# PLUMAS COUNTY
# MHSA Three-Year Program and Expenditure Plan, 2020-23

Photo Courtesy of Joanne Burgueno

*Incorporating the MHSA General Standards of Community*

*Collaboration, Cultural Competence, Client and Family Driven, Integrated Service Experience, and Wellness, Recovery & Resilience Focused*

# PLUMAS COUNTY BEHAVIORAL HEALTH
# Mental Health Services Act
# Three-Year Program and Expenditure Plan
# 2020-2023

## POSTED FOR PUBLIC COMMENT
April 30, 2021 through June 2, 2021

The MHSA FY2020-2023 Three-Year Plan is available for public review and comment from April 30, 2021 through June 2, 2021. We welcome your written feedback. Comments may also be made during the Public Hearing, to be held on Wednesday, June 2, 2021.

**Public Hearing Information:**
Wednesday June 2, 2021
Behavioral Health Commission Special Meeting
Live Streaming and via Zoom

Plan Link https://zoom.us/j/92678854009?pwd=SnlhWkhoWEtXZDVMZXRKWTVWRUVodz09

Meeting ID: 926 7885 4009 Passcode: 482805

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*Thank you!*

# PLUMAS COUNTY MENTAL HEALTH SERVICES ACT
# Program and Expenditure Plan, 2020-23

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# I. Introduction and MHSA Summary

Plumas County Behavioral Health (PCBH) is the local mental health and alcohol and other drug 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.

In November of 2004, California voters passed Proposition 63, creating the Mental Health Services Act (MHSA). The Act created an additional one percent tax on any California resident making more than $1 million dollars. Annually, the tax is levied on every dollar (over $1 million) a resident makes.

A portion of the MHSA revenue is distributed to agencies at the state level. 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 federal programs.

The passing of Proposition 63 provided an opportunity to expand county mental health plans for all populations: children, transition-age youth (TAY), adults, older adults, families, and unserved and underserved county populations.

MHSA is made up of five program and funding components:

- Community Services and Supports (CSS) – 76% of funding allocation
- Prevention and Early Intervention (PEI) – 19% of the total allocation
- Innovation (INN) – 5% of total allocation
- Capital Facilities and Technological Needs (CFTN) – funding allocation by County plan
- Workforce, Education, and Training (WET) – funding allocation by County plan

CFTN and WET and Prudent Reserve allocations are chosen at the local level based on a rule that the county can use up to 20% each year of the previous 3-year CSS average of funds.

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.

These components were designed to create expansion of services to underserved and unserved individuals under the County's local Mental Health Plan, providing comprehensive delivery to targeted populations, such as children, transition age youth (TAY), seniors and other targeted populations, such as Native Americans and Veterans.

There are five MHSA General Standards (guiding principles) that drive local planning and programming:

1) Community Collaboration
2) Cultural Competence
3) Individual- and Family-Driven Services
4) Focus on Wellness, Recovery and Resiliency
5) Integrated Service Experience

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 a formula, per Welfare and Institutions Code 5891(c), factoring 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. This causes year to year fluctuation in the base allocation, independent on the increases in overall revenues from income tax receipts. For Fiscal Year 20-21 Plumas County will receive 0.114444% of the overall funding to California's 58 counties, approximately $2.0-$2.5 million per year.

Typically, there is a two-year lag in revenue adjustments from what is projected to be funded and final allocations. MHSA revenue is ongoing yet can be volatile. This makes budget planning more difficult, especially for small, rural counties like Plumas.

## II. County Mental Health Plan COVID-19 Response and Program Flexibility

Due to the 2020 worldwide pandemic caused by SARS-CoV-2, the virus that causes COVID-19, and the ensuing local, state, and federal economic crisis and societal effects, including historic unemployment levels and projected multi-year losses of state and local tax revenues, it is difficult to envision future planning estimates and the local impacts that will be connected to state and federal funding reductions.

PCBH has experienced delays for this year's planning due to its and the county's COVID-19 response and public health restrictions, including stay-at-home orders for non-essential workers, the impacts felt as a result of difficulty in forecasting program planning and budgets over the next three fiscal years, and a significant pause in the community planning process.

As a result, PCBH is requesting program flexibility from the Department of Health Care Services (DHCS), through its approval process (DHCS BH Information Notice 20-040, Form 5510) created to allow counties to extend their current 3-Year Program and Expenditure Plans (in this case, 2017-2020), allowing PCBH additional planning time if needed, for this Program and Expenditure Plan to be reviewed by local stakeholders and the Behavioral Health Commission and approved by the Board of Supervisors, no later than July 1, 2021. PCBH is projecting adoption of this plan and the accompanying MHSA Annual Update, 2019-20, by the end of October 2021.

To help gain perspective on the local impact to future MHSA revenue allocations, the County Behavioral Health Directors' Association (CBHDA), working with Behavioral Health expert financial analysts and forecasters and the CIBHS BH Fiscal Leadership Institute, created a two-day online series, including projections, such as this table, to best explain the possible overall impacts of COVID-19 on MHSA funding through 2022-23:

| Year | MHSA Total Component Revenues | % Change from Base Year |
|---|---|---|
| FY 18/19 Actuals | $ 1,975,500,000 | Base |
| FY 19/20 Projected | $ 1,639,665,000 | -17% |
| FY 20/21 Projected | $ 2,034,765,000 | 3% |
| FY 21/22 Projected | $ 1,935,990,000 | -2% |
| FY 22/23 Projected | $ 1,461,870,000 | -26% |

At the County's current MHSA allocation percentage of .114444%, local projections indicate funding levels of:

| Year | MHSA Total Component Revenues |
|---|---|
| FY 18/19 Actuals (.126898%) | $2,243,452.00 |
| FY 19/20 Actuals (.114368%) | $2,279,935.00 (higher due to total including FY18/19 allocations that were delayed) |
| FY 20/21 Projected (.114444%) | $2,328,666.00 |
| FY 21/22 Projected | $2,215,624.00 |
| FY 22/23 Projected | $1,673,023.00 |

Given the current crisis and planning estimates, at this time, meaningful data is not available to be able to plan using the Plan's regular fiscal worksheets for the next three years, so worksheets for Years 2 and 3 of the Plan (FY21-22 and FY22-23) are used under Section XII of the Plan as placeholders for the next available planning update, and the Department will plan to update these at minimum once per year in subsequent Annual Updates, with the first update to be reported in the Annual Update, 2020-21 (reporting on programming from FY19/20), to be submitted sometime between December 2020 and June 2021.

## III. County Description and Demographics

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 18,804 *(US Census 2019 Population Estimates Program)*. Plumas County's largest town is the incorporated city of Portola, home to approximately 1,930 residents *(US Census 2019 Population Estimates Program)*. The town of Quincy, the county seat, has an estimated population of 1,895, and East Quincy a population of 2,220, with the greater Quincy area's (American Valley and surroundings) population at approximately 7,000. The County's population is comprised of 92% Caucasian or White – of that number, approximately 8.5% identify as Hispanic or Latino, those who identify as two or more races is 3.57%, 1.8% 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 9% of the County population*. Approximately 17% of the population is under 18 years of age (3,175 - *2018 CA Kids Data*); 50% are ages 18-60; and recent data reflect an aging population, almost 33% are over 60 years of age, with over 65 years at 28.4%.

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.

