and treatment to individuals with serious mental illness, children through older adults, and when indicated, their families. PCBH also provides intensive outpatient treatment to individuals with substance use disorders (SUDS) and those with co-occurring diagnoses.

The Mental Health Services Act (MHSA) is a State proposition (Prop. 63) approved by the voters and enacted by the legislature in 2004. The MHSA levies a 1% tax on income earned over $1 million by California residents every year. These funds are allocated across 58 counties and large county-like cities each month throughout the fiscal year.

MHSA funds may be used to create or expand specialty mental health services and prevention programming that were not in existence or were underfunded prior to 2004. MHSA funds may not be used to supplant existing state- and federally funded programs.

The MHSA is made up of five program components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Education and Training (WET). A sixth use of these funds may be to allocate a small percentage (no more than 33% of the previous five-year average of CSS funds) to a Prudent Reserve (PR) fund to assist the local mental health plan (MHP) in years when there are shortfalls in tax revenues and economic recessions.

PCBH receives California State Mental Health Services Act (MHSA) funding each year and has since the first year of funding in 2005. Its allocation is based on the number of Medi-Cal eligible residents living in the county as well as the overall population, and each year the allocation percentage is calculated based on projections of change to the overall eligible population. Presently, Plumas County receives 0.12685% of the overall funding to California's 58 counties, approximately $2.0-$2.5 million per year.

In Fiscal Year 20-21, Plumas County received $3,130,910.35 in MHSA funds, consistent with the State's projections for that program year.

County Description and Demographics

*Please see County Description and Demographics at the beginning of this report (pg 2)

Homelessness and the Plumas County 2022 Point in Time (PIT) Count

Plumas County Behavioral Health MHSA program has been providing direct homeless services for a number of years to new and ongoing clients, as well as referrals for homeless services and other emergency supports to the lead agency, Plumas Crisis Intervention and Resource Center, for residents who don't meet eligibility for mental health services at PCBH. As part of the department's commitment to meet community needs for homeless services, PCBH partners with multiple agencies, such as Plumas Rural Services, Environmental Alternatives, and PCIRC.

The 2022 Point-in-Time Survey collected data on a total of 131 individuals experiencing homelessness in Plumas County. In late summer of 2021, the Dixie Fire destroyed over 500 structures in Plumas County resulting in a 98% increase in the homeless count from last year.

Of these individuals:

Total Sheltered Homeless in Plumas County = 45
Total Unsheltered Homeless in Plumas County = 86

Additional Demographics	Total Persons	Percentage
Chronically Homeless	9	6.8%
Veteran	4	3.0%
Domestic Violence Survivor	0	0%
Felony Conviction	25	19.1%
COVID-19	0	0%
Natural Disaster	29	22.5%
Youth (18 to 24)	10	7.6%
Children (Under 18)	15	11.4%

Gender	Total Persons	Percentage
Male	69	52%

Female	56	42.7%
Gender Non-Conforming	0	0%
Trans Male	1	.07%
Trans Female	0	0%
Did Not Respond	5	3.8%
Refused	0	0%

NorCal CoC includes 23,922 square miles and encompasses seven counties. Plumas County is part of the Housing Continuum of Care. Plumas County agencies and the local Housing Continuum of Care (CoC) Advisory Board continue to work towards expanding the continuum of housing services for homeless individuals and families, including increasing the affordable housing inventory for both rentals and homebuying and housing for special populations, such as initiatives funded through the CA Department of Housing and Community Development (HCD) *No Place Like Home Program (NPLH)*

Access to affordable permanent housing with supportive services is a significant barrier that prolongs suffering for individuals [and their families] living with a serious mental illness who experience or at risk of chronic homelessness. The county's *No Place Like Home* permanent supportive housing applications (in progress for 2021 and 2022 Notices of Funding), where the county partners with an affordable housing developer and property management company, will begin to address gaps in affordable housing for consumer stakeholders. However, this will not address the individuals who became homeless due to the Dixie Fire and not Mental Illness.

Department Overview

By July 2021, the Dixie fire was well underway, and the county communities were being evacuated. Many communities were evacuated multiple times over the next two months. PCBH employees worked daily at the evacuation centers. Clinical and Case management staff

worked outreach in these centers of opening services and supports to anyone in need. In August 2021 communities were lost and community members, as well as clients, were scattered. Outreach again became important to maintain much needed services.

Plumas County MHSA Allocations for FY21/22	
Innovation (INN)	$131,965.02
Net Allocation (=Gross-INN)	$2,507,335.14
Community Services and Supports (CSS)	$2,005,868.12
Prevention and Early Intervention (PEI)	$501,467.02
Gross Allocation (100%)	$2,639,300.16

Plumas County MHSA Expenditures for FY 21/22	
Community Services and Supports (CSS)	$1,566,826.69
Prevention and Early Intervention (PEI)	$541,002.63
Innovation (INN)	$0.00
Capital Facilities and Technology Needs (CFTN)	$0.00
Workforce Education and Training (WET)	$64,307.36
Total MHSA Expenditures	$2,172,136.68
Use of ongoing fund balance (difference of fund balance + allocations minus expenditures)	($467,163.48)

Homelessness and Housing Solutions and No Place Like Home Program

Housing homeless residents living with serious mental illness has been an ongoing priority for PCBH during this 3-Year Program and Expenditure Plan period.
Homeless prevention services of emergency lodging, transitional housing, and permanent housing rental subsidies (move-in, rental, and utility assistance) has been a hallmark of Plumas County Behavioral Health's MHSA program since at least 2015. A safe and accessible housing continuum provides the stabilizing framework for PCBH clients while they access mental health and substance abuse disorders (for co-occurring participants) services. Using CSS Outreach and Engagement and Full-Service Partnership (FSP)-designated funding, PCBH has provided a continuum of housing from emergency lodging through permanent housing by rental assistance to first-time and FSP clients.

In FY19/20 PCBH staff worked closely with county agencies, departments, and organizations who share a common vision of combating risk factors which contribute to homelessness and chronic homelessness – such as Plumas Crisis Intervention and Resource Center (PCIRC), the county's lead organization for homeless services, the Planning and Probation Departments, the local Housing Authority, and housing stakeholders - to prepare the County and our organizations to apply for one-time non-competitive and competitive funding in partnership with future project consultants and developers in FY20-21.

These efforts are coordinated through the County's partnership with the lead NorCal Housing Continuum of Care (CoC)/Community Action Agency of Shasta County. The Shasta Community Action Agency oversees coordination of the local Plumas and Sierra Counties CoC Advisory Board and provides housing support and expertise in coordinating implementation of Homeless Management Information System (HMIS) usage across local agencies, in addition to plans for using a Coordinated Entry System, which consistently and fairly triages and prioritizes users of homeless services based on their level of need. Combined with these housing systems, Plumas County will work through local and regional partnerships to develop multiple, long-term affordable housing project.

Fiscal Year 21/22 Plumas County Behavioral Health and Mental Health Services Act Program Accomplishments in Priority Areas and Goals:

Plumas County, like many other California Counties, has experienced difficulties starting with Covid-19 in 2020. During the Spring of 2020 services made a switch from face to face to tele-health services due to state restrictions and guidelines around Covid -19. These restrictions lasted into early Spring of 2021 and then made a comeback for a time during the fall of 2021.

Covid-19 restrictions made it challenging to do service delivery and as a result a large number of MHSA funded activities were unable to operate. Crisis and housing services continued but work crews, school services, prevention activities and any other in person services were put on hold.

Once Covid restrictions started to lift PCBH began working with staff and partners to get programming back up and running. During the summer of 2021 the Dixie Fire was raging through California and on August 5th, 2021, the Dixie Fire went through the community of Greenville destroying over 500 homes and businesses. As a result of the Dixie Fire, MHSA programming was again put on hold due to unhealthy air conditions (for outside programming such as work crews) and the county also experienced a loss of staffing due to the loss of homes and staff members moving out of county. The trauma from the Dixie Fire affected PCBH's and its partners ability to get programming back up and running.

During the 2020-2023, 3-year plan, PCBH not only experienced the loss of multiple staff members due to the fire but there was a large changeover is staffing among all the partnering agencies. The PCBH MHSA Coordinator position was vacant for a year before they were able to hire someone. That individual was in the position for 1 year and then vacated the position at the same time there was a changeover in leadership at PCBH. Multiple agencies within Plumas County experienced the same type of changeover in staffing. The quick changeover in staff due to the fire and covid, plus the MHSA Coordinator vacancy left a gap in the reporting of program outcomes during this time.

PCBH and its partners have re-established reporting methods with current staff members in 2023 to reduce the risk of lost or unattainable reporting or outcomes.

Community Program Planning Process

California Code of Regulations Title 9 (CCR) and Welfare and Institutions Code Section (WIC) 5847 state that county mental health programs shall prepare and submit Annual Updates for Mental Health Service Act (MHSA) programs and expenditures. Plans and Annual Updates must be developed with the participation of stakeholders, and the description of the local stakeholder process must be included in that plan or update. The county is to conduct a 30-day public review period of the draft Annual Update and the Mental Health board shall conduct a public hearing at the close of a 30-day comment period. Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the county Board of Supervisors

The MHSA Coordinator attends monthly Behavioral Health Commission meetings, weekly PCBH management staff meetings, as well as monthly Plumas QA meetings and Housing CoC meetings, also meets individually with community stakeholders and funded program partners. MHSA Coordinator has continual contact with clients and community stakeholders working from the different wellness centers.

Due to the gaps with staffing, the current MHSA Coordinator is unsure of the exact dates and meetings that were held for stakeholders during this reporting period outside of the meetings listed above.

Consistently, stakeholders have confirmed these priorities, while articulating continued need for Full-Service Partnership wraparound, housing, transportation supports, and a greater need for county departments decentralizing services to better increase access to supportive services in each community through partnerships at each PCBH Wellness Center. PCBH has been offering services from these centers since May 2017. The County lost the Greenville Wellness Center in the Dixie Fire and has not been able to obtain a space or property to re-establish the center at this time.

Housing and the lack of affordable housing is always the number one complaint. Due to the fire and the lengthy re-building process, the need for housing has only amplified.

Additionally, stakeholders in Portola and Chester voiced their concerns about the lack of after-school opportunities and supervision for youth and the lack of a homeless shelter and outreach for homeless residents.

The following survey comments are from the previous annual update and have operated under the 2020-2023 3-year plan due to staffing shortages.

Survey comments:

“You’re all doing a great job with me”	“Equity in all services to me is a priority since there are programs for SMI, but what about the mild to moderate population. I feel there is a gap connecting those folks to therapy and psychiatry before their mental health issue(s) increase. Population being non- school, middle age/seniors.”
“The Center in Greenville is great.”	“A place for people out of jail to sleep.”
“I love the Wellness Center.”	“Need AOD services/more frequency”
“The community was in need of a place like this. The staff is A-1.”	“Support for parents of young children and teenagers.”
“Thank you for all you help.”	“Trying to get to Susanville or Quincy in inclement winter weather, plus having to take time off of work is a huge obstacle to getting help.”
“Everybody helps me”	“Provide funding for the criminal justice population. Programs such as Drug Court and Day Reporting Center should be priorities. “
“The staff are fantastic and caring.”	“Teacher support for in classroom behaviors in children with mental illness or trauma behaviors – SPECIFIC AND USEABLE skills – and wellness for teachers.”
“A place for homeless to eat.”	“Programs for special needs children and adults (handicapped, autism, learning disorders).
“A clearer understanding should be given to clients of the services available as well as responsibilities of commitment and policies.”	
“Greater funding for on-site services in our schools. There should be a therapist at each school, rather than in each” community.	
“More MH services for teens are needed. They often get put on waiting lists to see counselors.”	
“Non-traditional treatment options, Yoga, meditation, acupuncture/pressure”	
“Housing for SMI and their partners or caregivers together”	
“We need telemed.”	
“Help looking for work.”	
“Public awareness, increase use of media sources. Target: F.B., clubs, groups, collaborative, individuals at risk.”	

Many of these comments include items that PCBH is currently working to improve/change “in house” through the agency’s quality improvement program, or that may be best approached through partnership with other agencies or organizations. Finally, there are larger concerns voiced at these

stakeholder meetings which speak to the overall health of every community, and which exceed the department's scope and local mental health plan, which may be best addressed within a larger forum through community leadership and action planning.

A copy of the draft Annual Update, FY21/22 will be distributed to all members of the Behavioral Health (BH) Commission, to consumer groups, staff, and all stakeholders who request a copy or access the draft online at the County website or through the 20,000 Lives e-mail newsletter, and by MHSA program staff to stakeholders who are included on an e-mail distribution list by request.

Stakeholders did have the opportunity to submit their written comments during the 30-day public comment period. For the final draft, this will be posted concurrently with the MHSA Program and Expenditure Plan, 2023-26, on the PCBH webpage; stakeholders are invited to comment by e-mail, in person and in writing. Substantive comments will be incorporated into the final draft of the 3-year plan and Annual Update, after the BH Commission public hearing is held for discussion of the draft Annual Update and the 3-Year Program and Expenditure Plan and to recommend the draft.

The 30-day Public Comment period will open on August 2, 2023, and close at end of business on September 1,2023, after the public hearing at the Plumas County Behavioral Health Commission regular meeting. The final draft of the Annual Update will be presented to the Plumas County Board of Supervisors for approval in September 2023. The final, approved Annual Update will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than October 31, 2023. Getting this completed this year was more challenging due to a changeover in staffing and not having access to previous MHSA information or previous staff members at PCBH or program partners who have historical knowledge of MHSA.

Stakeholders include representatives from community-based organizations, agencies, Plumas County Behavioral Health consumers and families, and the Behavioral Health Commission and other interested community members.

A form to request a copy of the Draft Annual Update was posted on the County Behavioral Health website on August 2, 2023. The same form was posted and available for stakeholders at all locations where the draft Annual Update was available for public review. Information on the availability of the draft Annual Update, how to receive a copy, and how to provide comments will be posted on the Behavioral Health MHSA webpage at:

https://www.plumascounty.us/2503/Mental-Health-Services-Act

A public hearing was held September 6, 2023, additional verbal, and written comments on the Annual Update from the public and members of the Plumas County Behavioral Health Commission will be received; substantive comments will be included in the space below.

STAKEHOLDER FEEDBACK AND PUBLIC COMMENT

ON DRAFT MHSA ANNUAL UPDATE, FY 20/21

Public comment is incorporated into this section of the Annual Update and included without editing. Substantive comments will be addressed and considered for ongoing department and MHSA planning as time, progress, capacity, and funding allow, and in future Program and Expenditure Plans for stakeholder review, public comment and Board approval.

MHSA Stakeholder Feedback and Public Comment

This space reserved for written substantive stakeholder feedback during the 30-day public comment period.

Public comment period was between August 2, 2023, and September 1, 2023.

Summary of Prior Recommendations

Stakeholder feedback from program year FY 21/22 meetings, as well as funded programs quarterly meetings, 20,000 Lives meetings, user survey data, focus group input, and subsequent discussions with individual stakeholders, consumers, and staff, includes the need to provide these services. PCBH recognizes that these areas are experiencing ongoing development and implementation or may be experiencing delays due to lack of county capacity and programs being put on hold due to Covid -19, the Dixie Fire, and massive staffing changes.

A. Re-establishing the Adult and TAY Peer Employment Programs to meet a greater breadth of interests for clients. Due to capacity issues in running the program and limitations required by supervision of consumer workers, the MHSA program expects a slow evolution of this program to meet additional consumer needs.

   Barriers to re-establishing the work programs include personnel costs (salaries and benefits) for peer workers and capacity of the Department to hire adequate case managers and clinicians to safely supervise peer employees at the recommended 1:4 ratio. MHSA and Department staff continue to address the need for expansion of these important and transformational supportive employment programs.

B. Providing free and low-cost social activities for all stakeholders to help prevent and minimize isolation, as well as increasing offerings of social activities for stakeholders with dual-diagnosis and alcohol and other drug issues. Site Coordinators and peer staff at the PCBH Wellness Centers continue to work to develop support groups and free social and wellness activities, including talking and caregiver support groups. Due to MHSA budget restrictions, these activities are limited by peer employees' total hours worked (maximum of 29 hours per week) and providing multiple services. The overall staffing shortage continues to be a barrier to this goal.

C. Developing consumer employee positions and providing peer support trainings. PCBH Wellness Site Coordinators continue to develop and support consumers who are interested in using their lived experience to help others. See WET section for more detail. The capacity to expand this program is based on limits for personnel costs.

D. Identifying need for transparency of policies and procedures at PCBH and channels of communication between PCBH and all stakeholders. PCBH staff continue to update PCBH policies and procedures and to improve systems transparency. Behavioral Health recently promoted staff to Quality Assurance Manager position. Many of these improvements are ongoing, per staff capacity.

E. Partnering with criminal justice agencies: stakeholder feedback included a need for strong continuum of care between Plumas County Behavioral Health, local hospitals, criminal justice partners, and other county agencies/service providers.

Under leadership provided by the PCBH director, partnership with criminal justice agencies, such as Probation, Sheriff's Office, DA's Office, and the Court have greatly expanded; improved coordination with partner agencies includes expanded jail services by PCBH staff and coordination of care for stakeholders who are discharged from jail to connect them with clinical and supportive services. The Director continues to improve collaboration with CJ partners to identify early and divert consumers who are seriously mentally ill into a program that meets their immediate needs for mental health or substance use treatments.

Further need for PCBH in providing continuity of care to those living with severe mental illness and measures by law enforcement when responding to a crisis which derives from a behavioral health issue or a severe mental illness.

Local concerns that continue to need attention and development of solutions:

A. Stakeholders seek development of consumer groups, specifically LGBTQ and dual-diagnosis support groups, living with grief support groups for children and adults, and increase scope and frequency of caregiver of people living with chronic diseases support groups.

B. Family stakeholders communicated that they are not receiving adequate support and education on ways to assist their relatives living with SMI/SED in managing symptoms and self-care and in providing care and advocacy to consumer relatives. However, the Department struggles to identify a group of family members of consumers with whom to partner to develop these supportive services.

C. Stakeholder comments address poverty and the chronic lack of purpose/sense of usefulness for many community members living in isolation, home-bound seniors and clients living with mental and behavioral health issues.

D. Approximately 1/3 of Plumas County was destroyed by the Dixie Fire leaving the residents of the county traumatized and needing community support, especially in the community of Greenville.

Community Services and Supports (CSS)

Plumas County Behavioral Health's MHSA Community Services and Supports program provides funding for in-house and community-based programs as an expansion of the existing County Mental Health Plan (MHP) to meet the immediate needs of Plumas County residents through targeted activities that blend with direct therapeutic and case management services for county Medi-Cal beneficiaries.

These activities focus on areas of Outreach and Engagement, General Systems Development, and Full-Service Partnership. Additionally, CSS funds are used to pay for costs not covered by Medi-Cal reimbursement and State Realignment funding, associated with therapists and case managers who work with these underserved populations, with particular efforts made to enroll the highest-need clients – those who may struggle with homelessness, may experience prolonged suffering from chronic, untreated severe mental illness, and those who experience higher frequencies of significant impairments to their daily functioning and quality of life, meaning they may be high utilizers of hospital emergency rooms, jails, and psychiatric hospitals.

2021-22 Plumas County Behavioral Health Client Demographics

Client Population by Age (years):

0-11 years	91	
12-25	152	
26-64	397	
65+*	32	
Total	704	

*Veterans served across age categories = Not Reportable

Client Population by Gender:

Male	359	
Female	340	
Total	704	

Client Population by Race:

White	525	
Non-White Other	5	
Not Reported or Unknown	51	
Asian/Pacific Islander	13	
Native American	28	

Client Population by Ethnicity:

Not Hispanic	525	
Hispanic	67	
More Than One Ethnicity	112	
Total	704	

NR = Not Reportable

Black or African American	15	
More Than One Race	NR	
Total	637	

a. Outreach and Engagement

Plumas County Behavioral Health provides outreach and engagement services to individuals who participate in the PCBH intake and assessment process, participate in Wellness Center activities, and to those who are discharged from hospital or jail. The purpose of outreach and engagement is to assist unserved and underserved individuals in accessing services and supports that will ensure completion of the initial intake, from assessment through criteria and diagnosis, to approval for services; the period of outreach and engagement is typically characterized as the first 30 days of assessment, diagnosis, utilization review, and assignment of a therapist, and in some cases a case manager. This period varies dependent on the client's ability to engage with PCBH staff, and in many cases, to obtain lodging, food assistance, and other supports which are needed to become stable and engage in services.