- Plumas County has a smaller proportion of children compared to the rest of California, but the percentage of children living in poverty (22%) exceeds the state rate. 55% of children are eligible for free or reduced lunches *(2019 CA Kids Data).*
- 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 ($51,800 compared to California's of $71,800, *2019 CA County Rankings and Roadmaps).*
- 13.3% 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 2019 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 2019 Point-in-Time Survey collected data on a total of 53 individuals experiencing homelessness in Plumas County. Of these individuals:

- 35 were sheltered, 18 unsheltered
- 29 were male, 24 were female
- 1 person reported being pregnant

- Most individuals (42%) were ages 25-34
- there were 10 children under the age of 17
- 13 individuals reported they have lived in the county all or the majority of their lives
- 2 individuals were veterans
- 61% of individuals self-reported living with a mental health condition
- 16% of respondents had been in foster 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.

# IV. Department Overview

Plumas County Behavioral Health experienced significant changes during FY18-19 which affected MHSA program and fiscal updates into FY19-20. In June 2018, the county hired a new director, who immediately began reviewing programs, state and federal funding levels, and the department's clinical and administrative operations.

The prior department reorganization, merging of two related behavioral health services departments, Mental Health and Alcohol and Other Drug Services, into one larger Behavioral Health Department, which was approved by the County Board of Supervisors, in October 2016, per the recommendations of county consultants, Kemper Consulting, resulted in the expansion of staffing, creation of three wellness centers, and a significant spend down of MHSA dollars - through new contracts with community partners - which at the time, were considered to be at risk of reversion at the end of FY14/15 (June 30, 2015).

By July 2018, the MHSA program and fiscal staff at PCBH had concluded that the fiscal reserves, which had been described for a number of years as robust and underutilized by the department, had been significantly spent down in program years FY14-15 through FY17-18, at a greater rate than had been anticipated and forecast. These spending levels over Fiscal Years 15-16, 16-17, and 17-18, resulted in the local constriction and slowdown in MHSA spending in Fiscal Years 18-19 and 19-20.

Total allocations for FY18-19 were $2,243,452.00. The gross allocation was distributed to MHSA components per the distribution formula of Community Services and Supports at 76%, Prevention and Early Intervention at 19%, and Innovation at 5%:

| **Plumas County Actual MHSA Allocations for FY18-19 (Base)** | |
|---|---|
| Innovation (INN) – 5% of Gross | $112,172.58 |
| Net Allocation (= Gross - INN) | $2,131,279.04 |
| Community Services and Supports (CSS) – 76% of Gross | $1,619,772.07 |
| Prevention and Early Intervention (PEI) – 19% of Gross | $404,943.02 |
| Gross Allocation (100%) | $2,243,451.62 |

| **Plumas County Projected MHSA Allocations for FY20-21 (Year 1)** | |
|---|---|
| Innovation (INN) – 5% of Gross | $112,172.58 |
| Net Allocation (= Gross - INN) | $2,131,279.04 |
| Community Services and Supports (CSS) – 76% of Gross | $1,619,772.07 |
| Prevention and Early Intervention (PEI) – 19% of Gross | $404,943.02 |
| Gross Allocation (100%) | $2,243,451.62 |

The PCBH fiscal team, MHSA staff, and department's director reassessed the department's capacity to continue ongoing 3-Year Plan programs in June/July 2018, and reduced spending across components. Friday Night Live/Club Live was discontinued at the end of FY18/19, and

it was determined that remaining PEI programs would see a third reduction, if continued, into the next 3-Year Program and Expenditure Plan.

The department director and staff worked with ongoing funded partners to rework program plans and reduce budgets for FY18-19, funding PEI priorities, such as Veterans and Seniors outreach, Roundhouse Council's multigeneration Stigma and Discrimination Reduction program, and the school-based programs and triaging the funding of others while maintaining program integrity.

Note: PCBH had requested of many PEI programs, that for Year 3 (FY19-20), they reduce and sustain ongoing programming through June 30, 2020, by identifying additional organizational funding with which to braid reduced MHSA dollars or reduce services and to meet these budget gaps.

*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.

While not a program under the MHSA, the CA Department of Housing and Community Development (HCD) *No Place Like Home Program* activities and non-competitive and competitive applications will allow Plumas County to significantly impact local affordable housing capacity, both for individuals living with a serious mental illness and for families of children living with a serious emotional disturbance.

In FY18/19 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 at least one long-term affordable housing project competitive application through *No Place Like Home*.

In Fall 2018, PCBH was awarded $75,000 in Technical Assistance Grant funds from CA Housing and Community Development. PCBH used these funds to contract with an affordable housing firm specializing in rural counties, through an RFQ selection process and began working on implementation of tasks to meet the NPLH application threshold requirements, including developing a county plan to address homelessness, a site feasibility study, a county housing study, and a draft supportive services plan.

PCBH is partnering with the Plumas County Planning Department and working within the CoC Advisory Board to apply for bridge funding through the Local Permanent Housing Assistance Program grant. This fixed five-year allocation will be used for a housing project predevelopment work collaborating with an identified development sponsor, emergency housing assistance, and a savings account for supportive services under NPLH.

In the meantime, funds are being made available in this Plan as placeholder to pay for the NorCal CoC participation fee each year and annual HMIS user license fees until such a time that another funding source can be obtained. These expenditures are necessary costs for developing and implementing a long-term NPLH Permanent Supportive Housing Program.

## V. Community Program Planning 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:** April 30th – June 2nd, 2021

**Date of Public Hearing:** June 2, 2021 Mental Health Commission Meeting 12-2pm

The Plumas County Behavioral Health (PCBH) MHSA Community Program Planning Process for the development of the FY 20/21 – 22/23 Three-Year Program and Expenditure Plan builds upon the continuous planning process that started several years ago for the development of the FY16/17 – 19/20 Three-Year Program and Expenditure Plan and for the subsequent Annual Updates. 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 2019 spring and fall sessions of the planning process, in addition to this draft plan's feedback.

MHSA Program staff disseminated and collected 147 Community Mental Health Priority surveys in January-March 2019. MHSA program staff incentivized survey returns by providing a gift card drawing for five cards to a local retail business.

The top areas of importance to stakeholders are:

1. Increasing school-based services
2. Improving access to services for children and their families
3. Expanding peer employment and housing
4. Developing family respite services
5. Developing LGBTQ groups and events for adolescents and adults
6. Increasing trauma-focused services
7. Increasing outreach for family involvement in treatment
8. Expanding Full-Service Partnership (FSP) housing for couples/families
9. Developing a mental health coach program (peer support)
10. Increasing reach of telemedicine services
11. Developing a homeless shelter
12. Providing mental health training
13. Increasing funding for Criminal Justice programs
14. Employment Assistance, supportive employment for clients

Percentage of respondents indicating highest level of importance
(levels 8-10 combined):

- Question 3 - Early Intervention: Intervention for children and families, school-age and college students; individuals experiencing their first episode with Serious Mental Illness (SMI) = 69.65%
- Question 4 – Treatment: Mental health treatment for individuals who are homeless, have chronic mental illness and frequent contact with law enforcement, judicial system and emergency services (Full-Service Partnership programs) = 65.06%
- Question 1 – Equity in All Services: Ensuring that mental health services and supports are available, appropriate and accessible to all populations in our community = 65.75%
- Question 2 – Prevention: Suicide Prevention Awareness, Stigma and Discrimination Reduction Programs = 64.58%
- Question 8 – Family Involvement: Caregiver and family support, involvement in treatment, and education = 63.7%