Outreach and engagement may be offered to previous clients who are re-engaging in services after an absence; these supportive services may help the individual to stabilize and may include emergency lodging, emergency food or utility assistance, and often transportation assistance in the form of a bus pass, or, depending on need, transportation support. MHSA CSS funds are the primary source used for outreach and engagement expenditures.

When an individual meets diagnosis criteria of a serious mental illness or co-occurring diagnosis of serious mental illness and substance use disorder, or functional impairments that may be associated with an undiagnosed mental illness, the process may culminate in the therapist and client working to develop a treatment plan for ongoing therapeutic services.

In Fiscal Year 2021-2022, PCBH provided outreach and engagement and client support services to more than 35 new and re-engaging clients. PCBH provided direct supports for clients, such as clothing vouchers, one-time supports, emergency food assistance, bus passes, etc. Emergency lodging through outreach and engagement services and emergency lodging through client support services were also achieved.

Some of these clients were later enrolled in Full-Service Partnership housing programs with local contracted service providers – Plumas Rural Services, which provides both O/E emergency lodging to non-FSP clients and transitional housing and homeless prevention supports to FSP clients, or Environmental Alternatives for intensive case management, therapeutic services, transitional housing, basic needs support, employment and education support, and transportation and peer services.

b. Full-Service Partnership (FSP) Programs

Full-Service Partners receive both mental health and non-mental health services as allowed expenditures, per the California Code of Regulations (CCR), Title 9 Chapter 3620. Mental health services include, but are not limited to, alternative and culturally specific treatments, peer support, wellness centers, supportive services to assist the client and, when appropriate, the client's family in obtaining and maintaining employment, housing, and/or education. Non-mental health care includes but is not limited to food, clothing, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, transitional and temporary housing, cost of health care treatment, cost of treatment of co-occurring conditions, and respite care.

i. Plumas Rural Services (PRS) – Client Support and Transitional Housing Program

PCBH provides a "whatever it takes" service delivery model in meeting its highest acuity clients' needs through the MHSA Full-Service Partnership program. Through its emergency lodging, transitional housing and client support contract with Plumas Rural Services, PCBH is able to react quickly to assist the client in gaining stability through a housing continuum of emergency lodging (local response to homelessness), transitional housing, and when available, move-in and rental assistance in permanent housing (typically used in combination with leveraging the client's Section 8 voucher for affordable housing, if they qualify for this program).

The goal is to support more community services for high-need individuals. Programs are designed to provide comprehensive, recovery-based, and culturally competent services to the highest-need clients (and their families when appropriate) in the county:

- Serious Mental Illness/Disorder – partners served in FSPs are living with a severe mental illness (TAY and adult populations) or a serious emotional disturbance (child and TAY populations, under 18 years), in addition to often having a history of homelessness, incarceration, and/or institutionalization
- Recovery-Oriented – FSPs are designed to provide comprehensive, recovery-based services to the highest-need clients in the public mental health system
- Intensive – FSP programs provide intensive case management on a 24/7 basis, doing "whatever it takes" for the client to promote progress in their recovery

- Comprehensive – services may focus on crisis response and de-escalation, medication evaluation, establishment of benefits, and preparation for education and/or employment

During program year FY,2021-2022, PCBH served:

Transitional Housing-18

Non Housing-9

Rental Assistance-2

Emergency Lodging-6

Facility Placement-1

Total Housing Assistance-35

A majority of the costs were for FSP clients, who may have also received emergency lodging from PRS and food and clothing assistance directly from PCBH during a short period of outreach and engagement.

ii. Environmental Alternatives (EA) – Plumas Commons Transitional Supportive Housing Program

For the highest acuity clients, those who are at risk of chronic homelessness or are chronically homeless, at-risk of re-hospitalization or re-incarceration, PCBH refers clients to the voluntary FSP program (up to ten housed at any given time) with Environmental Alternatives, to provide an intensive therapeutic program, including but not limited to: transitional housing, intensive therapy and case management, assistance meeting basic needs, and connection to other service providers, such as primary care clinics, vocational training, employment placement and/or education linkage, and transportation, as well as contact with a known peer on premises for 24/7 response. This program provides supports and services for up to 24 months; additional time may be requested, as indicated. For this reporting period, the cost for FSP EA clients is a total of $479,000.

Environmental Alternatives (EA) provides full case management and mentorship, at a low client to staff ratio, to its participants in pursuit of meeting the preceding goals for participant stability. Transportation, accompaniment, advocacy, peer counseling, individual rehabilitation and all other elements of full case-management are standardly provided to all participants. Several provisions are included with enrollment as well, including but not limited to food, household and health/hygiene supplies, toiletries and incidentals, recreational activities, access to public transport, in-home internet, and mobile phone payment support.

Intake for program participants is by referral only from Plumas County Behavioral Health Department. It is only open to adult mental health participants living with a severe mental illness, who meet the county's "Full-Service Partnership" enrollment criteria. Duration of participation is open-ended and determined by the county and provider agency through quarterly assessments.

Description of completed program activities

Every Plumas Commons participant is standardly engaged with the following activities upon intake into the program. Each client:

- is provided an independent one-bedroom rental living unit complete with new furnishings, cleaning supply, cooking supply, and wireless internet. Rent contracts are signed between the client and property management company, establishing rental history for participants.
- Is given a needs assessment, capturing current status/need for:
    - Medical/physical health
    - Mental health
    - Legal/criminal history & status
    - Substance abuse
    - Food/nutrition
    - Hygiene
    - Clothing
    - Finance/income
    - Vocational/employment
    - Socialization/recreation
    - Transportation
    - Communication
    - Signs of set-back

- Is standardly assisted with application for Social Security income benefit, including support from disability advocate attorney if appropriate.
- Is assisted with application for Housing Choice Voucher (Section 8) from Plumas County Community Development Commission and Housing Authority, which includes application for heating and Energy Assistance Program (HEAP).
- Is assisted with Cal Fresh application if applicable.
  Is supplied with monthly local bus pass, or intercommunity bus pass if needed. Passes are continued monthly if needed.

- Is provided monthly mobile phone card for use of mobile phone where needed. Mobile phone is provided if participant does not have one.

- Is given information and referral for all community food resources.

Ongoing program activities completed within Plumas Commons Program include:

- Financial budgeting (with intent for increased contribution toward rent/expenses)
- Applicable life skills education from case managers and rehabilitative supports.
- Peer counseling/rehabilitation from case managers/support counselors
- Involvement in local community events
- Assistance scheduling and completing appointments, including transport and accompaniment
- Emergency food support when community resources are not available (grocery gift cards)
- Holiday activities, including on-site group dinners and cutting/decorating of Christmas trees
- Consideration for ownership of a small companion pet, when appropriate
- Group/individual recreation outings locally and out-of-town

The Plumas Commons program successfully delivered housing and support to its full -service partner participants in accord with EA's program philosophy. It is the program's belief that its participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. In fostering and developing healthy mentor relationships, trust, belonging, and community within its participant population, EA has accomplished a significant overarching mission. Participants have gained a strong sense of community among those living on the Plumas Commons property, as well as a strong rapport with EA staff. Positive progression of stability of participants is strongly tied to the client's quality of life, relationships, and safety. EA has strategically increased these elements in the lives of participants through consistency of contact, reliability, confidentiality, and through provision of small incentives and promotion of program community events.

Challenges and barriers during reporting period

One of the largest challenges in delivering a transitional housing and support model program is in balancing levels of support/supervision with independent living philosophy. Plumas Commons is not intended to be a 24-hour care model program. The intent is to be a mid-long-term transitional housing model with independent-living case management support. As such, ensuring participant compliance during times when on-site support is not available from EA, is

challenging. On-site support is provided weekdays and weekends during daylight hours, but during evenings support is currently provided only on an on-call basis. To maintain encouragement of independent living, program supports should not monitor participants excessively, but should give them some measure of liberty. The challenge has been ensuring that our participants do not negatively impact their participation with inappropriate use of said liberty. In the coming fiscal year, EA intends to provide an onsite residential adviser who will live on the program property and act as a limited mentor staff (non-employee) and will provide monitoring of residents and property during non-business hours.

Another challenge is the availability of major stabilizing elements that affect client's successful completion. Two of the largest barriers to client independence/stability are income and housing. All participants in Plumas Commons have been diagnosed with a severe mental illness and are qualified for social security income benefits. Likewise, all participants may be eligible for Section 8 subsidized housing. The challenge is that the waiting period for each of these programs is significantly long, up to 2 years or more and will often be denied if they possess a criminal background within three years prior to application. Participants will ideally recover and become stable within 12 months, but without income and/or affordable housing in place, they are not able to successfully live independently.

c. General Systems Development: Community-Based Wellness Centers

PCBH has been operating Wellness Centers in Portola, Greenville, and Chester. These community-based centers opened from Fall 2016 through Spring 2017. Unfortunately, the Greenville Wellness Center was destroyed in August 2021 by the Dixie Fire. Environmental Alternatives holds the lease for the Chester Wellness Center and Plumas Rural Services holds the lease for the Portola Wellness Center.

In early 2017, Plumas County Behavioral Health hired one supervising and three site coordinators. In 2021, the PCBH drop-in center (DIC), moved to a more central location and is now called the Quincy Wellness Center. At the DIC they provided some wellness activities and classes, including music, art, and healthy cooking classes, to full-service partner and chronically mentally ill clients at PCBH, in addition to therapeutic services; The Quincy Wellness Center is working on re-establishing these activities in the new location as space allows.

Wellness Centers play an integral part of the community-based service delivery model that Plumas County Behavioral Health has been developing since 2014. Direct individual and group services are provided within the Wellness Centers and incorporate appropriate and existing SMI/SED therapeutic services, including comprehensive assessment services, wellness, and recovery action planning (WRAP), case management services and crisis services; education and employment support, mental health training and anti-

stigma events, linkages to needed services, housing support, as well as transportation, and peer to peer advocacy and peer group facilitation.

PCBH Wellness Centers reflect characteristics and needs of their respective communities. General features of all Wellness Centers, as well as some community-specific information are summarized below:

- Facility locations that are easy-to-access, *consumer-friendly*, and provide a *community-based alternative* to a traditional clinic atmosphere.
- Full-time supervising site coordinator supervises three site coordinators, stationed in Chester, Quincy and Portola (all PCBH employees).
- Office space made available to other county agencies and non-profit direct service providers, including but not limited to, Public Health Agency, Veterans Services, Social Services, Probation, and community-based organizations who provide direct services.
- Expansion of telepsychiatry and telemedicine services, phased in through beginning of FY20/21.
- Training and professional development as well as clinical supervision to support peer advocacy staff who work with clinical and wellness center staff.
- Space for PCBH licensed clinicians and client support specialist (case managers) staff to provide clinical services.
- Localized outreach and engagement efforts to underserved populations.
- At Portola and Chester – resource referrals to PCIRC and other service-based agencies; ongoing food/clothing distributions; Portola staff work closely with the PCIRC Portola Family Resource Center
- Space and funding for community-based wellness activities, such as yoga, tai chi, art, children's afterschool, and holiday programs (outreach to families), smoking cessation, etc.

PCBH Wellness staff began collecting and reporting center utilization data in 2020-2021 using an electronic collecting tool on a tablet at each center. Data was collected beginning in January 2020. Visitors voluntarily sign in and self-report their reason for the visit. Due to staffing shortages and change over, and some challenges with the technology used for signing in, the 21/22 data for the Wellness Centers is incorrect. Below is the previous FY information for reference to how often the Wellness Centers are accessed by the community.

FY20/21 Wellness Center Utilization (July 2020 - June 2021)

Chester

	Delivered Services	Visits	Behavioral Health Client Visits
July	140	92	18

August	235	110	46
September	278	117	51
October	351	136	61
November	250	100	48
December	299	128	41
January	223	95	37
February	304	133	35
March	417	179	39
April	293	127	34
May	285	131	27
June	273	115	27
Total	**3348**	**1463**	**464**

Greenville

	Delivered Services	**Visits**	**Behavioral Health Client Visits**
July	523	368	46
August	554	364	66
September	596	348	79
October	671	362	91
November	523	304	59
December	577	348	56
January	411	240	33
February	473	269	35
March	758	385	81
April	586	319	61
May	551	321	64
June	709	392	95
Total	**6932**	**4020**	**766**

Portola

	Delivered Services	Visits	Behavioral Health Client Visits
July	259	156	52
August	281	171	59
September	245	158	47
October	236	169	42
November	168	112	29
December	140	99	16
January	94	85	5
February	96	96	0
March	265	193	36
April	287	189	36
May	267	195	39
June	298	207	47
Total	**2636**	**1830**	**408**

The Delivered Services column represents the total number of individual services provided (some completed multiple services at a single visit). The Visits column represents the number of unduplicated individuals. The Behavioral Health Client Visits column represents those consumers who self-identified as PCBH clients, regardless of their reason for that visit.

Prevention and Early Intervention (PEI)

The Plumas County MHSA Prevention and Early Intervention (PEI) Program consists of contracted community-based programs working with targeted populations to address mitigating negative outcomes - school failure, removal of children from their homes, suicide, and prolonged suffering – that may result from untreated mental illness through programs of Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment Program, Improve Timely Access to Services for Underserved Populations Program, Stigma and Discrimination Reduction Program, and Suicide Prevention Program.

Combined, these programs connected with over 4,000 (over 20% of) Plumas County residents either through indirect prevention, suicide prevention, and stigma and discrimination reduction and outreach and engagement programming or through direct referrals to services, supports, and case management. Plumas County commits a majority of its PEI funding (75.6%) to programs for those under 25 years of age, targeting elementary, high school, and college-based outreach and access and linkage to hard-to-engage and hard-to-serve child and adolescent populations through school-based and afterschool programs. Veterans (13%) and Seniors (33%) are other large populations in Plumas County which receive PEI funding for programs targeting these underserved populations.

Each of the following PEI programs provides unique experiences, services, resources, and supports to Plumas County populations which are typically unserved to hard-to-serve, due to difficulty in engaging, stigma blocking discussion of mental illness, bullying behaviors, or isolation.

***Due to staffing changes both in PCBH and Partnering agencies, the outcome information for FY 21/22 cannot be located. The data below is from the annual update FY 20/21 as a reference to how many individuals these programs serve on average.

A.

Program Name	Veterans Services Office – Veterans Outreach
Program Partner	Plumas County Public Health Agency
FY2021/22 Expenditure	$50,000
PEI Program Type	Improving Timely Access to Services for Underserved Populations
Age Groups Served	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Unemployment, homelessness, suicide, and prolonged suffering

Number of Participants	Targeted outreach: 1,845 veterans MHSA demographic data collected: **294** 1. Provide the total number of veterans that completed the information and benefits evaluation (IBE) during this reporting period:**37** A. Behavioral Health (Plumas County):**4** B. Behavioral Health (Reno VAMC):**8** C. MST (Military Sexual Trauma) Coordinator (Reno VAMC):**4** D. Specialized Vet MH Services (David Schaeffer):**3** E. Plumas Crisis Intervention & Resource Center:**9** F. VRC (Veterans Resource Center) Redding (for Rehab):**1** G. VRC Redding (for Housing):**2** H. VRC Reno (for Housing):**1** I. Housing Services:**5** J. Veteran Legal Services (Consultation):**4** K. Food Bank:**11** L. Transportation (includes referrals to Senior transportation):**31** M. Employment Development: (includes Veterans referred to Vocational Rehabilitation, Alliance for Workforce Development for employment assistance or employment at Sierra Pacific Mill for employment):**19**
Program cost per participant:	$685.33

Plumas County Veterans Outreach

NOTE: State of California Governor by Executive Order N-33-20 dated 03/04/2020 and the conforming Order of the State Public Health Officer dated 03/19/2020 ordered "all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure …." This order, with some non-significant or relevant changes was in place to 06/15/2021. Outreach was prevented because of the restrictions as order by State and Plumas County authorities.

Veterans Collaborative and the 2020 Plumas County Veterans Stand Down

Under strict Plumas County Covid-19 mitigation measure the event was held on 11/20-11/21/2020. Plumas County Veteran Services work closely with the Plumas County Veterans Collaborative in planning, organizing, and, advertising, the event. The event operated from 9 AM till 4 PM each day. There were 16 exhibitors including presenters form CDVA and the VA SNHCS Reno, NV. Veteran's mental health, homelessness, and suicide prevention were the topics most covered by these presenters. There were in excess of 180 veterans, approximately 20 new to the event. In excess of $100,000 in military gear, food, clothing, and healthcare services were handed out. Healing California estimated they provided approximately over $26,000 in no cost dental and ophthalmological services, including prescription glasses. $1,600 worth of turkeys and ham were given away. Plumas County Veteran Services staff a booth for the entire time and processed VA Healthcare and VA compensation claims in person. Over 25 new applications were process and submitted to the applicable VA agency.

Veterans' Outreach Programs

American Legion Post 329, Portola, CA June 6, 2021.

VSR attended the meeting with 7 attendees. The topics included the National Defense Authorization Act-Fiscal Year 2021 (the Act expands the Agent Orange presumptive conditions), veteran dependents and death benefits attributable to retroactive awards, VA Gulf War disability update on new

potential conditions, the Plumas County Stand Down, the push for a VA healthcare clinic in Quincy, and the potential for regularly scheduled office visits in the town of Portola.

Quincy Home Health Services, Quincy June 1, 2021. CA.

VSR presented to a group 6 hospice volunteers the VA Healthcare, Compensation and Pensions, and Burial benefits. Special attention was directed at educating the volunteers of early VA interaction to protect potential dependent benefits as well as the potential for burial compensation for the patients they regularly interact with. Time was spent on the VA Caregiver Program to assist families caring for severely disabled veterans.

American Legion Post #291 Greenville, CA. June 8, 2021.

VSR presented to 9 attendees on the National Defense Authorization Act (expanded Agent Orange diseases), the retroactivity of Blue Water compensation claims to veterans and their dependents, and an office presence in Greenville on fixed days and times each month. Also discussed was veteran homeless economic assistance via Nations Finest.

Plumas Crisis Intervention and Resource Center volunteer training. June 6, 2021.

VSR presented to a group of 11 volunteers on the basics of the VA benefit system including healthcare, compensation, and death benefits. Emphasis was placed on hospital eligibility, the Community Care, and Caregivers Program. The subject of veteran homelessness and available programs and well as contacts focused on suicide prevention.

Quincy Market Shirley Dame Park Quincy CA June 19, 2021.

VSR manned a booth in the park with brochures and handouts. Contact was made with approximately 20-25 veterans or dependents covering the full range of VA provided benefits. The booth operated form 8 AM to 2 PM.

Lake Almanor Fishing Derby Lake Almanor County Club June 26, 2021.
VSR manned a booth during the award and dinner potion of the festivities. The booth was open from 3:30 PM to 5:30 PM. Contact was made with 10 to 15 veterans to answer questions about potential benefits and to investigate pending claims for claim status. Brochures and booklets were available for pickup.

The number of outreach targeted veterans in Plumas County: 1845

Veterans Outreach Presentations and Support Meetings
The Plumas County Veterans Outreach Program provided presentations and support to Veterans on the following topics: general VA and burial benefits, the Blue Water court case, and suicide awareness and prevention strategies, and referral processes at the monthly meetings of the Veterans of Foreign Wars, the American Legion, and at Veterans Collaborative meetings in Chester, Greenville, Portola, and Quincy. The Elks Club in Quincy was instrumental in coordination of the Veterans Collaborative work.

Additionally, the Veterans Outreach Program provided 6-10 hours per month of after-hours, weekend, and holiday support. Veterans Services representatives provided a benefits and referral training to Plumas Crisis Intervention and Resource Center staff.

B.

Program Name	Senior Connections
Program Partner	Plumas County Public Health Agency
FY20/21 Expenditure	$65.000
PEI Program Type	Access and Linkage to Treatment
Age Groups Served	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Prolonged suffering and suicide
Number of Participants	Targeted outreach: 344 seniors MHSA demographic data collected: 92 seniors Case-managed home visits: 65 seniors
Program cost per participant:	$351.35

Overview:
Senior Connections has been designed to enhance basic-need programs to the older adult population already provided through Plumas County Senior Services. The enhancements offered are intended to reduce prolonged suffering in the older adult population, especially in homebound seniors, who are identified as underserved in Plumas County.

Enrollment / targeted "underserved" group:
This MHSA-funded prevention program employs strategies of improving timely access to services for underserved populations and access and linkage to treatment through support of home visits by a public health education senior specialist to homebound seniors through linkage with the Senior Nutrition Program, and screens participants for early signs of depression or other mental illness.

This approach provides staff of Senior Connections the opportunity to quickly identify individuals who may otherwise remain underserved and may need a referral for a mental health intake and assessment. The program also connects seniors to the greater community to combat isolation and to improve whole health outcomes through social connection and education.

The program enhances ongoing collaboration and partnerships with Behavioral Health and other key community partners to provide this underserved population with access and linkage to mental health services, thereby increasing timely access. These activities and strategies will decrease negative outcomes of prolonged suffering that may result from untreated mental illness in homebound seniors.

History / program components:
Over the past five years Senior Connections has created a home visiting program to connect with our home-bound seniors, who are at higher risk for developing physical and mental illnesses, as well as for premature death. It is designed to encourage social connections, assess risks, and refer to appropriate services and resources. Along with the home visiting program, Senior Connections has provided connections, opportunities, and resources to seniors utilizing Plumas County Senior Services Congregate meal program. These additional services were open and available to all seniors and those interested in learning about common illnesses and disorders affecting our seniors. They included Age Well, Live Well (a quarterly health educational series focused on seniors), Plumas County Senior Summit, weekly activities at each congregate meal site, monthly emails, quarterly printed newsletters,

the Senior Resource Group, and other small projects that enhance the mental wellness of Plumas County seniors and decrease the duration of untreated mental illness and prolonged suffering. These additional services have been reduced due to funding reductions, and only the Senior Summit and Senior Resource Group has continued in addition to the homebound visiting program.

i. Home Visiting Program

Visit 100-200 low-mobility individuals in their homes in order to relieve isolation and decrease prolonged suffering of depression, anxiety, or other potential health related issues, broadening access to health and social services, and connecting them to community.

A brief screening tool (PHQ-2) will be administered to assess for depression, and each home-bound meal recipient will be asked if they are receiving mental health services. In addition, a brief health history questionnaire including recent ER visits, sleeping and eating habits, living arrangement, and support systems will be provided. As needed, based on these surveys, seniors will be referred for mental health intake and assessment at Plumas County Behavioral Health, their primary care physician, or other access to supports available to meet their needs.

Visiting Client Number: 185

Fourth quarter reports the number of intakes for homebound seniors receiving meals was 185. This is an increase of 48 over the last report of March 31, 2021. There is a total of 241 meal delivery participants down from 302 that remain on meal delivery due to COVID 19 impact. Some of the congregate client chosen to be on the delivery for the foreseeable future. The decrease was seen mostly in Quincy, Greenville and Chester. As of June 11, 2021, the congregate sites were opened for lunch service. Other reason for the decrease in total number of participants is reflective of vaccines, services and establishments in the county opening.

Senior Nutrition continues to deliver meals ordered and to senior households over the last 12 months. Some deliveries include care caretakers. Demographics have not been established with 241, only for gender status reporting. The 185 of documented “regular” homebound meal participants reporting is based on what information that was available at the time. Some of the participants still require weekend meals or additional meals, for some these are the only meals they have available.

From March 2021 to June 2021 the average number of meals prepared and delivered remained at the **1500+** level.

Many of these additional meals are not within the scope of the Senior Connections program as defined in normal conditions, pre COVID-19. Reporting exact number of homebound participants is still a challenge

Activity name: Home Visits and Referrals	Q1#	Q2#	Q3#	Q4#	20-21 Total
Number of Home-Bound Seniors receiving contact from home visitor	43	30	28	15	43
Number of case management and information sharing contacts (clients, referrals, callbacks)	28	61	47+	29+	165+

Total number of referrals	15	23	23+	15	76+
• Mental Health Services	2	2			4
• Veterans Services	2	1			3
• Senior Life Solutions			1		1
• Adult Protective Services	1	1	2	1	5
• Housing	3	4	4	1	12
• Legal Services of Northern California	2	1	1	1	5
• HICAPP Medicare Advising		3	2		5
• Home Health		1	2	1	4
• Utilities Assistance / CA Lifeline phone	3				3
• Transportation			1	1	2
• IHSS	1	2	3	3	9
• Caregiver Support	1	4	2	2	9
• Vision and Hearing		2	1		3
• Meal participation		2	2	4	8
• Alzheimer's			1		1
• Parkinson			1		1
Number of referral follow-up surveys*:	13	14	23	7	57

*All referrals were followed up by phone contact with client or referral agency.

C.

Program Name	Young Child Mental Health Program
Program Partner	Plumas Rural Services
FY21/22 Expenditure	$90,441
PEI Program Type	Early Intervention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Removal of children from their homes, school failure, and prolonged suffering
Number of Participants	59 individuals in 26 families
Program cost per participant:	$1,533.00

D.

Program Name	Youth Prevention Services – Girls Rite
Program Partner	Plumas Rural Services
FY21/22 Expenditure	$18,000
PEI Program Type	Prevention: Access and Linkage to Treatment and Suicide Prevention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Suicide risk, school failure/dropout, removal of children from their homes, and prolonged suffering
Number of Participants	15
Program cost per participant:	$1200

Plumas Rural Services' Youth Services provides two programs for Plumas County youth to address diverse needs: SafeBase and Girls Rite.

SafeBase provides individual and group counseling with a paraprofessional counselor at Plumas County Charter and Community Schools. SafeBase promotes wellness, resiliency and healthy relationship skills for at-risk youth. This model emphasizes community-based services that 'promote wellness, resiliency, and leadership skills in our youth' – a goal under the Prevention and Early Intervention (PEI) Program Component of the MHSA Plan.

Primary activities include provision of regular prevention programming related to developing healthy interpersonal relationships and weekly group counseling sessions on campus to provide both support and frequent screening for early signs of mental illness among junior-high and senior-high youth. Students demonstrating immediate mild to moderate need can meet with the paraprofessional counselor one-on-one following group sessions. SafeBase focuses heavily on the county's charter and community schools serving higher risk youth, many of whom are Transition

Age Youth (TAY). SafeBase builds protective factors to assist teens and young adults with increasing their healthy coping skills and lower the risk of developing mental illness and reducing the negative mental health outcomes of suicide, school failure and dropout, risk of removal of children from their homes, and prolonged suffering associated with untreated mental illness.

Participants have access to the paraprofessional counselor at group sessions, by arranging individuals counseling sessions, or via text or phone call during business hours for mental and emotional health needs. Group sessions utilize evidence-based curricula such as the One Circle Foundation and the *CAST* model. The paraprofessional counselor refers participants to other resources in the community as necessary, including Behavioral Health.

Plumas Rural Services' Girl's Rite program is a prevention program for girls age 11-18. Grounded in research on girls' development, Girl's Rite provides an all-girl space that supports girls' capacity for self-confidence; physical and emotional resiliency; healthy relationships; and regular physical activity. Girl's Rite is traditionally delivered in Quincy with afterschool meetings for 2 hours twice per month during the school year. During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication. Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Professional women in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the girls' community. During the spring, youth attend the annual Reach for the Future youth conference in Chico, CA. Hosted by the Butte County Department of Behavioral Health, the Reach Conference is based on a Youth Development framework providing leadership skills, support, and opportunities for young people. Over the summer, Girl's Rite meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

During the 2020-21 fiscal year, the program was modified and updated routinely in response to the COVID-19 pandemic and during FY 21/22 the program began making adjustments to return to normal services. The program will prioritize how to engage these youth in the program, continuing mental health protective factors such a social connection, positive relationships with peers/adults, and healthy self-care during this time.

E.

Program Name	School-Based Prevention Services
Program Partner	Plumas Unified School District
FYI 21/22 Expenditure	$280,000.00
PEI Program Type	Prevention and Early Intervention
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
Reduction of Negative Outcomes:	School failure/dropout, suicide, removal of child from their family's home, prolonged suffering
Number of Participants	2,018 for Prevention at Tiers I and II 96 for Early Intervention services
Program cost per participant:	$138.75 per student

This program began as an Innovation program with the goal to improve response to and decrease occurrence of potential threats in Plumas County schools, including presentation of suicidal ideation, reported self-harm behaviors and reported bullying behaviors by establishing improved communication and sharing of resources across agencies and improving school climate. The primary tools created to address this goal were specific protocol development to address threats and bullying complaints, implementation of Positive Behavior Interventions and Supports grades K-12, and the addition of Student Services Coordinators in each community, serving grades K-12. At the end of the year, the program transitioned to a Prevention and Early Intervention Project-Plumas Unified School District School Based Prevention Services with the goal to increase access and provide outreach for increasing recognition of early signs of mental illness.

Background:

The PUSD School-Based Prevention Program utilizes Positive Behavior Interventions and Supports (PBIS), a research supported framework developed out of the University of Oregon and now implemented nationwide. PBIS allows for a data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. This has been further expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

Tier I of PBIS serves all students across the district by applying a universal approach to teaching behavior expectations at schools, through a systematic process verified by fidelity measures to ensure the framework is being applied appropriately. Universal behavior expectations are taught to students by staff, positive behaviors within the expectations are reinforced by all staff and retaught repeatedly throughout the year. The mantra is: teach, reinforce, reteach, reinforce again. Research shows that 75% of the student body should respond favorably to this approach. For the students who do not respond as determined by data, they move up to the next tier of supports.

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in

conjunction with Student Services Coordinator support. Each school site has an intervention team that meets at least 2x monthly to review data and students in need of intervention.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health (PCBH) for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process. Individuals who are assessed and require mild to moderate level of mental health services will be referred to Plumas Unified School District for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community and school-based specialty mental health services by PCBH staff. Other Tier III supports provided by PUSD include IEP evaluations and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

Explanation:

It is in Tier II identification where students who are beginning to manifest signs of mental illness typically rise to this level of need for support. In the past, school sites were missing them through lack of consistent intervention team meetings and lack of Tier II interventions. Through the intervention team process, students are identified that need increased access and linkage to treatment and the referral process is engaged at this point, months earlier than the previous system allowed for, which typically responded when a student's level of need rose to Tier III, or severe/crisis status. Research supports that 60% of students who receive Tier II interventions will assimilate back into the general population. This results in more cost-effective interventions being utilized sooner and fewer students advancing to Tier III, subsequently helping to keep from overloading the system with referrals.

Challenges in 1st Quarter:

The Corona virus pandemic has created some challenges to implementation. The challenges created due to the pandemic include:

- PUSD started school with a full distance learning model and no in-person instruction for the first quarter of the school year. This created a significant decrease in access to students as well as a high rate of disengagement from students and families in education impacting the number of students that were identified for referral for assessments.
- Delay in school starting reduced the amount of days that PUSD had access to the student body as well.

Wildfires in the area also caused some barriers to implementation- closed school days due to evacuations and air quality as well as public safety power shut offs for wildfire risk.

The interruption and stress around the virus and wildfires created some interruptions and delay in the calendar slowing the training process for the electronic health record and medical billing documentation.

Quarter 2 update:

Multiple challenges were faced in the 2nd quarter with most of the learning being done via distance learning due to COVID-19. All sites across the district found it necessary to devote all of their intervention efforts to students who were failing and absenteeism. Similar to schools across the nation, PUSD was faced with many students disengaging with school altogether. PUSD found that distance learning was definitely a challenge for our student body and their families across all grades k-12. Due to this dramatic change as a result of the pandemic, PUSD is certain that we had students in need of services that we were unable to access due to the disengagement factor. We have higher hopes for the 3rd and 4th quarters as we will hopefully have more in-person instructional days. The numbers of disengagement were overwhelming for Plumas County's already thin resources for truancy and absenteeism.

PUSD able to successfully hire 2 day a week Student Services Coordinator for the Greenville community to close the gap of service in that community. Additionally, with PUSD expansion of funding to be applied to mental health supports for students, a 3 day a week Behavioral Health Specialist was added to serve IEP and non-IEP students, primarily in Quincy, Chester and Greenville. Due to the hire occurring midway through the quarter and the holiday season impacting access to students on top of the pandemic/distance learning, mostly training and on-boarding occurred with these two positions.

Quarter 3 Update:

During the third quarter, there was a dramatic increase in the access to students due to return to in-person learning in a hybrid model during this time. Elementary schools, kindergarten through 6th grade returned on January 25, 2021 and Junior Senior High Schools, grades 7 through 12, returned March 1, 2021. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. As you can see from the referral numbers previously reported there was a sharp uptick of referrals, likely related to the increase of access to students and the decrease in disengagement. PUSD is optimistic that this trend will continue in the 4th quarter as schools return to full-time in person learning on April 26, 2021, grades TK-12.

Quarter 4 Update:

During the fourth quarter, PUSD was back in in-person learning and continued to see a consistent request for services. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. Additionally, due to COVID and the change in instruction and increased demands, Tier I and Tier II process for school sites with PBIS suffered. PUSD administration is working on coordinating plans to re-engage sites in more predictable PBIS implementation next school year, which should lead to more accurate identification and access for students with early onset.

School-based activities:

- Student Service Coordinators in each community - fully staffed in Quincy, Portola and Chester all school year- partially staffed in Greenville.
- Lead Student Service Coordinator for supervision of paraprofessional social work services- staffed all year
- PBIS Implementation -
  - C Roy Carmichael Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Portola Jr Sr High School - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Quincy Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Quincy Jr Sr High School - Tier II Booster training- successful implementation of Tier I and Tier II with fidelity measures met end of year.
  - Indian Valley Elementary and Greenville Jr Sr High School - Tier II Booster training; successful implementation of Tier I and Tier II with fidelity measure met end of year
  - Chester Elementary - Tier II Booster with new leadership this year; successful implementation of Tier and Tier II with fidelity measures met at the end of the year
  - Chester Jr Sr High School - Tier II Booster training- successful implementation of Tier I with fidelity measures met throughout the year and Tier II met by the end of the year;
  - PUSD has found that it takes a long time with consistent leadership at a site to implement PBIS with fidelity. As leadership becomes more stable at our sites in transition, we aim to see stable rates of fidelity met in practice of PBIS principles.
- September - Suicide Prevention Month- Grades 7-12 awareness campaigns on campuses throughout PUSD with social media push out of information and resources - local, national and internet-based resources shared.
- October - Bullying Prevention Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and district protocol shared. Challenge Day to be held at each 7-12 campus throughout the district and anti-bullying assemblies with curriculum support at CRC.

- May - Mental Health Awareness Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and resources- local, national and internet-based resources shared.

Paraprofessional social work practiced at each site throughout the year provided coordination of services, referrals to services, mentorship and reteaching of school wide expectations.

Description of Program Activities	Outcomes
At-risk Prevention program individuals served:	426 districtwide
At-risk of early onset of a mental illness referrals to other service providers	96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 referrals were made to Plumas Rural Services, 11 referrals were made to local medical clinic or other private providers and 1 referral was made to online providers
Potential Responders for Outreach of Increasing Recognition of Early Signs of Mental Illness	300 principals, vice-principals, nurses, counselors, student services coordinators, teachers, and support staff

Access and Linkage to Treatment Strategies for Early Intervention Program:

Since the PCBH Department is the one who determines who qualifies for SMI, it is difficult to determine what referrals are SMI versus Mild to Moderate. Additionally, due to staffing changes and changes in service delivery with PCBH and PRS, it is difficult to determine the appropriate starting place for a referral. PUSD and the different agencies will continue to work with one another to streamline this process in a more efficient manner to increase accessibility and improve wait times for assessments and services. Here are the total referrals that we made across agencies for Behavioral Health Services the last two quarters. 96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 were referrals were made to Plumas Rural Services and 12 referrals were made to medical clinics, outside providers or online providers. It is important to note that this data is not complete district wide- PUSD had a staffing shortage in the Greenville community with the loss of a Student Services Coordinator and thus the data collected is less than what actually occurred.

Types of treatments individuals may be referred to:

- Plumas County Behavioral Health
- Plumas Rural Services- Child Abuse Prevention Treatment (CHAT) Program, 0-5 Counseling Services Program, Private Insurance Provider Program, Mild to Moderate Provider Program
- Eastern Plumas Health Care- Mild to Moderate Provider Program Behavioral Health
- On-line Private Providers of Telehealth services under Private Insurance – Live Health Online, MDLive
- 7 Cups of Tea- online support provider (free and paid for services)
- North Fork Family Medicine- Mild to Moderate Provider and Private Insurance

- Local area private providers- Kathleen Toland, MFT; David Schaffer, LCSW; Aly Makena, MFT etc.
- Private Providers out of the area determined by insurance - Reno, Chico, Truckee, Susanville

Individuals Who Followed through on Referrals and Engaged in Treatment:

Tracking who followed through and who was engaged in treatment continues to be difficult for us to track due to release of information and difficulty getting ahold of families after the referrals are completed. We need to solidify a communication/reporting method with PRS and PCBH to determine how to verify follow through and treatment engagement. The Lead Student Services Coordinator will work with MHSA Coordinator to determine the best route to collect accurate data for reporting purposes. Due to the multiple online and private treatment options and patient privacy laws, it is very difficult to verify the follow through and engagement.

Challenges include late receipt of new MHSA reporting forms, which cause data retrieval and reporting issues and follow-up after a referral to determine if services were really engaged, if a student qualified for severe or if they needed a lower level of service- mild to moderate.

The most notable challenge has been the lack of Behavioral Health providers in our area despite significant recruitment efforts. It is easier now to track how many referrals the schools have sent to the different provider options for our students, however as seen above tracking if and when the follow through and engagement occurs still has some barriers that we will continue to work out.

Additionally, PUSD has suffered a staffing shortage and funding decrease resulting in one community in the county not having consistent SSC coverage. This has impaired our ability to collect data accurately. The numbers reported are less than what actually occurred due to this barrier. Keeping the PUSD Behavioral Health Specialist positions staffed has also proved to be a challenge. PUSD will continue to coordinate with PCBH on the efficacy of this model and make changes as indicated.

A big success to date has been with the implementation of Tier II interventions at school sites. As Tier II interventions get more widely utilized and applied, the students who respond well should reintegrate back into Tier I level of functioning leaving a much smaller number requiring Tier III level of intervention. This should decrease the overall number of referrals over time to specialized services.

Additionally, PUSD has begun to create an overarching Multi-Tiered System of Support (MTSS) which will incorporate multiple levels of interventions for social, emotional, behavioral and academic needs. The addition of this umbrella should help us identify those students who may need further intervention that are not receiving it.

Another major success is that all of our school sites are practicing PBIS with fidelity across Tiers I and II as of the end of this fiscal year.

The implementation of this project has reinforced past knowledge that successful implementation takes a long time and persistent investment in the process. Staffing changes, staffing shortages, trial and error all take time to smooth out and fill gaps that arise over time. This tells the team to anticipate a longer amount of time for successful implementation. Additionally, the teams understanding of the cultural differences across communities in our county also contributes to each community developing at a slightly different rate with some being stronger than others in some areas. Lastly, it also reinforces that mistakes occur and periodic evaluation is a good tool to help target gap areas and address problems.

It was also learned and reinforced that even though small interventions can have powerful impacts, shortage of resource can still stifle application of interventions and supports for students. It has challenged the teams to work smarter with the resources available.

PUSD has a very large transient population. This poses a challenge to school culture and access and linkage to services. Resources are often applied to students who are here temporarily and that likely holds up the referral process for students in need who have more permanent residence here in Plumas County.

At some school sites, it has been experienced by staff that when small interventions are applied it does result in prevention of increase in symptoms. Students who would have historically been automatically referred to Tier III level services in the past have shown strong responses and movement to wellness with Tier II interventions. As staff sees this reinforced over time, the stronger the Tier II implementation should become.

F. *CalMHSA – Statewide Suicide Prevention Program and Mental Health Awareness Campaign*

Program Name	Statewide Suicide Prevention Program and Mental Health Awareness Campaign
Program Partner	CalMHSA
FYI Expenditure	$2500.00
PEI Program Type	Suicide Prevention / Community awareness
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Community awareness allows the different community members to also be a support to each other.

MHSA funding supports Plumas County's membership in **CalMHSA**'s Joint Powers Agreement for participation in the *Statewide Prevention and Early Intervention Phase III* and the *Each Mind Matters* suicide prevention and mental wellness campaign.

Each Mind Matters provides a branded comprehensive campaign and recognized messaging across the state to support a movement in California to promote mental health and wellness and to reduce the likelihood of mental illness, substance abuse, and suicide among all Californians. The initiative brings together three components of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.

Due to PCBH's small staff size, the department's capacity to create a wide-reaching suicide prevention and mental health awareness campaign has been limited to staff capacity for mental health awareness outreach and stigma reduction through staff practices at the PCBH Wellness Centers, activities at county stakeholder events, and in our online presence through social media, such as the Facebook page.