Survey comments:

| | |
|---|---|
| "You're all doing a great job with me"<br>"The Center in Greenville is great."<br>"I love the Wellness Center." | "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 |

| | |
|---|---|
| “The community needed a place like this. The staff is A-1.”<br><br>“Thank you for all you help.”<br><br>“Everybody helps me”<br><br>“The staff are fantastic and caring.”<br><br>“A place for homeless to eat.”<br><br>“A clearer understanding should be given to clients of the services available as well as responsibilities of commitment and policies.”<br><br>“Greater funding for on-site services in our schools. There should be a therapist at each school, rather than in each” community.<br><br>“More MH services for teens are needed. They often get put on waiting lists to see counselors.”<br><br>“Non-traditional treatment options, Yoga, meditation, acupuncture/pressure”<br><br>“Housing for SMI and their partners or caregivers together”<br><br>“We need telemed.”<br><br>“Help looking for work.”<br><br>“Public awareness increase use of media sources. Target: F.B., clubs, groups, collaborative, individuals at risk.” | therapy and psychiatry before their mental health issue(s) increase. Population being non- school, middle age/seniors.”<br><br>“A place for people out of jail to sleep.”<br><br>“Need AOD services/more frequency”<br><br>“Support for parents of young children and teenagers.”<br><br>“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.”<br><br>“Provide funding for the criminal justice population. Programs such as Drug Court and Day Reporting Center should be priorities. “<br><br>“Teacher support for in classroom behaviors in children with mental illness or trauma behaviors – SPECIFIC AND USEABLE skills – and wellness for teachers.”<br><br>“Programs for special needs children and adults (handicapped, autism, learning disorders). |

Many of these comments include items that PCBH is currently working to improve “in house” through the agency’s quality improvement program or that may be best approached through partnership with other agencies or organizations. A number have been implemented or are in progress, such as the LGBTQ groups for adolescents and adults (school and community-based GSA groups started through an MHSA program), countywide staff trainings to expand trauma-informed and trauma-recovery practice models, such as EMDR, and expanding reach of telehealth services to outside of Quincy.

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.

Stakeholder feedback from the Spring 2019 and Fall 2019 community meetings, as well as BH Commission meetings, 20,000 Lives quarterly meetings, 2019 Winter/Spring survey data, fall 2019 focus group input, and subsequent discussions with individual stakeholders, consumers and staff, includes the following priorities:

The local CPPP consists of a variety of stakeholder meetings held throughout FY 2018-19 and other outreach events. To prepare for stakeholder discussions for FY19-20 Community Program Planning Process, informing planning for the Program and Expenditure Plan, 2020-2023, the MHSA Coordinator presented updates to county stakeholders in March and April 2019, in Portola (March 19), Quincy (March 26), Greenville (March 28), and in Chester (April 2).

At October and November 2019 focus groups specifically addressing Full-Service Partners' experiences in the housing continuum and their expectations for recovery, ten FSP and other adult clients living with a chronic serious mental illness, residing in either PCBH transitional housing or their own independent, permanent housing, voiced concerns about past homeless experiences and difficulties finding permanent housing in Plumas County. They cited stigma concerning their mental illness as being a barrier to finding permanent and affordable housing, including blacklisting due to prior evictions and criminal justice involvement.

Everyone affirmed that such barriers to permanent housing negatively impacted their recovery from mental illness, and in some cases for clients living with co-occurring disorders, recovery from abuse of alcohol and other substances. They also cited many years experiencing discrimination and profiling by law enforcement agencies, resulting in increased interactions (stops and searches), increasing distrust of law enforcement, and negatively impacting their recovery from mental illness.

Over 100 consumer and community stakeholders participated in these dinner meetings. Participants included consumers, family members, clergy, school district staff, hospital staff, seniors, members of the Native American community, and parents of non-consumer TAY population, and staff from other county departments and PCBH.

As a continuation of these discussions, the MHSA Program conducted additional meetings in all four communities in Fall 2019: in Greenville on November 6, 2019; Chester on November 7, 2019; Portola on November 12, 2019, and Quincy on November 13, 2019.

While these were smaller gatherings, new stakeholders attended and participated in presentations, including a stakeholder training on MHSA general standards, program components, component and overall and funding, and current programs, with a review of Spring 2019 priorities.

Discussions included services for Full-Service Partnership clients, underserved populations, such as healthy afterschool activities for unsupervised adolescents who are exhibiting high-risk behaviors (Portola) and need for greater school-based services and afterschool activities (Chester), and the lack of a homeless shelter and outreach for homeless residents, and recommendations and concerns specific to each community:

Chester stakeholders stated that 1) they need access to services that may only be available in Quincy, and 2) time and transportation barriers limit their full participation. They wish to see further county services available at the Wellness Centers, such as localized Probation Department drug testing and assistance with eligibility benefits from the Department of Social Services.

Consistently, stakeholders have confirmed these priorities, while articulating continued need for Full-Service Partnership wraparound, housing and 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.

## VI. Local Review Process

This proposed MHSA FY 2020-23 Three-Year Plan will be posted for a 30-day public review and comment period from April 30, 2021 through June 2, 2021. An electronic copy is available online at: www.countyofplumas.com. New postings to the county website were announced through group e-mails at 20,000 Lives, posted flyers throughout the county and at Behavioral Health Wellness Centers, the County Annex Building, and other high-traffic sites, on the county's website, by advertisement in the local online press, and through individual e-mails to stakeholders who have registered for updates from Plumas County Behavioral Health.

Hard copies of the document are available at the Behavioral Health clinics and Wellness Centers in Portola, Greenville, and Chester, and at the Quincy Drop-in Center, as well as in the lobbies of frequently-accessed public areas, including the courthouse, Plumas District Hospital (Quincy), Eastern Plumas Health Care (Portola), the county administration office, and the county library branches (Quincy, Chester, Greenville, and Portola). A copy of the proposed Plan is distributed to all members of the Behavioral Health Commission; to individual consumers, and to staff). In addition, individual stakeholders are provided a copy upon request.

A Public Hearing will be held on Wednesday, June 2, 2021, 12pm to 2pm, during a special meeting of the Behavioral Health Commission after having established a quorum of members, meeting VIA Zoom @
https://zoom.us/j/92678854009?pwd=SnlhWkhoWEtXZDVMZXRKWTVWRUVodz09

Meeting ID: 926 7885 4009 Passcode: 482805

The Public Hearing will include, Behavioral Health Commission members, staff from MHSA funded partner organization, and staff from Plumas County Public Health, also community stakeholders. Prior to the June 2nd, 2021 meeting, written comments will be collected. Substantive comments collected will be recorded and included in this section.

Public input on the MHSA FY 2020-23 Program and Expenditure Plan will be reviewed and incorporated into the final document, prior to submitting to the County Board of Supervisors and with a final approved plan delivered to the Department of Health Care Services (DHCS) and to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The final plan will be submitted to DHCS and MHSOAC no later than November 30, 2020.

A copy of this draft Plan 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 (with a combined with distribution of greater than 500 stakeholders).

Stakeholders will 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, 2020-23, 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 this Plan, after the BH Commission public hearing is held for discussion of the draft for the 3-Year Program and Expenditure Plan and to recommend the draft to the Board of Supervisors for approval.

The 30-day Public Comment period will open on April 30, 2021, and close at end of business on June 2, 2021, after the public hearing at the Plumas County Behavioral Health Commission regular meeting. The final draft of the Three-year plan will be presented to the Plumas County Board of Supervisors for approval on June 15, 2021. The final, approved Annual Update will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) no later than June 30, 2021.

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 July 25, 2020. 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 was posted on the Behavioral Health MHSA webpage at:

http://www.countyofplumas.com/index.aspx?NID=2503

At the public hearing to be scheduled for June 2, 2021, 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.

Additionally, the MHSA Coordinator participated in the 20,000 Lives quarterly meetings, Youth Prevention and Senior workgroups, Children's Council, and Behavioral Health Commission meetings and held three MHSA Steering Committee meetings.

In addition, Plumas County Behavioral Health obtained input from community stakeholders and conducted outreach to the unserved and underserved through the collection of MHSA survey data. These surveys were distributed to school personnel, countywide to community members, adult consumers, family members, and allied agencies. The surveys were also posted on Survey Monkey, with advertisements in all four community newspapers, which generated a large response. Surveys were also distributed through flash e-mails to stakeholders who subscribe to the County's 20,000 Lives group and by Community Connections; surveys were available online and at the County's Wellness Centers and schools. PCBH administered three (3) unique surveys to capture perceptions of need concerning mental health issues and wellness and in the community: one survey was geared toward TAY/Adults; one targeted Parents and Families; and one survey was for School Personnel. Across all stakeholder groups, including consumers, we received 342 completed

surveys. Included in these stakeholder groups were veterans and persons with lived experience. Survey results are attached at the end of this Plan.

We also analyzed data on our clients to assess issues regarding access and quality of services, and measure if clients are successfully achieving positive outcomes. Outcome and service utilization data is an important indicator of access to services and helps us to understand service utilization and evaluate client progress. Data will also be instrumental in our continued planning process as we implement the new Three-Year Plan.

The proposed Three-Year Plan integrates stakeholder, focus group, and survey input, as well as service utilization data to analyze community needs and determine the most effective way to utilize our MHSA funding to expand services, improve access, and meet the needs of our unserved/underserved populations. The MHSA Three-Year Plan planning, development, and evaluation activities were also discussed with the Behavioral Health Commission members to obtain input on continuing with the ongoing programming from the previous Three-Year Plan. In addition to Commission members, several community members, consumers, and allied agency staff attended these meetings. There was strong support of the vision and goals for this Three-Year Plan and support of the budget details. This support provides an excellent foundation for developing and implementing the plan. It also provides an important stakeholder commitment to working together to quickly and fully implement this ambitious plan.

In addition to the listed stakeholders, others involved in the CPP process include Behavioral Health Commission and Board of Supervisors representatives, as well as parents of adults living with a chronic severe mental illness, school district personnel, parents of students, community-based organizations, and allied agencies. In addition, MHSA staff, consumers, family members, the Behavioral Health Director, clinical supervisors, fiscal staff, quality improvement staff, and others involved in the delivery of MHSA services provided input into the planning process.

## STAKEHOLDER FEEDBACK AND PUBLIC COMMENT ON DRAFT MHSA ANNUAL UPDATE, 2020-23

Public comment is incorporated into this section of the Program and Expenditure Plan 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 Annual Updates to this Plan for stakeholder review, public comment and Board approval.

*[THIS SPACE LEFT INTENTIONALLY BLANK]*

**STAKEHOLDER FEEDBACK AND PUBLIC COMMENT**
**ON DRAFT MHSA ANNUAL UPDATE, 2020-23**

This page is reserved for written substantive stakeholder feedback gathered during the 30-day public comment period and at the public hearing, as well as the Department's summarized analysis and response concerning feasibility, funding, and future planning.

## VII. 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 (FY19-20) By Age**

| | | |
|---|---|---|
| 0 - 15 years | 91 | 26.9% |
| 16 - 25 years | 45 | 13.3% |
| 26 - 59 years | 162 | 47.9% |
| 60+ years | 40 | 11.9% |
| Total | 338 | 100% |

**PCBH CSS Clients (FY19-20) By Ethnicity**

| | | |
|---|---|---|
| White, Non-Hispanic | 296 | 87.6% |
| Hispanic - Mexican | 11 | 3.3% |
| Hispanic – Other | 16 | 4.7% |
| Other Ethnicities | 15 | 4.4% |
| Total | 338 | 100% |

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

**PCBH CSS Clients (FY19-20) By Race**

| | | |
|---|---|---|
| Caucasian | 256 | 72.8% |
| Hispanic | 29 | 8.3% |
| African American | 14 | 4.0% |
| Asian/Pacific Islander | NR | NR |
| American Indian | 16 | 4.6% |
| Other | 36 | 10.3% |
| Total | 351 | 100% |

NR = not reportable due to N<11 – captured in “Other”

The Plumas County MHSA Three-Year Plan, 2020-23, continues the important work started in 2014-15 with the expansion of mental health services to 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 four clinic locations, expanded telehealth days of operation, and telephonic and telehealth visits. The Department’s response to providing services during the emerging COVID-19 public health crisis was to move most appointments, when appropriate, to telephonic and telehealth delivery. Since June 2020, the clinic spaces have been updated to ensure the safety of clients and staff.

*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 2018/19 for the entire year was 40 clients), 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. Since the last 3-Year Plan, PCBH has made significant progress in developing a comprehensive Full-Service Partnership program. A formalized procedure has been established 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, 2023, MHSA Plan Year, PCBH is projecting it will provide Full-Service Partnership services and supports through the Individual Services and Supports Plan (ISSP) process 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%** |

In 2016, Plumas County Behavioral Health identified a need for greater oversight, intensive case management and housing stability for the Department's Full-Service Partner clients. In an effort to decrease negative outcomes associated with a serious mental illness for full-service partners, specifically hospitalization, incarceration, and homelessness, PCBH began contracting with **Environmental Alternatives, Inc. (EA)** in 2017 for a one-year pilot project to outsource FSP supports and resources, including housing and intensive case management services for up to 12 partners. The program has shown success in helping FSP clients to stabilize, remaining housed, engaged in therapy, and working with their case managers in decreasing functional impairments and homelessness, prolonged suffering, and unemployment.

Now entering its fourth year, 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.

| | | | | | |
|---|---|---|---|---|---|
| **1.** | **Program Name** | Environmental Alternatives Full-Service Partnership (FSP) Program and Jail-Based Therapeutic Services | | | |
| **Program Partner** | | Environmental Alternatives, Inc. | | | |
| **FY20/21 Budget** | | Up to $479,000 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 FY20/21** | | 10 adults and older adults enrolled at any one time (FY18/19 served 16 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.

**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, 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. 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.

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
3. Provide supportive employment coordination for at least six (6) months while the client orients to a new job

**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 annually 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:

| 20-21 Description of Funding Source | Not to exceed: |
|---|---|
| MHSA Community Services and Supports FSP Program | $479,000.00 |
| SAMHSA Mental Health Block Grant - Jail-Based Services | $57,000.00 |
| SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG) Housing Services (TSLE) | $100,000.00 |
| Total | $636,000.00 |

**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. 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.

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** | Full-Service Partnership (FSP) Client Supports and Homeless Prevention Services | | | |
| **Program Partner** | | Plumas Rural Services | | | |
| **FY20/21 Budget** | | Up to $286,113 | | | |
| **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 Clients Served in FY20/21:** | | 50 Individuals and Families | | | |
| **Estimated Average Cost Per Client:** | | $5,722 | | | |

*Plumas Rural Services FSP Client Supports and Homeless Prevention Services*

In partnership with Plumas County Behavioral Health (PCBH), Plumas Rural Services (PRS) will provide client housing services and other ancillary supports, through MHSA Community Services and Supports (CSS) funding, to PCBH clients who are homeless or at risk of homelessness and in need of emergency lodging, transitional housing, and/or ancillary supports. These may include but are not limited to prescription drug assistance, utility and rental assistance, and other means of stabilizing supports, as identified. These services and supports will be provided to PCBH clients upon approval and referral by PCBH staff.