MHSA PEI regulations state that counties with a population under 100,000 may report the demographic information required for the County's entire Prevention and Early Intervention Component instead of by each Program or Strategy (Section 3560.010(e) ***CA Code of Regulations Title 9, Division 1, Chapter 14, Article 5, 9§ 3560.010 Annual Prevention and Early Intervention Program and Evaluation Report***)

Prevention and Early Intervention Program Demographics – Combined

Small counties with a population under 100,000 are required to disaggregate their demographic data, due to their small reporting size numbers. Plumas County MHSA Program combines all data into one set of numbers broken down by demographic categories, such as age, race, ethnicity, gender, etc.

NR = Not reportable, census is too small to maintain participant privacy

- Age

Children (0-15)	1819
Transitional Age Youth (TAY) (16-25)	488
Adult (26-59)	76
Older Adult (60+)	157
Declined to state	12
Total	2,552

- Race

American Indian or Alaska Native	205
Asian	49
Black or African American	63
Native Hawaiian or other Pacific Islander	NR
White	2,050
Other	NR
More than one race	25
Declined to state	131
Total	2,523

- Ethnicity

Hispanic or Latino as follows		370
	Caribbean	NR
	Central American	NR
	Mexican/Mexican-American/Chicano	NR
	Puerto Rican	NR
	South American	NR
	Other	NR
	Declined to state	NR
Non-Hispanic or non-Latino as follows		2,011
	African	NR
	Asian Indian/South Asian	NR
	Cambodian	NR
	Chinese	NR
	Eastern European	NR
	European	NR
	Filipino	NR
	Japanese	NR
	Korean	NR
	Middle Eastern	NR
	Vietnamese	NR

	Other	NR
	Declined to state	
More than one ethnicity		12
Decline to state		384
Total		2,777

- Primary Language – Plumas County has no threshold language

English	2,449
Spanish	127
Other	17
Declined to state	NR
Total	2,593

- Sexual Orientation

Gay or Lesbian	NR
Heterosexual or Straight	105
Bisexual	NR
Questioning or unsure of sexual orientation	NR
Queer	NR
Another sexual orientation	NR
Declined to state	455
Total	571

Many programs do not ask or collect data on gender identity or sexual orientation.

- Disability

Yes, report the number that apply in each domain of the following:			359
	Communication domain separately by each of the following:	Difficulty seeing	63
		Difficulty hearing, or having speech understood	60
		Other (specify)	NR
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		44
	Physical/mobility domain		82
	Chronic health condition (including, but not limited to, chronic pain)		125
	Other: NR		222
No			1792
Decline to state			294

Total*			3,152

*Respondents may have chosen more than one category

- Veteran status

Yes	45
No	2,390
Decline to state	316
Total	2,751

- Gender

Assigned at birth	Male	1,349
	Female	1,431
	Decline to state	20
Total		2,800
Current gender identity	Male	166
	Female	285
	Transgender	NR
	Genderqueer	NR
	Questioning or unsure of gender identity	NR
	Another gender identity	NR
	Decline to state	170
Total		621

Many programs do not ask or collect data on gender identity or sexual orientation.

INNOVATION (INN)

Workforce Education and Training (WET)

Adult Peer Employment Program

The Adult Peer Work Program at PCBH enrolls highly motivated clients who wish to return to work in some capacity, some of whom receive Supplement Security Income. These consumers participate and contribute to their communities by working abbreviated work schedules and are supervised by an outside work site supervisor;

PCBH case managers transport and work with the consumers on improving their functional impairments in the work setting: the Program is designed to assist clients to develop the skills that will help them manage their mental illness symptoms as they are placed in a work situation where they're completing routine tasks while engaging with other program participants and a work supervisor.

The case managers also work with the individual clients to practice stress management and to work on strengthening coping skills that help the client to better self- regulate and to start transitioning into a job setting within their community. The program enrollment is set at 18 months based on the client's therapeutic needs and skillsets and an individual's program participation may be expanded when clinically indicated.

This program has cut back FY 20/21, enrolling a maximum of five clients at any time. F This program may expand to accommodate enrollment of sixteen PCBH clients at a time. Additionally, this program will be moved to the Community Services and Supports (CSS) component to better align with the goals of that category offering a supportive employment program to consumers with a serious mental illness (SMI).

Transitional Age Youth (TAY) Peer Employment Program – Summer 2021

The Transition Age Youth Work Program at Plumas County Behavioral Health initially started in 2005. In 2017 the program was redesigned to support local youth, between the ages of 14-19, receiving behavioral health services with gaining the social, emotional, and vocational skills necessary to make a healthy transition to adulthood and to reduce dependence on social service and mental health systems. The program seeks to meet this goal by integrating participants into the local community through the establishment of partnerships with local conservation and resource management-oriented agencies. These partnerships are intentionally made, as these fields are the most dominant and lucrative industries in the county that do not require a college education for many positions. Participants are directly employed through PCBH and work with staff from partnering agencies to develop and practice professional skills that are directly transferrable and applicable to our local economy. Participants are selected based on their need and status as Severely Mentally Ill or Seriously Emotionally Disturbed. Referrals are made from assigned clinicians and cases are reviewed by the PCBH Utilization Management Team. Up to 12 participants are selected, and once done they complete the Plumas County hiring process. Most often, participants are those youth who are left unserved by other community programs. Participants are typically comprised of youth in the juvenile justice and foster care systems, as well as homeless youth or youth at risk of homelessness. Transportation was provided by program staff to reduce barriers to adequate

employment and increase accessibility to social-emotional/behavioral support activities and groups.

The program now operates 9 months out of the year (the mountain climate and snowy weather mitigates options for work during the harshest months) from March-November. This season, participants worked 2-3 days a week after school with partners focusing on a new project every day. In the summer, the program ran 4-6 hours a day with each day being shared with one of the three partners.

Description of completed program activities (timeline or chronological narrative):

This year, partnerships continued with Sierra Buttes Trail Stewardship and the Lost Sierra Food Project. A cooperative effort with Plumas County Public Health to build a community garden with a grant from Cal Fresh was added in Spring 2021. With guidance and training from agency partners, participants engaged in trail building, management, planning, and engineering, as well as community outreach efforts, comprehension of the basics of public lands usage and conservation, and sustainable and ecological farming practices. In the garden, participants worked with master gardeners and other community partners to learn gardening basics and develop a comprehensive plan to complete the community garden. The program is physically strenuous, as participants engage in manual labor, long hikes, and other physically challenging exercises, such as composting and food planting and harvesting. Participants develop scientific skills through the creation and development of organically made compost and comprehension of the basics of soil science. Participants also attend workshops led by community leaders from various industries. To date, participants have engaged in workshops pertaining to the restaurant industry, floral design, independent business management, and financial literacy discussions with staff from Plumas Bank. During activities with community partners, Plumas County Behavioral Health case management specialists and therapists offer one-on-one emotional support, assisting participants with identifying and utilizing coping and communication skills to help them manage emotions and stressors.

The program was not able to fully operate during the summer of 2021 due to the Dixie Fire which created unhealthy air conditions throughout the county and eventually burned down the Greenville community which resulted in the loss of staffing for the TAY program due to the need to move out of county.

2021 season: 9 participants enrolled. Races and ethnicities included, white, other, and American Indian. Four participants identified as female and five as male, with three of the male respondents identifying also as transgender. Three participants were age 15, four aged 16, one aged 17 and one aged 18. All were Medi-Cal recipients, meeting income qualifications. One participant was on probation, and three in, or with a history of involvement in, the foster care system. All had qualifying SED/SMI diagnoses. Most participants' parents either worked or had no vehicle.

Children and their families (0-15)	
Transitional Age Youth (TAY) (16-25)	9
Adult (26-59)	
Older Adult (60+)	
Number of those who declined to answer	

- Race

American Indian or Alaska Native	1
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	6
Other	2
More than one race	
Number of respondents who declined to answer the question	

- Ethnicity

Hispanic or Latino as follows	Caribbean	
	Central American	
	Mexican/Mexican American/Chicano	1
	Puerto Rican	
	South American	
	Other	
	Number of respondents who declined to answer the question	
Non-Hispanic or non-Latino as follows	African	
	Asian Indian/South Asian	
	Cambodian	
	Chinese	
	Eastern European	
	European	
	Filipino	
	Japanese	
	Korean	
	Middle Eastern	
	Vietnamese	
	Other	
	Number of respondents who declined to answer the question	
More than one ethnicity		

Number of respondents who declined to answer the question		

- Primary Language – Plumas County has no threshold language

English	9
Spanish	
Other (list per participant)	

- Sexual orientation (not asked for populations under 18, unless volunteered)

Gay or Lesbian	
Heterosexual or Straight	4
Bisexual	
Questioning or unsure of sexual orientation	1
Queer	
Another sexual orientation	4
Number of respondents who declined to answer the question	

- Disability:

Yes, report the number that apply in each domain of the following	Communication domain separately by each of the following	Difficulty seeing	
		Difficulty hearing, or having speech understood	2
		Other (specify)	
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		
	Physical/mobility domain		
	Chronic health condition (including, but not limited to, chronic pain)		1
	Other (specify)		
No			6
Number of respondents who declined to answer the question			

- Veteran status

Yes	
No	9
Number of respondents who declined to answer the questions	

- Gender (Gender identity not asked for populations under 18, unless volunteered)

Assigned sex at birth	Male	2
	Female	7
	Number of respondents who declined to answer the question	
Current gender identity	Male	5
	Female	4
	Transgender	5
	Genderqueer	
	Questioning or unsure of gender identity	
	Another gender identity	
	Number of respondents who declined to answer the question	

Outcomes:

Participants learned basic, but geographically and economically relevant vocational skills; basics of money management, time coordination, healthy problem-solving skills, social-emotional regulation skills, coping skills and Evidence-Based mindfulness skills. Scientific skills regarding soil science and composition, engineering, business management and planning and writing all completed.

MHSA WET funding was used for the TAY consumer salaries and benefits, transportation, as well as program supplies and equipment. Case management services are billed through Medi-Cal.

WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there has been an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County Behavioral Health identified a need for greater local incentives in efforts to "grow our own" behavioral health staff for hard-to-fill clinical and other positions.

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8 – Workforce Education and Training, Subsection 3850, which states, "Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level."

The program may enroll up to six PCBH full-time employees, with a projected allocation to this program each year of $60,000 for up to $10,000/per year loan assumption for each full-time employee with twelve continuous months of employment working for Plumas County Behavioral Health. The mandated MHSA maximum per employee is $60,000 whether they apply for local WET funds or through the statewide competitive OSHPD program. Having a local loan assumption program, allows for PCBH to offer this incentive regardless of the state funding and volatility available with the statewide OSHPD program. FY 21/22 Five applicants applied for grants and five grants were offered.

Relias Training (WET)

Training continues to drive clinical practice and influence organizational performance. However, after more than a year of adapting procedures and pivoting plans to address the pandemic, several shifts that were already planned, made all the difference in our successes.

In early 2019 Plumas County Behavioral Health rolled out, Relias Learning Management Systems. The Relias LMS is a healthcare learning management system that helps administrator and evaluate clinical skills, ensure compliance, and create custom learning plans for staff. Relias management system tracks all training in one place. An online learning system like Relias, assisted PCBH in keeping accurate records on each employee trainings. Reports are easily pulled so that PCBH has documentation for state requirements.

Capital Facilities and Technology Needs (CFTN)

Plumas County Behavioral Health had no Capital Facilities and Technology Needs program nor plan to expend CFTN funds in FY 21/22

Revised Fiscal Worksheets for FY2021/22

***Due to lack of staffing and a gap in the MHSA Coordinator position, all fiscal reporting remained the same and operated under the 2020-2023 3-year plan.**

FY 2019-20 through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **05/06/19**

	Fiscal Year 2021/22					
	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
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	636,000	479,000				157,000
2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	252,766	252,766				
3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM	100,000	75,000	25,000			
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	2,048,908	1,248,908	800,000			
2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	50,000	50,000				
3. TAY WORK PROGRAM	30,000	30,000				
4. ADULT WORK PROGRAM	75,000	75,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	60,000	60,000				
Subtotal	2,466,269	2,466,269				
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds	251,200	251,200				
Total CSS Program Estimated Expenditures	3,537,958	2,837,958	825,000	0	0	0
FSP Programs as Percent of Total						

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FY 2019-20 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	FISCAL YEAR 2021/22					
	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 – Prevention and Early Intervention						
1. PRS Youth Services Program	*60,000*	*60,000*				
2. Roundhouse Council – Multigenerational Outreach Program	*71,590*	*71,590*				
3. *Veterans Services Outreach*	*58,938*	*58,938*				
4. FRC Student Mental Health and Wellness Center	*60,000*	*60,000*				
5. PUSD – School Based Response/PBIS	*200,000*	*200,000*				
6. Plumas County Public Health Agency – Senior Connections – Homebound Seniors Screening Program	*65,000*	*65,000*				
PEI Administration	37,379	37,379				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated	577,907	577,907	0	0	0	0

FY 2019-20 Through FY 2022-23Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2021/22					
	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 Programs						
25.	0					
26.	0					
27.	0					
28.	0					
29.	0					
30.	0					
31.	0					
32.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2019-20 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2021/22					
	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. MH Loan Assumption	60,000	60,000				
2. WISE U Training (6 peer employees)	10,000	10,000				
3. PRS Countywide BH Training Program	85,000	85,000				
4. Staff Development – Out of County	10,000	10,000				
Training						
5. Relias Web-Based Training Program	10,000	10,000				
WET Administration	17500	17500				
Total WET Program Estimated Expenditures	192500	192500	0	0	0	0

FY 2019-20 FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

PLUMAS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE, 2022-2023

A Report on Plumas County Behavioral Health MHSA Programs Completed During FY 2022-2023 (Year 3) of the MHSA Program and Expenditure Plan, FY 2020-2023

Introduction

Plumas County Behavioral Health (PCBH) is the local Mental Health and Substance Use Disorder services plan Medi-Cal beneficiary provider for the State of California, providing screenings, assessments, crisis intervention, and treatment to individuals with serious mental illness, children through older adults, and when indicated, their families. PCBH also provides intensive outpatient treatment to individuals with substance use disorders (SUDS) and those with co-occurring diagnoses.

The Mental Health Services Act (MHSA) is a State proposition (Prop. 63) approved by the voters and enacted by the legislature in 2004. The MHSA levies a 1% tax on income earned over $1 million by California residents every year. These funds are allocated across 58 counties and large county-like cities each month throughout the fiscal year.

MHSA funds may be used to create or expand specialty mental health services and prevention programming that were not in existence or were underfunded prior to 2004. MHSA funds may not be used to supplant existing state- and federally funded programs.

The MHSA is made up of five program components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Education and Training (WET). A sixth use of these funds may be to allocate a small percentage (no more than 33% of the previous five-year average of CSS funds) to a Prudent Reserve (PR) fund to assist the local mental health plan (MHP) in years when there are shortfalls in tax revenues and economic recessions.

PCBH receives California State Mental Health Services Act (MHSA) funding each year and has since the first year of funding in 2005. Its allocation is based on the number of Medi-Cal eligible residents living in the county as well as the overall population, and each year the allocation percentage is calculated based on projections of change to the overall eligible population.

Presently, Plumas County receives 0.1053% of the overall funding to California's 58 counties, approximately $2.0-$2.5 million per year.

In Fiscal Year 22-23, Plumas County received $2,081,852.82 in MHSA funds, consistent with the State's projections for that program year.

County Description and Demographics

*Please see County Description and Demographics at the beginning of this report (pg 2)

Homelessness and the Plumas County 2023 Point in Time (PIT) Count

Plumas County Behavioral Health MHSA program has been providing direct homeless services for several years to new and ongoing clients, as well as referrals for homeless services and other emergency supports to the lead agency, Plumas Crisis Intervention and Resource Center, for residents who don't meet eligibility for mental health services at PCBH. As part of the department's commitment to meet community needs for homeless services, PCBH partners with multiple agencies, such as Plumas Rural Services, Environmental Alternatives, and PCIRC.

The 2023 Point-in-Time Survey collected data on a total of 128 individuals experiencing homelessness in Plumas County. In late summer of 2021, the Dixie Fire destroyed over 500 structures in Plumas County resulting in a 98% increase in the homeless count from before the fire. The number of homeless individuals decreased slightly from the 2022 PIT count.

Of these individuals:

Total Sheltered Homeless in Plumas County = 52
Total Unsheltered Homeless in Plumas County = 76

Age	Sheltered	Unsheltered
Under 5	4	2
5-12	6	4
13-17	1	1
18-24	3	1
25-34	13	10
35-44	5	12
45-54	4	20
55-64	12	24
65+	4	2
Not Reported	0	0
Extrapolated Under 18	4	0

Extrapolated Over 24	2	0

Gender	**Sheltered**	**Unsheltered**
Female	26	23
Male	25	51
Other	0	0

Race	**Sheltered**	**Unsheltered**
American Indian, Alaska Native	3	4
Asian or Asian American	0	0
Black, African American, or African	0	3
Native Hawaiian or Pacific Islander	0	0
White	43	65

Primary Reason for Homelessness	**Sheltered**	**Unsheltered**
Domestic Violence	4	0
Drug Abuse	5	3
Eviction	10	25
Family Break Up	9	6
Fire	16	13
Incarceration	6	9
Mental Health	2	7
Relocation	0	5

Impacted by 2021 Dixie Fire	**Sheltered**	**Unsheltered**
2021 Dixie Fire	14	10

NorCal CoC includes 23,922 square miles and encompasses seven counties. Plumas County is part of the Housing Continuum of Care. Plumas County agencies and the local Housing Continuum of Care (CoC) Advisory Board continue to work towards expanding the continuum of housing services for homeless individuals and families, including increasing the affordable housing inventory for both rentals and homebuying and housing for special populations.

Access to affordable permanent housing with supportive services is a significant barrier that prolongs suffering for individuals [and their families] living with a serious mental illness who experience or at risk of chronic homelessness. NorCA CoC has been working on a housing plan where the county partners with an affordable housing developer and property management company for a multi-unit apartment complex with 10 units designated for Severely Mentally Ill, while the other units will be available for low-income housing.

Department Overview

By January 2022, the Dixie fire had destroyed 1/3 of Plumas County including the community of Greenville where over 500 homes and businesses were destroyed. The aftermath of the fire in combination with the county trying to get back on its feet from Covid-19 was evident in the following years and during this reporting period.

Plumas County MHSA Allocations for FY22/23	
Innovation (INN)	$104,092.64
Net Allocation (=Gross-INN)	$1,977,760.18
Community Services and Supports (CSS)	$1,582,208.14
Prevention and Early Intervention (PEI)	$395,552.04
Gross Allocation (100%)	$2,081,852.82

Plumas County MHSA Expenditures for FY 22/23	
Community Services and Supports (CSS)	$1,822,421.36
Prevention and Early Intervention (PEI)	$75,183.65
Innovation (INN)	$0.00
Capital Facilities and Technology Needs (CFTN)	$0.00
Workforce Education and Training (WET)	$39,887.46
Total MHSA Expenditures	$1,937,492.47
Use of ongoing fund balance (difference of fund balance + allocations minus expenditures)	($144,360.35)

Homelessness and Housing Solutions

Housing homeless residents living with serious mental illness has been an ongoing priority for PCBH during this 3-Year Program and Expenditure Plan period.
Homeless prevention services of emergency lodging, transitional housing, and permanent housing rental subsidies (move-in, rental, and utility assistance) has been a hallmark of Plumas County Behavioral Health's MHSA program since at least 2015. A safe and accessible housing continuum provides the stabilizing framework for PCBH clients while they access mental health and substance abuse disorders (for co-occurring participants) services. Using CSS Outreach and Engagement and Full-Service Partnership (FSP)-designated funding, PCBH has provided a continuum of housing from emergency lodging through permanent housing by rental assistance to first-time and FSP clients.

Housing efforts are coordinated through the County's partnership with the lead NorCal Housing Continuum of Care (CoC)/Community Action Agency of Shasta County. The Shasta Community Action Agency oversees coordination of the local Plumas and Sierra Counties CoC Advisory Board and provides housing support and expertise in coordinating implementation of Homeless Management Information System (HMIS) usage across local agencies, in addition to plans for using a Coordinated Entry System, which consistently and fairly triages and prioritizes users of homeless services based on their level of need. Unfortunately, in late Spring of 2023, Plumas County was informed that the lead agency of Shasta County was no longer going to be the lead agency for NorCal. Plumas county is currently in discussions with other counties in regard to forming its own CoC. This should be determined and finalized by fall of 2023.

Fiscal Year 22/23 Plumas County Behavioral Health and Mental Health Services Act Program Accomplishments in Priority Areas and Goals:

Plumas County has been working on re-establishing full programing services both in house and with MHSA contracted providers. Covid-19 and the Dixie Fire have made some of these accomplishments challenging to achieve even in 2023. The staffing shortage is a large contributor to the challenges the county has faced.

1. Re-establishing the Adult Peer Employment Program. After the adult work program was put on hold due to the Dixie Fire, the main staff member who runs this program was out on leave from February 2021 – September 2021. Conversations about Re-establishing the program began in early 2022 but appropriate staffing was still a challenge. The Adult Peer Employment Program was officially started again in Spring of 2023.
2. Re-establishing the Transitional Age Youth Employment Program. After the TAY program was put on hold due to the Dixie Fire, the clinician that ran the program was forced to move out of the county due to the loss of her home in the fire. There has been a lack of appropriate staffing available to run the program since then. PCBH has plans to start the program in the summer of 2024 and has identified an appropriate staff member to take over the program.
3. Re-building relationships and communication and reporting requirements with contracted partners. Over the past 2-3 years there have been many staffing changes within PCBH and in the partnering agencies. Unfortunately, due to the Dixie fire, some of these staffing changes resulted in a less than smooth transition to new staff. This required the re-building of relationships and requirements with the new staff in the partnering agencies. The MHSA Coordinator has been meeting with the partnering agencies over the past year to establish the communication, requirements, and expectations of the MHSA contracts. These transitions are beginning to show some stability, however, the reporting information on program deliverables was lost with the staff that were in the positions before the Fire.
4. Greenville Wellness Center. In August of 2021 the community of Greenville was lost in the Dixie Fire which included the Greenville Wellness Center and 3 MHSA vehicles. Discussions about bringing the wellness center back to Greenville started in early 2022 and continue to be a conversation and a plan. In late spring of 2023, PCBH was able to identify a space in Greenville to offer therapy and medication services 2 days a week in the Plumas District Hospital Greenville Clinic. PCBH is currently working on a contract with PDH to be in the clinic on Tuesday and Thursdays to offer therapy and medication services in the Greenville Community. PCBH continues to search for options to bring back a full time Wellness Center in Greenville.
5. Transitional Housing. In the spring of 2023, PCBH was notified by its contracted partner, Plumas Rural Services, that they would no longer be able to provide the transitional housing services as of June 30, 2023. PCBH put out an RFP for this service but did not receive any bids. The PCBH director reached out to Environmental Services to inquire about the agency's ability to provide this service. Environmental Services will take over the transitional housing contract in the new fiscal year with a potential gap between the 2 agencies.

Community Program Planning And Local Review Process (CPPP)

California Code of Regulations Title 9 (CCR) and Welfare and Institutions Code Section (WIC) 5847 state that county mental health programs shall prepare and submit Three-Year Plans and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures. Plans and Annual Updates must be developed with the participation of stakeholders, and the description of the local stakeholder process must be included in that plan or update. The county is to conduct a 30-day public review period of the draft Annual Update and the Mental Health board shall conduct a public hearing at the close of a 30-day comment period. Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the county Board of Supervisors.

MHSA Community Program Planning and Local Review Process

County: PLUMAS **30-day Public Comment period:** August 2, 2023 – September 1, 2023

Date of Public Hearing: September 6, 2023

The Plumas County Behavioral Health (PCBH) MHSA Community Program Planning Process for the development of the 2023 - 2026 Three-Year Program and Expenditure Plan builds upon the continuous planning process that started several years ago. Over the past several years, this planning process has developed into obtaining input from diverse stakeholders through focus groups, stakeholder meetings, and survey results.

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

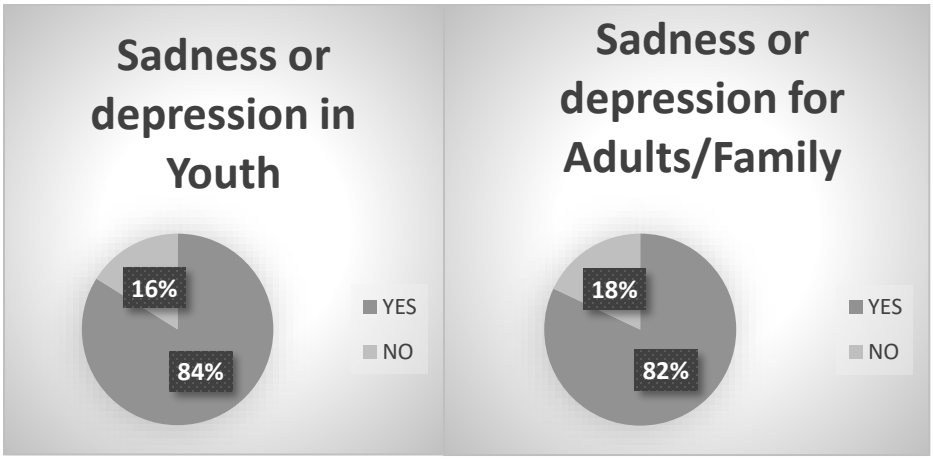
In addition to reviewing stakeholder input, we analyzed data on our client service utilization to determine if clients are successfully achieving positive outcomes. Outcome and service utilization data is regularly analyzed and reviewed by management to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client access and has been instrumental in our planning process to continually improve mental health services.

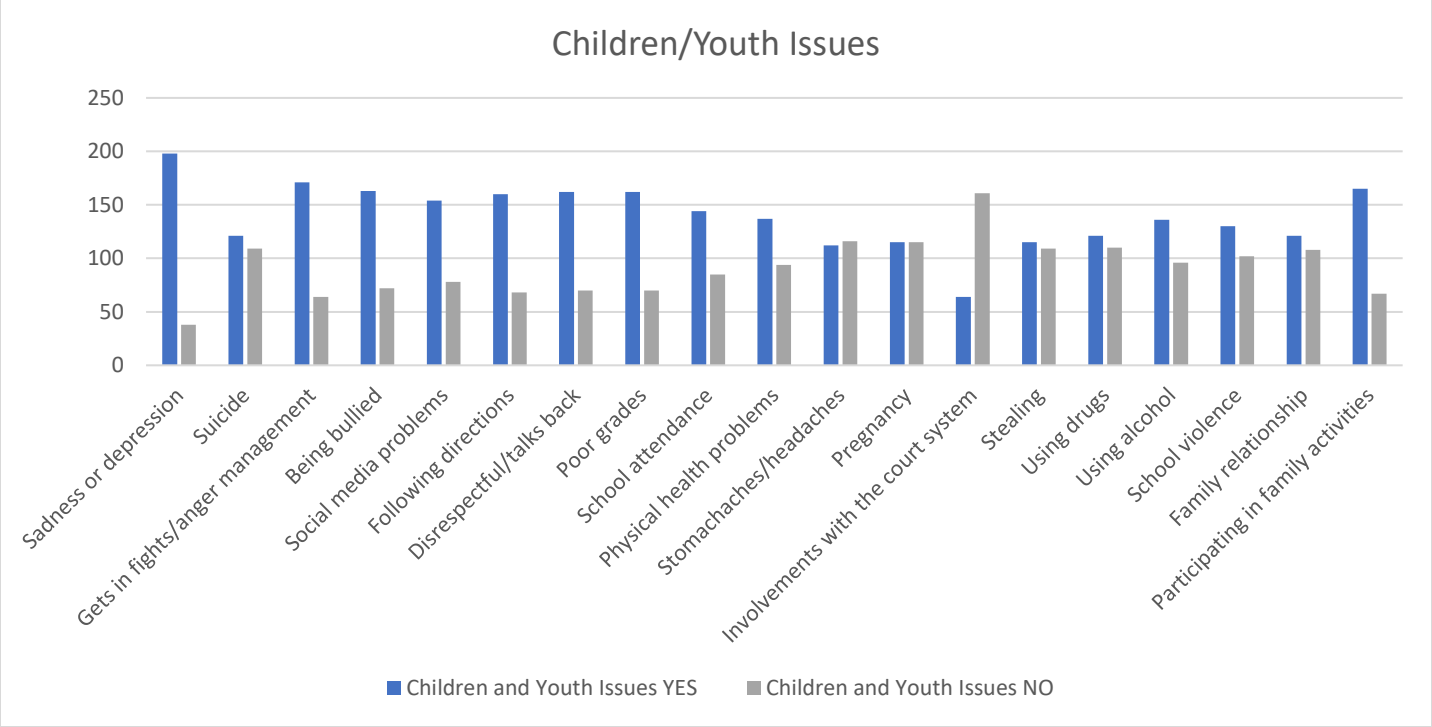
A primary goal of this 3-Year Plan includes a focus on funding for continuing programming that offers expanded services to underserved and unserved populations, with program changes to address stakeholder feedback obtained in the 2023 stakeholder meetings.

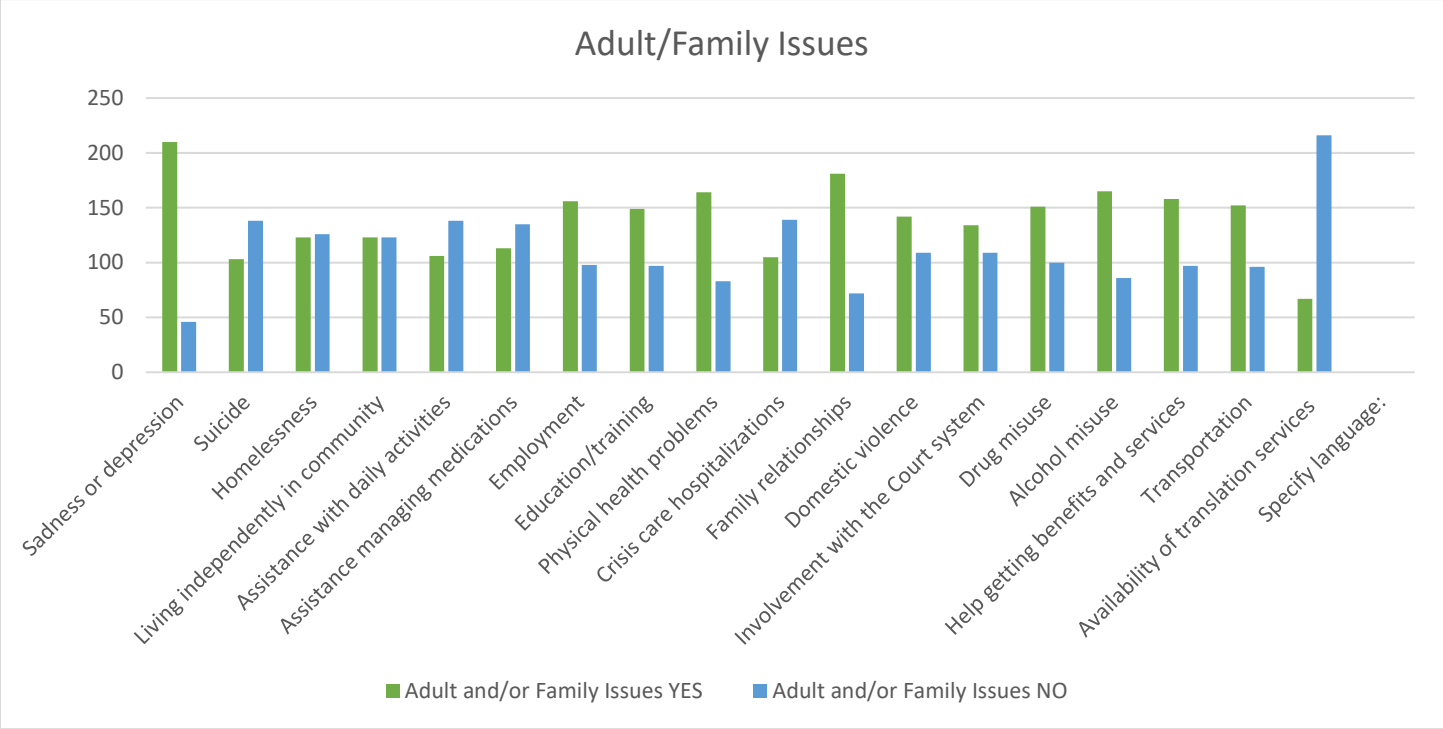
MHSA Program staff disseminated over 300 surveys and collected 281 Community Mental Health Priority surveys in February 2023. MHSA program staff obtained input from 32 youth, 9 Law Enforcement, 14 senior citizens, 9 Veterans, 76 school staff, 82 clients and 59 community members.

The top areas of concern to stakeholders are:

13. Sadness and Depression among youth and adults
14. Improving access to services for children and their families
15. Family Relationships
16. Anger Management
17. Alcohol Misuse
18. Physical health problems
19. Help getting benefits and services
20. Employment
21. Bullying, poor grades and disrespectful youth
22. Domestic Violence
23. Involvement with the court system
24. Homelessness







Plumas County MHSA Program staff scheduled 4 Community Program Planning meetings for all stakeholders and community members. In Quincy on February 21, 2023, Portola on February 23, 2023, Chester on February 28, 2023, and via zoom for the Greenville community on February 24, 2023. Due to inclement weather the Chester meeting was cancelled. During the community meetings, attendees were shown an MHSA 101 Slideshow that describes and covers the main components of the MHSA and how it is currently implemented in Plumas County. MHSA staff then engaged the stakeholders in open conversations about the current needs and gaps of Plumas County.

The MHSA Coordinator conducted the stakeholder surveys and community meetings. See Appendix A. for supporting documents.

In the Appendices, the following documents may be included:

D. The outline of the training or the presentation offered or provided to stakeholders, clients, and family members of clients who are participating in the CPPP.
E. Copies of email blasts, website screenshots, flyers, notices in social and print media, etc. that were used to offer the training to stakeholders, clients, and family members of clients who are participating in the CPPP.
F. Copies of materials used to announce planning meetings and other CPPP activities as well as presentations/handouts for the meetings and other activities.

DEMOGRAPHIC	**CPPP PARTICIPANTS**	
Age Group		
Youth (under 21)	32	
21-59	226	
60 and older	23	
Race/Ethnicity		
American Indian or Alaskan Native	20	
Asian	10	
Black or African American	3	
Hispanic or Latino	19	
Native Hawaiian or Pacific Islander		
White	210	
Multi-racial		
Other	21	
Gender		
Female	170	
Male	86	
Other	25	

Language Spoken at Home		
English	281	
Spanish	unknown	
Other	unknown	

AFFLICIATION/AREA OF INTEREST	CPPP PARTICIPANTS
Adults and Older Adults with SMI	82
Families of children & Tay with SMI	32
Behavioral Health Service Providers	
Law Enforcement Agencies	9
Education	76
Social Services Agencies	
Veterans	7
Representatives of Veterans	2
SUD Providers	
Health Care providers	
Senior Citizens	14
Community Members	59
Other	

Plumas County Behavioral Health staff created an MHSA 101 slideshow that covers the basic components, funding categories and the purpose and requirement of each category. This slideshow was shown at the beginning of each stakeholder meeting and was posted to the Plumas County website under the MHSA section. A hard copy of this slideshow can be found in appendix A

Plumas County makes every attempt and effort to gain stakeholder involvement and feedback in the MHSA. The MHSA coordinator holds a quarterly MHSA meeting, a quarterly Cultural Competency meeting, attends and reports at the monthly Behavioral Health Commission Meetings. The MHSA Coordinator has also gone out into the community to meet with other

agencies, schools, other therapy providers in the community and MHSA contract partners to invite them to any of the meetings and to answer any questions about the MHSA.

The Behavioral Health Commission is updated monthly on the MHSA and is made up of consumers, community members, youth, and a Board of Supervisors attendee. In recent months we have been able to get other community agencies to regularly attend the Commission meetings such as a representative from the sheriff's office and the school district. The Commission reviews all of the MHSA plans and updates before they are posted for the 30-day public comment or sent to the Board of Supervisors for final approval.

Stakeholder meetings were scheduled in each of the 4 communities for the CPPP process and gaining stakeholder feedback. Over 300 surveys were handed out throughout the community and a total of 281 were returned with stakeholder feedback about problem areas and needed services in this county.

Stakeholder Comments and Feedback from the 2023 Stakeholder Survey:

- The Work Crew Reinstated
- Bring back Mountain Visions & Work Crew
- Services are very limited in our county
- More IEP
- A big area of concern in the lack of Mental Health therapist as well as a community care facility for those suffering from mental health issues
- I am answering the questions for people I have seen that need help. So many kids need help
- Suicide for kids as young as 6 yrs old (services needed)
- Help with major PTSD and major anxiety disorder
- We all need to be important mentally, physically, emotionally, spiritually. I am tired of being the mental patient
- Support our library, children and youth activities
- Services county wide for cultural indigenous people of this land
- A close relative uses your services. Dr. B is amazing while I find your therapy/counseling lacking. Doesn't spend more than 10 minutes w/ client and no goals provided. Its like they are filling a quota to get funded.
- I do suffer from mental health issues and heart artery issues. Over past few years I am extremely grateful finding resources to help me
- I believe that many of these services are required. The stories I hear about bullying issues within the school district, youth taking their lives or attempting too. My family member went to PCBH, doctor told him he didn't need meds. He's been manic for 2 months at least, was 5150 but released 2 weeks later and is full on manic again.
- (clients name) has trouble focusing on school work in class. He gets distracted easily. Hard time following directions. He has had been sent to the office many times. He can't ride the bus because of behavior problems. He was suspended from school for fighting.
- Trauma counseling
- Services for children are needed
- Services for children are needed
- Services for children are needed
- Anger management for teens is needed
- Help for teens, NOT severe mental illness, support

- Children: Afraid of shooting
- Fire survivor family therapy is needed
- Family Groups
- Family Groups
- Family group counseling for family unit together (not just individually) more in person in Quincy vs Telehealth
- I just need a different provider my current one isn't helping anymore or available enough. I need case management as well since my previous one quit.
- Children/youth sexual assault is a problem
- People who have Agoraphobia had more access to class/support over the phone.
- Closer facilities for 5150 hospitalizations
- What can I do to help
- Vocational plumbing and heating school
- Some counselors don't' call patients back at all
- More help fo the parents dealing with unruly kids
- Plumas County needs a Rec center in Portola
- The doctors in the area are not listening to patients. I've had friends sent home only to have to be sent to Reno for proper care. Friend who's 14 year old sent home with "stomach bug" that died in Reno from juvenile diabetes because they wouldn't do the tests the mother asked for. I know multiple cancer patients who were told they didn't have anything wrong. They all got diagnosed in Reno of Chico. We need better doctors.
- I am age 75 (since age 28, have had sensations) I live alone. I am enrolled in one class at FRC British Literature 1785 to present. I walk to -from school. I am in stress reduction group workshop. One day a month I work, recording secretary.
- Education in nutrition, life skills, managing finances, health exercise.
- Our SSC has made a huge difference and is really needed
- I think there is difficulty for people in our community who are just out of high school to access resources while still dependents of family when what they need is to gain independence but can't if parents won't waive them. Its difficult for some populations to find a safe place to be.
- Counseling services in Spanish
- I think many people are not aware of which services are available
- There is so much need for mental health services for youth, family and parents. Housing is also an increasing need for many families
- Parenting classes and support groups
- Need for housing and job employment opportunities. Provide trade education to enhance our community as well as give others more job opportunities.
- Feeling included with peers/relationships is a problem.
- More counselors available across all fields
- More counselors available
- Housing not available
- Sexual abuse
- Homelessness
- Healthy recreational programs and activities
- Open safe place for LBGTQ
- Trauma counseling
- What happened to the counseling for fire victims?
- Low self esteem
- I am NOT aware of M.H. services for non-medi-cal

- Services needed for all, no matter what Insurance!!!!
- Cutting
- Vaping
- Vaping
- Services specifically for younger children counseling
- Unhealthy relationship dynamics – youth
- We don't have enough therapists locally
- Bring back Wilderness therapy, TAY and work programs
- These services might be available but people without medi-cal have a hard time accessing them.
- Sexual harassment
- Parenting skills, motivation, emotional support
- Parenting skills
- Its difficult to quantify how many families have difficulty with parent/family issues. Its not all of these issues all of the time. These items apply to a family for a time/place maybe temporarily. These issues seem to come and go in waves.
- Need someone to help with truancy
- Our SSC and full time counselors are invaluable. I think that readily available and easily accessible MH services are critical too. Especially on weekends, holidays and after school hours.
- Hard to convey understanding of parental situations as I do not have access to them as easily as with students. I do suspect possible domestic unrest in families, but no real direct evidence. I talk with (school staff member) about starting up a parental support group through the school and mental health outlets in the future. Community providers can come in once a month to give parents educational tools. Reading support, parent to parent support, educational work, tracking system, mental health coping skills, financial planning. A link between behavioral health, PRS, PCS, Rethink Industries.
- Addiction to phones, devices, social media
- I had a very interesting conversation with a group of 5th graders that expressed their personal issues with being LBGTQ. Many feel as though they can't tell parents and some have not told teachers either. This was very informative conversation to me, learning how some students prefer to be addressed (pronouns) and each sharing issues they have had at home or at school regarding being LBGTQ. I believe they need a place to come together outside their regular friend groups and have these tough conversations.
- My experience is most of the veterans here at EPHC feel they have utilized the services they have needed and want. The younger generation to get what they have coming. Hats, t-shirts, pens, pizza is what these guys want.
- We need more mental health providers and services for the area
- Transportation to outside services in Reno or Chico
- IHSS access not good
- Pro-active Chaplin, availability offered possibly local ministers on a rotation (weekly)
- Divorce: this needs to be its own subject. Have seen this hit our kids/parents hard in the community.