This program shall be categorized into the following components of client services and supports:

1) Homeless Prevention Services:
    a) Emergency lodging – short-term housing that is provided from 1-30 days, typically provided in a motel or similar dwelling;

b) Transitional housing - transitional housing services, meaning greater than 30 days and up to one year, may be in a single-occupancy, or when indicated, in a multiple-occupancy furnished unit, unless prior written approval for an alternative arrangement has been approved by PCBH.

c) Rental and utility assistance – rental assistance may include move-in deposits and monthly rental subsidies, approved by PCBH to encompass whole or partial amounts, depending on client needs.

2) Medication Assistance – prescription or over-the-counter medications, which are prescribed or recommended by the client's primary care physician or psychiatrist, may be paid for through medication assistance.

3) Other Ancillaries by Request – PRS, at the request and approval of PCBH, may provide other ancillary supports, such as bus passes, tuition assistance for classes, as well as any other ancillary requests made by PCBH to support Full-Service Partnership clients' and other PCBH clients' needs.

4) Patients' Rights Advocate Stipend – PRS will provide a quarterly stipend to the Plumas County Behavioral Health Patients' Rights (consumer) Advocate. PRS will process a timely quarterly stipend payment and support annual out of county training to the Plumas County Behavioral Health Patient's Rights Advocate on behalf of Plumas County Behavioral Health.

<u>Deliverables</u>

Homeless Prevention Services:

Plumas Rural Services (PRS) will provide Transitional Housing coordination for Plumas County Behavioral Health (PCBH) and its consumers to prevent and reduce homelessness among the PCBH Outreach and Engagement and Full-Service Partnership populations.

PRS coordinating staff will work in close collaboration with the Plumas County Behavioral Health Client Support and Housing Coordinator to ensure that basic needs of all program participants are met. PRS will provide clients with those services that have been approved and communicated by the PCBH Client Support and Housing Coordinator, MHSA Program Coordinator, or the Director.

Program staff will include a transitional housing coordinator, who will work closely with the PCBH Client Support and Housing Coordinator through referral and approval of services; the Transitional Housing Coordinator will be available on-call as needed.

The PRS Transitional Housing Coordinator will schedule housing intake and move in/out procedures and will provide written housing violations and move-out notices to clients, per PCBH Transitional Housing Program policy.

PRS will provide a Transitional Housing Coordinator whose responsibilities include:

- developing relationships with Plumas County landlords;

- liaising with PCBH staff;
- processing payments for ancillary services including prescription assistance, utility assistance, rental assistance and other concerns (cars, plumbing, phone, etc.);
- working with contractors to set up cleaning, maintenance and repairs on transitional houses; and
- arranging emergency lodging with local motels.

Other staff includes the Chief Operating Officer for program supervision and direct service support for the Coordinator (i.e., backup for processing client assistance, processing requests from PCBH, etc.), the Fiscal Officer for fiscal compliance (grant billing, fiscal reporting, and response to PCBH on fiscal matters), and the Fiscal Clerk for processing of all payments. PRS will hire contractors for cleaning and major repairs for transitional housing units, as well as a backup for on-call services when the Coordinator is unavailable.

PRS will hire contractors for cleaning and major repairs for transitional housing units, beyond furnishing and providing maintenance to the units. PCBH will be responsible for costs of repairs needed to any unit done by a PCBH client, in addition to all other housing and utility costs.

Medication Assistance and Other Ancillary Supports:

In addition to the core services of managing the housing aspects of consumers' needs, PRS will provide ancillary supports to consumers in need of stabilizing to reduce prolonged suffering caused by severe mental illness and to improve. Such will include managing prescription drug vouchers, rental assistance, utility assistance, emergency lodging, and miscellaneous assistance. PRS will be responsible for furnishing consumers' transitional houses, including linens, dishes, pots/pans, etc.

Patients' Rights Advocate:

PRS will also provide stipends and training reimbursement for the Plumas County Behavioral Health Patients' Rights Advocate.

The Patients' Rights Advocate supports the local Mental Health Plan by working with Plumas County Behavioral Health Quality Assurance manager and staff on client-related issues of quality improvement/assurance and the grievance resolution process. The Advocate is not a contractor nor an employee of PCBH; receiving a minor stipend through a funded partner, such as PRS, allows for the timely remuneration to the Advocate for contributing time and effort in resolving behavioral health grievances while remaining a neutral party in the process, being viewed as an agent who is separate from the Plumas County Behavioral Health Department.

These client supports and services will assist new and ongoing PCBH individuals and families by decreasing negative outcomes associated with untreated serious mental illness or emotional disturbance: homelessness, incarceration, unemployment, removal from the family home, school failure, and prolonged suffering.

| | | | | | |
|---|---|---|---|---|---|
| **3.** | **Program Name** | Children's Mental Health Services Program | | | |
| **Program Partner** | | Plumas Rural Services | | | |
| **FY20/21 Budget** | | Up to $75,000 | | | |
| **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) | | |
| | | | Adult (26-59) | | |
| | | | Older Adult (60+) | | |
| **Expected Clients Served in FY20/21:** | | Up to 17 clients | | | |
| **Expected Average Cost Per Client:** | | $4,413.00 | | | |

This program is a continuation and final year of the Child and Adolescent Mental Health Program (2017-20), which began under an original MHSA program contracted through CA First 5, to expand early intervention and home-based services for children under age 7, their siblings, and families.

Provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) for full scope Medi-Cal eligible Plumas County children, ages 3-21, through the Mental Health Services Act (MHSA) Community Services and Supports program. 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 outpatient behavioral health services to children and youth who have been referred by Plumas County Department of Behavioral Health. It is expected that PRS will continue to provide mental health services to ensure continuity of care to the existing caseload as of the effective date of this Agreement, and, no new cases shall be added during the term of this Agreement. Contractor will provide Medi-Cal billable specialty mental health services with a productivity expectation set at 50%.

**III. Target Population**
County-referred Plumas County Medi-Cal beneficiaries.

These are Seriously Emotionally Disturbed (SED) children and youth as identified by Plumas County Behavioral Health Utilization Review team. It is expected that PRS will continue to provide mental health services to the existing caseload, not exceeding the number as of the effective date of this Agreement. 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 Management (UM) 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. PRS will be held to the documentation standards that are expected by the Department of Health Care Services.

| | | | | | |
|---|---|---|---|---|---|
| **4.** | **Program Name** | Plumas County Wellness Centers: Chester, Greenville, & Portola | | | |
| **Program Agency** | | Plumas County Behavioral Health | | | |
| **FY20/21 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 FY20/21:** | | 2,500 unduplicated across three 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 FY16-17, PCBH collaborated with Plumas Crisis Intervention and Resource Center to establish and operate Wellness Centers in Portola, Greenville, and Chester. These community-based centers opened Fall 2016 through Spring 2017. The Wellness Center in Quincy was located in FY16-17 and 17-18 at PCBH's Drop-In Center and programming was partially funded through SAMHSA through FY17-18. In FY18-19, Environmental Alternatives assumed the leaseholds for the Chester and Greenville Wellness Centers from Plumas Crisis Intervention and Resource Center.