The draft 3-year plan will be posted to the county website and announced at the Behavioral Health Commission Meeting and the Board of Supervisors meeting. Hard copies will be printed out and posted at all the Wellness Centers throughout the county. A hard copy will also be delivered to the following agencies: Plumas Rural Services, Environmental Alternatives, Sheriffs substations, CHP office, Chester Elementary School, Chester High School, Greenville Elementary School, Greenville High School, Quincy Elementary School Pioneer Campus, Quincy Elementary School Alder Campus, Quincy High School, Plumas Charter School, Portola High School, C. Roy Carmichael Elementary School, county libraries in the communities of Portola, Quincy, and Chester, Public Health, Social Services, Quincy

Court House, Plumas News. Notice of the 30-day public comment will be posted on all public billboards in all 4 communities with a link to the posted draft document. The community of Greenville was lost in the Dixie Fire so the MHSA Coordinator will make contact with the Greenville Long Term Recovery Group and will provide them with a copy of the draft plan and inquire about other ways of advertising for the 30-day public comment within this community. Please see Appendix B for supporting documentation.

In the Appendices, the following documents may be included: newspaper articles, radio ads, flyers, billboards, website postings, email blasts, website screenshots, flyers, notices in social and print media, etc. are examples of methods that were used as described above.

STAKEHOLDER FEEDBACK AND PUBLIC COMMENT

ON DRAFT MHSA ANNUAL UPDATE, FY 22/23

Public comment is incorporated into this section of the Annual Update and included without editing. Substantive comments will be addressed and considered for ongoing department and MHSA planning as time, progress, capacity and funding allow, and in future Program and Expenditure Plans for stakeholder review, public comment and Board approval.

This space was reserved for written substantive stakeholder feedback during the 30-day public comment period.

Public comment period was between August 2, 2023, and September 1, 2023.

Summary of Prior Recommendations

Stakeholder feedback from program year FY 22/23 meetings, as well as funded programs quarterly meetings, 20,000 Lives meetings, user survey data, focus group input, and subsequent discussions with individual stakeholders, consumers, and staff, includes the need to provide these services. PCBH recognizes that these areas are experiencing ongoing development and implementation or may be experiencing delays due to lack of county capacity and programs being put on hold due to Covid -19, the Dixie Fire, and massive staffing changes.

A. Resources and support for teen relationships and breakups

B. Couples' communication training and family support (Trauma from the Dixie Fire has increased relationship struggles)
C. Depression and Sadness is the number one problem for both youth and adults.
D. Support for local hospitals with 5150 processes (not enough staff)
E. Substance Use

Community Services and Supports (CSS)

Plumas County Behavioral Health's MHSA Community Services and Supports program provides funding for in-house and community-based programs as an expansion of the existing County Mental Health Plan (MHP) to meet the immediate needs of Plumas County residents through targeted activities that blend with direct therapeutic and case management services for county Medi-Cal beneficiaries.

These activities focus on areas of Outreach and Engagement, General Systems Development, and Full-Service Partnership. Additionally, CSS funds are used to pay for costs not covered by Medi-Cal reimbursement and State Realignment funding, associated with therapists and case managers who work with these underserved populations, with particular efforts made to enroll the highest-need clients – those who may struggle with homelessness, may experience prolonged suffering from chronic, untreated severe mental illness, and those who experience higher frequencies of significant impairments to their daily functioning and quality of life, meaning they may be high utilizers of hospital emergency rooms, jails, and psychiatric hospitals.

2022-23 Plumas County Behavioral Health Client Demographics

Client Population by Age (years):

0-11 years	58	
12-25	124	
26-64	246	
65+*	27	
Total	455	

Client Population by Gender:

Male	235	
Female	218	
Total	455	

*Veterans served across age categories = Not Reportable

Client Population by Race:

White	341	
Non-White Other	7	
Not Reported or Unknown	30	

Client Population by Ethnicity:

Not Hispanic	341	
Hispanic	45	
More Than One Ethnicity	69	

Asian/Pacific Islander	6	
Native American	18	
Black or African American	8	
More Than One Race	NR	
Total	410	

Total	455	

NR = Not Reportable

d. Outreach and Engagement

Plumas County Behavioral Health provides outreach and engagement services to individuals who participate in the PCBH intake and assessment process, participate in Wellness Center activities, and to those who are discharged from hospital or jail. The purpose of outreach and engagement is to assist unserved and underserved individuals in accessing services and supports that will ensure completion of the initial intake, from assessment through criteria and diagnosis, to approval for services; the period of outreach and engagement is typically characterized as the first 30 days of assessment, diagnosis, utilization review, and assignment of a therapist, and in some cases a case manager. This period varies dependent on the client's ability to engage with PCBH staff, and in many cases, to obtain lodging, food assistance, and other supports which are needed to become stable and engage in services.

Outreach and engagement may be offered to previous clients who are re-engaging in services after an absence; these supportive services may help the individual to stabilize and may include emergency lodging, emergency food or utility assistance, and often transportation assistance in the form of a bus pass, or, depending on need, transportation support. MHSA CSS funds are the primary source used for outreach and engagement expenditures.

When an individual meets diagnosis criteria of a serious mental illness or co-occurring diagnosis of serious mental illness and substance use disorder, or functional impairments that may be associated with an undiagnosed mental illness, the process may culminate in the therapist and client working to develop a problem list for ongoing therapeutic services.

In Fiscal Year 2022-23, PCBH provided outreach and engagement and client support services to more than 25 new and re-engaging clients. PCBH provided direct support for clients, such as clothing vouchers, one-time supports, emergency food assistance, bus passes, etc. Emergency lodging through outreach and engagement services and emergency lodging through client support services were also achieved.

Some of these clients were later enrolled in Full-Service Partnership housing programs with local contracted service providers – Plumas Rural Services, which provides both O/E emergency lodging to non-FSP clients and transitional housing and homeless prevention supports to FSP clients, or Environmental Alternatives for intensive case management, therapeutic services, transitional housing, basic needs support, employment and education support, and transportation and peer services.

e. Full-Service Partnership (FSP) Programs

Full-Service Partners receive both mental health and non-mental health services as allowed expenditures, per the California Code of Regulations (CCR), Title 9 Chapter 3620. Mental health services include, but are not limited to, alternative and culturally specific treatments, peer support, wellness centers, supportive services to assist the client and, when appropriate, the client's family in obtaining and maintaining employment, housing, and/or education. Non-mental health care includes but is not limited to food, clothing, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, transitional and temporary housing, cost of health care treatment, cost of treatment of co-occurring conditions, and respite care.

iii. Plumas Rural Services (PRS) – Client Support and Transitional Housing Program

PCBH provides a "whatever it takes" service delivery model in meeting its highest acuity clients' needs through the MHSA Full-Service Partnership program. Through its emergency lodging, transitional housing and client support contract with Plumas Rural Services, PCBH is able to react quickly to assist the client in gaining stability through a housing continuum of emergency lodging (local response to homelessness), transitional housing, and when available, move-in and rental assistance in permanent housing (typically used in combination with leveraging the client's Section 8 voucher for affordable housing, if they qualify for this program).

The goal is to support more community services for high-need individuals. Programs are designed to provide comprehensive, recovery-based, and culturally competent services to the highest-need clients (and their families when appropriate) in the county:

- Serious Mental Illness/Disorder – partners served in FSPs are living with a severe mental illness (TAY and adult populations) or a serious emotional disturbance (child and TAY populations, under 18 years), in addition to often having a history of homelessness, incarceration, and/or institutionalization.
- Recovery-Oriented – FSPs are designed to provide comprehensive, recovery-based services to the highest-need clients in the public mental health system.

- Intensive – FSP programs provide intensive case management on a 24/7 basis, doing “whatever it takes” for the client to promote progress in their recovery.
- Comprehensive – services may focus on crisis response and de-escalation, medication evaluation, establishment of benefits, and preparation for education and/or employment.

During program year FY,2022-2023, PCBH served:

Transitional Housing-16

Non Housing-4

Rental Assistance-2

Emergency Lodging-1

Total Housing Assistance-25

A majority of the costs were for FSP clients, who may have also received emergency lodging from PRS and food and clothing assistance directly from PCBH during a short period of outreach and engagement.

Due to staffing shortages, PRS gave notice that they would no longer be able to provide this service as of June 30, 2023. Environmental Alternatives will be taking over this service in the new fiscal year.

iv. Environmental Alternatives (EA) – Plumas Commons Transitional Supportive Housing Program

For the highest acuity clients, those who are at risk of chronic homelessness or are chronically homeless, at-risk of re-hospitalization or re-incarceration, PCBH refers clients to the voluntary FSP program (up to ten housed at any given time) with Environmental Alternatives, to provide an intensive therapeutic program, including but not limited to: transitional housing, intensive therapy and case management, assistance meeting basic needs, and connection to other service providers, such as primary care clinics, vocational training, employment placement and/or education linkage, and transportation, as well as contact with a known peer on premises for 24/7 response. This program provides support and services for up to 24 months; additional time may be requested, as indicated. For this reporting period, the cost for FSP EA clients is a total of $479,000.

Environmental Alternatives (EA) provides full case management and mentorship, at a low client to staff ratio, to its participants in pursuit of meeting the preceding

goals for participant stability. Transportation, accompaniment, advocacy, peer counseling, individual rehabilitation and all other elements of full case-management are standardly provided to all participants. Several provisions are included with enrollment as well, including but not limited to food, household and health/hygiene supplies, toiletries and incidentals, recreational activities, access to public transport, in-home internet, and mobile phone payment support.

Intake for program participants is by referral only from Plumas County Behavioral Health Department. It is only open to adult mental health participants living with a severe mental illness, who meet the county's "Full-Service Partnership" enrollment criteria. Duration of participation is open-ended and determined by the county and provider agency through quarterly assessments.

Description of completed program activities

Every Plumas Commons participant is standardly engaged with the following activities upon intake into the program. Each client:

- is provided an independent one-bedroom rental living unit complete with new furnishings, cleaning supply, cooking supply, and wireless internet. Rent contracts are signed between the client and property management company, establishing rental history for participants.
- Is given a needs assessment, capturing current status/need for:
    - Medical/physical health
    - Mental health
    - Legal/criminal history & status
    - Substance abuse
    - Food/nutrition
    - Hygiene
    - Clothing
    - Finance/income
    - Vocational/employment
    - Socialization/recreation
    - Transportation
    - Communication
    - Signs of set-back

- Is standardly assisted with application for Social Security income benefit, including support from disability advocate attorney if appropriate.
- Is assisted with application for Housing Choice Voucher (Section 8) from Plumas County Community Development Commission and Housing Authority, which includes application for heating and Energy Assistance Program (HEAP).

- Is assisted with Cal Fresh application if applicable.
  Is supplied with a monthly local bus pass, or intercommunity bus pass if needed. Passes are continued monthly if needed.
- Is provided monthly mobile phone card for use of mobile phone where needed. Mobile phone is provided if participant does not have one.
- Is given information and referral for all community food resources.

Ongoing program activities completed within Plumas Commons Program include:

- Financial budgeting (with intent for increased contribution toward rent/expenses)
- Applicable life skills education from case managers and rehabilitative supports.
- Peer counseling/rehabilitation from case managers/support counselors
- Involvement in local community events
- Assistance scheduling and completing appointments, including transport and accompaniment.
- Emergency food support when community resources are not available (grocery gift cards)
- Holiday activities, including on-site group dinners and cutting/decorating of Christmas trees.
- Consideration for ownership of a small companion pet, when appropriate
- Group/individual recreation outings locally and out-of-town

The Plumas Commons program successfully delivered housing and support to its full -service partner participants in accordance with EA's program philosophy. It is the program's belief that its participants will respond favorably to enduring relationships emphasizing understanding, non-judgmental acceptance, and security. In fostering and developing healthy mentor relationships, trust, belonging, and community within its participant population, EA has accomplished a significant overarching mission. Participants have gained a strong sense of community among those living on the Plumas Commons property, as well as a strong rapport with EA staff. Positive progression of stability of participants is strongly tied to the client's quality of life, relationships, and safety. EA has strategically increased these elements in the lives of participants through consistency of contact, reliability, confidentiality, and through provision of small incentives and promotion of program community events.

Challenges and barriers during reporting period

One of the largest challenges in delivering a transitional housing and support model program is in balancing levels of support/supervision with independent living philosophy. Plumas Commons is not intended to be a 24-hour care model program. The intent is to be a mid-long-term transitional housing model with independent-living case management support. As such, ensuring participant compliance during times when on-site support is not available from EA, is challenging. On-site support is provided weekdays and weekends during daylight hours, but during evenings support is currently provided only on an on-call basis. To maintain encouragement of independent living, program support should not monitor participants excessively, but should give them some measure of liberty. The challenge has been to ensure that our participants do not negatively impact their participation with inappropriate use of said liberty. In the coming fiscal year, EA intends to provide an onsite residential adviser who will live on the program property and act as a limited mentor staff (non-employee) and will provide monitoring of residents and property during non-business hours.

Another challenge is the availability of major stabilizing elements that affect a client's successful completion. Two of the largest barriers to client independence/stability are income and housing. All participants in Plumas Commons have been diagnosed with a severe mental illness and are qualified for social security income benefits. Likewise, all participants may be eligible for Section 8 subsidized housing. The challenge is that the waiting period for each of these programs is significantly longer, up to 2 years or more and will often be denied if they possess a criminal background within three years prior to application. Participants will ideally recover and become stable within 12 months, but without income and/or affordable housing in place, they are not able to successfully live independently.

f. <u>General Systems Development: Community-Based Wellness Centers</u>

PCBH has been operating Wellness Centers in Portola, Greenville, and Chester. These community-based centers opened from Fall 2016 through Spring 2017. Unfortunately, the Greenville Wellness Center was destroyed in August 2021 by the Dixie Fire. Environmental Alternatives holds the lease for the Chester Wellness Center and Plumas Rural Services holds the lease for the Portola Wellness Center.

In early 2017, Plumas County Behavioral Health hired one supervising and three site coordinators. In 2021, the PCBH drop-in center (DIC), moved to a more central location and is now called the Quincy Wellness Center. At the DIC they provided some wellness activities and classes, including music, art, and healthy cooking classes, to full-service partner and chronically mentally ill clients at PCBH, in addition to therapeutic services; The Quincy Wellness Center started providing groups and other wellness activities like music in late 2022. The Quincy Wellness Center has had to adjust the types of wellness activities they can offer due to the resources that are available in the new building.

Wellness Centers play an integral part of the community-based service delivery model that Plumas County Behavioral Health has been developing since 2014. Direct individual and group services are provided within the Wellness Centers and incorporate appropriate and existing SMI/SED therapeutic services, including comprehensive assessment services, wellness, and recovery action planning (WRAP), case management services and crisis services; education and employment support, mental health training and anti-stigma events, linkages to needed services, housing support, as well as transportation, and peer to peer advocacy and peer group facilitation.

PCBH Wellness Centers reflect characteristics and needs of their respective communities. General features of all Wellness Centers, as well as some community-specific information are summarized below:

- Facility locations that are easy-to-access, *consumer-friendly*, and provide a *community-based alternative* to a traditional clinic atmosphere.
- Full-time supervising site coordinator supervises three site coordinators, stationed in Chester, Quincy and Portola (all PCBH employees).
- Office space made available to other county agencies and non-profit direct service providers, including but not limited to, Public Health Agency, Veterans Services, Social Services, Probation, and community-based organizations who provide direct services.
- Expansion of telepsychiatry and telemedicine services, phased in through beginning of FY20/21.
- Training and professional development as well as clinical supervision to support peer advocacy staff who work with clinical and wellness center staff.
- Space for PCBH licensed clinicians and client support specialist (case managers) staff to provide clinical services.
- Localized outreach and engagement efforts to underserved populations.
- At Portola and Chester – resource referrals to PCIRC and other service-based agencies; ongoing food/clothing distributions; Portola staff work closely with the PCIRC Portola Family Resource Center
- Space and funding for community-based wellness activities, such as yoga, tai chi, art, children's afterschool, and holiday programs (outreach to families), smoking cessation, etc.

PCBH Wellness staff began collecting and reporting center utilization data in 2020-2021 using an electronic collecting tool on a tablet at each center. Data was collected beginning in January 2020. Visitors voluntarily sign in and self-report their reason for the visit.

<u>FY22/23 Wellness Center Utilization (July 2022 - June 2023)</u>

Chester – 2,076

Portola – 1,440

Quincy – 1,024 (September 2022 – June 30, 2023)

Prevention and Early Intervention (PEI)

The Plumas County MHSA Prevention and Early Intervention (PEI) Program consists of contracted community-based programs working with targeted populations to address mitigating negative outcomes - school failure, removal of children from their homes, suicide, and prolonged suffering – that may result from untreated mental illness through programs of Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment Program, Improve Timely Access to Services for Underserved Populations Program, Stigma and Discrimination Reduction Program, and Suicide Prevention Program.

Combined, these programs connected with over 4,000 (over 20% of) Plumas County residents either through indirect prevention, suicide prevention, and stigma and discrimination reduction and outreach and engagement programming or through direct referrals to services, supports, and case management. Plumas County commits a majority of its PEI funding (75.6%) to programs for those under 25 years of age, targeting elementary, high school, and college-based outreach and access and linkage to hard-to-engage and hard-to-serve child and adolescent populations through school-based and afterschool programs. Veterans (13%) and Seniors (33%) are other large populations in Plumas County which receive PEI funding for programs targeting these underserved populations.

Each of the following PEI programs provides unique experiences, services, resources, and supports to Plumas County populations which are typically unserved to hard-to-serve, due to difficulty in engaging, stigma blocking discussion of mental illness, bullying behaviors, or isolation.

G.

Program Name	Veterans Services Office – Veterans Outreach
Program Partner	Plumas County Public Health Agency
FY2022/23 Expenditure	$50,000
PEI Program Type	Improving Timely Access to Services for Underserved Populations
Age Groups Served	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Unemployment, homelessness, suicide, and prolonged suffering
Number of Participants	Targeted outreach: 1,807 veterans MHSA demographic data collected: 474
Program cost per participant:	$105.49

Period 07/01/2021 to 12/31/2021

PCVS's ability to effectively operate with the county was severely impacted by the Dixie Fire. This fire started on July 13, 2021, and continued to burn in the county until 10/25/2021. The fire burned the communities of Twain, Indian Valley, Greenville, and Canyon Dam. The community of Chester was under a mandatory evocation order for approximately a month. The community of Quincy was under an evacuation advisory for days. State Highways 70 and 89 were closed to all traffic for weeks and after reopening involved impairing the ability to travel because of the long delays required for hazard removal and road repair. The fire created hazardous air quality throughout the county making outside events impractical. The influx of over 4000 fire suppression personnel from outside the area impacted the delivery of normal business services in both Quincy and to a lesser extent Portola. In summary normal activity in Plumas County was seriously affected by the Dixie Fire and regular outreach and daily business was impractical if not impossible.

1. During the Dixie Fire period, July through September 2021 attended and presented on various subjects at the Portola VFW Post # 3758 on 07/06 (7 attendees), 09/07 (9 attendees), and 11/02 (7 attendees) 2021. Attended and presented at the Portola American Legion Post # 329 on 08/04 (11 attendees) and on 10/06 (9 attendees) 2021. Attended the Quincy VFW Post # 3825 on 07/21 (8 attendees), 08/18 (5 attendees), 09/15 (? attendees), 10/20 (10 attendees), 11/17 (6 attendees), and 12/15 2021 (5 attendees). Total meetings attended 9 and total attendees at meetings 77. Post Dixie Fire period through the end of the year attended Portola VFW Post 3758 meetings 07/06 (7 attendees), 09/07 (9 attendees), and 11/2 (7 attendees) 2021 and the Portola American Legion Post 329 meetings 08/04 (11 attendees) and 10/06 (9 attendees) 2021. Attended the Quincy VFW Post 3825 meeting 07/21 (8 attendees), 08/18 (5 attendees), 09/15 (? attendees), 10/20 (10 attendees), 11/17 (6 attendees), and 12/15 (5 attendees) 2021. Presented at 6 of the meetings about VA Healthcare's new community care program, it's eligibility and utilization and on eligibility, enrollment, and benefit of CalVet care homes. Total meetings attended during the period 10 and total attendees at meetings 77. For the period 07/01/2021 to 12/31/2121 total service organization meeting attended 19 and total attendees at meetings. Total service organization attendees-144.
2. Staffed, for veteran access, the CA Office of Emergency Services (OES) Local Assistance Center (LAC) events in Quincy on August 5th through 8th and again August 19th through 23rd 2021. The

office also staffed a similar event in Chester on September 14th through the 18th, 2021. During these events veterans and their families were given cash donations, assistance with obtaining replacement military records, assistance with VA Health Care. Total number of events-19 and total veteran attendees assisted at booth-106.

3. Organized and staffed the Dixie Fire Veterans Stand Down on August 28, 2021, held at the Quincy Elks Lodge. 19 veterans were helped. The help included distribution of cash donations and well as the distribution of tents, sleeping bags, cots, clothing, personal hygiene items, propane, and food. Organized and staffed booth at Plumas County Veteran's Stand Down., 11/19th and-20th 2021. 33 veterans connected at the booth. Total attendees connected to booth-52.
4. Visited for a 3-week period, on a bi-weekly basis, and then as needed the American Red Cross Evacuation Centers located in Quincy and Portola, CA. Cash donations were distributed, lost records replacements were processed, VA Healthcare applications were processed, VA was handed prescriptive medication was coordinated, and information on VA homeless assistance programs out. 15 different veterans were assisted while at these facilities.
5. Served as a contract point and coordinator of disaster benefits donated by veteran-based service organizations. This resulted in over $40,000 in donated material (tents, sleeping bags, propane, clothing, food, and personal hygiene items) which was received and distributed to Dixie Fire impacted veterans and their families. The office also distributed $535 to 35 county veterans who suffered home destruction from the fire. The $525 came in installments of $100, $100, and $325. The first installment helped fire victims with the immediate need for fuel and food.
6. Staffed an outreach booth at the Quincy Farmers Market on 07/10, 08/28, and. 09/11/2021.
7. Staffed booth at Greenville Gold Digger Days 07/17/2021.
8. Spoke on veteran benefits and VA Healthcare at Veteran Day event at Feather River College on 11/10 and at a Plumas District Hospital Volunteers Luncheon on 11/10 2021.
9. Total VA compensation claims, and VA Healthcare applications submitted during the time 07/01/2021 to 12/31/2021 (per CalVet VetPro data) 165.
10. The VA Van shuttle from Quincy CA to the Reno VA Medical Center made 24 trips, with 31 riders and drove 3,936 miles. During this time the VA imposed a restriction of only 1 occupant per trip due to Covid 19 restrictions imposed on the VA healthcare system.

TOTALS

Out of office outreach at Dixie Fire assistance events-50.

Outreach to veteran service organization or community events- 302.

Total VA compensation and VA Healthcare submissions (VetPro reported)-165.

Total New Award Compensation Paid by VA for Fiscal Year 21-22 totaled $961,971 which ratios, by claims submitted to $437,906 paid to county veterans or dependents for Q1 and Q2. The average award per claimant during this period $7,677.

Period 01/01/2022 to 06/30/2022

There was an adjustment in program strategy in the post Dixie Fire and post Covid 19 time periods. The change was to make VA and CalVet programs and benefits known to move potential beneficiaries and to allow access to claim submissions with office assistance easier by opening offices in Portola and Chester on a twice-monthly basis and having a presence in community events and in service organizations meetings. This change allowed veterans and family member easier direct access to office representatives rather than traveling to Quincy. We also attempted to staff booths at major community events. During this time, we provided staffed booths at 4 community events, one in the Chester area, one in the Portola area and two in the Quincy area. Being present at these community events allows the public to recognize the office and to make available at these events benefit books, brochures and pamphlets concerning VA and CalVet benefits and services. The office also posted on a weekly or bi-weekly basis on its Facebook account and had 1 radio interview on a local AM/FM radio station. The Facebook postings deal with VA and CalVet benefit updates. The office Service Officer continued to be an active member in the Greenville and Portola American Legion Posts and well as the Portola and Quincy VFW posts. 11 service organization meetings were attended during this 6-month period. With the changes in service delivery the number of actual face to face veteran and veteran family interactions increased beyond Program Activity projections.

SERVICE ORGANIZATIONS MEETING:

- Quincy VFW Post # 3825-01/19 (5), 02/16 (6), 03/16 (9), 04/28 (8), 05/18 (8), and 06/15 (7). A Total of 7 meeting attended with a total of 43 in attendance.
- Portola VFW Post # 3758-01/04 (8), 03/01 (9), 05/03 (11). A total of 3 meetings attended with a total of 28 in attendance.
- Portola American Legion Post # 329-02/02 (12), and 04/06 (8). A total of 2 meetings attended with a total of 20 in attendance.
- TOTALS FOR SERVICE ORGANIZATION MEETINGS THIS PERIOD: 12 meetings attended with 91 in attendance.

OFFICE OPEN IN PORTOA

- 03/01 AND 15, 04/05 and 19, 05/03 AND 17, 06/07. An average of 4 drop ins and appointments for a total of 28 veteran or dependent connections.

OFFICE OPEN IN CHESTER

- 03/8TH and 22nd, 04/ 12th and 26th, 05/10th and 24th, and 06/14th and 28th. An average of 4 drop ins or appointments for a total of 32 veteran or dependent connections.

EVENING PRESENTATION

- Program “Aging Veterans-Benefits for Aging Vets and their Dependents”.
- Quincy Branch Library 05/19/2022.
- 6 attendees.

INFORMATION BOOTH- SIERRA VALLEY CATTLEWOMES ASSOCITATION “OILDALE” MOVIE PRESENTATION

- 04/08/2022 Vinton Community Hall.
- 40-50 presents and 10 veteran contacts.
- Brochures on VA compensation, VA Healthcare, and Suicide Awareness

INFORMATION BOOTH-QUINCY GROUND HOG DAYS

- 02/05/2022
- Large community presence and 5 veteran contacts.
- Brochures on VA compensation, VA Healthcare, and Suicide Awareness

INFORMATION BOOTH-LAKE ALMANOR FISHING DERBY

- 06/25/2022
- 200 plus veterans present with 20-25 with booth contact.
- Brochures on VA compensation, VA Healthcare, and Suicide Awareness

INFORMATION BOOTH AND ORAL PRESENTATION QUNICY MEMORIAL DAY EVENT

- 05/29/2022.
- 175-200 in attendance with 125 booth connections.
- Oral presentation on suicides as a war death.
- Food was provided to veterans and their families with a booth connection required.
- Brochures featured suicide prevention and suicide awareness.

RADIO INTERVIEW-KJDX FM 93.3 AND AM

- 05/29/2022.
- Memorial Day events in the county.
- Suicide awareness and suicide victims as casualty of war/related deaths.

VA VAN SHUTTLE FROM QUINCY TO RENO VA MEDICAL CENTER.

- The office arranged and transported 65 veterans with 38 trips for a total of 6232 miles.

TOTAL VETERANS AND DEPENDENTS CONNECTED TO DURING PERIOD……193.

TOTAL CLAIMS SUBMITTED (VA COMPENSTION, HEALTHCARE AND CAL/VET) …….170.

TOTAL FOR BOTH CATIGORIES ……..363.

TOTAL NEW AWARED COMPENSATION FOR PERIOD (Q3 and Q4) -$524,065 for average of $7,677 per

submitted claim.

H.

Program Name	Senior Connections
Program Partner	Plumas County Public Health Agency
FY20/21 Expenditure	$65.000
PEI Program Type	Access and Linkage to Treatment
Age Groups Served	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Prolonged suffering and suicide
Number of Participants	Targeted outreach: 344 seniors MHSA demographic data collected: 92 seniors Case-managed home visits: 65 seniors
Program cost per participant:	$351.35

Overview:
Senior Connections has been designed to enhance basic-need programs to the older adult population already provided through Plumas County Senior Services. The enhancements offered are intended to reduce prolonged suffering in the older adult population, especially in homebound seniors, who are identified as underserved in Plumas County.

Enrollment / targeted "underserved" group:
This MHSA-funded prevention program employs strategies of improving timely access to services for underserved populations and access and linkage to treatment through support of home visits by a public health education senior specialist to homebound seniors through linkage with the Senior Nutrition Program, and screens participants for early signs of depression or other mental illness.

This approach provides staff of Senior Connections the opportunity to quickly identify individuals who may otherwise remain underserved and may need a referral for a mental health intake and assessment. The program also connects seniors to the greater community to combat isolation and to improve whole health outcomes through social connection and education.

The program enhances ongoing collaboration and partnerships with Behavioral Health and other key community partners to provide this underserved population with access and linkage to mental health services, thereby increasing timely access. These activities and strategies will decrease negative outcomes of prolonged suffering that may result from untreated mental illness in homebound seniors.

History / program components:
Over the past five years Senior Connections has created a home visiting program to connect with our home-bound seniors, who are at higher risk for developing physical and mental illnesses, as well as for premature death. It is designed to encourage social connections, assess risks, and refer to appropriate services and resources. Along with the home visiting program, Senior Connections has provided connections, opportunities, and resources to seniors utilizing Plumas County Senior Services Congregate meal program. These additional services were open and available to all seniors and those interested in learning about common illnesses and disorders affecting our seniors. They included Age Well, Live Well (a quarterly health educational series focused on seniors), Plumas County Senior Summit, weekly activities at each congregate meal site, monthly emails, quarterly printed newsletters,

the Senior Resource Group, and other small projects that enhance the mental wellness of Plumas County seniors and decrease the duration of untreated mental illness and prolonged suffering. These additional services have been reduced due to funding reductions, and only the Senior Summit and Senior Resource Group has continued in addition to the homebound visiting program.

ii. Home Visiting Program

Visit 100-200 low-mobility individuals in their homes to relieve isolation and decrease prolonged suffering of depression, anxiety, or other potential health related issues, broadening access to health and social services, and connecting them to community.

A brief screening tool (PHQ-2) will be administered to assess for depression, and each home-bound meal recipient will be asked if they are receiving mental health services. In addition, a brief health history questionnaire including recent ER visits, sleeping and eating habits, living arrangement, and support systems will be provided. As needed, based on these surveys, seniors will be referred for mental health intake and assessment at Plumas County Behavioral Health, their primary care physician, or other access to supports available to meet their needs.

Visiting Client Number: 202

Fourth quarter reports the number of intakes for homebound seniors receiving meals was 202. This is a reduction of 3 from the last report. The three congregate sites are now all in full operation. Senior Nutrition continued to deliver meals to senior households over the last 12 months. Some deliveries include caretakers. 202 documented "regular" homebound meal participants reporting is based on what information was available at the time. Some of the participants still require weekend meals or addition meals, for some these are the only meals they have available. Per area we had the following additions and deletions. Portola lost 2, Quincy stayed the same, Greenville lost 3 and Chester gained 2.

This Quarter the Sr Connections Program Manger di a pilot program of delivering meals with and without the normal drivers to the Portola homebound participants on a regular basis. During this time, brief, but informative conversations took place to assess isolation issues, mental and chronic health issues and create a caring resource that could be trusted. Information was provided as requested on County services and referrals outside the area. Many of the participants looked forward to the regular weekly or at times, several times a week delivery of their meals and visiting.

Activity name: Home Visits and Referrals	Q1#	Q2#	Q3#	Q4#	20-21 Total
Number of Home-Bound Seniors receiving contact from home visitor	43	30	28	15	43
Number of case management and information sharing contacts (clients, referrals, callbacks)	28	61	47+	29+	165+
Total number of referrals	15	23	23+	15	76+
• Mental Health Services	2	2			4

• Veterans Services	2	1			3
• Senior Life Solutions			1		1
• Adult Protective Services	1	1	2	1	5
• Housing	3	4	4	1	12
• Legal Services of Northern California	2	1	1	1	5
• HICAPP Medicare Advising		3	2		5
• Home Health		1	2	1	4
• Utilities Assistance / CA Lifeline phone	3				3
• Transportation			1	1	2
• IHSS	1	2	3	3	9
• Caregiver Support	1	4	2	2	9
• Vision and Hearing		2	1		3
• Meal participation		2	2	4	8
• Alzheimer's			1		1
• Parkinson			1		1
Number of referral follow-up surveys*:	13	14	23	7	57

*All referrals were followed up by phone contact with client or referral agency.

I.

Program Name	Young Child Mental Health Program
Program Partner	Plumas Rural Services
FY22/23 Expenditure	$13,343.45
PEI Program Type	Early Intervention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Removal of children from their homes, school failure, and prolonged suffering
Number of Participants	10
Program cost per participant:	$1334.35

This program ran from July 1, 2022, through October 2022 at which point PRS gave notice that they would no longer be able to provide this programming due to a lack of staffing and the inability to re-hire a clinician in this area. During the time this program ran in FY 22/23, approximately 10 children received therapy services before either being closed to services or being transferred to another provider based on medical necessity.

J.

Program Name	Youth Prevention Services – Visions
Program Partner	Plumas Rural Services
FY21/22 Expenditure	$18,000
PEI Program Type	Prevention: Access and Linkage to Treatment and Suicide Prevention
Age Groups Served	Children and their families (0-15)
	Transitional Age Youth (TAY) (16-25)
Reduction of Negative Outcomes:	Suicide risk, school failure/dropout, removal of children from their homes, and prolonged suffering
Number of Participants	15
Program cost per participant:	$1200

The Visions Youth Prevention Program provides prevention services for up to 15 girls and nonbinary youth, ages 11-18. Originally grounded in research on girls' development, the program was updated in 2022-23 to reflect the changing needs of adolescents and the youth-led desire to increase inclusion in the program. Youth participants in the formerly named Girl's Rite program saw a need to offer this space for their nonbinary classmates in 2022, and the Visions program developed through their leadership and drive.

Visions provides space for girls and nonbinary youth that supports participants' capacity for building self-confidence, physical and emotional resiliency, healthy relationships, and participating in regular physical activity. This work promotes these five protective and promotive factors of the Youth Thrive prevention framework, which is a trauma-informed, strengths-based youth development program to

mitigate risk of and/or reduce negative outcomes that may result from untreated mental illness, such as suicide risk, school failure or dropout, and risk of removal of an adolescent from the family home. We know these risks increase significantly for LGBTQ+ youth, including gender non-conforming youth.

According to a 2011 study in the Journal of Adventure Education and Outdoor Learning, “all-girls programs create a space for adolescent girls to feel safe, increase their connection with others, and provide freedom from stereotypes.” Furthermore, outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy, and initiative, with positive results persisting for years.

Visions will be delivered in Quincy with after-school meetings for two (2) hours twice per month during the school year. During these sessions, the program utilizes research-based, age-appropriate curricula focused on guided discussions, youth-developed group guidelines, journaling, positive self-talk, and peer and adult nonviolent communication.

Discussions and activities are dedicated to finding passion and purpose in life; establishing positive, non-violent communication techniques; providing emotional support; problem solving; and building and sustaining trusting relationships. Through regular discussion and interaction, the coordinator fosters bonds with participants that enables them to use her as a resource when they are facing challenges, including providing warm referrals for mental health assessment, as needed.

Professional women, nonbinary adults and other ally adults in the community are invited to speak and participate in the program regularly, fostering positive relationships with adults in the participants’ own community. In addition to promoting protective factors described above, this work fosters an early introduction to possible future professions for participants, giving them relatable role models within their community and aspirational goals that insulate against future risks of unemployment and homelessness.

During the spring, interested youth will attend the annual *Reach for the Future* youth conference in Chico, CA. Hosted by the Butte County Department of Behavioral Health, the Reach Conference is based on a Youth Development framework, providing leadership skills, support, and opportunities for young people. The summer program meets weekly for a full-day trip to someplace in the region that offers hiking and other outdoor recreation opportunities, culminating in a 3-day campout.

Program facilitator deliverables include:

- Holding two (2) afterschool meetings per month during the school year
- Leading seven (7) full-day excursions over the summer
- Leading one (1) multi-day campout over the summer
- Attending one (1) youth leadership development conference (the Reach Conference)
- Referrals to an early intervention or other mental health services will be tracked, reported, and a follow-up call or meeting with the participant and family will be conducted.

Measurable outcomes:

This prevention and improving timely access program will focus on reducing negative outcomes that may result from an untreated mental illness through building protective factors. By the end of the program year and through participant self-assessment or self-perception questionnaires, the program expects:

- increase of at least 60% of enrolled youth who report a perception of increased self-confidence.
- increase of at least 40% of enrolled youth who report a perception of an improved or a healthier relationship with family members or other primary social connections.
- increase of at least 40% of enrolled youth who report perception of improved emotional self-regulation or emotional resiliency.
- Decrease of at least 40% of enrolled youth reporting feelings of depression, sadness, or suicidal ideation.

Data collection methods:

PRS collects MHSA-specific demographic data for participants from initial enrollment forms. The Visions Coordinator tracks participation at meetings and other events. PRS also collects data on protective and promotive factors intended to mitigate risk and enhance healthy development and wellbeing. This data on factors of youth resilience, access to system of supports, social/emotional/physical well-being is surveyed via a pre- and post-questionnaire; answers to this questionnaire also help the coordinator to hone meeting topics for participants' needs.

K.

Program Name	School-Based Prevention Services
Program Partner	Plumas Unified School District
FYI 21/22 Expenditure	$251,932.00
PEI Program Type	Prevention and Early Intervention
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
Reduction of Negative Outcomes:	School failure/dropout, suicide, removal of child from their family's home, prolonged suffering
Number of Participants	1275
Program cost per participant:	$198 per student

This program began as an Innovation program with the goal to improve response to and decrease occurrence of potential threats in Plumas County schools, including presentation of suicidal ideation, reported self-harm behaviors, and reported bullying behaviors by establishing improved communication and sharing of resources across agencies and improving school climate. The primary tools created to address this goal were specific protocol development to address threats and bullying complaints, implementation of Positive Behavior Interventions and Supports grades K-12, and the addition of Student Services Coordinators in each community, serving grades K-12. At the end of the year, the program transitioned to a Prevention and Early Intervention Project-Plumas Unified School District School Based Prevention Services with the goal to increase access and provide outreach for increasing recognition of early signs of mental illness.

Background:

The PUSD School-Based Prevention Program utilizes Positive Behavior Interventions and Supports (PBIS), a research supported framework developed out of the University of Oregon and now implemented nationwide. PBIS allows for a data driven application of evidence-based social/emotional and behavioral interventions to students on a tiered level. This has been further expanded to include academics and attendance under the umbrella framework of Multi-Tiered Systems of Support (MTSS) across PUSD. PBIS is the framework under MTSS used to organize and deliver social/emotional and behavioral supports.

Tier I of PBIS serves all students across the district by applying a universal approach to teaching behavior expectations at schools, through a systematic process verified by fidelity measures to ensure the framework is being applied appropriately. Universal behavior expectations are taught to students by staff, positive behaviors within the expectations are reinforced by all staff and retaught repeatedly throughout the year. The mantra is: teach, reinforce, reteach, reinforce again. Research shows that 75% of the student body should respond favorably to this approach. For the students who do not respond as determined by data, they move up to the next tier of supports.

In Tier II of PBIS, students are identified by intervention teams with data-driven decision making, not anecdotal reporting, as being non-responsive to Tier I interventions. These students are then assigned to different evidence-based Tier II interventions, either administered directly by or in

conjunction with Student Services Coordinator support. Each school site has an intervention team that meets at least 2x monthly to review data and students in need of intervention.