In early 2017, Plumas County Behavioral Health hired one supervising and three site coordinators. Through 2018-19, in Quincy, the PCBH drop-in center (DIC) 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;

There is no centrally-located Wellness Center in Quincy reflecting the practices of the other centers, offering a “no wrong door” approach to community outreach and engagement. At the time of this report, discussion on developing a Quincy-based Wellness Center outside of the DIC had begun.

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, two stationed in Greenville and Portola, and a third who covers Chester and alternating locations (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 FY18-19
- 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 Greenville 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 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, and resource supports and distributions (foodpantry and clothing, laundry and shower usage (Greenville only). 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 from certified peer advocates 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.

Program staff will assist clients in developing strategies to learn how to manage their chronic health conditions, as well as other wellness activities, such as and harm reduction strategies

**Outcomes**

- Improve access, timeliness and linkage to services, decreasing duration of untreated mental illnesses
- Improve outreach and engagement to community members
- 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-certified 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

| | | | | | |
|---|---|---|---|---|---|
| **5.** | **Program Name** | Adult and Transition Age Youth (TAY) Peer Employment Program | | | |
| **Program Agency** | | Plumas County Behavioral Health | | | |
| **FY20/21 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 FY20/21:** | | 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 18 months based on the client's therapeutic needs and skillsets and an individual's program participation may be expanded when clinically indicated.

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.

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).

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.

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, Feather River Land Trust 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 Feather River Land Trust may take place on Leonhardt Ranch in Quincy and Heart K ranch in Genesee, and included fuels reduction education and removal, the identification of native and invasive plant species, and removal of invasive plant species.

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.

## VIII. 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 | | | |
| **FY17/18 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, 2021, 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, Golf Tournaments, Fishing Derby, Kayak Trips, etc.) to meet other veterans. 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 1,851. Outreach will be to an estimated 10-15% of county veterans (~185-277). These meetings will be held on a monthly basis rotating to each of the four main 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, 2021, 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 MSHA 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, 2021, 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. 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, 2021, 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 | | | |
| **FY17/18 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 | | | |
| **FY17/18 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 six 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 out 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 out 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 out 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 out 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
**Greenville Elementary School**
225 Grand Street, Greenville, CA 95947
**Quincy Elementary School**
175 N. Mill Creek Road, Quincy, CA 95971
246 Alder Street, Quincy, CA 95971
**C. Roy Carmichael Elementary School**
895 West Street, Portola, CA 96122

**Chester Junior/Senior High School**
612 First Street, Chester, CA 96020
**Greenville Junior/Senior High School**
117 Grand Street, Greenville, CA 95947
**Quincy Junior/Senior High School**
6 Quincy Junction Road, Quincy, CA 95971
**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:

**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. PUSD will be held to the documentation standards that are expected by the Department of Healthcare Services.

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|---|---|---|---|---|---|
| **4.** | **Program Name** | Native Youth, Family, and Elders Prevention Program | | | |
| **Program Partner** | | Roundhouse Council | | | |
| **FY17/18 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.

Youth Activities

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.

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| **5.** | **Program Name** | Girl's Rite Youth Prevention Program | | | |
| **Program Partner** | | Plumas Rural Services | | | |
| **FY17/18 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 Girl's Rite Youth Prevention Program provides prevention services for up to 15 girls, ages 11-18. Grounded in research on girls' development, Girl's Rite provides an all-girl space 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 or reducing 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.

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.

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

The Girl's Rite Coordinator will collaborate with the Soroptimist International of Quincy to plan and promote the *Dream It, Be It* development program, which hosts young women over the course of three weekends for workshops and sessions designed to share career opportunities, set education and career goals, and explore ways to tackle obstacles hindering their success. 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)
- Coordinating and participating in one (1) community-driven young women's development event (Soroptimist *Dream It, Be It*)
- 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,

that include by the end of the program year and through participant self-assessment or self-perception questionnaires that the program has:

- increased by 60% of enrolled youth who report a perception of increased self-confidence;
- increased by 40% of enrolled youth who report a perception of an improved or a healthier relationship with family members or other primary social connections;
- increased by 40% of enrolled youth who report perception of improved emotional self-regulation or emotional resiliency;
- Decreased by 40% of enrolled youth feelings of depression/sadness or suicide ideation.

Data collection methods:
PRS collects MHSA-specific demographic data for participants from initial enrollment forms. The Girl's Rite 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.

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| **6.** | **Program Name** | Statewide Prevention Project – Each Mind Matters: California's Mental Health Movement | | | |
| **Program Partner** | | CA Mental Health Services Authority (CalMHSA) | | | |
| **FY17/18 Cost** | | $2,500.00 | | | |
| **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 |
| | | | 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. | | | |

MHSA funding supports Plumas County's membership in **CalMHSA**'s Joint Powers Agreement for participation in the *Statewide Prevention Program* and the *Each Mind Matters* suicide prevention and mental health awareness 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.

*Projected Outcomes of the Statewide PEI Project*

Changing the current culture around mental health and suicide prevention requires a long-term commitment. Ongoing investment in the unprecedented statewide investment in strategies implemented by the Statewide PEI Project PEI 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 10-year 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

*Projected 20-year outcomes:*

- 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

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.

# IX. MHSA Innovation (INN)

Plumas County receives approximately $110,000 per annual allocation (5% of overall funding) in Innovation funds. In the past six years (two 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 2023, Plumas County will have accrued a total allocation of over $600,000.

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. Further project feasibility and capacity assessment during Year 1 will be completed to identify an appropriate small-county project.

In 2019, Plumas County was identified as an appropriate small county for and joined with Yolo County (Project Lead) on a 5-county project, entitled, “Data Driven Recovery Project” which focuses on cross collaboration with criminal justice partners, pulling data, scrubbing and de-identifying its users to protect privacy, renumbering the data, and then drawing conclusions from evident patterns. Secondly, PCBH worked with criminal justice partners to create a Sequential Intercept Map, which by using these patterns from the original data, agencies are able to locate their own client services within the larger model to identify shared strengths and gaps that may affect mutual clients to improve service delivery across this continuum. Plumas County continues to participate locally and with the other counties on this project. This project is funded solely through State-allocated MHSA funds from the MHSOAC. No local INN funds were approved or used for the DDRP.

In the past 3-5 years, MHSOAC has made a strong effort to partner with multiple counties on projects which benefit from greater collaboration and comparative analysis – such as the Data Driven Recovery Project, 3rd Sector’s FSP outcomes project, and the Tech Suite, which is the development of a suite of mental health tech applications.

# X. MHSA Workforce Education and Training (WET)

Due to pre-existing budget constraints and reprioritizing of funding limits during this challenging health and financial crisis, PCBH WET funding will provide scaled-down resources during 2020-23 for staff and peer training and professional development, focused on the cost-effective 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, EMDR Part II training (Part I was completed in November 2019) and group supervision hours toward certification, and any other department training priorities as identified, and the WET Regional Partnership, which will focus leveraging county funds for a larger return in loan assumptions and scholarships – regional priorities for the Superior Region.

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.

The PCBH Workforce Education and Training (WET) programs were started in the previous 3-Year Plan to address peer/consumer employment, peer advocacy, Behavioral Health Services licensed staffing shortages, and behavioral health training needs within the department, across agencies, and countywide. Furthermore, PCBH does not have a designated training coordinator, and it has been identified that a more coordinated effort and an integrated plan are needed.