In Tier III of PBIS, the 5-7% of students who are non-responsive to Tier II level interventions are then identified through the same data-driven intervention team process and referred to Tier III level supports, which include a referral to Plumas County Behavioral Health (PCBH) for a mental health assessment to determine the individual's level of need, whether mild to moderate or moderate to severe, through the Utilization Management (UM) Committee review process. Individuals who are assessed and require mild to moderate level of mental health services will be referred to Plumas Unified School District for school-based mental health services. For those individuals who are assessed by PCBH and meet a higher level of need, they will be reviewed through the UM process to receive moderate to severe community and school-based specialty mental health services by PCBH staff. Other Tier III supports provided by PUSD include IEP evaluations and supports, as well as Truancy Prevention Team interventions for academic and attendance issues.

**Due to change over in PUSD administrative staff, nothing was reported during this reporting period. The previous reporting information is outlined below for reference. The services were being provided during this period but the reporting information was lost with the staff that were in the positions at the time.

The MHSA Coordinator and QA Manager have met with PUSD during 2023 to re-establish the expectations and reporting requirements.

Explanation:

It is in Tier II identification where students who are beginning to manifest signs of mental illness typically rise to this level of need for support. In the past, school sites were missing them through lack of consistent intervention team meetings and lack of Tier II interventions. Through the intervention team process, students are identified that need increased access and linkage to treatment and the referral process is engaged at this point, months earlier than the previous system allowed for, which typically responded when a student's level of need rose to Tier III, or severe/crisis status. Research supports that 60% of students who receive Tier II interventions will assimilate back into the general population. This results in more cost-effective interventions being utilized sooner and fewer students advancing to Tier III, subsequently helping to keep from overloading the system with referrals.

Challenges in 1st Quarter:

The Corona virus pandemic has created some challenges to implementation. The challenges created due to the pandemic include:

- PUSD started school with a full distance learning model and no in-person instruction for the first quarter of the school year. This created a significant decrease in access to students as well as a high rate of disengagement from students and families in education impacting the number of students that were identified for referral for assessments.
- Delay in school starting reduced the number of days that PUSD had access to the student body as well.

Wildfires in the area also caused some barriers to implementation- closed school days due to evacuations and air quality as well as public safety power shut offs for wildfire risk.

The interruption and stress around the virus and wildfires created some interruptions and delays in the calendar slowing the training process for the electronic health record and medical billing documentation.

Quarter 2 update:

Multiple challenges were faced in the 2nd quarter with most of the learning being done via distance learning due to COVID-19. All sites across the district found it necessary to devote all of their intervention efforts to students who were failing and absenteeism. Similar to schools across the nation, PUSD was faced with many students disengaging with school altogether. PUSD found that distance learning was definitely a challenge for our student body and their families across all grades k-12. Due to this dramatic change because of the pandemic, PUSD is certain that we had students in need of services that we were unable to access due to the disengagement factor. We have higher hopes for the 3rd and 4th quarters as we will hopefully have more in-person instructional days. The numbers of disengagement were overwhelming for Plumas County's already thin resources for truancy and absenteeism.

PUSD is able to successfully hire 2 day a week Student Services Coordinator for the Greenville community to close the gap of service in that community. Additionally, with PUSD expansion of funding to be applied to mental health supports for students, a 3 day a week Behavioral Health Specialist was added to serve IEP and non-IEP students, primarily in Quincy, Chester and Greenville. Due to the hire occurring midway through the quarter and the holiday season impacting access to students on top of the pandemic/distance learning, mostly training and on-boarding occurred with these two positions.

Quarter 3 Update:

During the third quarter, there was a dramatic increase in access to students due to return to in-person learning in a hybrid model during this time. Elementary schools, kindergarten through 6th grade returned on January 25, 2021, and Junior Senior High Schools, grades 7 through 12, returned March 1, 2021. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. As you can see from the referral numbers previously reported there was a sharp uptick of referrals, likely related to the increase in

access to students and the decrease in disengagement. PUSD is optimistic that this trend will continue in the 4th quarter as schools return to full-time in person learning on April 26, 2021, grades TK-12.

Quarter 4 Update:

During the fourth quarter, PUSD was back in in-person learning and continued to see a consistent request for services. This allowed for more access to students, although our absentee rates still exceeded the average both due to lack of engagement and COVID restrictions for students who experienced symptoms and/or exposure to someone with a positive test result. Additionally, due to COVID and the change in instruction and increased demands, Tier I and Tier II process for school sites with PBIS suffered. PUSD administration is working on coordinating plans to re-engage sites in more predictable PBIS implementation next school year, which should lead to more accurate identification and access for students with early onset.

School-based activities:

- Student Service Coordinators in each community - fully staffed in Quincy, Portola and Chester all school year- partially staffed in Greenville.
- Lead Student Service Coordinator for supervision of paraprofessional social work services- staffed all year.
- PBIS Implementation -
  - C Roy Carmichael Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year
  - Portola Jr Sr High School - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year.
  - Quincy Elementary - Continued strengthening of Tier I and Tier II implementation with fidelity measures met throughout the year.
  - Quincy Jr Sr High School - Tier II Booster training- successful implementation of Tier I and Tier II with fidelity measures met end of year.
  - Indian Valley Elementary and Greenville Jr Sr High School - Tier II Booster training; successful implementation of Tier I and Tier II with fidelity measure met end of year.
  - Chester Elementary - Tier II Booster with new leadership this year; successful implementation of Tier and Tier II with fidelity measures met at the end of the year.
  - Chester Jr Sr High School - Tier II Booster training- successful implementation of Tier I with fidelity measures met throughout the year and Tier II met by the end of the year.
  - PUSD has found that it takes a long time with consistent leadership at a site to implement PBIS with fidelity. As leadership becomes more stable at our sites in transition, we aim to see stable rates of fidelity met in practice of PBIS principles.

- September - Suicide Prevention Month- Grades 7-12 awareness campaigns on campuses throughout PUSD with social media push out of information and resources - local, national, and internet-based resources shared.
- October - Bullying Prevention Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and district protocol shared. Challenge Day to be held at each 7-12 campus throughout the district and anti-bullying assemblies with curriculum support at CRC.
- May - Mental Health Awareness Month- Grades K-12 awareness campaigns on several campuses throughout PUSD with social media and newsletter push out of information and resources- local, national, and internet-based resources shared.

Paraprofessional social work practiced at each site throughout the year provided coordination of services, referrals to services, mentorship, and reteaching of school wide expectations.

Description of Program Activities	Outcomes
At-risk Prevention program individuals served:	426 districtwide
At-risk of early onset of a mental illness referrals to other service providers	96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 referrals were made to Plumas Rural Services, 11 referrals were made to local medical clinic or other private providers and 1 referral was made to online providers
Potential Responders for Outreach of Increasing Recognition of Early Signs of Mental Illness	300 principals, vice-principals, nurses, counselors, student services coordinators, teachers, and support staff

Access and Linkage to Treatment Strategies for Early Intervention Program:

Since the PCBH Department determines who qualifies for SMI, it is difficult to determine what referrals are SMI versus Mild to Moderate. Additionally, due to staffing changes and changes in service delivery with PCBH and PRS, it is difficult to determine the appropriate starting place for a referral. PUSD and the different agencies will continue to work with one another to streamline this process in a more efficient manner to increase accessibility and improve wait times for assessments and services. Here are the total referrals that we made across agencies for Behavioral Health Services in the last two quarters. 96 referrals were made across PUSD schools. 46 referrals were made to PCBH, 16 referrals were made to PUSD Behavioral Health Specialist, 23 referrals were made to Plumas Rural Services and 12 referrals were made to medical clinics, outside providers or online providers. It is important to note that this data is not complete district wide- PUSD had a staffing shortage in the Greenville community with the loss of a Student Services Coordinator and thus the data collected is less than what occurred.

Types of treatments individuals may be referred to:

- Plumas County Behavioral Health
- Plumas Rural Services- Child Abuse Prevention Treatment (CHAT) Program, 0-5 Counseling Services Program, Private Insurance Provider Program, Mild to Moderate Provider Program
- Eastern Plumas Health Care- Mild to Moderate Provider Program Behavioral Health
- On-line Private Providers of Telehealth services under Private Insurance – Live Health Online, MDLive
- 7 Cups of Tea- online support provider (free and paid for services)
- North Fork Family Medicine- Mild to Moderate Provider and Private Insurance
- Local area private providers- Kathleen Toland, MFT; David Schaffer, LCSW; Aly Makena, MFT etc.
- Private Providers out of the area determined by insurance - Reno, Chico, Truckee, Susanville

Individuals Who Followed through on Referrals and Engaged in Treatment:

Tracking who followed through and who was engaged in treatment continues to be difficult for us to track due to release of information and difficulty getting ahold of families after the referrals are completed. We need to solidify a communication/reporting method with PRS and PCBH to determine how to verify follow through and treatment engagement. The Lead Student Services Coordinator will work with MHSA Coordinator to determine the best route to collect accurate data for reporting purposes. Due to the multiple online and private treatment options and patient privacy laws, it is very difficult to verify the follow through and engagement.

Challenges include late receipt of new MHSA reporting forms, which cause data retrieval and reporting issues and follow-up after a referral to determine if services were really engaged, if a student qualified for severe or if they needed a lower level of service- mild to moderate.

The most notable challenge has been the lack of Behavioral Health providers in our area despite significant recruitment efforts. It is easier now to track how many referrals the schools have sent to the different provider options for our students, however as seen above tracking when the follow through and engagement occurs still has some barriers that we will continue to work out.

Additionally, PUSD has suffered a staffing shortage and funding decrease resulting in one community in the county not having consistent SSC coverage. This has impaired our ability to collect data accurately. The numbers reported are less than what occurred due to this barrier. Keeping the PUSD Behavioral Health Specialist positions staffed has also proved to be a challenge. PUSD will continue to coordinate with PCBH on the efficacy of this model and make changes as indicated.

A big success to date has been with the implementation of Tier II interventions at school sites. As Tier II interventions get more widely utilized and applied, the students who respond well should reintegrate back into Tier I level of functioning leaving a much smaller number requiring Tier III level of intervention. This should decrease the overall number of referrals over time to specialized services.

Additionally, PUSD has begun to create an overarching Multi-Tiered System of Support (MTSS) which will incorporate multiple levels of interventions for social, emotional, behavioral, and academic needs. The addition of this umbrella should help us identify those students who may need further intervention that are not receiving it.

Another major success is that all our school sites are practicing PBIS with fidelity across Tiers I and II as of the end of this fiscal year.

The implementation of this project has reinforced past knowledge that successful implementation takes a long time and persistent investment in the process. Staffing changes, staffing shortages, trial and error all take time to smooth out and fill gaps that arise over time. This tells the team to anticipate a longer amount of time for successful implementation. Additionally, the team's understanding of the cultural differences across communities in our county also contributes to each community developing at a slightly different rate with some being stronger than others in some areas. Lastly, it also reinforces that mistakes occur, and periodic evaluation is a good tool to help target gap areas and address problems.

It was also learned and reinforced that even though small interventions can have powerful impacts, shortage of resource can still stifle application of interventions and supports for students. It has challenged the teams to work smarter with the resources available.

PUSD has a very large transient population. This poses a challenge to school culture and access and linkage to services. Resources are often applied to students who are here temporarily and that likely holds up the referral process for students in need who have more permanent residence here in Plumas County.

At some school sites, it has been experienced by staff that when small interventions are applied it does result in prevention of increase in symptoms. Students who would have historically been automatically referred to Tier III level services in the past have shown strong responses and movement to wellness with Tier II interventions. As staff sees this reinforced over time, the stronger the Tier II implementation should become.

L. *CalMHSA – Statewide Suicide Prevention Program and Mental Health Awareness Campaign*

Program Name	Statewide Suicide Prevention Program and Mental Health Awareness Campaign
Program Partner	CalMHSA
FYI Expenditure	$2500.00
PEI Program Type	Suicide Prevention / Community awareness
Age Groups Served	Children and their families (0-15)
	Transition Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)
Reduction of Negative Outcomes:	Community awareness allows the different community members to also be a support to each other.

MHSA funding supports Plumas County's membership in **CalMHSA**'s Joint Powers Agreement for participation in the *Statewide Prevention and Early Intervention Phase III* and the *Each Mind Matters* suicide prevention and mental wellness campaign.

Each Mind Matters provides a branded comprehensive campaign and recognized messaging across the state to support a movement in California to promote mental health and wellness and to reduce the likelihood of mental illness, substance abuse, and suicide among all Californians. The initiative brings together three components of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.

During the 22/23 FY the materials received from CalMHSA were all in Spanish and therefore only a small percentage of consumers were able to utilize and benefit from these materials.

Due to PCBH's small staff size, the department's capacity to create a wide-reaching suicide prevention and mental health awareness campaign has been limited to staff capacity for mental health awareness outreach and stigma reduction through staff practices at the PCBH Wellness Centers, activities at county stakeholder events, and in our online presence through social media, such as the Facebook page.

MHSA PEI regulations state that counties with a population under 100,000 may report the demographic information required for the County's entire Prevention and Early Intervention Component instead of by each Program or Strategy (Section 3560.010(e) ***CA Code of Regulations Title 9, Division 1, Chapter 14, Article 5, 9§ 3560.010 Annual Prevention and Early Intervention Program and Evaluation Report***)

Prevention and Early Intervention Program Demographics – Combined

Small counties with a population under 100,000 are required to disaggregate their demographic data, due to their small reporting size numbers. Plumas County MHSA Program combines all data into one set of numbers broken down by demographic categories, such as age, race, ethnicity, gender, etc.

NR = Not reportable, census is too small to maintain participant privacy

- Age

Children (0-15)	1469
Transitional Age Youth (TAY) (16-25)	349
Adult (26-59)	89
Older Adult (60+)	279
Declined to state	0
Total	2186

- Race

American Indian or Alaska Native	157
Asian	4
Black or African American	50
Native Hawaiian or other Pacific Islander	NR
White	1525
Other	NR
More than one race	NR
Declined to state	9
Total	1745

- Ethnicity

Hispanic or Latino as follows		
	Caribbean	NR
	Central American	NR
	Mexican/Mexican-American/Chicano	359
	Puerto Rican	NR
	South American	NR
	Other	NR
	Declined to state	NR
Non-Hispanic or non-Latino as follows		365
	African	NR
	Asian Indian/South Asian	NR
	Cambodian	NR
	Chinese	NR
	Eastern European	NR
	European	NR
	Filipino	NR
	Japanese	NR

	Korean	NR
	Middle Eastern	NR
	Vietnamese	NR
	Other	NR
	Declined to state	
More than one ethnicity		
Decline to state		359
Total		724

- Primary Language – Plumas County has no threshold language

English	1837
Spanish	116
Other	17
Declined to state	NR
Total	1970

- Sexual Orientation

Gay or Lesbian	NR
Heterosexual or Straight	164
Bisexual	NR
Questioning or unsure of sexual orientation	NR
Queer	NR
Another sexual orientation	NR
Declined to state	1459
Total	1623

Many programs do not ask or collect data on gender identity or sexual orientation.

- Disability

Yes, report the number that apply in each domain of the following:			359
	Communication domain separately by each of the following:	Difficulty seeing	
		Difficulty hearing, or having speech understood	1
		Other (specify)	NR
	Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)		283
	Physical/mobility domain		1
	Chronic health condition (including, but not limited to, chronic pain)		37

	Other: NR		
No			
Decline to state			
Total*			681

*Respondents may have chosen more than one category

- Veteran status

Yes	162
No	1462
Decline to state	
Total	1624

- Gender

Assigned at birth	Male	1066
	Female	890
	Decline to state	14
Total		
Current gender identity	Male	142
	Female	23
	Transgender	NR
	Genderqueer	NR
	Questioning or unsure of gender identity	NR
	Another gender identity	NR
	Decline to state	1979
Total		

Many programs do not ask or collect data on gender identity or sexual orientation.

INNOVATION (INN)

In the fall of 2022, Plumas County joined the Crisis Now Collaborative Innovation project. The MHSA Coordinator worked with the coordinating agency into the spring of 2023 to develop an innovation project that would work for Plumas County. It was determined that the cost of this innovation project would cost more than Plumas Counties annual allocation and therefore it was not feasible for Plumas County to continue with this innovation project. Plumas County will continue to try and find an appropriate innovation project for the county dynamics.

Workforce Education and Training (WET)

WET Mental Health Loan Assumption Program for Behavioral Health Staff

While there has been an MHSA loan assumption program run at the state level through the Office of Statewide Health Planning and Development (OSHPD), Plumas County Behavioral Health identified a need for greater local incentives in efforts to "grow our own" behavioral health staff for hard-to-fill clinical and other positions.

Local authority to develop a County Mental Health Loan Assumption Program is described in California Code of Regulations Title 9, Division 1, Chapter 14, Article 8 – Workforce Education and Training, Subsection 3850, which states, "Workforce Education and Training funds may be used to establish a locally administered Mental Health Loan Assumption Program to pay a portion of the educational costs of individuals who make a commitment to work in the Public Mental Health System in a position that is hard-to-fill or in which it is hard to retain staff, as determined by the County. This program may be established at the county level."

The program may enroll up to six PCBH full-time employees, with a projected allocation to this program each year of $60,000 for up to $10,000/per year loan assumption for each full-time employee with twelve continuous months of employment working for Plumas County Behavioral Health. The mandated MHSA maximum per employee is $60,000 whether they apply for local WET funds or through the statewide competitive OSHPD program. Having a local loan assumption program allows for PCBH to offer this incentive regardless of the state funding and volatility available with the statewide OSHPD program. FY 22/23 four applicants applied for grants and four grants were offered.

Relias Training (WET)

Training continues to drive clinical practice and influence organizational performance. However, after more than a year of adapting procedures and pivoting plans to address the pandemic, several shifts that were already planned made all the difference in our successes.

In early 2019 Plumas County Behavioral Health rolled out, Relias Learning Management Systems. The Relias LMS is a healthcare learning management system that helps administrators evaluate clinical skills, ensure compliance, and create custom learning plans for staff. Relias management system tracks all training in one place. An online learning system

like Relias assisted PCBH in keeping accurate records on each employee's trainings. Reports are easily pulled so that PCBH has documentation for state requirements.

Capital Facilities and Technology Needs (CFTN)

Plumas County Behavioral Health had no Capital Facilities and Technology Needs program nor plan to expend CFTN funds in FY 22/23

Revised Fiscal Worksheets for FY2022/23

***Due to lack of staffing and a gap in the MHSA Coordinator position, all fiscal reporting remained the same and operated under the 2020-2023 3-year plan.**

FY 2019-20 through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2022/23					
	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
Full-Service Partnership Programs						
1.ENVIRONMENTAL ALTERNATIVES PLUMAS COMMONS	636,000	479,000				157,000
2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	252,766	252,766				
3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM	100,000	75,000	25,000			
Non-FSP Programs (General Systems Development and Outreach and Engagement)						
1.PCBH PERSONNEL AND OPERATIONS	2,048,908	1,248,908	800,000			
2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM	50,000	50,000				
3. TAY WORK PROGRAM	30,000	30,000				
4. ADULT WORK PROGRAM	75,000	75,000				
5. PEER EMPLOYEE SALARIES/BENEFITS	60,000	60,000				

Subtotal	2,466,269	2,466,269				
CSS Administration	120,489	120,489				
CSS MHSA Housing Program Assigned Funds	251,200	251,200				
Total CSS Program Estimated Expenditures	3,537,958	2,837,958	825,000	0	0	0
FSP Programs as Percent of Total						

.

FY 2019-20 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	FISCAL YEAR 2022/23					
	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 – Prevention and Early Intervention						
1. PRS Youth Services Program	*60,000*	*60,000*				
2. Roundhouse Council – Multigenerational Outreach Program	*71,590*	*71,590*				
3. *Veterans Services Outreach*	*58,938*	*58,938*				
4. FRC Student Mental Health and Wellness Center	*60,000*	*60,000*				
5. PUSD – School Based Response/PBIS	*200,000*	*200,000*				
6. Plumas County Public Health Agency – Senior Connections – Homebound Seniors Screening Program	*65,000*	*65,000*				
PEI Administration	37,379	37,379				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated	577,907	577,907	0	0	0	0

FY 2019-20 Through FY 2022-23Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2022/23					
	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 Programs						
33.	0					
34.	0					
35.	0					
36.	0					
37.	0					
38.	0					
39.	0					
40.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2019-20 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan

Workforce, Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2022/23					
	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. MH Loan Assumption	60,000	60,000				
2. WISE U Training (6 peer employees)	10,000	10,000				
3. PRS Countywide BH Training Program	85,000	85,000				
4. Staff Development – Out of County	10,000	10,000				
Training						
5. Relias Web-Based Training Program	10,000	10,000				
WET Administration	17500	17500				
Total WET Program Estimated Expenditures	192500	192500	0	0	0	0

FY 2019-20 FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **7/1/23**

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0