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. While it was mentioned in the previous plan, staff shortages and leadership changes made it difficult to implement a local MHSA Loan Assumption Program. During Year 1 of this plan, the MHSA Coordinator will work with PCBH leadership, County Counsel and Human Resources, and the BH Commission and Board of Supervisors to finalize this process. PCBH currently has four full-time employees who are interested in applying for this scholarship.

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. The mandated MHSA lifetime maximum per employee is $60,000 whether they apply for local WET funds or through the statewide competitive OSHPD (see WET Regional Partnership below) 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. 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***

The five California Regional Partnerships are eligible to receive OSHPD WET grant resources to fund workforce investments (Pipeline, Stipends, Scholarships, Loan Repayment, Retention) outlined in more detail in the Grant Guide. The Grant Award amount is contingent on each Regional Partnership committing to provide the Local Match by December 2024. Applications are due on July 15, 2020.

Most of the Award will be issued after the Regional Partnership submits a report outlining stakeholder engagement, due on September 30, 2020, which can be based on stakeholder engagement associated with MHSA Three-Year plan development. Additional Award funds can be secured when each county submits a second workforce surveys to OSHPD outlining the public behavioral health workforce in each county. The first survey was due recently. The application requires the counties in the Regional Partnership committing to provide the Local Match. However, the Local Match does not need to be paid until December 2024, as stated previously. Fifteen percent of OSHPD Grant Award funds will be withheld until the Local Match is paid.

The WET Plan framework for "Supporting Individuals" relies on a regional approach, based on county needs assessments. Thus, OSHPD will award grants to the five Regional Partnerships (RPs) to carry out this portion of the WET Plan.
RPs play a key role by managing the grant funds, overseeing, and administering the various programs (loan repayments, stipends, scholarships, etc.) They are also responsible for reporting to OSHPD annually how they are spending the funds and that they have received the necessary local match.

All RPs will use the central application, ensuring consistency within each RP of a single loan repayment, scholarship, and stipend program for each region, rather than by county.

Beyond these guiding principles, each RP can tailor specific details about how funds are distributed within the region, etc., to meet the needs of the RP and its constituent counties.

Plumas County's local match over next three years will total $44,211. This match will be completed in Years 1-3, totaling $14,737 per year.

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

Plumas County Behavioral Health assessed the department's need for an affordable, centralized, user-friendly, and web-based training platform, allowing 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. Working with the PRS Training Coordinator, PCBH management staff chose the *Relias* web-based training platform the county's and the department's professional development and therapeutic training goals. In spring of 2019, the MHSA coordinator began working with Relias staff to upload employee information, to create user profiles, and to develop the organization's training hierarchy.

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 agencywide 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. FY18-19 was the first year for implementation of this department-wide professional development platform. The Relias service agreement expires in 2023. Program cost per staff member is $218.19 per year.

## XI. CAPITAL FACILITIES AND TECHNOLOGY NEEDS (CFTN)

Plumas County Behavioral Health has no Capital Facilities and Technology Needs program nor plans to expend CFTN funds within this Plan period. If a technology needs or facility use is identified in the interim, it may be built into a subsequent Annual Update with feedback through stakeholder process and with Board approval.

## XII.

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | Fiscal Year 2020-21 | | | | | |
|---|---|---|---|---|---|---|
| | 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* | 479,000 | 479,000 | | | | 157,000 |
| *2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 250,000 | 250,000 | | | | |
| *3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM* | 75,000 | 75,000 | 75,000 | | | |
| *4. PCBH Personnel and Operations for FSP Clients* | 978,647 | 978,647 | 575,000 | | | |
| ***Non-FSP Programs (General Systems Development and Outreach and Engagement)*** | | | | | | |
| *1.PCBH PERSONNEL AND OPERATIONS* | 940,268 | 940,268 | | | | |
| *2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 36,113 | 36,113 | | | | |
| *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 | | | | |
| | | | | | | |
| Subtotal | 2,993,485 | 2,993,485 | 650,000 | | | 157,000 |
| **CSS Administration** | 120,489 | 120,489 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | |
| **Total CSS Program Estimated Expenditures** | 3,113,974 | 3,113,974 | 650,000 | 0 | 0 | 157,000 |
| **FSP Programs as Percent of Total** | 59% | | | | | |

## *Plumas County Behavioral Health Personnel and Operations Detail – FY20-21*

| **PCBH Personnel** | | | | |
|---|---|---|---|---|
| **Position Description** | **Location/Description** | **Annual Salary** | **Full-Time Equivalent** | **Total with Benefits** |
| MHSA Coordinator | Quincy | $77,303 | 1.00 | $108,224 |
| Client Housing and Supports Case Manager | Greenville | $62,408 | 1.00 | $92,364 |
| Wellness Center Supervising Site Coordinator | All | $58,000 | 1.00 | $81,200 |
| Wellness Center Site Coordinator | Greenville | $50,342 | 1.00 | $75,179 |
| Wellness Center Site Coordinator | Chester | $47,690 | 1.00 | $67,349 |
| BH Client Support Services Tech | All | $40,647 | 1.00 | $69,629 |
| BH Client Support Services Tech | All | $34,668 | 1.00 | $54,106 |
| BH Management Analyst | Quincy | $15,816 | 0.25 | $25,284 |
| BH Systems Analyst | Quincy | $9,706 | 0.20 | $14,558 |
| BH Clinical Records | Quincy | $22,579 | 0.50 | $31,650 |
| BH Administrative Assistant | Quincy | $19,474 | 0.50 | $30,060 |
| Case Management Specialist | Quincy | $33,405 | 0.50 | $48,660 |
| Case Management Specialist | Portola | $34,414 | 0.50 | $55,486 |
| Case Management Specialist | All | $27,763 | 0.50 | $41,398 |
| Case Management Specialist | Quincy | $39,849 | 0.50 | $62,493 |
| BH Therapist | Portola | $31,128 | 0.50 | $49,341 |
| BH Therapist | Chester | $28,663 | 0.50 | $41,626 |
| BH Therapist | Quincy | $13,943 | 0.25 | $19,406 |
| BH Therapist | Quincy | $16,142 | 0.25 | $22,349 |
| BH Therapist | Greenville | $32,285 | 0.50 | $44,607 |
| Additional Benefits, Overtime, & Retirement | | | | $165,499 |
| **Personnel Total** | | | | **$1,200,468** |
| **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 luncheon | | | $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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | FISCAL YEAR 2020-21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 – Girl's Rite Youth Prevention Program | *18,882* | *18,882* | | | | |
| **PEI Administration** | 47,319 | 47,319 | | | | |
| **PEI Assigned Funds** CalMHSA Statewide Prevention Project: Each Mind Matters – California's Mental Health Movement | 2,500 | 2,500 | | | | |
| **Total PEI Program Estimated** | 523,012 | 523,012 | | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | Fiscal Year 2020-21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | Fiscal Year 2020-21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | Fiscal Year 2020-21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act
# Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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* | 479,000 | 479,000 | | | | 157,000 |
| *2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 250,000 | 250,000 | | | | |
| *3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM* | 75,000 | 75,000 | 75,000 | | | |
| *4. PCBH Personnel and Operations for FSP Clients* | 978,647 | 978,647 | 575,000 | | | |
| ***Non-FSP Programs (General Systems Development and Outreach and Engagement)*** | | | | | | |
| *1.PCBH PERSONNEL AND OPERATIONS* | 940,268 | 940,268 | | | | |
| *2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 36,113 | 36,113 | | | | |
| *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 | | | | |
| | | | | | | |
| Subtotal | 2,993,485 | 2,993,485 | 650,000 | | | 157,000 |
| **CSS Administration** | 120,489 | 120,489 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | |
| **Total CSS Program Estimated Expenditures** | 3,113,974 | 3,113,974 | 650,000 | 0 | 0 | 157,000 |
| **FSP Programs as Percent of Total** | 59% | | | | | |

## *Plumas County Behavioral Health Personnel and Operations Detail – FY21-22*

| **PCBH Personnel** | | | | |
|---|---|---|---|---|
| **Position Description** | **Location/Description** | **Annual Salary** | **Full-Time Equivalent** | **Total with Benefits** |
| MHSA Coordinator | Quincy | $77,303 | 1.00 | $108,224 |
| Client Housing and Supports Case Manager | Greenville | $62,408 | 1.00 | $92,364 |
| Wellness Center Supervising Site Coordinator | All | $58,000 | 1.00 | $81,200 |
| Wellness Center Site Coordinator | Greenville | $50,342 | 1.00 | $75,179 |
| Wellness Center Site Coordinator | Chester | $47,690 | 1.00 | $67,349 |
| BH Client Support Services Tech | All | $40,647 | 1.00 | $69,629 |
| BH Client Support Services Tech | All | $34,668 | 1.00 | $54,106 |
| BH Management Analyst | Quincy | $15,816 | 0.25 | $25,284 |
| BH Systems Analyst | Quincy | $9,706 | 0.20 | $14,558 |
| BH Clinical Records | Quincy | $22,579 | 0.50 | $31,650 |
| BH Administrative Assistant | Quincy | $19,474 | 0.50 | $30,060 |
| Case Management Specialist | Quincy | $33,405 | 0.50 | $48,660 |
| Case Management Specialist | Portola | $34,414 | 0.50 | $55,486 |
| Case Management Specialist | All | $27,763 | 0.50 | $41,398 |
| Case Management Specialist | Quincy | $39,849 | 0.50 | $62,493 |
| BH Therapist | Portola | $31,128 | 0.50 | $49,341 |
| BH Therapist | Chester | $28,663 | 0.50 | $41,626 |
| BH Therapist | Quincy | $13,943 | 0.25 | $19,406 |
| BH Therapist | Quincy | $16,142 | 0.25 | $22,349 |
| BH Therapist | Greenville | $32,285 | 0.50 | $44,607 |
| Additional Benefits, Overtime, & Retirement | | | | $165,499 |
| **Personnel Total** | | | | **$1,200,468** |
| **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 luncheon | | | $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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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. 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 – Girl's Rite Youth Prevention Program | *18,882* | *18,882* | | | | |
| **PEI Administration** | 47,319 | 47,319 | | | | |
| **PEI Assigned Funds** CalMHSA Statewide Prevention Project: Each Mind Matters – California's Mental Health Movement | 2,500 | 2,500 | | | | |
| **Total PEI Program Estimated** | 523,012 | 523,012 | | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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** | | | | | | |
| | | | | | | |
| 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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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. 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 | | | | |
| | | | | | | |
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| | | | | | | |
| **WET Administration** | 0 | 0 | | | | |
| **Total WET Program Estimated Expenditures** | 84,457 | 84,457 | 0 | 0 | 0 | 0 |

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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 |

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act
# Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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* | 479,000 | 479,000 | | | | 157,000 |
| *2. PRS CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 250,000 | 250,000 | | | | |
| *3. PLUMAS RURAL SERVICES CHILD AND ADOLESCENT PROGRAM* | 75,000 | 75,000 | 75,000 | | | |
| *4. PCBH Personnel and Operations for FSP Clients* | 978,647 | 978,647 | 575,000 | | | |
| ***Non-FSP Programs (General Systems Development and Outreach and Engagement)*** | | | | | | |
| *1.PCBH PERSONNEL AND OPERATIONS* | 940,268 | 940,268 | | | | |
| *2. PLUMAS RURAL SERVICES CLIENT ANCILLARY SERVICES AND HOUSING PROGRAM* | 36,113 | 36,113 | | | | |
| *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 | | | | |
| | | | | | | |
| Subtotal | 2,993,485 | 2,993,485 | 650,000 | | | 157,000 |
| **CSS Administration** | 120,489 | 120,489 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | |
| **Total CSS Program Estimated Expenditures** | 3,113,974 | 3,113,974 | 650,000 | 0 | 0 | 157,000 |
| **FSP Programs as Percent of Total** | 59% | | | | | |

## *Plumas County Behavioral Health Personnel and Operations Detail – FY22-23*

| **PCBH Personnel** | | | | |
|---|---|---|---|---|
| **Position Description** | **Location/Description** | **Annual Salary** | **Full-Time Equivalent** | **Total with Benefits** |
| MHSA Coordinator | Quincy | $77,303 | 1.00 | $108,224 |
| Client Housing and Supports Case Manager | Greenville | $62,408 | 1.00 | $92,364 |
| Wellness Center Supervising Site Coordinator | All | $58,000 | 1.00 | $81,200 |
| Wellness Center Site Coordinator | Greenville | $50,342 | 1.00 | $75,179 |
| Wellness Center Site Coordinator | Chester | $47,690 | 1.00 | $67,349 |
| BH Client Support Services Tech | All | $40,647 | 1.00 | $69,629 |
| BH Client Support Services Tech | All | $34,668 | 1.00 | $54,106 |
| BH Management Analyst | Quincy | $15,816 | 0.25 | $25,284 |
| BH Systems Analyst | Quincy | $9,706 | 0.20 | $14,558 |
| BH Clinical Records | Quincy | $22,579 | 0.50 | $31,650 |
| BH Administrative Assistant | Quincy | $19,474 | 0.50 | $30,060 |
| Case Management Specialist | Quincy | $33,405 | 0.50 | $48,660 |
| Case Management Specialist | Portola | $34,414 | 0.50 | $55,486 |
| Case Management Specialist | All | $27,763 | 0.50 | $41,398 |
| Case Management Specialist | Quincy | $39,849 | 0.50 | $62,493 |
| BH Therapist | Portola | $31,128 | 0.50 | $49,341 |
| BH Therapist | Chester | $28,663 | 0.50 | $41,626 |
| BH Therapist | Quincy | $13,943 | 0.25 | $19,406 |
| BH Therapist | Quincy | $16,142 | 0.25 | $22,349 |
| BH Therapist | Greenville | $32,285 | 0.50 | $44,607 |
| Additional Benefits, Overtime, & Retirement | | | | $165,499 |
| **Personnel Total** | | | | **$1,200,468** |
| **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 luncheon | | | $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** |

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## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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. 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* | *100,000* | | | |
| 4. Roundhouse Council – Native Youth, Family, and Elders | *50,000* | *50,000* | | | | |
| 5. Plumas Rural Services – Girl's Rite Youth Prevention Program | *18,882* | *18,882* | | | | |
| **PEI Administration** | *47,319* | *47,319* | | | | |
| **PEI Assigned Funds** CalMHSA Statewide Prevention Project: Each Mind Matters – California's Mental Health Movement | *2,500* | *2,500* | | | | |
| **Total PEI Program Estimated** | *523,012* | *523,012* | *100,000* | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Innovation (INN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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** | | | | | | |
| | | | | | | |
| 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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Workforce Education and Training (WET) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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. 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 | | | | |
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| | | | | | | |
| **WET Administration** | 0 | 0 | | | | |
| **Total WET Program Estimated Expenditures** | 84,457 | 84,457 | 0 | 0 | 0 | 0 |

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: **PLUMAS** Date: **07/01/20**

| | 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 | | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |