



PLUMAS COUNTY MENTAL HEALTH

Mental Health Services Act

FY 2014–2017 Three-Year Program and Expenditure Plan (Including Supplemental MHSA FY 13/14 Annual Update)

FINAL WITH ADDENDUM

January 21, 2015

MHSA COUNTY COMPLIANCE CERTIFICATION

County: **PLUMAS**

- Three-Year Program and Expenditure Plan
- Annual Update

<p style="text-align: center;">County Mental Health Director</p> <p>Name: Peter Livingston</p> <p>Telephone Number: 530-283-6307</p> <p>E-mail: plivingston@kingsview.org</p>	<p style="text-align: center;">Project Lead</p> <p>Name: Peter Livingston</p> <p>Telephone Number: 530-283-6307</p> <p>E-mail: plivingston@kingsview.org</p>
<p>Mailing Address:</p> <p style="text-align: center;">270 County Hospital Rd. #109 Quincy, CA 95971</p>	

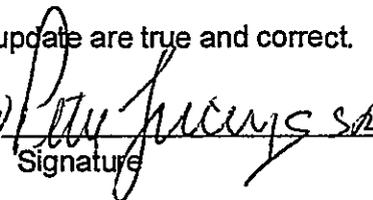
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on December 16, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Peter Livingston, LCSW
 Mental Health Director (PRINT)


 Signature

1-16-15
 Date



BOARD OF SUPERVISORS

Terrell Swofford, 1st District
 Kevin Goss, Vice Chair 2nd District
 Sharon Thrall, 3rd District
 Lori Simpson, 4th District
 Jon Kennedy, Chair 5th District

MEETING MINUTES

REGULAR MEETING OF THE BOARD OF SUPERVISORS COUNTY OF PLUMAS, STATE OF CALIFORNIA HELD IN QUINCY ON DECEMBER 16, 2014

STANDING ORDERS

-

11:00 A.M. [Play >>](#) **CALL TO ORDER/ROLL CALL**
Present: Supervisor Swofford, Supervisor Simpson, Supervisor Thrall, Supervisor Kennedy,
 Supervisor Goss.

[Play >>](#) **PLEDGE OF ALLEGIANCE**
 Chairman Kennedy leads the Pledge of Allegiance

[Play >>](#) **ADDITIONS TO OR DELETIONS FROM THE AGENDA**
 None

Play >> PUBLIC COMMENT OPPORTUNITY

Roxanne Valladao, representing Plumas Arts, thanks Chairman Kennedy for serving as a member of the Plumas County Board of Supervisors and for all his support over the years of Plumas Arts.

Play >> DEPARTMENT HEAD ANNOUNCEMENTS/REPORTS

Sheriff Greg Hagwood presents the Board with a check of \$5,000 for Sheriff's office participation in Wall's ice cream video. Sheriff Hagwood requests that \$2,500 be donated to the Plumas County Animal Shelter and \$2,500 be donated to the Quincy Town Hall Theater.

Elliott Smart, Director of Social Services extends his appreciation of Chairman Kennedy and thanks him for all his support while serving as a member of the Board of Supervisors.

ACTION AGENDA

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SPECIAL DISTRICTS GOVERNED BY BOARD OF SUPERVISORS

The Board of Supervisors sits as the Governing Board for various special districts in Plumas County including Dixie Valley Community Services District; Walker Ranch Community Services District; Grizzly Ranch Community Services District; Beckwourth County Service Area; Plumas County Flood Control and Water Conservation District; Quincy Lighting District; Crescent Mills Lighting District; County Service Area #12.

Convened as the Flood Control & Water Conservation District Governing Board

1. [Play >>](#) **FLOOD CONTROL & WATER CONSERVATION DISTRICT** – Robert Perreault
 - A. Report on the status of the public negotiations with the California Department of Water Resources and the State Water Contractors having to do with the State Water Project Contract Extension. Discussion, possible action and/or direction to staff
 - B. Report on the status of the proposed “Plumas Amendment” having to do with the “2003 Monterey Settlement Agreement.” Discussion, possible action and/or direction to staff.

Adjourned as the Flood Control & Water Conservation District Governing Board and reconvened as the Board of Supervisors

2. 11:00 [Play >>](#) **PUBLIC WORKS** – Robert Perreault
CONTINUED PUBLIC HEARING from November 04, 2014: Consider matters identified by the utilities that are involved in the PG&E Undergrounding Project that is part of the State Route 89 and County Roads Improvement Project in Greenville. Discussion and possible action

Following presentation and brief discussion by the Board, the public hearing remains open and is continued to January 20, 2015 at 11:00 a.m.

3. [Play >>](#) **PLUMAS COUNTY FIRE SAFE COUNCIL** – Nils Lunder
 Presentation by the Plumas County Fire Safe Council regarding efforts to secure State Responsibility Area funded grants as well as Greenhouse Gas Reduction grants to provide fuels reduction projects and residential chipping services throughout Plumas County; and consider request for letter of support for numerous grant proposals submitted to Cal Fire by the Plumas County Fire Safe Council. Discussion and possible action

Motion: authorize the Chair to sign letter of support for numerous grant proposals submitted to Cal Fire by the Plumas County Fire Safe Council as requested, **Action:** Approve, **Moved by** Supervisor Simpson, **Seconded by** Supervisor Thrall.
 Motion passed unanimously.

4. DEPARTMENTAL MATTERS

- A. [Play >>](#) **PLUMAS LITERACY** – Lynn Sheehy
 Approve supplemental budget transfer of \$4,500 for receipt of unanticipated revenue from Plumas Unified School District (\$2,500) and Plumas Children’s Council (\$2,000) to support Plumas Literacy programs. **Four/fifths required roll call vote**

Motion: Approve supplemental budget transfer of \$4,500 for receipt of unanticipated revenue from Plumas Unified School District (\$2,500) and Plumas Children’s Council (\$2,000) to support Plumas Literacy programs, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.
Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).
Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

- B. [Play >>](#) **TREASURER/TAX COLLECTOR** – Julie White
 Continued from December 02, 2014, report and update on status of refunding the 2003 Certificates of Participation (COP) Series “A”. Discussion and possible action
- C. [Play >>](#) **SHERIFF** – Greg Hagwood
 - 1) Authorize the Sheriff to promote a Correctional Officer to Correctional Sergeant to back-fill an opening. Fiscal impact: There in no impact to the General Fund. Discussion and possible action

Motion: Authorize the Sheriff to promote a Correctional Officer to Correctional Sergeant to back-fill an opening, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss. Motion passed unanimously.

- 2) Authorize the Sheriff to appropriate \$11,000 from the Criminal Justice Construction Fund Contingency (20293/544923) for purchase of a new sally port door at the Plumas County Correctional Facility. **Four/fifths required roll call vote**

Motion: Authorize the Sheriff to appropriate \$11,000 from the Criminal Justice Construction Fund Contingency (20293/544923) for purchase of a new sally port door at the Plumas County Correctional Facility, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

D. [Play >>](#) **SOCIAL SERVICES** – Elliott Smart

- 1) Adopt **RESOLUTION** amending the Plumas County Position Allocation for FY 2014-2015 (increasing 1.0 FTE Staff Services Analyst position); and approve a supplemental budget of \$36,681 to fund the position for the remainder of the current fiscal year. **Roll call vote**

Motion: Adopt **RESOLUTION No. 14-8016** amending the Plumas County Position Allocation for FY 2014-2015 (increasing 1.0 FTE Staff Services Analyst position); and approve a supplemental budget of \$36,681 to fund the position for the remainder of the current fiscal year, **Action:** Approve, **Moved by** Supervisor Simpson, **Seconded by** Supervisor Swofford.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

- 2) Approve an Interagency Memorandum of Understanding between the Social services Department, Mental Health Department and Probation Department covering the provision of SB 163 Wraparound Services to children who are either in, or are at risk of coming into the Foster Care system; and authorize the Directors of Social Services, Mental Health and the Chief Probation Officer to sign the agreement. Approved as to form by County Counsel. Discussion and possible action

Motion: Approve an Interagency Memorandum of Understanding between the Social services Department, Mental Health Department and Probation Department covering the provision of SB 163 Wraparound Services to children who are either in, or are at risk of coming into the Foster Care system; and authorize the Directors of Social Services, Mental Health and the Chief Probation Officer to sign the agreement, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.

Motion passed unanimously.

E. [Play >>](#) **HUMAN RESOURCES** – Gayla Trumbo

- 1) Adopt **RESOLUTION** to amend the Position Allocation of the Mental Health Department to Include Additional 6.0 FTE Community Care Case Manager; 1.0 FTE Fiscal Technical Service Assistant I/II/III; and 1.0 FTE Administrative Assistant I/II; and authorize the Department of Mental Health to recruit and fill the newly allocated positions accordingly. **Roll call vote**

Motion: Adopt **RESOLUTION No. 14-8017** to amend the Position Allocation of the Mental Health Department to Include Additional 6.0 FTE Community Care Case Manager; 1.0 FTE Fiscal Technical Service Assistant I/II/III; and 1.0 FTE Administrative Assistant I/II; and authorize the Department of Mental Health to recruit and fill the newly allocated positions accordingly, **Action:** Approve, **Moved by** Supervisor Simpson, **Seconded by** Supervisor Goss.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor

Thrall.

- 2) Adopt **RESOLUTION** to establish Interim Rates for the Affordable Health Care Low Wage Earners until the negotiation process has been completed. **Roll call vote**

Motion: Adopt **RESOLUTION No. 14-8018** to establish Interim Rates for the Affordable Health Care Low Wage Earners until the negotiation process has been completed, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

F. Play >> MENTAL HEALTH – Peter Livingston

- 1) Play >> Approve supplemental budget transfer and use of fund balance of \$902,360 (Dept. 70570); \$28,700 (Dept. 70574); \$138,785 (Dept. 70569) to fund newly allocated positions; and various office expenditures as presented and discussed on December 02, 2014. Discussion and possible action

Motion: Approve supplemental budget transfer and use of fund balance of \$902,360 (Dept. 70570); \$28,700 (Dept. 70574); \$138,785 (Dept. 70569) to fund newly allocated positions; and various office expenditures as presented and discussed on December 02, 2014, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Swofford.

Motion passed unanimously.

- 2) Play >> Approve Mental Health Services Act for FY 2014-2017 three-year program and expenditure plan as submitted; and authorize submission to the Mental Health Services Oversight and Accountability Commission. Discussion and possible action

Motion: Approve Mental Health Services Act for FY 2014-2017 three-year program and expenditure plan as submitted; and authorize submission to the Mental Health Services Oversight and Accountability Commission, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.

Motion passed unanimously.

NOON RECESS

1:30 P.M. AFTERNOON SESSION

The Board reconvened at 1:30 p.m. with all Board members present as in the morning session.

4. DEPARTMENTAL MATTERS, CONTINUED

- G. Play >> OFFICE OF EMERGENCY SERVICES – Jerry Sipe
Report and update on activities of the Fire Prevention Specialist

- H. Play >> COUNTY COUNSEL – Craig Settlemire

As a result of employee retirement effective December 28, 2014, authorize the County Counsel to recruit and fill vacant, funded, and allocated Paralegal position as a Paralegal I/II/III, or Legal Services Assistant I/II classification (Confidential Unit); or give other direction. Discussion and possible action

Motion: As a result of employee retirement effective December 28, 2014, authorize the County Counsel to recruit and fill vacant, funded, and allocated Paralegal position as a Paralegal I/II/III, or Legal Services Assistant I/II classification (Confidential Unit), **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Swofford.

Motion passed unanimously.

- I. [Play >>](#) **PLUMAS COUNTY COORDINATING COUNCIL** – Robert Perreault
Approve and authorize the Chair to sign a letter to the U.S. Fish and Wildlife Service regarding fisher species as threatened under the U.S. Endangered Species Act. Discussion and possible action

Motion: Approve and authorize the Chair to sign a letter to the U.S. Fish and Wildlife Service regarding fisher species as threatened under the U.S. Endangered Species Act, **Action:** Approve, **Moved by** Supervisor Simpson, **Seconded by** Supervisor Swofford.
Motion passed unanimously.

- J. [Play >>](#) **PUBLIC WORKS** – Robert Perreault
Solid Waste Program: Discussion, possible action and/or direction to staff regarding Mandatory Commercial Recycling

5. **BOARD OF SUPERVISORS**

- A. [Play >>](#) Introduce and waive first reading of an **ORDINANCE** amending Chapter 6 of Title 5 of the Plumas County Code Concerning Outdoor Festivals. **Roll call vote**

Motion: introduce and waive first reading of an **ORDINANCE** amending Chapter 6 of Title 5 of the Plumas County Code Concerning Outdoor Festivals, **Action:** Approve, **Moved by** Supervisor Goss, **Seconded by** Supervisor Thrall.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

The Ordinance is introduced and continued to January 06, 2015 for adoption.

- B. [Play >>](#) Ratify letter on behalf of Plumas-Sierra Rural Electric Cooperative in support of a “Last Mile” broadband expansion fund for parts of Plumas, Lassen, and Sierra counties. Discussion and possible action

Motion: Ratify letter on behalf of Plumas-Sierra Rural Electric Cooperative in support of a “Last Mile” broadband expansion fund for parts of Plumas, Lassen, and Sierra counties, **Action:** Approve, **Moved by** Supervisor Goss, **Seconded by** Supervisor Thrall.

Motion passed unanimously.

- C. Approve and authorize the Chair to sign letter to Randy Moore, Regional Forester regarding “Five-Forest Over-Snow Vehicle Open Houses” conducted in Lassen and Plumas County, and amendment to Travel Management Rule “Subpart C”. Discussion and possible action

Motion: Approve and authorize the Chair to sign letter to Randy Moore, Regional Forester regarding “Five-Forest Over-Snow Vehicle Open Houses” conducted in Lassen and Plumas County, and amendment to Travel Management Rule “Subpart C”, **Action:** Approve, **Moved by** Supervisor Swofford, **Seconded by** Supervisor Simpson.

Motion passed unanimously.

- D. Approve and authorize the Chair to sign a letter on behalf of Feather River College in support of an “Equine & Ranch Management Bachelor of Science Degree”. Discussion and possible action

Motion: Approve and authorize the Chair to sign a letter on behalf of Feather River College in support of an “Equine & Ranch Management Bachelor of Science Degree”, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Goss.

Motion passed unanimously.

- E. Approve and authorize the Chair to sign a letter on behalf of Sierra Buttes Trail Stewardship in support of the proposed bicycle event “*Grinduro*” to be held in Quincy on October 10, 2015. Discussion and possible action

Motion: Approve and authorize the Chair to sign a letter on behalf of Sierra Buttes Trail Stewardship in support of the proposed bicycle event "Grinduro" to be held in Quincy on October 10, 2015, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Simpson.
Motion passed unanimously.

- F. [Play >>](#) Establish a sub-committee and/or contact person for negotiating property tax exchange.
Discussion and possible action

Motion: select Craig Settlemire, County Counsel as contact person for negotiating property tax exchange, **Action:** Approve, **Moved by** Supervisor Thrall, **Seconded by** Supervisor Swofford.
Motion passed unanimously.

Supervisor Thrall recommends the Assessor, Auditor/Controller, and two Board members outside the district subject property are included in the negotiations.

G. CORRESPONDENCE

None

H. [Play >>](#) INFORMATIONAL ANNOUNCEMENTS

Supervisor Thrall announces that after twelve years of working with PG&E on re-licensing of Lake Almanor, the Draft Environmental Impact Report for the water quality certification for FERC 2105 has been released and the 120 day comment period has started. Comments are due by March 26, 2015.

Report by Supervisor Goss regarding issues related to County government and include LAFCo; Transportation Commission.

Report by Supervisor Simpson regarding issues related to County government and include Mental Health Commission meeting.

Report by Supervisor Swofford regarding issues related to County government and include LAFCo; Coordinating Council; Management Council.

I. [Play >>](#) APPOINTMENTS

INDIAN VALLEY COMMUNITY SERVICES DISTRICT

Motion: Appoint Robert Orange to the Indian Valley Community Services District Governing Board to replace Blake Shelters, **Action:** Approve, **Moved by** Supervisor Goss, **Seconded by** Supervisor Thrall.

Motion passed unanimously.

6. [Play >>](#) CONSENT AGENDA

These items are expected to be routine and non-controversial. The Board of Supervisors will act upon them at one time without discussion. Any Board members, staff member or interested party may request that an item be removed from the consent agenda for discussion. Additional budget appropriations and/or allocations from reserves will require a four/fifths roll call vote.

Motion: Approve the following consent agenda matters as submitted, **Action:** Approve, **Moved by** Supervisor Goss, **Seconded by** Supervisor Simpson.

Vote: Motion carried by unanimous roll call vote (**summary:** Yes = 5).

Yes: Supervisor Goss, Supervisor Kennedy, Supervisor Simpson, Supervisor Swofford, Supervisor Thrall.

A. MENTAL HEALTH

Approve and authorize the Chair to sign contract of \$64,752 between County of Plumas and Plumas Crisis Intervention and Resource Center for provision of services that support core functions of the Mental Health Department. Approved as to form by County Counsel

B. DISTRICT ATTORNEY

Approve and authorize the District Attorney to sign a three-year contract with LexisNexis for access to

Lexis Advance for online legal research. Approved as to form by County Counsel

C. PUBLIC WORKS

Award bid of \$819,999 to Hat Creek Construction for the Bucks Lake Road Rehabilitation Project; and authorize the Director of Public Works to sign construction contract subject to approval by County Counsel

7. CLOSED SESSION

Play >> ANNOUNCE ITEMS TO BE DISCUSSED IN CLOSED SESSION

- A. Personnel: Public employee performance evaluation – Information Systems Manager
- B. Conference with Legal Counsel: Existing litigation pursuant to Subdivision (d) (1) of Government Code §54956.9 – High Sierra Rural Alliance v. County of Plumas, Plumas Superior Court Case No. CV14-00009
- C. Conference with Legal Counsel: Significant exposure to litigation pursuant to Subdivision (d)(2) of Government Code Section 54956.9
- D. Conference with Labor Negotiator regarding employee negotiations: Sheriff's Administrative Unit; Sheriff's Department Employees Association; Operating Engineers Local #3; Confidential Employees Unit

REPORT OF ACTION IN CLOSED SESSION (IF APPLICABLE)

- A. Personnel: Public employee performance evaluation – Information Systems Manager
There was no reportable action taken.
- B. Conference with Legal Counsel: Existing litigation pursuant to Subdivision (d) (1) of Government Code §54956.9 – High Sierra Rural Alliance v. County of Plumas, Plumas Superior Court Case No. CV14-00009
There was no reportable action taken.
- C. Conference with Legal Counsel: Significant exposure to litigation pursuant to Subdivision (d)(2) of Government Code Section 54956.9
This matter was not addressed.
- D. Conference with Labor Negotiator regarding employee negotiations: Sheriff's Administrative Unit; Sheriff's Department Employees Association; Operating Engineers Local #3; Confidential Employees Unit
This matter was not addressed.

ADJOURNMENT

Adjourned meeting to Tuesday, January 06, 2015, Board of Supervisors Room 308, Courthouse, Quincy, California.

Plumas County Mental Health
Mental Health Services Act
FY 2014–2017 Three-Year Program and Expenditure Plan
ADDENDUM

LOCAL REVIEW PROCESS

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

This proposed MHSA FY 2014/15-2017/18 Three-Year Plan was posted for a 30-day public review and comment period from November 14, 2014 through December 14, 2014. An electronic copy was available online at: www.countyofplumas.com. New postings to the county website were announced through an email distributed to over 200 registered individuals.

Hard copies of the document were available at the Mental Health clinics and in the lobbies of frequently-accessed public areas, including the courthouse, Plumas District Hospital (Quincy), Eastern Plumas District Hospital (Portola), the county administration office, and the county library branches (Quincy, Chester, Greenville, and Portola). A copy of the proposed Annual Update was distributed to all members of the Mental Health Commission; consumer groups; staff; and at our existing drop-in center (Quincy). In addition, individual stakeholders were provided a copy upon request.

A Public Hearing was held on Monday, December 15, 2014, from 12:00 p.m. – 2:00 p.m., at the Plumas County Library, Conference Room (445 Jackson Street, Quincy, CA 95971). This hearing was held as a special session of the Mental Health Commission. The Public Hearing included 29 individuals from the community, including nine Mental Health Commission members. Other stakeholders included mental health, public health, alcohol and drug, county counsel, and the district attorney’s office; veterans’ advocates; community providers; local hospitals; and general stakeholders. These participants also included consumers, family members, and Transition Age Youth.

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

Substantive recommendations received during the Public Hearing and the Plumas County Mental Health (PCMH) responses are included in this Addendum for the purposes of submitting the final Plan for County Board of Supervisors approval. Following Board of Supervisor approval, substantive changes/clarifications shall be incorporated into the final MHSA 3-Year Plan prior to submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The final revised Three-Year Plan will be shared with stakeholders prior to submission to the MHSOAC. Recommendations and responses are summarized below.

Recommendation 1: There is a need for enhanced collaboration between Mental Health and other allied agencies to meet the needs of clients, family members, and the community. Develop a strategy for obtaining continuous stakeholder input on MHSA planning, implementation, and evaluation activities.

PCMH Response: An MHSA Steering Committee will be formed and implemented in January 2015. The Steering Committee may be comprised of Transition Age Youth (TAY) and adult consumers; family members; directors from each of the allied agencies, including AOD, Public Health, Social Services; and representatives from criminal justice, primary care providers, community providers, and other interested community members. The MHSA Steering Committee will meet monthly to identify opportunities for collaboration and care coordination. The MHSA Steering Committee will discuss clearly defined MHSA goals; share strategies and successes; address access and implementation barriers; and obtain input from allied agencies to fully implement the goals of MHSA. Ongoing training regarding target populations, MHSA requirements, and outcomes will be provided.

Recommendation 2: There is the need to enhance collaboration with the criminal justice system and offer mental health services and co-occurring mental health and substance use disorder services to persons in the jail and upon release. Support coordination with drug courts, the Alternative Sentencing program, and individuals under AB109. These services would provide mental health screening, assessments, treatment, and coordination with court orders.

PCMH Response: PCMH will work with the criminal justice system to develop and/or enhance a Criminal Justice Team to provide mental health and co-occurring services to persons involved in the criminal justice system, consistent with the MHSA regulations. Discharge planning services will be provided in the jail to support individuals to make a successful re-entry into the community. These services may include linkage to benefits, job skills development, mental health and/or substance use treatment services, housing linkages, and other supportive services. Collaboration with drug courts, AB 109, and AOD will be enhanced to ensure that individuals who need mental health services are linked to appropriate care.

Recommendation 3: There is the need to improve coordination of services between mental health and AOD to meet the needs of persons with co-occurring disorders. Design services to support whole health for individuals, especially those with co-occurring disorders. Develop strategies for using a screening and referral protocol for identification of persons with a mental health disorder and/or a substance use disorder. Enhance services to persons with co-occurring disorders who need residential treatment.

PCMH Response: PCMH will enhance services for persons with co-occurring disorders, including improved access to mental health services, and referrals for substance use services. Develop a Memorandum of Understanding (MOU) with AOD, mental health, and other allied agencies to identify and implement a screening and referral protocol for bi-directional identification of persons with a mental health disorder and/or a substance use disorder. Identify shared cost strategies for eligible Full Service Partnership (FSP) clients in need of substance use residential treatment.

Recommendation 4: There is the need to enhance services to promote wellness and recovery, including consumer voice and empowerment, and coordination of services to treat the whole person.

PCMH Response: PCMH will participate in a collaborative effort to identify strategies to improve the client's health and wellness. Hire individuals with lived experience to provide peer support and mentoring services to promote wellness, recovery, and consumer voice. Identify strategies for care coordination between allied agencies (such as primary care, AOD, public health) to promote whole health.

Recommendation 5: There is a need to improve timely access to mental health services. Improve capacity to serve special populations, including the 0-5 population, pregnant women, TAY, veterans, and older adults. Small communities across the county need to have timely and convenient access to mental health services.

PCMH Response: PCMH will develop the infrastructure to increase staff capacity, including hiring persons with lived experience, additional case manager, clinicians and nurses. Train staff to meet the needs of these special populations, utilizing evidence-based practices as appropriate. Through a referral process, coordinate and collaborate between agencies to improve timely access to services. Community partner agencies will be invited to participate in trainings, as appropriate. PCMH will develop wellness centers in each of the four communities, as well as purchase vehicles to provide transportation for home-based services and for services in remote communities.

Recommendation 6: Enhance and complement existing school-based services.

PCMH Response: PCMH will enhance and complement existing school-based prevention, early intervention, and ongoing treatment services for children and their families by co-locating PCMH clinical and case management staff to provide services in the schools, homes, and communities. This strategy will enhance timely access to mental health services for school-age children and families.

Recommendation 7: The MHSA Plan has had considerable thought, extensive input from stakeholders, and people have had the opportunity to provide input throughout the planning process. Recommend immediate approval of the Plan by the Mental Health Commission and the County Board of Supervisors.

PCMH Response: PCMH, upon BOS approval of the MHSA 3-Year Plan, will move quickly to develop its infrastructure to expand community services via collaboration with community partners; improve timely access to services; enhance community outreach; and involve consumers, persons with lived experience, and family members in all aspects of MHSA planning, implementation, and evaluation activities.

PLUMAS COUNTY MENTAL HEALTH

MHSA FY 2014–2017 Three-Year Program and Expenditure Plan

MHSA Community Program Planning and Local Review Process

County: PLUMAS 30-day Public Comment period: 11/14/14 – 12/14/14

Date: 11/14/14 Date of Public Hearing: Monday, December 15, 2014

COUNTY DESCRIPTION AND MHSA OVERVIEW

County Demographics and Description

Plumas County is a small, 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 Nevadas and the southern end of the Cascade Range. More than 75% of the county's 2,058 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 population is approximately 18,859 (*US Census 2010, Population Estimates Program*). Plumas County's largest town is Portola, home to approximately 1,957 residents (*US Census 2010, Population Estimates Program*). The town of Quincy, the county seat, population is 1,728, with the Quincy area population approximately 7,000. The County's population is comprised of 84% Caucasian, 8% Hispanic, 3% Native American, and the balance from Other race/ethnicity groups.

Services are sensitive to the client's cultural and linguistic background and delivered in the person's preferred language, which promote a welcoming environment that meets the needs of our population.

The US Census estimates that 8.8% 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 strives to offer services and materials in Spanish and English whenever possible. There are 2,495 veterans, which represent 13% of the County population. Approximately 4% of the population is under 5 years of age; 17% are 6-17 years; 55% are ages 18-64; and 24% are over 65 years of age. Females represent 50% of the population.

MHSA Implementation, Challenges, and Strategies to Mitigate

During the past few years, PCMH has experienced several changes in management positions, including the Mental Health Director position. These changes in leadership created barriers to completing key activities, including timely submission of the Plumas County MHSA FY 13/14 Annual Update.

Our management positions are now filled and we have contracted with Mike Geiss and Gary Ernst to help strengthen our fiscal and administrative program, complete cost reports, and develop a systematic Medi-Cal billing and accounting department. We have also contracted with Nancy Callahan, Ph.D. and her company, I.D.E.A. Consulting, and Kenneth Crandall, Consultant, to support us in planning, designing, and implementing our MHSA program.

The FY 13/14 Annual Update is included as a Supplement to this Three-Year Plan to allow PCMH the opportunity to fulfill the community planning requirements of the MHSA and to successfully log an MHSA FY 13/14 Annual Update, as required.

We are confident that we will be able to develop the foundation for building and implementing a consumer- and family-driven system of care for meeting the mental health needs of persons who are unserved and underserved in Plumas County.

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

- 1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2014-2017 Three Year Plan. Include the dates of meetings and other planning activities; describe methods used to obtain stakeholder input.*

The Plumas County Mental Health (PCMH) Community Program Planning (CPP) process for the development of the MHSA FY 2014/15-2017/18 Three-Year Plan builds upon the initial planning process that started several years ago, for the development of our original Three-Year Plan and our Annual Updates. Over the past several years, this planning process has included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. 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, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

For the planning process for the FY 2014/15-2017/18 Three-Year Plan, we conducted ten (10) focus groups and community forums at various locations in the community, including Quincy, Portola, Greenville, and Chester. PCMH hosted 4 Community Forums, open to the general community, and 6 focus groups targeted to specific populations, including mental health staff, adult consumers, family members, TAY, criminal justice agencies, and allied agencies. Members of the Mental Health Commission and County Board of Supervisors also attended multiple groups. Over 231 individuals participated in these stakeholder activities, which were conducted over three (3) days (October 22, 23, and 24, 2014).

In addition, we obtained input from community stakeholders and conducted outreach to the unserved and underserved through the collection of MHSA surveys. These surveys were distributed to school personnel, community members, adult consumers, family members, and allied agencies. The surveys were also posted on Survey Monkey, which generated a large number of responses. PCMH administered three (3) unique surveys to capture mental health issues and needs 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 599 completed surveys. Included in these stakeholder groups were veterans and persons with lived experience. Survey results are included as Attachment A.

With this information and input, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the

MHSA are still valid and provide an excellent guide for maintaining and enhancing our MHSA services in FY 14/15-17/18.

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 help us to understand service utilization and evaluate client progress. Data will also be instrumental in our planning process as we implement our new Three-Year Plan.

The proposed Three-Year Plan integrates stakeholder 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 Mental Health Commission members to obtain input on our initial ideas and budget for this Three-Year Plan. In addition to Commission members, a number of community members, consumers, and allied agency staff attended this meeting. There was strong support of the vision and goals for this Three-Year Plan and full support with the budget details. This support provides an excellent foundation for developing and implementing this plan. It also provides an important stakeholder commitment to work together to quickly and fully implement this ambitious plan.

In summary, the stakeholder groups and boards are in full support of this MHSA Three-Year Plan and the strategy to maintain and enhance services.

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

A number of different stakeholders have been involved in the CPP process. Input has been obtained from the Mental Health Commission and Board of Supervisors. In addition, MHSA staff, consumers, family members, Mental Health Director, Program Managers, fiscal staff, quality improvement staff, and others involved in the delivery of MHSA services provided input into the planning process. Input has been obtained from allied providers and agencies, including Child Abuse Prevention Council; District Attorney; Public Health; Probation; County Office of Education; Social Services; Veterans Services; 20,000 Lives; Head Start; NAMI; Plumas Crisis Intervention & Resource Center; and numerous individual providers and professionals in the community.

599 surveys were completed by consumers, family members, stakeholders, staff, providers, partner agencies, and the general public. The surveys helped to enhance input from multiple perspectives in our county and directed our planning process. The participants who completed the survey reflect the race/ethnicity of our community: 82% were Caucasian, 7% Hispanic, 8% Native American, and 2% Other race/ethnicity. Twenty-nine percent (29%) of the participants were male, 70% female, and 1% other. School personnel represented 10% of the respondents; 13% were family members; 13% were adults; 13% were TAY, and 50% were Community members.

The stakeholder process was extensive and countywide. These 10 focus groups had over 231 persons in attendance and 599 individuals completed a survey. This level of participation clearly demonstrates that there is great interest from the community to support and improve mental health services in our county and that this input reflects persons living in all communities in the county.

LOCAL REVIEW PROCESS

Please refer to the Addendum for the final Local Review Process description, public hearing information, and a summary of the recommendations received.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS (CSS)

1. Provide a program description (must include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.

The PCMH MHSA Community Supports and Services (CSS) program will continue to provide services to all ages [children (ages 0-17); transition age youth (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 each 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 each 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 our Hispanic and Native American populations improve access to needed mental health services.

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; medication vouchers; education and employment support; training and anti-stigma events; linkages to needed services; and housing support.

In order to improve access, quality, and timeliness of services, the CSS Program Plan develops services and a Wellness Center in each of the distinct regions in Plumas County: Chester, Indian Valley, Portola, and Quincy. The Wellness Center model offers a consumer-driven, community-based alternative to the traditional clinic atmosphere, and provides a casual and friendly environment that empowers consumer voice. Each center will be located in a house or other structure, depending upon the availability in each community. Each of the four centers will offer a range of services that are consumer-focused and recovery-based, helping us to enhance our mental health services system and improve access to services. 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); alternative therapies; walking groups; etc. Each center will have clinical and case management staff, clerical support, a Registered Nurse, Telepsychiatry Services, and paid Adult Consumer Advocate and Peer Youth Mentor positions. Hiring individuals with lived experience will provide peer support and mentoring services to promote wellness, recovery, and consumer voice. A 1.0 Driver position and a four-wheel drive vehicle for transporting clients to appointments will also be available, as well as supporting wellness and recovery activities.

Specialized services for children ages 0-7 and families will be available regionally, and will include utilization of the evidence-based practice Parent Child Interactive Therapy (PCIT). This approach involves training parents of young children to manage behavior and learn important parenting skills, in a supportive environment.

Services will be available in each of the four communities, at the schools, and other locations. There will be a new focus on integrating mental health service with health care services to promote health and wellness for all clients. We will develop strategies to help clients and family members learn how to manage their chronic health conditions, learn skills in cooking on a limited budget, and being more involved in walking and other wellness activities.

PCMH will enhance services for persons with co-occurring disorders, including improved access to mental health services, and co-occurring treatment services, as well as referrals for substance use services. We will develop a Memorandum of Understanding (MOU) with AOD, mental health, and other allied agencies to identify and implement a screening and referral protocol for bi-directional identification of persons with a mental health disorder and/or a substance use disorder. Partners will identify shared-cost strategies for eligible Full Service Partnership (FSP) clients in need of substance use residential treatment. We will also have staff available to work closely with law enforcement and partner with them to develop effective, timely Crisis Intervention Teams (CIT) to help resolve crisis situations for persons with a mental illness. In addition, mental health staff will screen and assess individuals referred by the courts to identify individuals' needs and deliver and/or link individuals to services to support positive outcomes.

We will develop the capacity to support clients to develop a non-profit Consumer Run program, to facilitate the development employment opportunities, vocational skills, business management, and consumer support for clients in the community. Additional CSS dollars will be utilized to conduct outreach and help engage persons from the Native American community, provide supportive housing and emergency lodging for person who are homeless or at risk of homelessness, and client support expenses (client/family/ caregiver support; employment and educational supports, and “whatever it takes” Full Service Partnership (FSP) funds).

Because of our late start with the Three-Year Plan, we have budgeted new positions for six (6) months of the Year 1, and utilized the additional dollars to develop the Wellness Centers, in each region. These allocations include developmental funds to purchase furniture, office equipment, appliances, remodeling costs, and lease-to-own options.

To understand service utilization for our existing mental health services, data was analyzed to show the number of CSS clients served in FY 2013/14 by age, race/ethnicity, and gender. There were 593 clients served in the last fiscal year. Table 1 shows that 28.7% were children ages 0-15 years; 14.5% were TAY (ages 16-25); 48.7% were adults (ages 26-59), and 8.1% were Older adults (ages60+).

Table 1
CSS Clients by Age

CSS Clients (FY 13/14) By <u>Age</u>		
0 - 15 years	170	28.7%
16 - 25 years	86	14.5%
26 - 59 years	289	48.7%
60+ years	48	8.1%
Total	593	100.0%

Table 2 shows Race/Ethnicity for CSS clients: 76.1% were Caucasian, 7.9% were Hispanic/Latino; 4.4% Native American; and 11.6% were from all other races.

Table 2
CSS Clients by Race/Ethnicity

CSS Clients (FY 13/14) By Race/Ethnicity

Caucasian	451	76.1%
Hispanic	47	7.9%
African American	6	1.0%
Asian/Pacific Islander	9	1.5%
American Indian	26	4.4%
Other	54	9.1%
Total	593	100.0%

2. Describe any challenges or barriers, and strategies to mitigate.

There are many challenges to implementation of the CSS Plan. The primary challenge is time. We are getting a late start in developing the CSS Plan. We feel confident that we have a solid plan for implementation in the second half of the first fiscal, by having clear goals and objectives, strong consultation, and leadership to fully implement these new services. In addition, the strong, positive community support will help develop and implement this plan as quickly as possible.

The second challenge to implementation of the CSS Plan is the difficulty in hiring licensed clinical and nursing staff in this small, rural, frontier, and remote County. It is also difficult to recruit and hire bilingual/bicultural staff. We currently have three staff vacancies for clinical positions. In an effort to recruit for the existing and new positions, we plan to contract with a recruitment specialist to advertise the positions widely and conduct outreach to other mental health organizations and professional organizations to inform them of our available positions.

This plan also includes a number of Case Management, Consumer /Peer Advocate, Administrative, and Driver positions. We anticipate that we will be successful at filling these positions quickly, and will be able to hire some bilingual, bicultural individuals to help deliver culturally sensitive services to our community.

The third major barrier to filling these positions is the pay scale for professional positions. It is very difficult to recruit licensed, qualified clinicians and nurses, when surrounding counties are offering the same position for significantly more money. In the Three-Year Plan, we have included training dollars to provide some incentive to professional staff to come to Plumas County.

3. List any significant changes in Three-Year Plan, if applicable.

This new Three-Year Plan brings many exciting opportunities to Plumas County. This comprehensive plan has utilized a strong System of Care model to improve mental health services to all four communities. When implemented, it will greatly improve access to services, providing quality services, providing crisis service in the schools and communities, and develop employment opportunities for both community members, consumers, and family members.

To help drive this transformation, an MHSA Steering Committee will be formed and implemented in January 2015. The Steering Committee may be comprised of Transition Age Youth (TAY) and adult consumers; family members; directors from each of the allied agencies, including AOD, Public Health, Social Services; and representatives from criminal justice, primary care providers, community providers, and other interested community members. The MHSA Steering Committee will meet monthly to identify opportunities for collaboration and care coordination. The MHSA Steering Committee will discuss clearly defined MHSA goals; share strategies and successes; address access and implementation barriers; and obtain input from committee members and allied agencies to fully implement the goals of MHSA. Ongoing training regarding target populations, MHSA requirements, and outcomes will be provided.

MHSA Program Component PREVENTION AND EARLY INTERVENTION

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

Our comprehensive planning process provided input on a number of options for developing Prevention and Early Intervention activities in our communities, as outlined for each program below.

2. *Provide a program description for each program (include estimated number of clients to be served, age, race/ethnicity).*
 - a. Mental Health Veteran's Outreach – The MHSA planning process has identified the need to enhance outreach to veterans in our county. Veterans have a higher incidence of mental health symptoms compared to the general population, and there are very few services available to them in Plumas County. The Mental Health Veteran's Outreach program will contract or hire a 1.0 FTE Outreach Specialist to help identify veterans who need mental health services and supports. This funding also provides a new four-wheel drive vehicle to help outreach into the community, as well as transport clients to needed local and regional services. It is estimated that this prevention program will serve at least 30 veterans each year.
 - b. Community Mental Health Training – Feedback from the community focus groups repeatedly requested training for community members on reducing stigma and developing skills in recognizing signs and symptoms of mental health and/or suicidal behavior. This prevention program will contract with a provider to conduct community trainings in ASIST and Mental Health First Aid, both Evidence-based Practices (EBPs). The trainer will conduct ASIST and MH First Aid training in all four regions of the county. Trainings will offered to school personnel, first responders (including criminal justice), and interested community groups. Approximately 100 individuals will be trained in one or both EBPs each year.
 - c. Older Adult Prevention Services – Stakeholder feedback supported the development of services for older adults to reduce stigma and help identify individuals who need mental health screening and services. A number of seniors are isolated at home. Over 400 individuals have meals delivered to their homes by volunteers on a daily basis. This prevention program would train these volunteers to screen the home bound individual for depression and other mental health symptoms. This approach provides an excellent opportunity to quickly identify individuals who might need mental health services. The funding pays for 1.0 FTE Case Manager to train and manage the volunteers to use the screening tool, as well as link consumers to services. It is estimated that about 100 older adults will be served each year.
 - d. Anger Management Activities – Stakeholder feedback supported MHSA funding to supplement the Anger Management program delivered by Probation, and expand the training. This prevention program would offer training on Anger Management to

persons involved in the criminal justice system. It is estimated that at least 30 individuals would be trained each year.

- e. Homebound Senior Services – In addition to the screening activities as a component of the meals delivery program, stakeholders supported the development of services for homebound seniors to help them manage their mental health symptoms, chronic health conditions, and receive the support needed to successfully live independently, whenever possible. The Homebound Senior Services program funds a Registered Nurse to deliver services in each area at least one day a week. This individual will also be available to other older adults needing occasional nursing support to understand their medications, prescriptions, conduct health screenings in the community, and/or perform other health related service throughout the county.
- f. TAY Engagement Activities – Stakeholders identified the need to develop healthy activities for Transition Age Youth in each community. This PEI program would hire a 1.0 FTE Case Manager to provide leadership in developing youth-friendly activities, organizing outdoor activities, and developing leadership skills for youth. This individual will work closely with schools and community organizations to promote wellness, resiliency, and leadership skills in our youth.

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

Prevention and Early Intervention activities provide an excellent opportunity to coordinate services across community providers, and strength partnership with community-based organizations. As we have developed this Three Year Plan, we have identified opportunities to partner with community organizations to expand services across our communities. PCMH will work with the criminal justice system to develop and/or enhance a Criminal Justice Team to provide mental health and co-occurring services to persons involved in the criminal justice system, consistent with the MHSA regulations. Discharge planning services will be provided in the jail to support individuals to make a successful re-entry into the community. These services may include linkage to benefits, job skills development, mental health and/or substance use treatment services, housing linkages, and other supportive services. Collaboration with drug courts, AB 109, and AOD will be enhanced to ensure that individuals who need mental health and co-occurring services are linked to the appropriate level of care.

4. Describe intended outcomes.

Prevention and Early Intervention services will help extend mental health services into the community, across underserved age groups, including TAY and Older Adults. By offering training to community members, we will help promote healthy and safe communities and identify opportunities to link individuals to the appropriate level of services to meet their needs and achieve positive outcomes.

5. Describe coordination with other MHSA Components.

This plan has developed a comprehensive, system of care 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 our clients, our community, and partner agencies. The MHSA Coordinator will be an integral component of this Three Year Plan and will provide the leadership and coordination to successfully implement all components of this project, while complying with MHSA laws and guidelines.

**MHSA Program Component
INNOVATION
School-Based Response Team**

- Completely New Program**
 Revised Previously Approved Program

Program Number/Name:

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Plumas County has had school threat situations in each of the past three years. In addition, there is a high incidence of suicidal ideation and cutting behavior amongst children and youth, and a high incidence of bullying in our schools. When these significant events occur, the school staff feel helpless and do not have a specific plan of action to resolve the threat or have a systematic way to respond to the bullying behavior.

We have held an extensive planning process in preparation for our MHSA 3-Year Plan and new Innovation Plan. Stakeholders were involved throughout the planning stages, development of the Innovation Plan, and will be involved in evaluation process. Stakeholders included youth, adults, older adults, veterans, persons in the AOD recovery community, family members of persons in the AOD community, and persons with lived experience and their family members.

These innovation services will be youth and family driven and focus on wellness, recovery, and resilience. The MHSA stakeholder process for the Three Year Plan included 10 focus groups and surveys completed by 599 individuals. The results of this stakeholder process found that youth, families, and adults reported that suicidal behavioral and school safety, including threats and bullying, were important issues to address in our MHSA Plan. During TAY stakeholder focus group, youth reported that school threats, suicidal ideation, and bullying were significant issues in the schools and that the schools did not respond to these incidents. In addition, youth described the number of youth in the schools who are cutters, and that cutting can be a gateway to drug use. Participants in the adult stakeholder focus group reported that they were bullied as children, and some reported that they became bullies in response to the bullying behavior. Several stakeholders reported that suicidal behavioral and bullying in our schools was a serious issue.

Currently, when an incident occurs at a local school, the school staff may call police, the mental health crisis line, or probation, depending upon the situation or the person's familiarity with one of the agencies. There is no standard protocol for collaboration, who to call and when to call. As a result, multiple agencies may respond to a situation. There is also no protocol for following up with the youth to ensure that the incident is resolved or that the youth is linked to needed services, including mental health services. There is no coordinated approach to ensure that the situation is not repeated.

Our new Innovation project adapts an existing evidence-based practice utilized by Los Angeles County and others to meet the needs our small, rural county, and evaluate whether this modification obtains desired outcomes. The Innovation project will focus on developing a collaborative process and team to respond systematically to these critical incidents, including school threats, suicidal behavior, and/or bullying. There are models that have been effective in Los Angeles and other large cities, but these models need to be modified to meet the needs of a small rural community. In this county, there are only a few staff at each agency who perform several different functions. We have limited resources and long distances a between towns with very limited public transportation. As a result, the small number of staff at our partner agencies creates a need to expand collaboration across the agencies. For example, different people may participate for any give incident, depending on who is working that day, or that shift. In the LA model, there is a dedicated team of individuals who only respond to incidents – that is their full-time job! Our modification of this LA model evaluates the result of expanding the team and collaborative efforts to respond in a timely, consistent manner to incidents.

Our Innovation project will identify 1-2 staff from each of the following agencies: mental health, probation, law enforcement, and the schools, to be the key members of the School-Based Response Team. These individuals will collaborate together to respond quickly, efficiently, and consistently to crisis and critical event situations. This collaborative team will be called the School-Based Response Team. The School-Based Response Team will respond to situations across the county and will conduct a comprehensive mental health and crisis evaluation to determine what is most effective in each situation, with protocols developed to help respond and evaluate the outcome of each situation. However, to ensure an effective collaborative process, enhanced collaboration will be developed, so any persons responding to the incident will effectively implement the response protocol. The School-Based Response Team will also coordinate services with the Crisis Intervention Team (CIT) being implemented by law enforcement. This provides an exciting opportunity to train staff from multiple agencies and develop a consistent protocol for responding to crisis situations across the county.

In an effort to further improve outcomes for the children and youth involved in these incidents, the School-Based Response Team will also follow-up with each student, classroom, teacher, and/or family member, to deliver brief therapy and assess the need for additional follow-up services. When a student needs ongoing treatment, the School-Based Response Team will link the individual to ongoing mental health, co-occurring treatment, or probation services to ensure the incident is fully resolved.

The School-Based Response Team offers a change in the response to crisis situations in the schools. The School-Based Response Team will offer a collaborative team of staff from relevant agencies to train, screen, intervene, and provide case management and monitoring to identify and manage any potential threats to our schools and/or community. In addition, the School-Based Response Team will provide community-wide crisis response, clinical case management, and follow-up services. This comprehensive team will also utilize evidence-based practices to offer suicide assessment and prevention, train school staff on bullying prevention, and provide the clinical services needed to address any identified issues.

The barriers to implementing this collaborative team in the past has been a shortage of staff, especially for probation and law enforcement; high caseloads; and limited time to develop the collaboration and protocols needed to systematically respond to critical incidents. These Innovation dollars will help fund the capacity to plan, design, create, implement this new collaboration and evaluate the effectiveness of the shared collaboration. While this program creates a more complex process, it is essential to make this change from existing models (that

have designated staff) to ensure success in this rural community. Ongoing data will help us to determine the effectiveness of the collaboration, as well as modify the design to continually enhance program effectiveness.

Collaboration across agencies is difficult to measure and may fluctuate, depending upon management, funding resources, key events, and individual incidents. With this understanding, we will measure collaboration across our agencies using a tool used by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the University of South Florida to evaluate collaboration in Children's System of Care agencies and other federal grant projects. This Interagency Collaboration Activities Scale (IACAS) will be distributed to partner agency staff at the beginning of the project and annually. This survey asks the question: "To what extent does your organization SHARE with other child serving agencies?" A number of variables are measured, including funding, services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

- 2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.***

This Innovation Project will make a change to the evidence-based practice model by developing a collaborative response team to specifically address school and community crises, for this small rural community. The School-Based Response Team will be available throughout the county to address many of the key issues identified on our MHSA surveys and in our focus groups. The School-Based Response Team will respond to all community crisis situations; conduct school threat assessments; identify situations of bullying; and provide follow-up treatment, brief therapy, and case management services, as needed. If an individual and/or family needs ongoing treatment, they will be linked to relevant services and/or mental health and/or co-occurring services through a warm handoff, when appropriate.

The learning goal of this project is to assess the effectiveness of this collaborative team approach, using limited resources. We will adopt a proven model of response to use in the schools, to address school threats and bullying incidents. We will evaluate the effectiveness of this enhanced collaboration, to determine the effectiveness when agency staff may differ, with each crisis situation, depending upon the time of day, or shift. The expected learning outcomes will be to understand the collaborative process, training needs of all team members, and success in resolving crisis situations, school threats, bullying, suicide prevention, and treatment strategies. School-Based Response Team members will be available to triage each situation, provide the needed services, and link the individual and/or family to ongoing supportive services, as needed.

We will utilize mental health staff, Youth Peer Mentors, law enforcement, probation, and school staff to create the collaborative team that promotes a safe environment for schools and our communities. An active evaluation process will assess the collaboration between team members and the schools, and the timeliness of response and resolution of the incident.

The collaboration between team members will be measured by using the IACAS to survey partner agency staff at the beginning of the project and annually. By asking agency staff to describe how their organization shares different indicators with other child serving agencies, we will have information from both managers and staff on a number of variables including funding, purchasing of services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

We will also evaluate individual outcomes for youth and family, to assess the effectiveness of ongoing follow-up, treatment, and recidivism. Each individual and/or family who needs ongoing follow-up services will be enrolled in our evaluation activities. These activities will provide the needed information to track individual outcomes over time to assess the effectiveness of the program.

On a system level, we will evaluate the effectiveness of a rural collaborative model, using more people with few resources, and determine what works, and how our learning can be applied to other small county programs.

3. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

The School-Based Response Team model of collaboration and timely response to critical incidents supports and is consistent with the MHSA General standards. We will develop, measure, and test an approach to small county collaboration that works in a rural county, adopting a proven model to use in the schools to address school threats and bullying incidents. This community collaboration will strengthen our multi-agency partnerships, develop opportunities to share funding, service planning, evaluation, and celebrate positive outcomes.

Our services will be culturally-competent and available in English and Spanish, whenever possible (Plumas County does not have a threshold language). As we work closely with the schools to reduce school threats and bullying, we will also offer supportive services to high-risk youth and their families. If the family is monolingual Spanish, we will have bilingual, bicultural clinicians available to offer services in their primary language, whenever possible.

We will deliver client- and family-driven services, as evidenced by having paid Peer Youth Mentors on our School-Based Response Team. The Peer Mentors help support high-risk youth to develop resiliency skills and support them to have a voice in developing client-driven treatment and services. In addition, we will utilize staff to support families to be active participants in their services and enhance resiliency skills for both the youth and the family, while reducing risk factors.

We are developing a mental health service delivery system that focuses on wellness, recovery, and resilience. Our Wellness Centers are being developed with MHSA CSS funding and modeled after Transition Age Youth Centers in other rural counties. The School-Based Response Team will help promote collaboration and integrated services in the schools and with allied agencies.

We utilize a Risk/Resiliency Tool which measures key risk factors and resiliency factors for children, youth, and families. We utilize this tool at admission and every six (6) months. Progress on developing resiliency factors is shared with youth, families, and staff through an Individual Wellness Report. This information helps to guide services to develop resiliency skills over time.

We initiated the development of the School-Based Response Team to develop and test an enhanced collaboration across multiple agencies in our community to systematically respond to crisis and critical mental health events in the schools, and promote and create safe environments to meet the needs of unserved and underserved individuals in our community. The enhanced collaboration with our primary allied agencies will offer a full range of services and develop a comprehensive prevention, intervention, and evaluation program to reduce depression, suicide, bullying, and school threat situations. The evaluation activities will test the effectiveness of this collaboration using the modified School-Based Response Team approach to resolve school threats and reduce the impact of suicide, violence, and bullying on our schools and communities.

4. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

We anticipate that we will serve 25 Children (ages 5-15) and 20 Transition Age Youth (ages 16-25). It is expected that we will serve approximately 10% Hispanic, 80% Caucasian, and 10% other race/ethnicity groups. Approximately 50% will be females. The majority of youth will speak English. We anticipate that approximately 3% of the individuals or family members utilizing the School-Based Response Team will identify Spanish as their primary language.

5. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

We will develop, implement, and evaluate the effectiveness of the modified School-Based Response Team's collaboration across the three-year time period. This period will allow ample time to hire and train staff; develop and test standard tools for threat assessments and timely response to crisis and critical events; and develop and test protocols for responding to the bullying behavior. We anticipate that we will start to implement components of this program within the first three months of funding; however, full implementation and collaboration of services will occur by the end of the first year. This strategy will allow two additional years to fully implement and study the effectiveness of this approach and share our learnings with other counties.

Evaluation activities will be developed in the first three months, and collected and analyzed monthly. Evaluation outcomes and lessons learned will be shared with the School-Based

Response Team and at the Mental Health Quality Improvement Committee, MHSA Committee, and management meetings. In addition, we will share our experience of collaboration in a rural county, so other counties will be able to implement similar strategies, within their limited resources.

After the three-year timeframe, the success of the project will be determined through the evaluation activities and stakeholder input. If deemed successful, the project will be transitioned it to another category of MHSA funding, such as PEI.

- 6. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.***

We will collect data on both client level outcomes and measure the effectiveness of the Innovation Project and sources of collaboration. Client level outcomes will include the number of children and TAY referred; number served; number of crisis response situations and school threat assessments; outcomes of each critical incident; and ongoing need for follow-up services. The number of individuals receiving ongoing case management and numbers referred for ongoing services will be measured. In addition, key events such as the number of suicide attempts, school threats, referrals for bullying, and crisis response situations will be measured. Program effectiveness will measure the collaboration activities of the allied agencies prior to development of the School-Based Response Team, and ongoing collaborative activities as the School-Based Response Team is implemented.

The collaboration between team members will be measured by using the IACAS to survey partner agency staff at the beginning of the project and annually. By asking agency staff to describe how their organization shares different indicators with other child serving agencies, we will have information from both managers and staff on a number of variables including funding, purchasing of services, facility space, data, program evaluation, and staff training.

By measuring perception of these collaborative activities over time, we will be able to evaluate the success of our project. Through the project, we will improve how our collaborative agencies share funding, space, data, evaluation, training, participation on committees, case reviews, and formal written agreements.

Our evaluation activities will be developed and implemented with guidance from our Quality Improvement Committee and oversight by the Plumas County Mental Health Commission. Outcomes and lessons learned will be shared with the School-Based Response Team and at the Quality Improvement Committee, MHSA Committee, management meetings, and at regional and/or statewide meetings that involve other small, rural counties.

- 7. If applicable, provide a list of resources to be leveraged.***

In addition to MHSA funding, we will utilize Medi-Cal revenue, whenever possible, to support the School-Based Response Team, as well as funding ongoing mental health treatment services delivered to youth and family members identified through the School-Based Response Team activities.

8. Please provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Project: School-Based Response Team
Estimated Project Costs (Total per Year):

Year 1: \$327,000
Year 2: \$267,000
Year 3: \$267,000

This Innovation Project utilizes a proven model to develop a comprehensive, innovative, mentoring program to address the need for a threat prevention and management program in our county. The School-Based Response Team will respond to all community crisis situations, conduct school threat assessments, identify situations of bullying, and provide follow-up treatment, brief therapy, and case management services, as needed. If an individual and/or family needs ongoing treatment, they will be linked to appropriate services and/or behavioral health services through a warm handoff, when appropriate. Extensive evaluation activities will provide an assessment of project effectiveness and client-level outcomes achieved as a result; outcomes and lessons learned will be shared through established staff and stakeholder meetings. Expenditures will support this model; ensure that we are able to fully implement the project; and allow us to conduct supervision, evaluation, reporting, and dissemination activities.

After the three-year timeframe, the success of the project will be determined through the evaluation activities and stakeholder input. If deemed successful, the project will be transitioned it to another category of MHSA funding, such as PEI.

A detailed budget for the Innovation Project (Years 1 – 3) is included below.

Budget Detail – Year 1

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel	250,000		
2.	Operating Expenditures	35,963		
3.	Non-recurring Expenditures			
4.	Contract Services (Subcontracts/Professional Services)	5,000		
5.	Evaluation	20,000		
6.	Other Expenditures (Admin)	16,037		
	Total Proposed Expenditures	327,000		
B. REVENUES				
1.	New Revenues	0		
	a. Medi-Cal (FFP only)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues	0		
C. TOTAL FUNDING REQUESTED				
		327,000		
D. TOTAL IN-KIND CONTRIBUTIONS				

**Innovation Project
Budget Detail – Year 2**

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel	200,000		
2.	Operating Expenditures	35,963		
3.	Non-recurring Expenditures			
4.	Contract Services (Subcontracts/Professional Services)	2,000		
5.	Evaluation	15,000		
6.	Other Expenditures	14,037		
	Total Proposed Expenditures	267,000		
B. REVENUES				
1.	New Revenues	0		
	a. Medi-Cal (FFP only)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues	0		
C. TOTAL FUNDING REQUESTED				
		267,000		
D. TOTAL IN-KIND CONTRIBUTIONS				

**Innovation Project
Budget Detail – Year 3**

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel	200,000		
2.	Operating Expenditures	35,963		
3.	Non-recurring Expenditures			
4.	Contract Services (Subcontracts/Professional Services)	2,000		
5.	Evaluation	15,000		
6.	Other Expenditures	14,037		
	Total Proposed Expenditures	267,000		
B. REVENUES				
1.	New Revenues	0		
	a. Medi-Cal (FFP only)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues	0		
C. TOTAL FUNDING REQUESTED				
		267,000		
D. TOTAL IN-KIND CONTRIBUTIONS				

Budget Narrative

A. EXPENDITURES

1. **Personnel** – This line item includes salaries and benefits for the following positions: a) 0.10 FTE Coordinator; b) 1.0 FTE Mental Health Case Manager; c) 1.0 FTE Sr. Mental Health Counselor; d) 1.0 FTE TAY Peer Mentor; and 0.50 FTE Sheriff. Expenditures in this category are based on current County Personnel Salary tables.
2. **Operating Expenditures** – This line item includes facility costs, such as rent, and other operating expenses including communications, office supplies, utilities, IT, and janitorial costs. Expenses also include ongoing client supports, food, housing, etc. In addition, dissemination of lessons learned to other counties and interested stakeholders is included. Expenditures are based on historical costs.
3. **Non-Recurring Expenditures** – No expenditures are included in this category.
4. **Contract Services** – This line item includes the project’s portion of general mental health contracts.
5. **Evaluation** – This line items covers project evaluation, which will provide an assessment of project effectiveness and client-level outcomes achieved as a result.
6. **Other Expenditures** – This line item includes administration costs associated with the project.

B. REVENUE – Revenues have not been projected at this time.

C. TOTAL FUNDING – Total funding for this project is \$327,000 (Year 1), \$267,000 (Years 2 and 3).

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

MHSA Program Component WORKFORCE EDUCATION AND TRAINING

1. Provide a program description.

The PCMH Workforce Education and Training (WET) program will continue to provide coordination, training components, and financial support to staff, volunteers, clients, and family members, in an effort to promote skills development and career opportunities within the mental health system.

PCMH WET funding provides staff and consumer training and development, including onsite and regional training across an array of topics, including wellness, recovery, resiliency, and cultural and linguistic skills; specialized topics such as autism and crisis intervention; and mental health first aid and ASIST train-the-trainer modules. This funding also provides staff and volunteers access to online training courses. WET funding in this category also designates local discretionary funds for each regional Wellness Center (Chester, Indian Valley, Portola, and Quincy) to choose training in mental health topics that are relevant to the local population.

A Consumer Pathways program will be implemented that supports clients in obtaining county mental health employment. Funds allow consumers to gain the skills and experience necessary to become an employee of Plumas County Mental Health. In addition, WET will support consumers in the development of a Mental Health Consumer Action Group to help guide services in the county. Funds will support key consumers to gain the skills necessary to take the lead in the formation of a consumer-directed community group. This expert pool of clients and family members will function as leaders, speakers, trainers, and evaluators in public mental health.

WET funding also allows PCMH to provide financial support to staff through loan repayment opportunities and stipends for pursuing advanced degrees that will benefit Plumas County Mental Health. The MHSA Coordinator will support the PCMH WET Program through other MHSA funding. This support includes developing the curriculum for specific training modules and populations, conducting training in some of the modules, identifying trainers, and assisting staff and clients in developing opportunities for sharing their expertise.

2. Describe any challenges or barriers, and strategies to mitigate.

Through CSS funding, we plan to address the shortage of consumer staff through the expansion of the number of positions for Transition Age Youth Peer Mentors and Adult Consumer Advocates. We will utilize WET funds to offer training on WRAP, wellness and recovery, Motivational Interviewing, development of consumer-run services, and other promising practices, to staff and consumers. Our initial step is to train staff in the principles of MHSA; consumer culture; consumer empowerment; and how to integrate consumer staff into the system of care. Individuals from other community and partner agencies will also have access to these trainings, whenever possible.

3. List any significant changes in Three-Year Plan, if applicable.

We are significantly expanding our staff and consumer training opportunities, as well as adding funding to support the development of a Mental Health Consumer Action Group. The establishment of local discretionary training funds is a significant change that will strengthen our Wellness Centers and foster a sense of buy-in and accountability in each of our regions.

MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY

1. Provide a program description.

Capital Facilities funds will be utilized to support the development of four (4) Wellness Centers in each of the distinct regions in Plumas County: Chester, Indian Valley, Portola, and Quincy. The Wellness Center model offers a community-based alternative to the traditional clinic atmosphere, and provides a more casual and friendly environment. Each center will be located in a house or other structure, depending upon the availability in each community. PCMH will explore lease-to-own options, due to the need to expedite the development of four centers in a short period of time.

In 2012/13, funds supported our implementation of an electronic client record through the purchase of hardware; an expanded IT network; and clinical desktop software, with corresponding support from a vendor (Kingsview/Anasazi). At this time, no additional funding has been allocated to the development of a new Technology project.

2. Describe any anticipated challenges or barriers, and strategies to mitigate.

There are many challenges in the implementation of the MHSA Plan. The primary challenge is time. We are getting a late start in developing the MHSA Plan. We feel confident that we have a solid plan for implementation in the second half of the first fiscal, by having clear goals and objectives, strong consultation, and leadership to fully implement these new services. In addition, the strong, positive community support will help develop and implement this plan as quickly as possible.

3. Describe the timeline for implementation.

The development of four (4) Wellness Centers is anticipated to begin in early 2015.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: PLUMAS

Date: 11/14/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,900,186	997,871	828,466	264,472	276,036	
2. Estimated New FY2014/15 Funding	1,755,600	468,160	117,040			
3. Transfer in FY2014/15 ^{a/}	(355,737)			337,773	17964	0
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	5,300,049	1,466,031	945,506	602,245	294,000	
B. Estimated FY2014/15 MHSA Expenditures	3,183,588	497,443	359,700	257,000	42,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,116,461	968,588	585,806	345,245	252,000	
2. Estimated New FY2015/16 Funding	1,520,925	405,580	101,395			
3. Transfer in FY2015/16 ^{a/}	0					0
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	3,637,386	1,374,168	687,201	345,245	252,000	
D. Estimated FY2015/16 Expenditures	2,604,006	472,923	293,700	172,000	126,000	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,033,379	901,245	393,501	173,245	126,000	
2. Estimated New FY2016/17 Funding	1,636,275	101,395	109,085			
3. Transfer in FY2016/17 ^{a/}	0					0
4. Access Local Prudent Reserve in FY2016/17	0	0				0
5. Estimated Available Funding for FY2016/17	2,669,654	1,002,640	502,586	173,245	126,000	
F. Estimated FY2016/17 Expenditures	2,536,329	472,923	293,700	172,000	126,000	
G. Estimated FY2016/17 Unspent Fund Balance	133,326	529,717	208,886	1,245	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	1,126,712
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	1,126,712
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	1,126,712
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	1,126,712

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS System Transformation (FSP)	1,623,630	1,623,630				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS System Transformation (Non-FSP)	1,270,541	1,270,541				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	289,417	289,417				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,183,588	3,183,588	0	0	0	0
FSP Programs as Percent of Total	51.0%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS System Transformation (FSP)	1,328,043	1,328,043				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS System Transformation (Non-FSP)	1,039,235	1,039,235				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	236,728	236,728				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,604,006	2,604,006	0	0	0	0
FSP Programs as Percent of Total	51.0%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS System Transformation (FSP)	1,293,528	1,293,528				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS System Transformation (Non-FSP)	1,012,226	1,012,226				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	230,575	230,575				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,536,329	2,536,329	0	0	0	0
FSP Programs as Percent of Total	51.0%					

CSS Worksheet FY 14/15 - 6 month budget

1/21/15

Personnel	Position Description (County Job Title)	Location	Annual Salary	FTE	Annual Cost	Total Cost
						6 Month Cost
	MHSA Coordinator (xx)	Quincy	\$ 55,920	0.5	\$ 27,960	\$ 13,980
	Quality Assurance Technician (xx)	Quincy	\$ 46,044	1.0	\$ 46,044	\$ 23,022
	Admin Support (Office Assistant II)	Portola	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Admin Support (Office Assistant II)	Greenville	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Admin Support (Office Assistant II)	Chester	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Admin Support (Office Assistant II)	Quincy	\$ 25,512	2.0	\$ 51,024	\$ 25,512
	Case Manager (Community Care Case Manager)	Portola	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	Case Manager (Community Care Case Manager)	Greenville	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	Case Manager (Community Care Case Manager)	Chester	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	Case Manager (Community Care Case Manager)	Quincy	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	TAY Case Manager (Community Care Case Manager)	IV/Chester	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	TAY Case Manager (Community Care Case Manager)	Portola/Quincy	\$ 33,384	1.0	\$ 33,384	\$ 16,692
	Consumer Advocate (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	Consumer Advocate (xx)	Greenville	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	Consumer Advocate (xx)	Chester	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	Consumer Advocate (xx)	Quincy	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	Clinician (MH Therapist I) - Bilingual/Bicultural Spanish	Portola	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Clinician (MH Therapist I)	Greenville	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Clinician (MH Therapist I)	Chester	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Clinician (MH Therapist I)	Quincy	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Clinician, 0-5 Pop/Family (MH Therapist I)	IV/Chester	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Clinician, 0-5 Pop/Family (MH Therapist I)	Portola/Quincy	\$ 50,832	1.0	\$ 50,832	\$ 25,416
	Fiscal Tech (Accounting Technician)	Quincy	\$ 39,636	2.0	\$ 79,272	\$ 39,636
	RN Supervisor (XX)	Quincy	\$ 58,800	1.0	\$ 58,800	\$ 29,400
	Registered Nurse (Registered Nurse I)	Portola	\$ 48,396	1.0	\$ 48,396	\$ 24,198
	Registered Nurse (Registered Nurse I)	Greenville	\$ 48,396	1.0	\$ 48,396	\$ 24,198
	Registered Nurse (Registered Nurse I)	Chester	\$ 48,396	1.0	\$ 48,396	\$ 24,198
	TAY Peer Mentor (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	TAY Peer Mentor (xx)	Greenville	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	TAY Peer Mentor (xx)	Chester	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	TAY Peer Mentor (xx)	Quincy	\$ 20,796	1.0	\$ 20,796	\$ 10,398
	Vehicle Driver (xx)	Portola	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Vehicle Driver (xx)	Greenville	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Vehicle Driver (xx)	Chester	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Vehicle Driver (xx)	Quincy	\$ 25,512	1.0	\$ 25,512	\$ 12,756
	Personnel Subtotal			36.5		\$ 629,268

Fringe Benefits **\$ 207,925**
(calculated at 42% of salaries; excludes consumer staff and drivers)

Client Support Expenses *(Includes funds for client/family/caregiver support, including stipends, employment/education supports; also includes "whatever it takes" for FSP clients - rent help, food, clothing, gas cards, deposit assistance, etc.)* **\$ 60,000**

1/21/15

Immediate Disbursements (draws down funds subject to reversion)

Wellness Center & Clinic Development Expenses (furnishings; office equipment; appliances; remodeling for office space; fees; utilities)	\$ 394,000
Vehicles (6 AWDs)	\$ 180,000
PCIT Equipment	\$ 10,000
Telepsychiatry & Teleconference (for staff/providers)	\$ 25,600
Social Club/Consumer Employment (contract w/ community org; supervisory staff; equipment; furnishings; 12% admin; 3 year contract)	\$ 404,486
Consumer Employment/Timebank (contract w/ community org; consumer employment; 3 year contract)	\$ 120,000
Marketing/PR Campaign/Website Enhancement	\$ 50,000
Consumer Group Mentor (contract w/ state consumer action group to mentor development of local consumer action group; 2 year contract)	\$ 80,000
Roundhouse Council (contract w/ local providers to outreach and deliver services to Native Americans; 3 year contract)	\$ 90,000
Consultants (Evaluation, Fiscal, Recruitment)	\$ 250,972
Telepsych/Telehealth Org Provider (1 year contract; \$260/hr, 8 hrs/wk, 52 wks)	\$ 108,160
Supportive Housing & Emergency Lodging (contract w/ local org; 1.0 FTE Housing Case Manager for coordination; supportive housing for mental health and co- occurring clients, including transitional and emergency shelter/hotel vouchers; 12% admin; 1 year contract)	\$ 193,760
Immediate Disbursements Subtotal	\$ 1,906,978

Other Expenses

Wellness Center Activities (includes nutrition, smoking cessation, independent living skills, consumer-run wellness activities [yoga, alternative therapies; art; walking groups; etc.])	\$ 55,000
Travel and Transportation (local & regional travel)	\$ 20,000
General Office Expenses	\$ 15,000
Other Expenses Subtotal	\$ 90,000

Direct Expenses Subtotal

\$ 2,894,171

Administrative Expenses (required fees, etc.; 10% of direct expenses)

\$ 289,417

Total Expenses FY 14/15

\$ 3,183,588

Reversion Amount	1,798,939
Immediate Disbursements	\$ 1,906,978
Balance to Spend	\$ (108,039)

CSS Worksheet FY 15/16

11/14/14

				Total Cost
Personnel				
Position Description (County Job Title)	Location	Annual Salary	FTE	Annual Cost
MHSA Coordinator (xx)	Quincy	\$ 55,920	0.50	\$ 27,960
Quality Assurance Technician (xx)	Quincy	\$ 46,044	1.0	\$ 46,044
Admin Support (Office Assistant II)	Portola	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Greenville	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Chester	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Quincy	\$ 25,512	2.0	\$ 51,024
Case Manager (Community Care Case Manager)	Portola	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Greenville	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Chester	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Quincy	\$ 33,384	1.0	\$ 33,384
TAY Case Manager (Community Care Case Manager)	IV/Chester	\$ 33,384	1.0	\$ 33,384
TAY Case Manager (Community Care Case Manager)	Portola/Quincy	\$ 33,384	1.0	\$ 33,384
Consumer Advocate (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Greenville	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Chester	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Quincy	\$ 20,796	1.0	\$ 20,796
Clinician (MH Therapist I) - Bilingual/Bicultural Spanish	Portola	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Greenville	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Chester	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Quincy	\$ 50,832	1.0	\$ 50,832
Clinician, 0-5 Pop/Family (MH Therapist I)	IV/Chester	\$ 50,832	1.0	\$ 50,832
Clinician, 0-5 Pop/Family (MH Therapist I)	Portola/Quincy	\$ 50,832	1.0	\$ 50,832
Fiscal Tech (Accounting Technician)	Quincy	\$ 39,636	2.0	\$ 79,272
RN Supervisor (XX)	Quincy	\$ 58,800	1.0	\$ 58,800
Registered Nurse (Registered Nurse I)	Portola	\$ 48,396	1.0	\$ 48,396
Registered Nurse (Registered Nurse I)	Greenville	\$ 48,396	1.0	\$ 48,396
Registered Nurse (Registered Nurse I)	Chester	\$ 48,396	1.0	\$ 48,396
TAY Peer Mentor (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Greenville	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Chester	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Quincy	\$ 20,796	1.0	\$ 20,796
Vehicle Driver (xx)	Portola	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Greenville	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Chester	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Quincy	\$ 25,512	1.0	\$ 25,512
Personnel Subtotal			36.5	\$ 1,258,536
Fringe Benefits				\$ 415,850
<i>(calculated at 42% of salaries; excludes consumer staff and drivers)</i>				
Client Support Expenses				\$ 60,000
<i>(Includes funds for client/family/caregiver support, including stipends, employment/education supports; also includes "whatever it takes" for FSP clients - rent help, food, clothing, gas cards, deposit assistance, etc.)</i>				

11/14/14

Equipment & Other Disbursements

None in Year 2

Equipment Subtotal

\$ -
\$ -

Other Expenses

Wellness Center Activities (includes nutrition, smoking cessation, independent living skills, consumer-run wellness activities [yoga, alternative therapies; art; walking groups; etc.]

\$ 60,000

Professional / Contract Services

Consultants (Evaluation, Fiscal, Recruitment)

\$ 250,972

Telepsych/Telehealth Org Provider (1 year contract; \$260/hr, 8 hrs/wk, 52 wks)

\$ 108,160

Supportive Housing & Emergency Lodging (contract w/ local org; 1.0 FTE Housing Case Manager for coordination; supportive housing for mental health and co-occurring clients, including transitional and emergency shelter/hotel vouchers; 12% admin; 1 year contract)

\$ 193,760

Travel and Transportation (local & regional travel)

\$ 10,000

General Office Expenses

\$ 10,000

Other Expenses Subtotal

\$ 632,892

Direct Expenses Subtotal

\$ 2,367,278

Administrative Expenses (required fees, etc.; 10% of direct expenses)

\$ 236,728

Total Expenses FY 15/16 \$ 2,604,006

CSS Worksheet FY 16/17

11/14/14

				Total Cost
Personnel				
Position Description (County Job Title)	Location	Annual Salary	FTE	Annual Cost
MHSA Coordinator (xx)	Quincy	\$ 55,920	0.50	\$ 27,960
Quality Assurance Technician (xx)	Quincy	\$ 46,044	1.0	\$ 46,044
Admin Support (Office Assistant II)	Portola	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Greenville	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Chester	\$ 25,512	1.0	\$ 25,512
Admin Support (Office Assistant II)	Quincy	\$ 25,512	1.0	\$ 25,512
Case Manager (Community Care Case Manager)	Portola	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Greenville	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Chester	\$ 33,384	1.0	\$ 33,384
Case Manager (Community Care Case Manager)	Quincy	\$ 33,384	1.0	\$ 33,384
TAY Case Manager (Community Care Case Manager)	IV/Chester	\$ 33,384	1.0	\$ 33,384
TAY Case Manager (Community Care Case Manager)	Portola/Quincy	\$ 33,384	1.0	\$ 33,384
Consumer Advocate (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Greenville	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Chester	\$ 20,796	1.0	\$ 20,796
Consumer Advocate (xx)	Quincy	\$ 20,796	1.0	\$ 20,796
Clinician (MH Therapist I) - Bilingual/Bicultural Spanish	Portola	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Greenville	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Chester	\$ 50,832	1.0	\$ 50,832
Clinician (MH Therapist I)	Quincy	\$ 50,832	1.0	\$ 50,832
Clinician, 0-5 Pop/Family (MH Therapist I)	IV/Chester	\$ 50,832	1.0	\$ 50,832
Clinician, 0-5 Pop/Family (MH Therapist I)	Portola/Quincy	\$ 50,832	1.0	\$ 50,832
Fiscal Tech (Accounting Technician)	Quincy	\$ 39,636	2.0	\$ 79,272
RN Supervisor (XX)	Quincy	\$ 58,800	1.0	\$ 58,800
Registered Nurse (Registered Nurse I)	Portola	\$ 48,396	1.0	\$ 48,396
Registered Nurse (Registered Nurse I)	Greenville	\$ 48,396	1.0	\$ 48,396
Registered Nurse (Registered Nurse I)	Chester	\$ 48,396	1.0	\$ 48,396
TAY Peer Mentor (xx) - Bilingual/Bicultural Spanish	Portola	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Greenville	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Chester	\$ 20,796	1.0	\$ 20,796
TAY Peer Mentor (xx)	Quincy	\$ 20,796	1.0	\$ 20,796
Vehicle Driver (xx)	Portola	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Greenville	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Chester	\$ 25,512	1.0	\$ 25,512
Vehicle Driver (xx)	Quincy	\$ 25,512	1.0	\$ 25,512
Personnel Subtotal			35.5	\$ 1,233,024
Fringe Benefits (calculated at 42% of salaries; excludes consumer staff and drivers)				\$ 405,135
Client Support Expenses (Includes funds for client/family/caregiver support, including stipends, employment/education supports; also includes "whatever it takes" for FSP clients - rent help, food, clothing, gas cards, deposit assistance, etc.)				\$ 60,000

11/14/14

Equipment & Other One-Time Funds

None \$ -
Equipment Subtotal \$ -

Other Expenses

Wellness Center Activities (includes nutrition, smoking cessation, independent living skills, consumer-run wellness activities [yoga, alternative therapies; art; walking groups; etc.]) \$ 60,000

Professional / Contract Services

Consultants (Evaluation, Fiscal) \$ 225,674
Telepsych/Telehealth Org Provider \$ 108,160

Supportive Housing & Emergency Lodging (contract w/ local org; 1.0 FTE Housing Case Manager for coordination; supportive housing for mental health and co-occurring clients, including transitional and emergency shelter/hotel vouchers; 12% admin; 1 year contract) \$ 193,760

Travel and Transportation (local & regional travel) \$ 10,000

General Office Expenses \$ 10,000

Other Expenses Subtotal \$ **607,594**

Direct Expenses Subtotal \$ 2,305,753

Administrative Expenses (required fees, etc.; 10% of direct expenses) \$ **230,575**

Total Expenses FY 16/17 \$ **2,536,329**

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2014/15					
	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						
MH Veteran's Outreach (contract) - <i>includes 1.0 FTE outreach specialist;</i> 1. <i>vehicle; marketing materials; 0.25 FTE</i> <i>Vets Group Clinician</i>	83,560	83,560				
Community MH Training (contract) - 2. <i>Includes ASIST and MH 1st Aid in all 4</i> <i>regions, multiple times per year</i>	52,000	52,000				
Older Adult Prevention Team (contract) - <i>includes 1.0 FTE Case</i> 3. <i>Manager/Coordinator; volunteer stipend</i> <i>or mileage</i>	73,950	73,950				
4. Anger Management Activities (contract) <i>support outside contract with Probation</i>	15,000	15,000				
PEI Programs - Early Intervention						
Homebound Senior Services (in-house) - 5. <i>includes coordination, training with</i> <i>Nutrition services; MH screening; home</i> <i>visits; 0.25 FTE RN each area</i>	121,500	121,500				
TAY Engagement Activities (in-house) - <i>includes 1.0 FTE Case Manager & funds</i> 6. <i>for providing activities to engage TAY in</i> <i>services & address TAY-specific issues;</i> <i>school coordination</i>	75,320	75,320				
PEI Administration	56,113	56,113				
PEI Assigned Funds	20,000	20,000				
Total PEI Program Estimated Expenditures	497,443	497,443	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2015/16					
	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						
MH Veteran's Outreach (contract) - <i>includes 1.0 FTE outreach specialist;</i> 1. <i>marketing materials; 0.25 FTE Vets Group Clinician</i>	48,560	48,560				
Community MH Training (contract) - 2. <i>Includes ASIST and MH 1st Aid in all 4 regions, multiple times per year</i>	52,000	52,000				
Older Adult Prevention Team (contract) - <i>includes 1.0 FTE Case</i> 3. <i>Manager/Coordinator; volunteer stipend or mileage</i>	73,950	73,950				
Anger Management Prevention 4. (contract) - support outside contract with Probation	15,000	15,000				
PEI Programs - Early Intervention						
Homebound Senior Services (in-house) - <i>includes coordination, training with</i> 5. <i>Nutrition services; MH screening; home visits; 0.25 FTE RN each area</i>	121,500	121,500				
TAY Engagement Activities (in-house) - <i>includes 1.0 FTE Case Manager & funds</i> 6. <i>for providing activities to engage TAY in services & address TAY-specific issues; school coordination</i>	75,320	75,320				
PEI Administration	66,593	66,593				
PEI Assigned Funds	20,000	20,000				
Total PEI Program Estimated Expenditures	472,923	472,923	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2016/17					
	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						
MH Veteran's Outreach (contract) - <i>1. includes 1.0 FTE outreach specialist; marketing materials; 0.25 FTE Vets Group Clinician</i>	48,560	48,560				
Community MH Training (contract) - <i>2. Includes ASIST and MH 1st Aid in all 4 regions, multiple times per year</i>	52,000	52,000				
Older Adult Prevention Team (contract) - <i>3. includes 1.0 FTE Case Manager/Coordinator; volunteer stipend or mileage</i>	73,950	73,950				
Anger Management Prevention <i>4. (contract) - support outside contract with Probation</i>	15,000	15,000				
PEI Programs - Early Intervention						
Homebound Senior Services (in-house) - <i>7. includes coordination, training with Nutrition services; MH screening; home visits; 0.25 FTE RN each area</i>	121,500	121,500				
TAY Engagement Activities (in-house) - <i>8. for providing activities to engage TAY in services & address TAY-specific issues; school coordination</i>	75,320	75,320				
PEI Administration	66,593	66,593				
PEI Assigned Funds	20,000	20,000				
Total PEI Program Estimated Expenditures	472,923	472,923	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2014/15					
	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. School-Based Response Team	327,000	327,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	32,700	32,700				
Total INN Program Estimated Expenditures	359,700	359,700	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2015/16					
	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. School-Based Response Team	267,000	267,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	26,700	26,700				
Total INN Program Estimated Expenditures	293,700	293,700	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2016/17					
	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. School-Based Response Team	267,000	267,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	26,700	26,700				
Total INN Program Estimated Expenditures	293,700	293,700	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2014/15					
	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. Staff and Consumer Training & Development - staff/consumer training, MH Commission, volunteers, etc.	157,000	157,000				
Consumer Pathways to MH Employment -						
2. supports clients in obtaining county MH employment	25,000	25,000				
Financial Support, Staff Education -						
3. supports staff in seeking advanced degrees; provides stipends, etc.	55,000	55,000				
Mental Health Consumer Action Group -						
4. provides funding to support consumers in the development of an active community group to help direct services in the county	20,000	20,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	257,000	257,000	0	0	0	0

Expenses include:
 - MH 1st Aid, ASIST Trainer Training \$ 11,000
 - Specialized Local/Regional Training (including, but not limited to, autism, co-occurring, CIT) \$60,000
 - Local Discretionary Funds \$80,000

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: **PLUMAS**

Date: **11/14/14**

	Fiscal Year 2015/16					
	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. Staff and Consumer Training & Development - staff/consumer training, MH Commission, volunteers, etc.	77,000	77,000				
2. Consumer Pathways to MH Employment - supports clients in obtaining county MH employment	25,000	25,000				
3. Financial Support, Staff Education - supports staff in seeking advanced degrees; provides stipends, etc.	55,000	55,000				
4. Consumer Action Group Development - provides funding to support consumers in the development of an active community group to help direct services in the county	15,000	15,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	172,000	172,000	0	0	0	0

Expenses include:
 - MH 1st Aid, ASIST Trainer Training \$ 11,000
 - Specialized Local/Regional Training (including, but not limited to, autism, co-occurring, CIT) \$60,000
 - E-Learning \$6,000

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: PLUMAS

Date: 11/14/14

	Fiscal Year 2016/17					
	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						
Staff and Consumer Training & Development - staff/consumer training, MH Commission, volunteers, etc.	77,000	77,000				
Consumer Pathways to MH Employment - supports clients in obtaining county MH employment	25,000	25,000				
Financial Support, Staff Education - supports staff in seeking advanced degrees; provides stipends, etc.	55,000	55,000				
Consumer Action Group Development - provides funding to support consumers in the development of an active community group to help direct services in the county	15,000	15,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	172,000	172,000	0	0	0	0

Expenses include:
 - MH 1st Aid, ASIST Trainer Training \$ 11,000
 - Specialized Local/Regional Training (including, but not limited to, autism, co-occurring, CIT) \$60,000
 - E-Learning \$6,000

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: PLUMAS

Date: 1/21/15

	Fiscal Year 2014/15					
	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						
1. Wellness Centers (4 locations)	42,000	42,000	→	<div style="border: 1px solid black; padding: 5px;"> Expenses include: - Lease-to-Own \$10500/site* 4 sites (partial year) </div>		
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *Not applicable*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	42,000	42,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: PLUMAS

Date: 1/21/15

	Fiscal Year 2015/16					
	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						
1. Wellness Centers (4 locations)	126,000	126,000	→ Expenses include: - Lease-to-Own \$31500/site* 4 sites			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *Not applicable*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	126,000	126,000	0	0	0	0

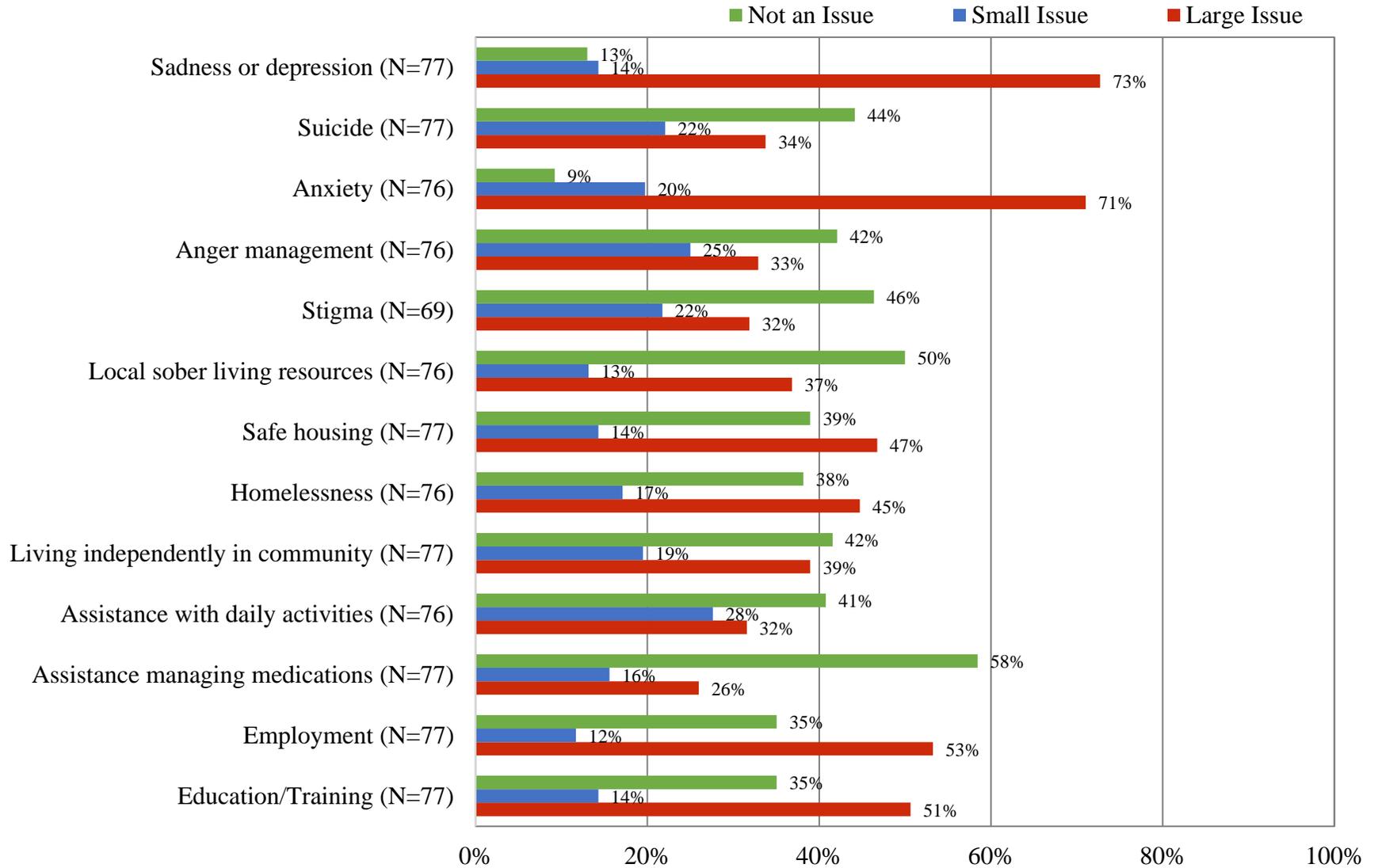
**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: PLUMAS

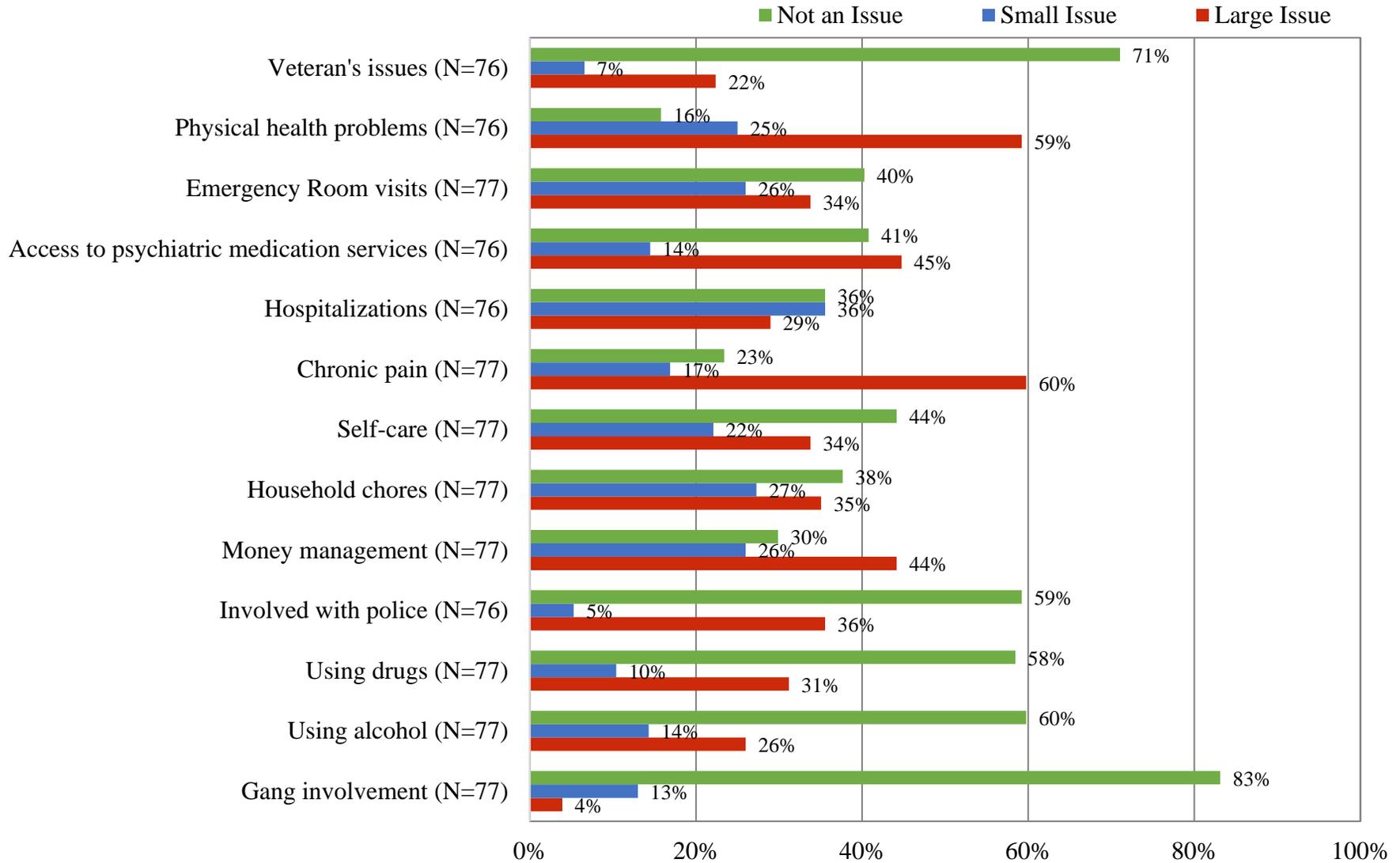
Date: 1/21/15

	Fiscal Year 2016/17					
	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						
1. Wellness Centers (4 locations)	126,000	126,000	→ Expenses include: - Lease-to-Own \$31500/site* 4 sites			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *Not applicable*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	126,000	126,000	0	0	0	0

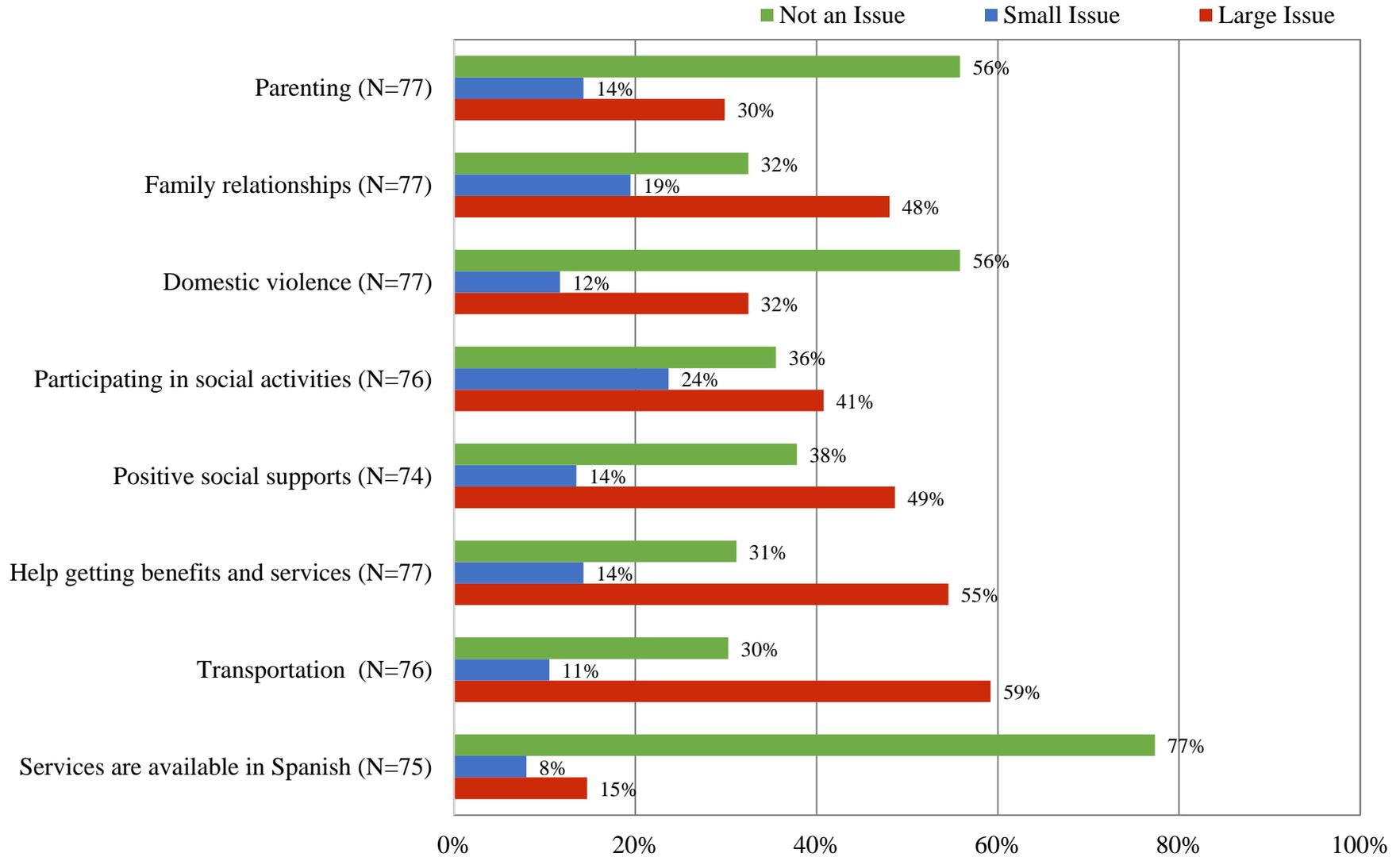
**Plumas County Mental Health
MHS Adult Survey Results
Adult Issues
2014**



**Plumas County Mental Health
MHA Adult Survey Results
Adult Issues
2014**

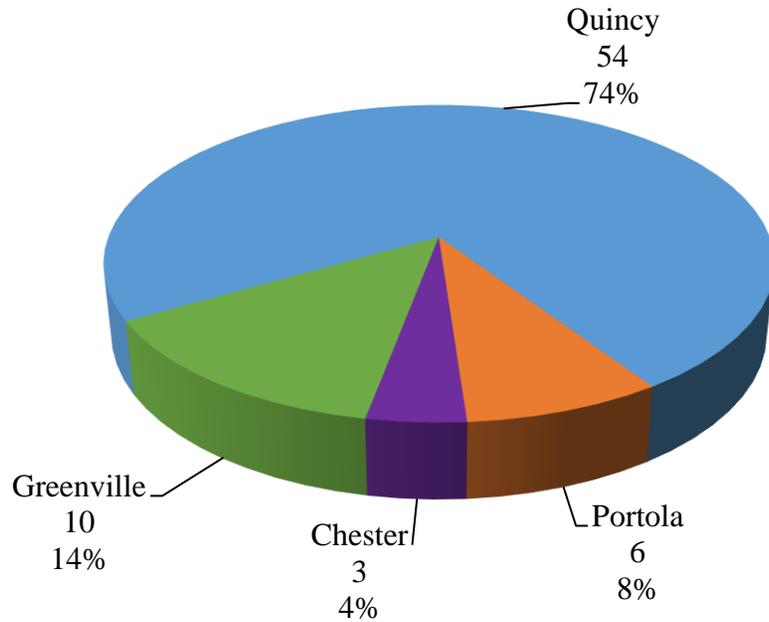


**Plumas County Mental Health
MHSA Adult Survey Results
Adult Issues
2014**

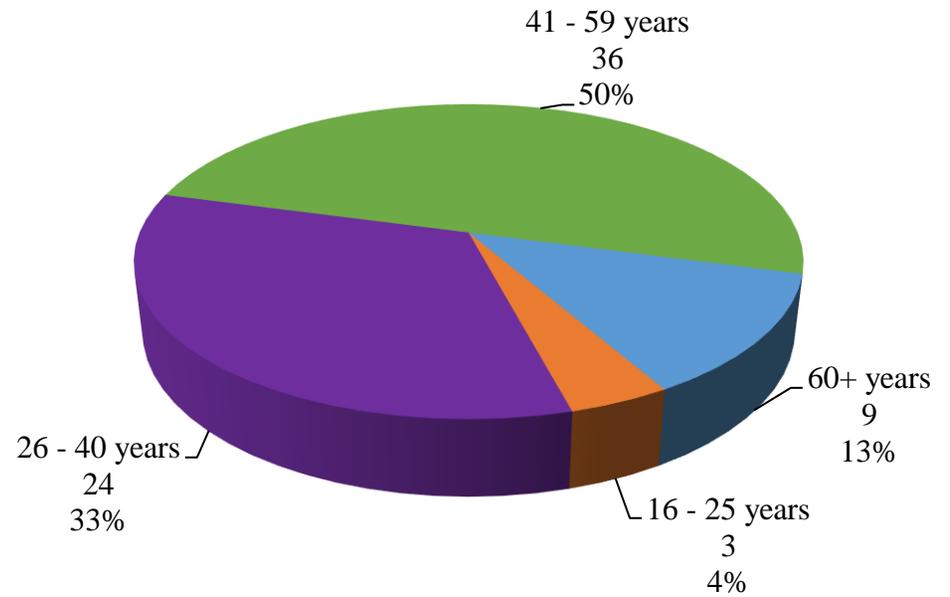


Plumas County Mental Health MHSA Adult Survey Results 2014

Area (that you live in):
(N=73)

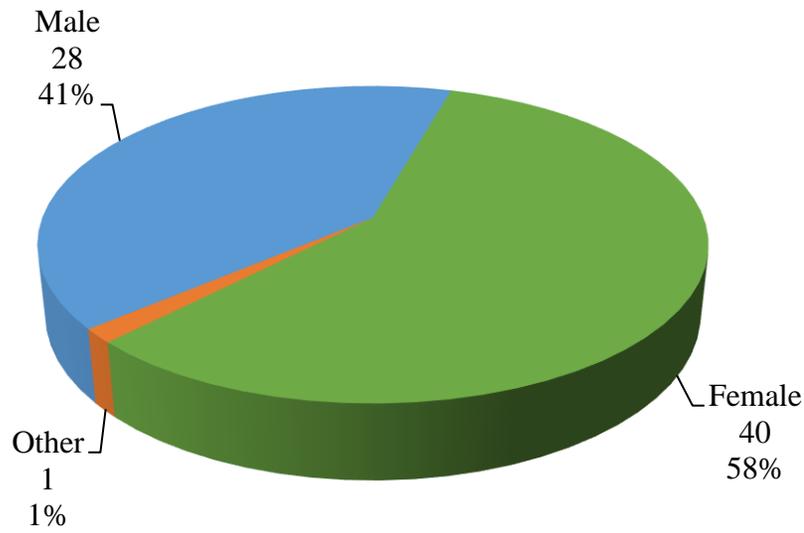


Age:
(N=72)

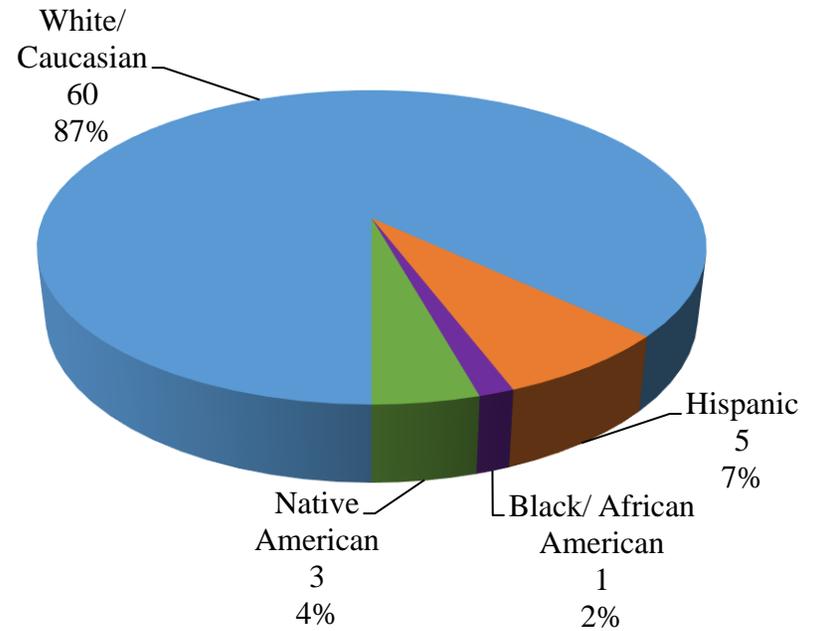


Plumas County Mental Health MHSA Adult Survey Results 2014

Gender:
(N=69)

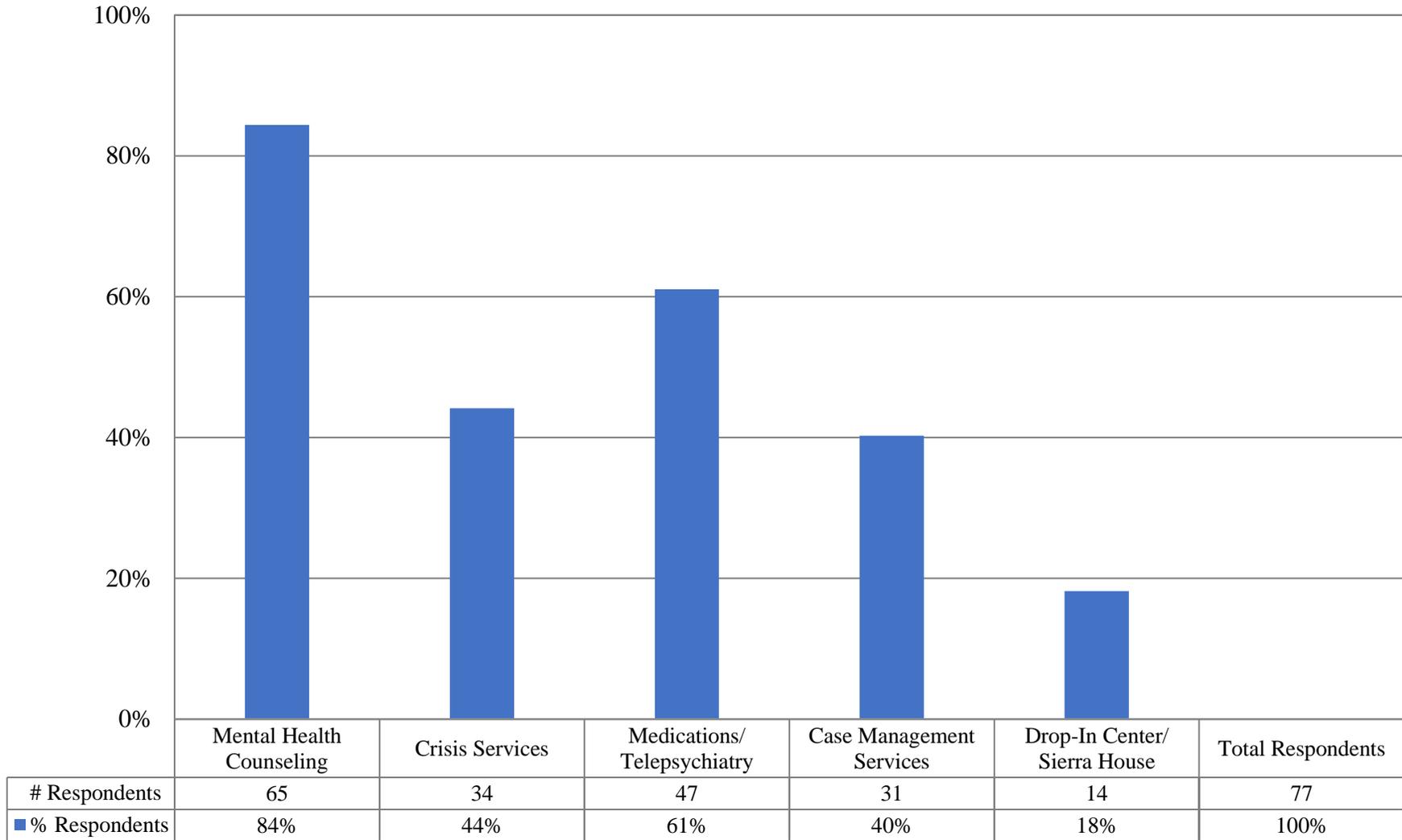


Race/Ethnicity:
(N=69)



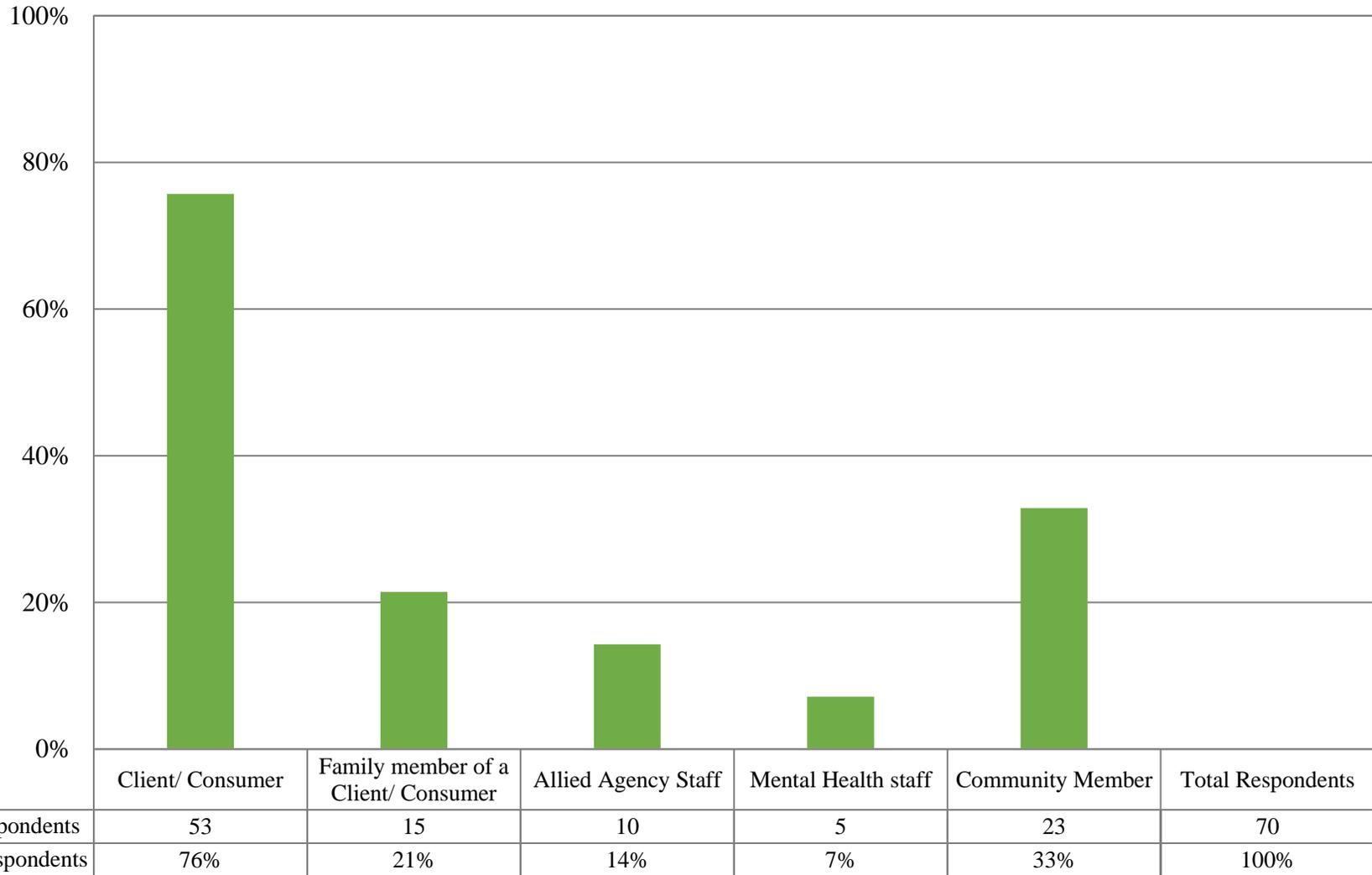
**Plumas County Mental Health
MHSAs Adult Survey Results
2014**

Which Mental Health services have you used in the past year?
(Respondents may choose multiple responses)

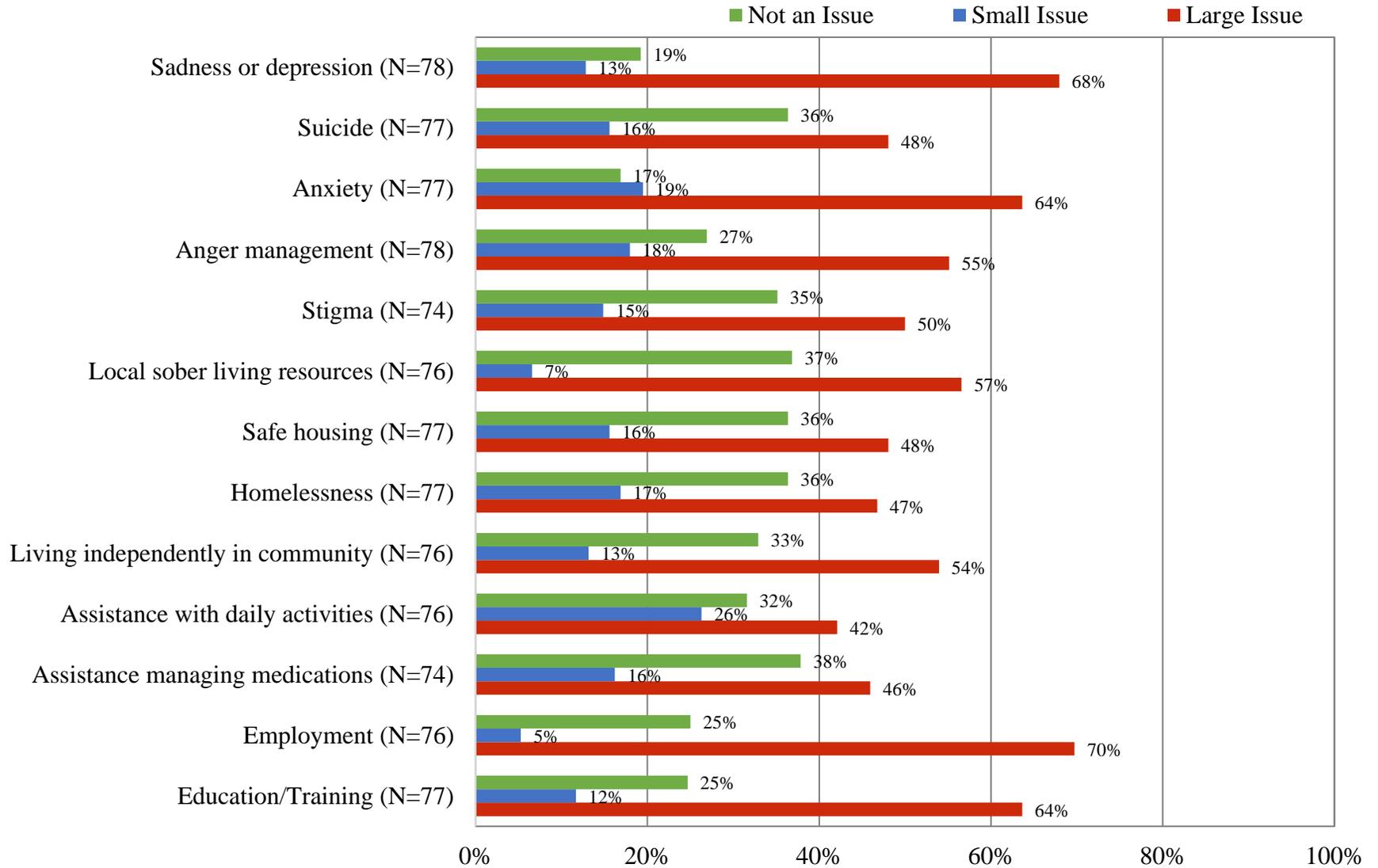


**Plumas County Mental Health
MHSAs Adult Survey Results
2014**

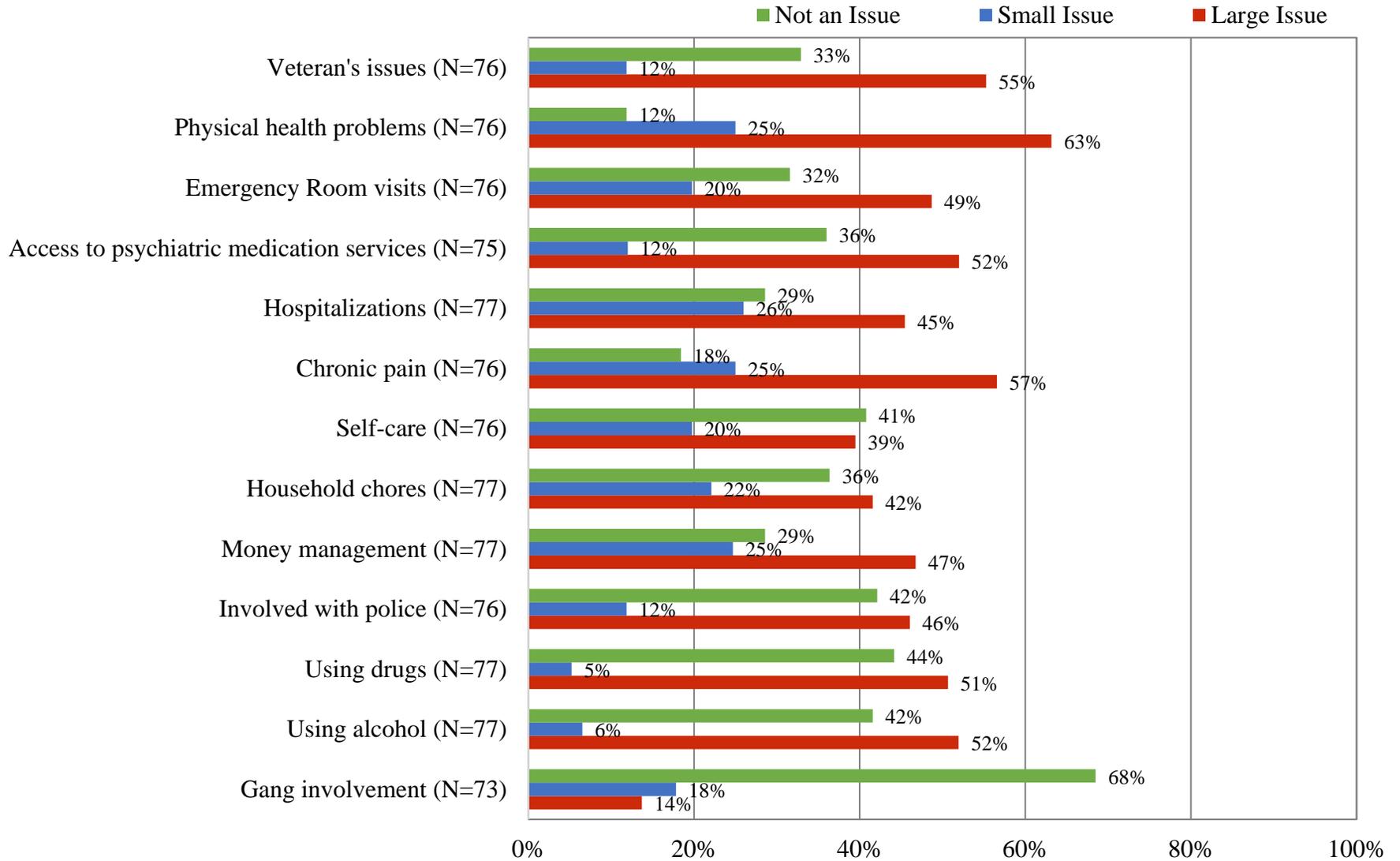
Which of the following best describes your role in the community?
(Respondents may choose multiple responses)



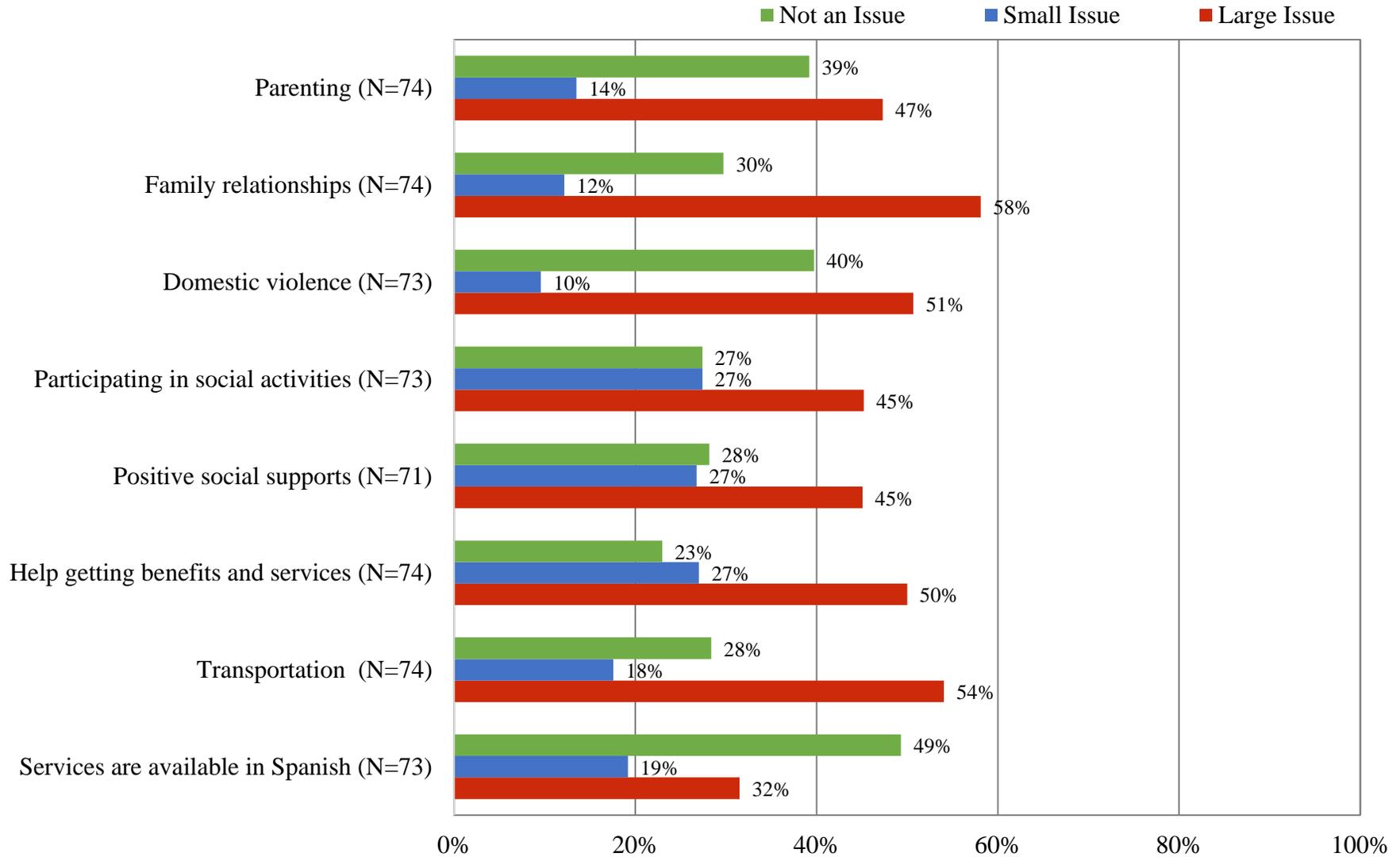
**Plumas County Mental Health
MHSAs Adult Survey Results
Adult Issues
2014**



**Plumas County Mental Health
MHA Adult Survey Results
Adult Issues
2014**

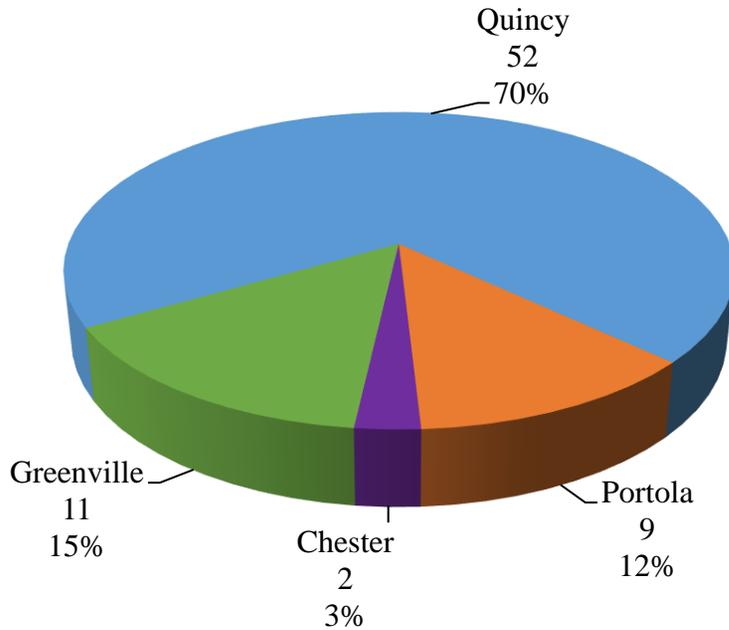


**Plumas County Mental Health
MHS Adult Survey Results
Adult Issues
2014**

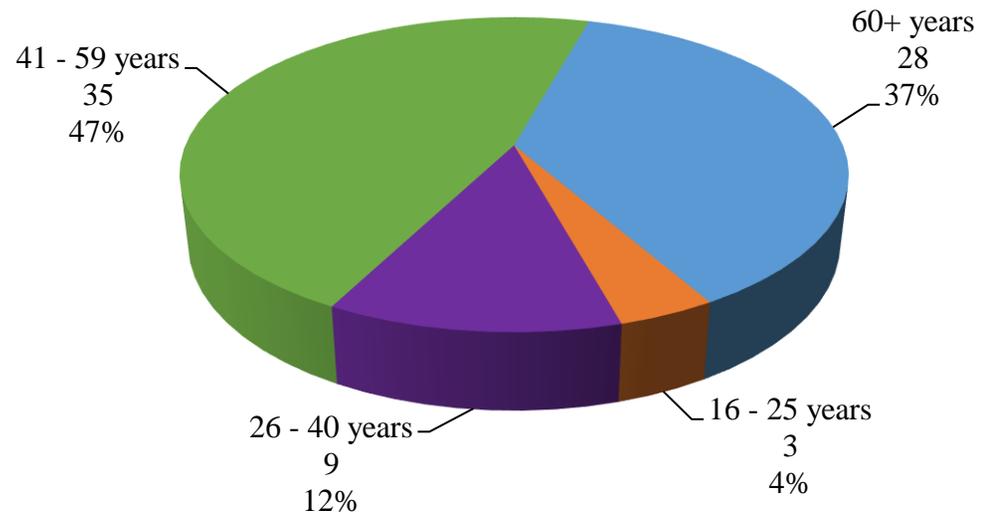


Plumas County Mental Health MHSA Adult Survey Results 2014

Area (that you live in):
(N=74)

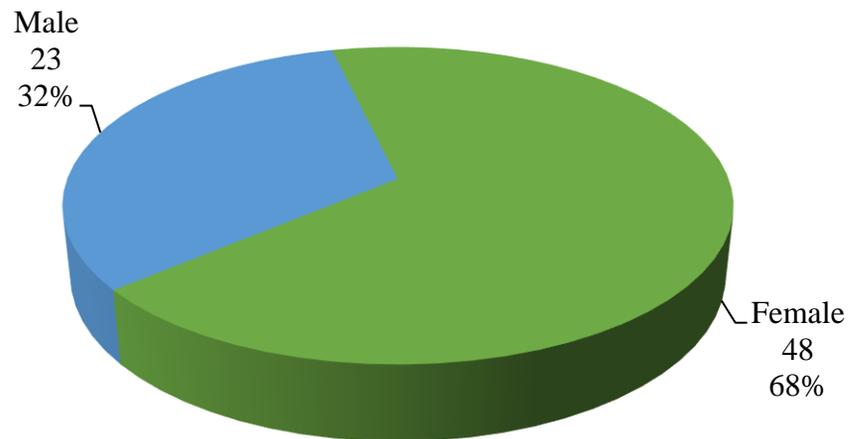


Age:
(N=75)

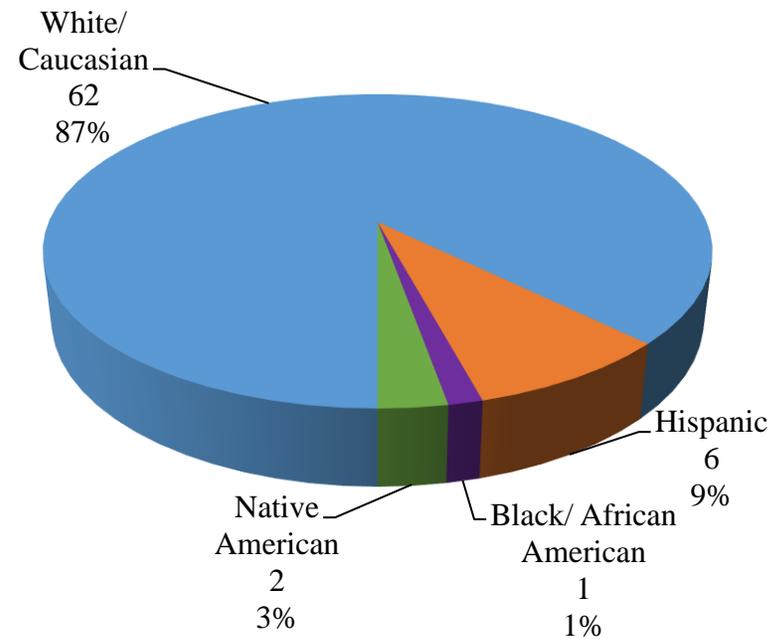


Plumas County Mental Health MHSA Adult Survey Results 2014

Gender:
(N=71)

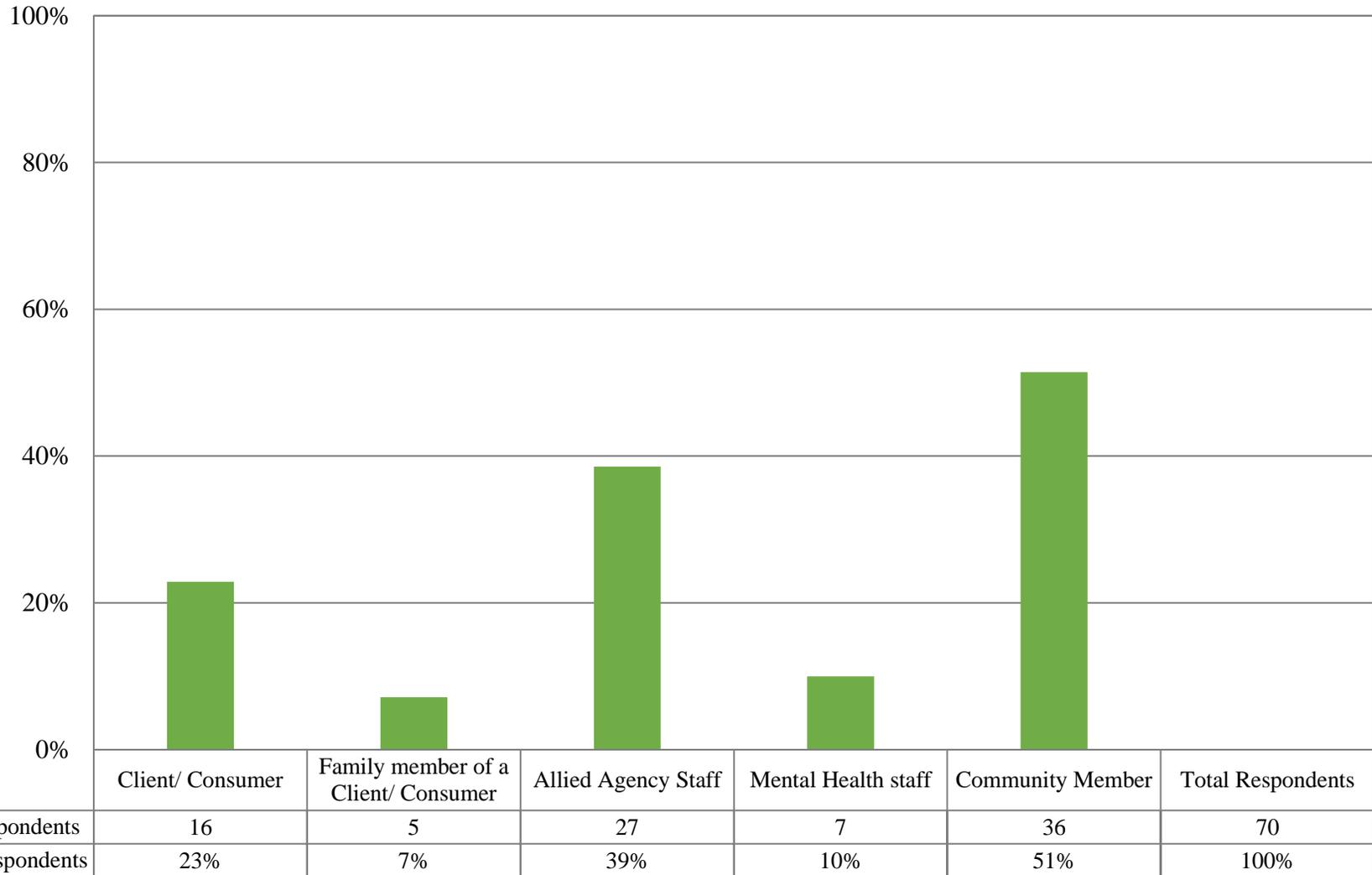


Race/Ethnicity:
(N=71)

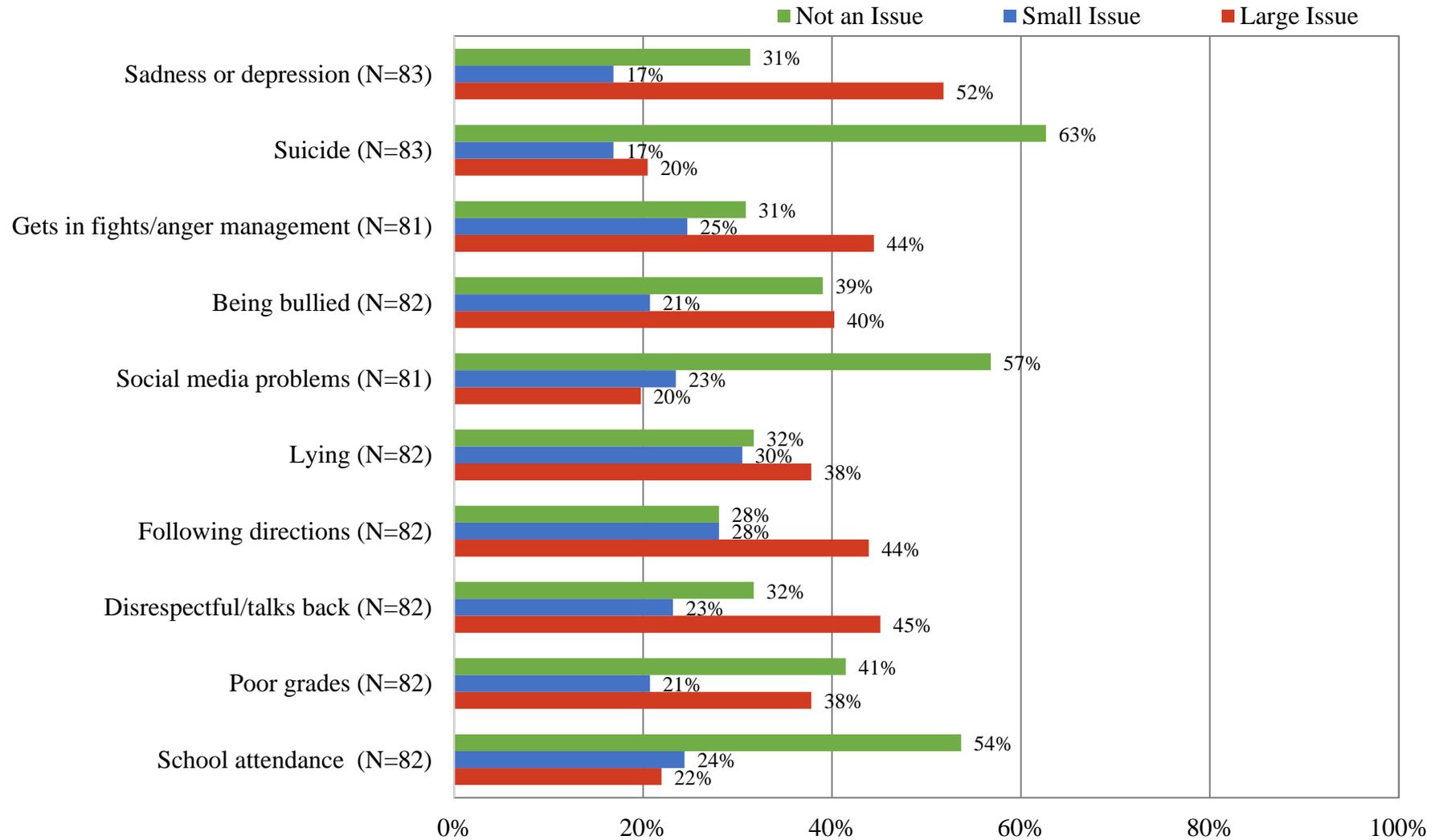


**Plumas County Mental Health
MHSAs Adult Survey Results
2014**

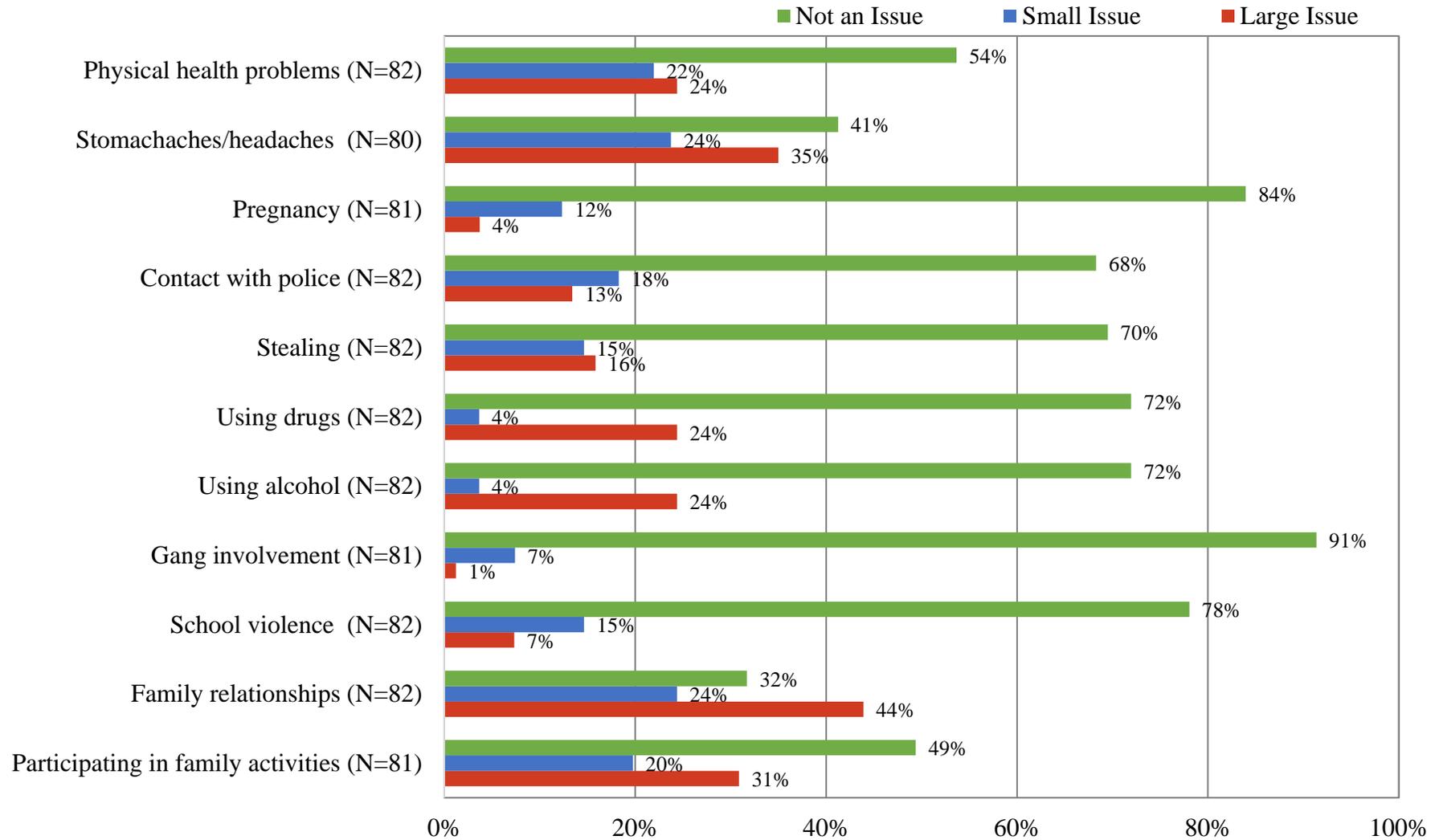
Which of the following best describes your role in the community?
(Respondents may choose multiple responses)



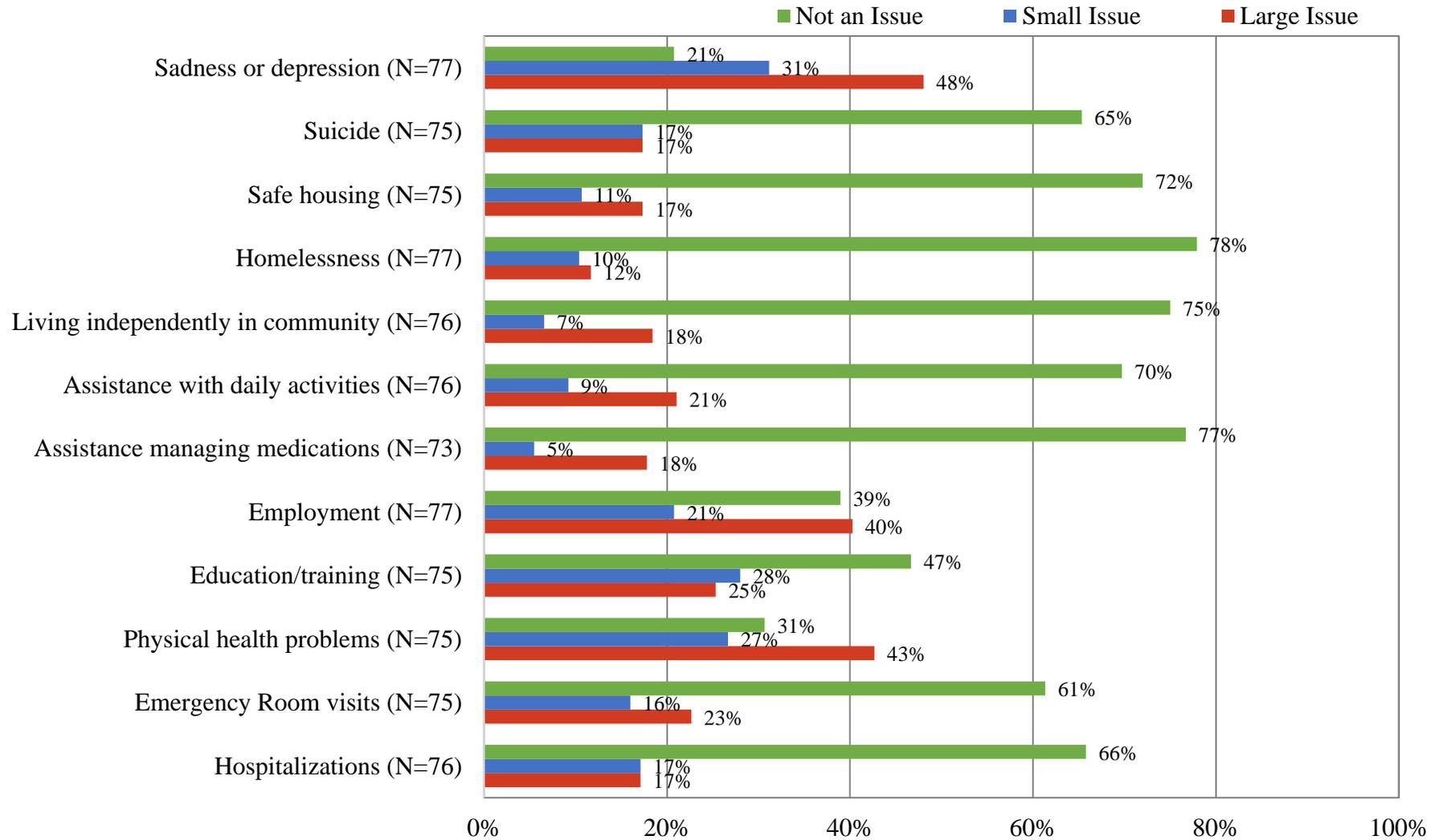
**Plumas County Mental Health
MHSA Family Survey Results
Children/Youth Issues
2014**



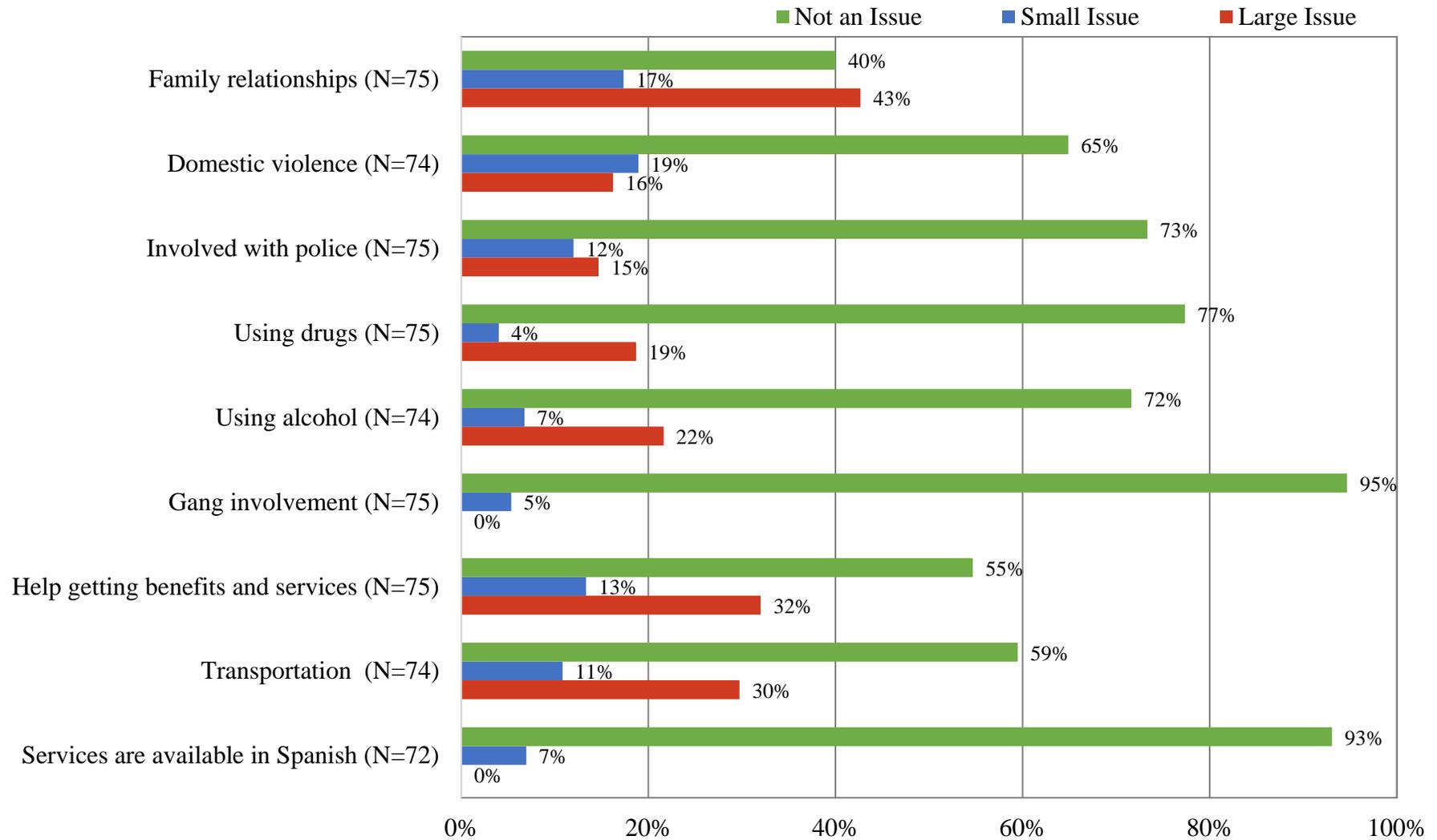
**Plumas County Mental Health
MHSA Family Survey Results
Children/Youth Issues
2014**



**Plumas County Mental Health
MHSA Family Survey Results
Parent/Family Issues
2014**

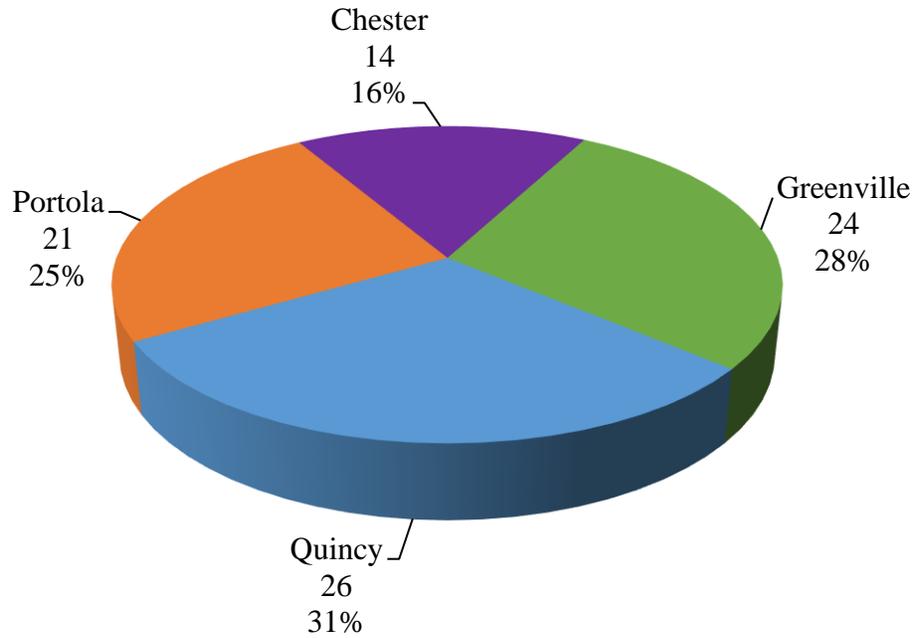


**Plumas County Mental Health
MHSA Family Survey Results
Parent/Family Issues
2014**

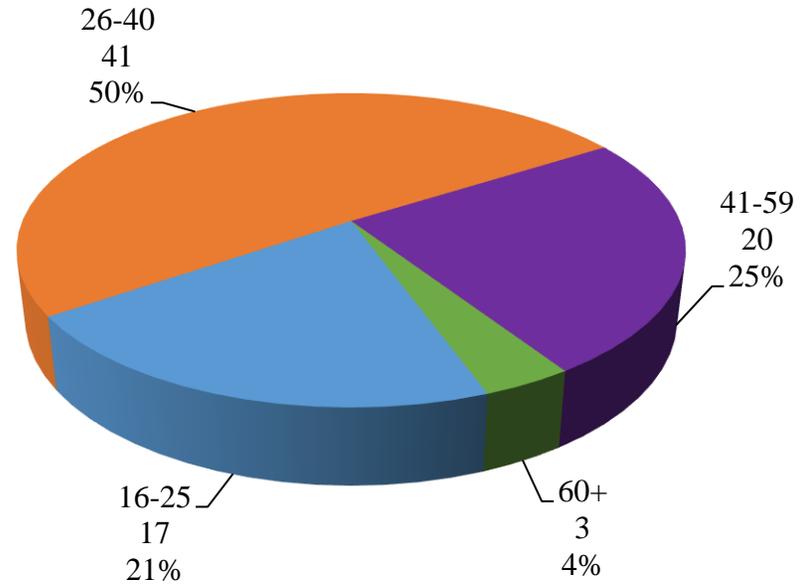


Plumas County Mental Health MHSA Family Survey Results 2014

Area (that you live in):
(N=85)

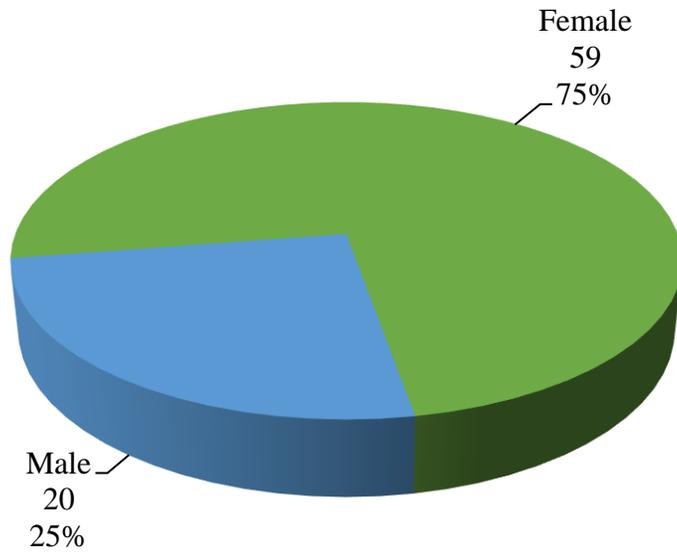


Age:
(N=81)

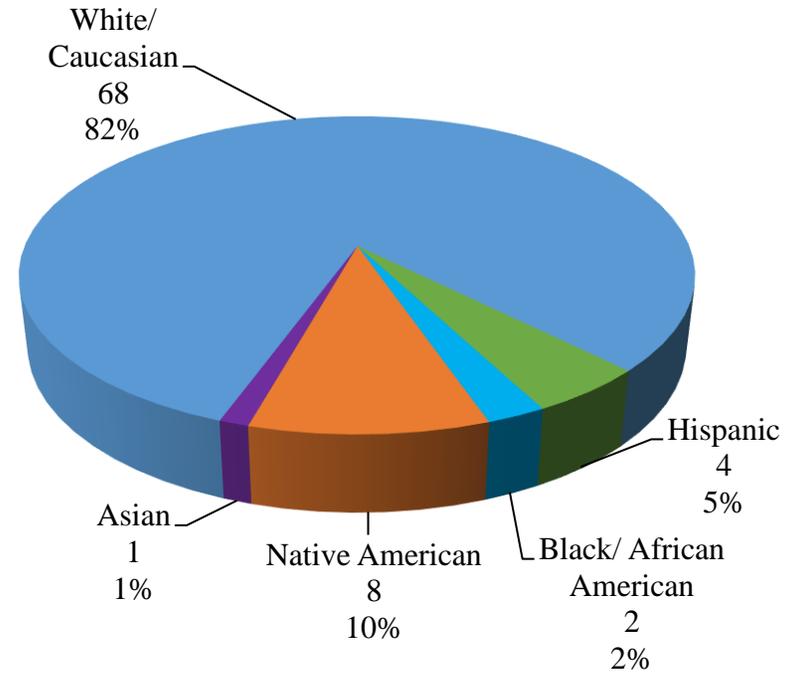


Plumas County Mental Health MHSA Family Survey Results 2014

Gender:
(N=79)

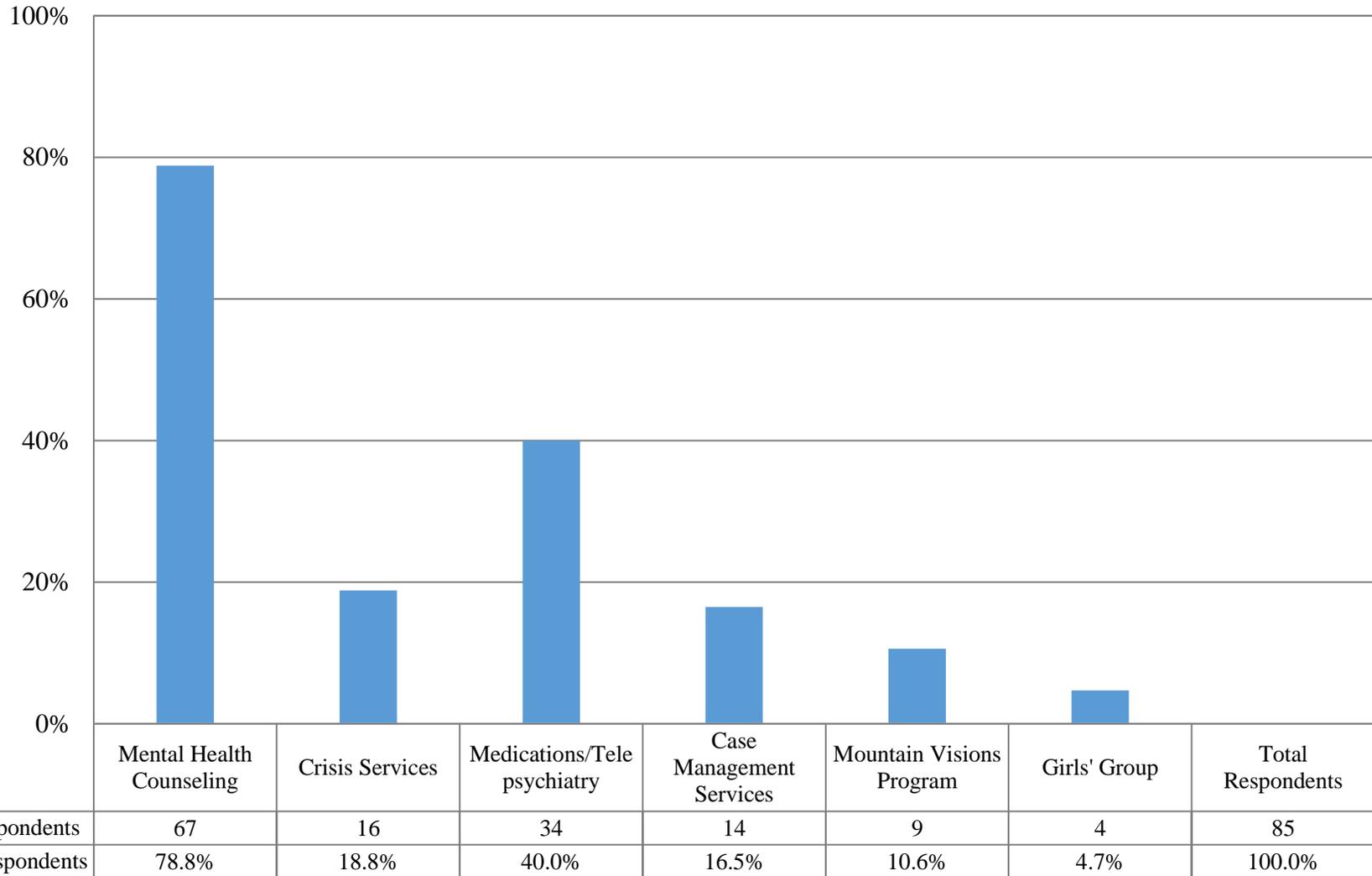


Race/Ethnicity:
(N=83)

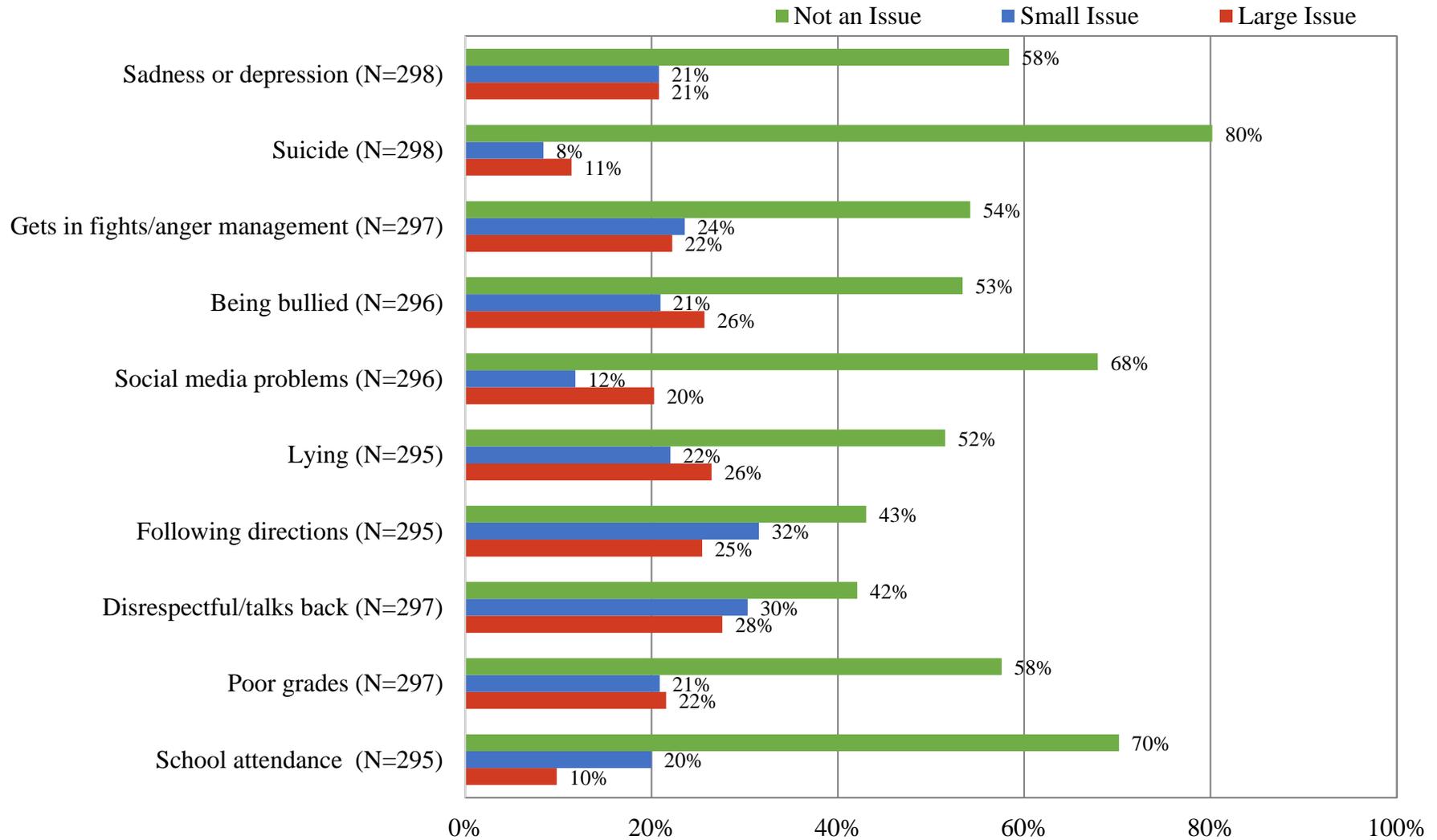


**Plumas County Mental Health
MHA Family Survey Results
2014**

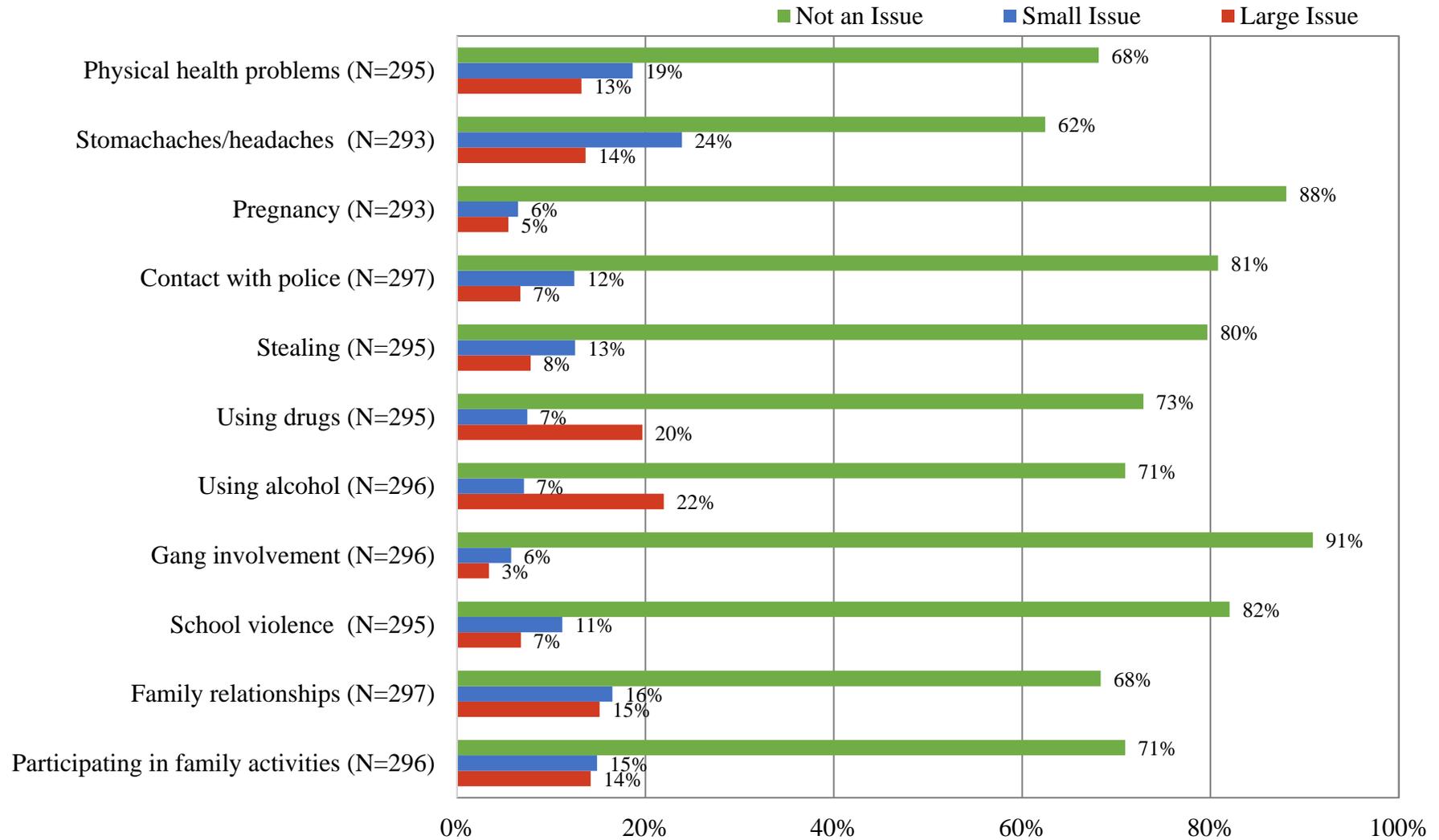
Has your family used any Mental Health services in the past year?
(Respondents may choose multiple responses)



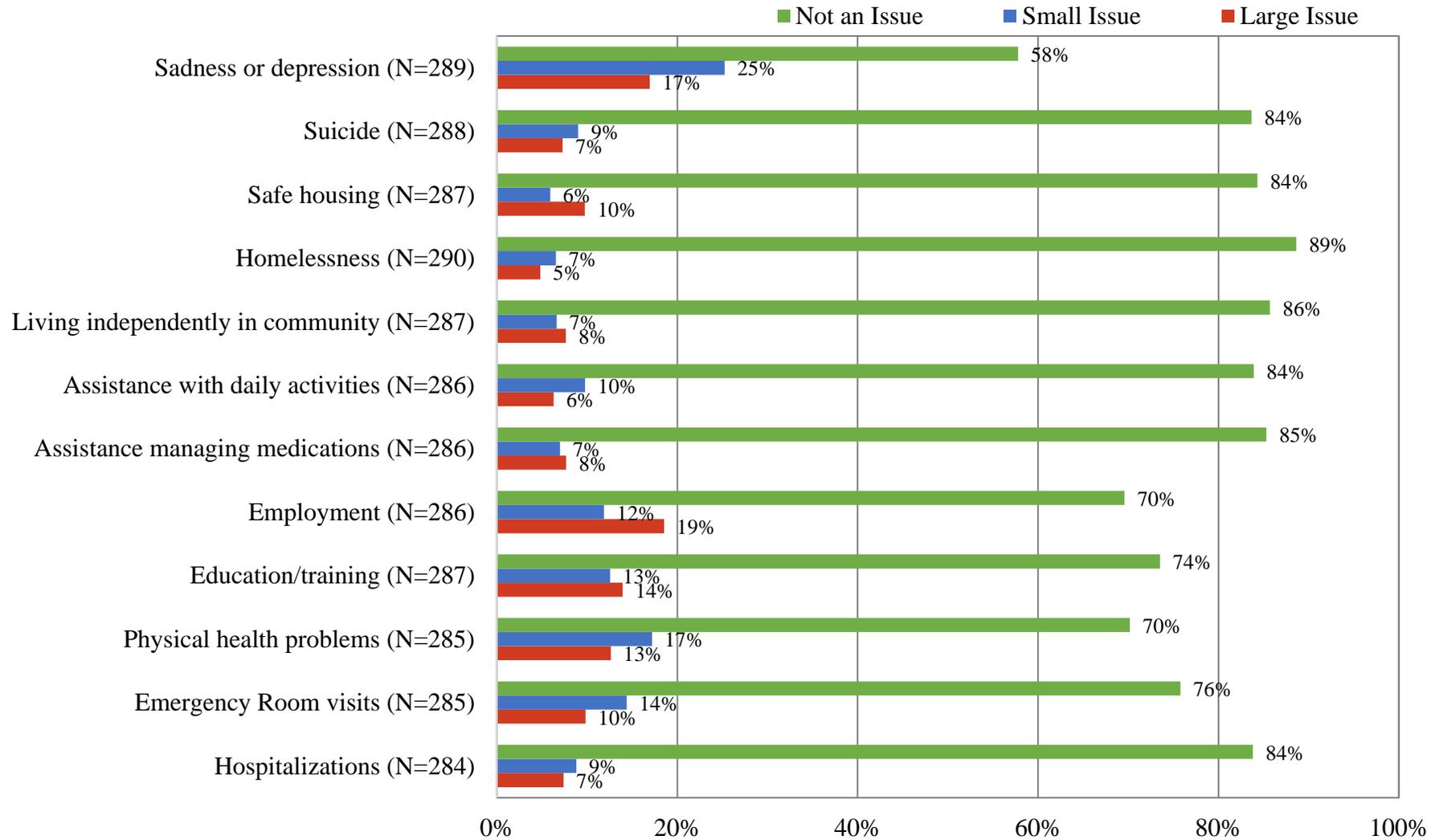
**Plumas County Mental Health
MHSA Family Survey Results
Children/Youth Issues
2014**



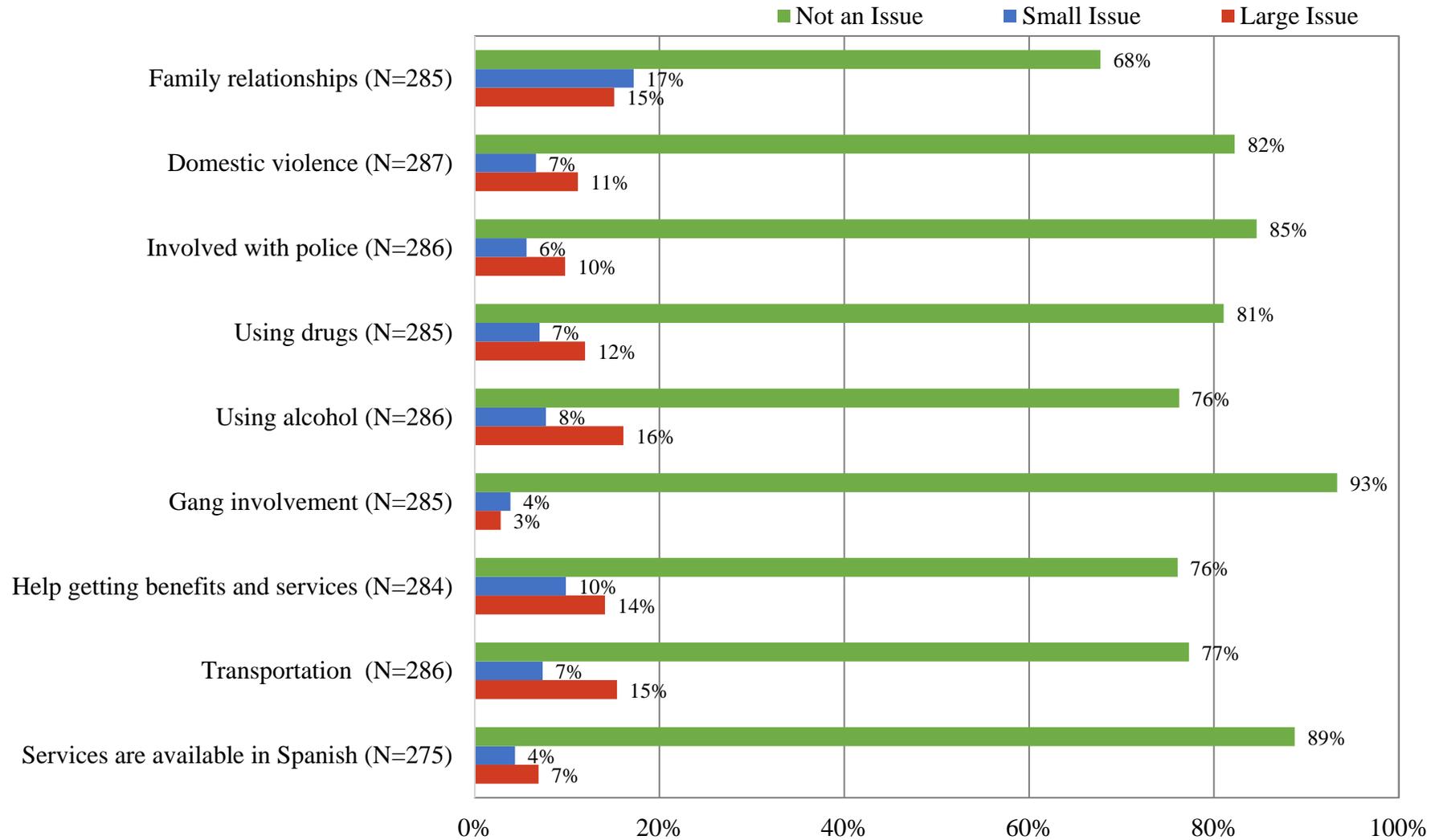
**Plumas County Mental Health
MHSA Family Survey Results
Children/Youth Issues
2014**



**Plumas County Mental Health
MHSA Family Survey Results
Parent/Family Issues
2014**

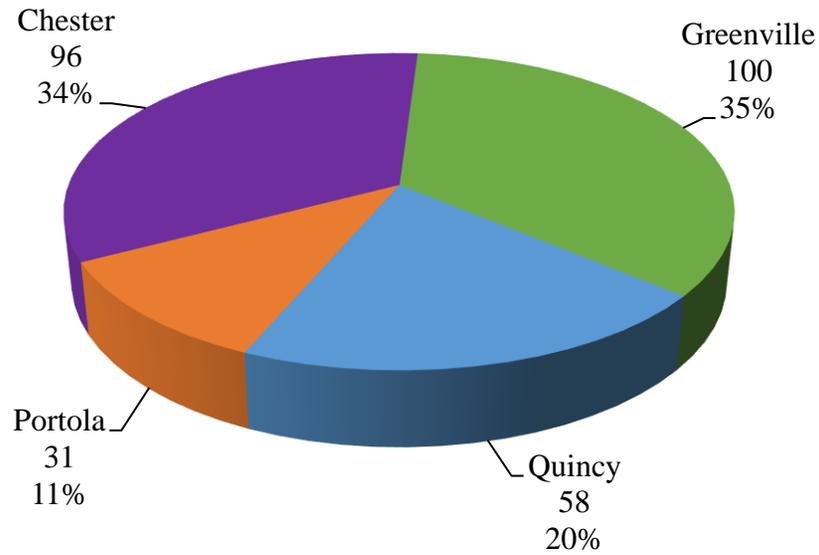


**Plumas County Mental Health
MHSA Family Survey Results
Parent/Family Issues
2014**

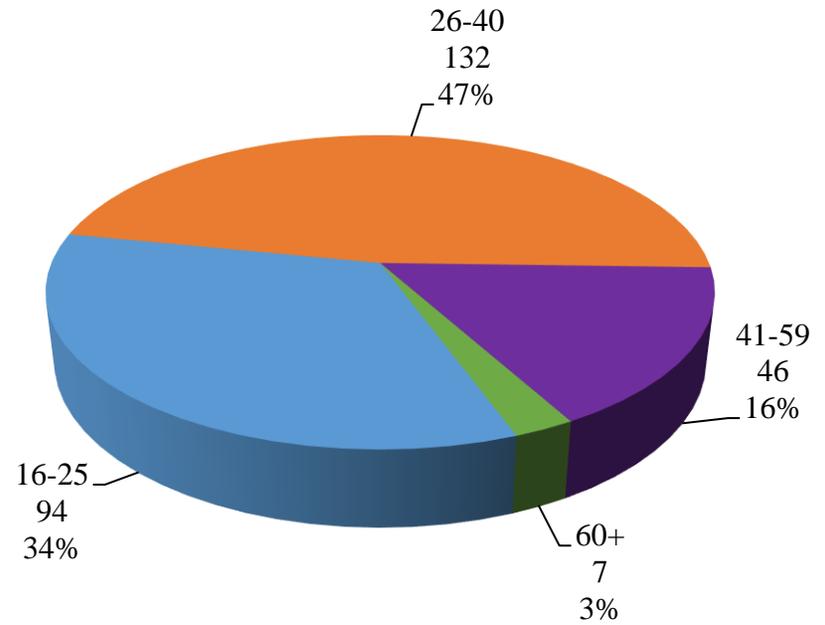


Plumas County Mental Health MHSA Family Survey Results 2014

Area (that you live in):
(N=285)

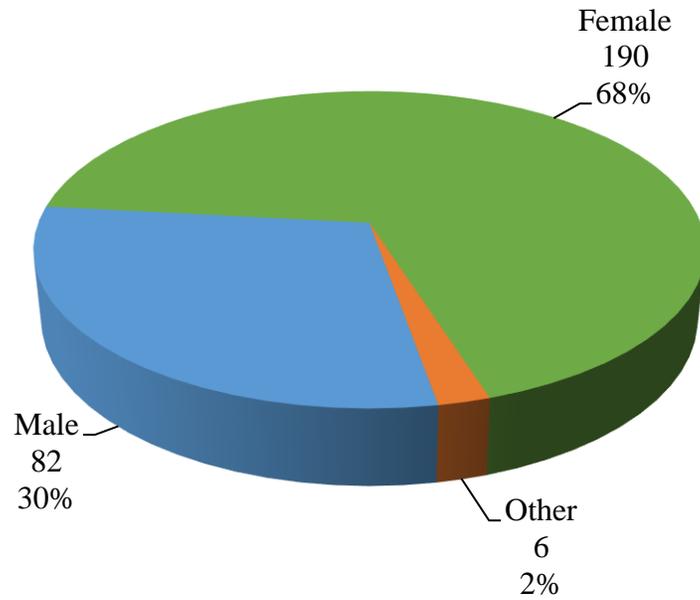


Age:
(N=279)

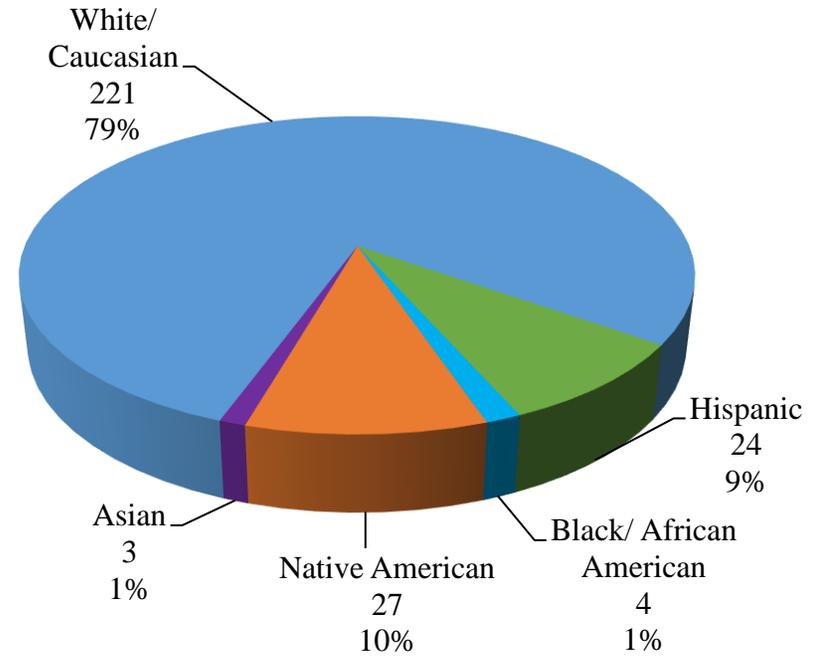


Plumas County Mental Health MHSA Family Survey Results 2014

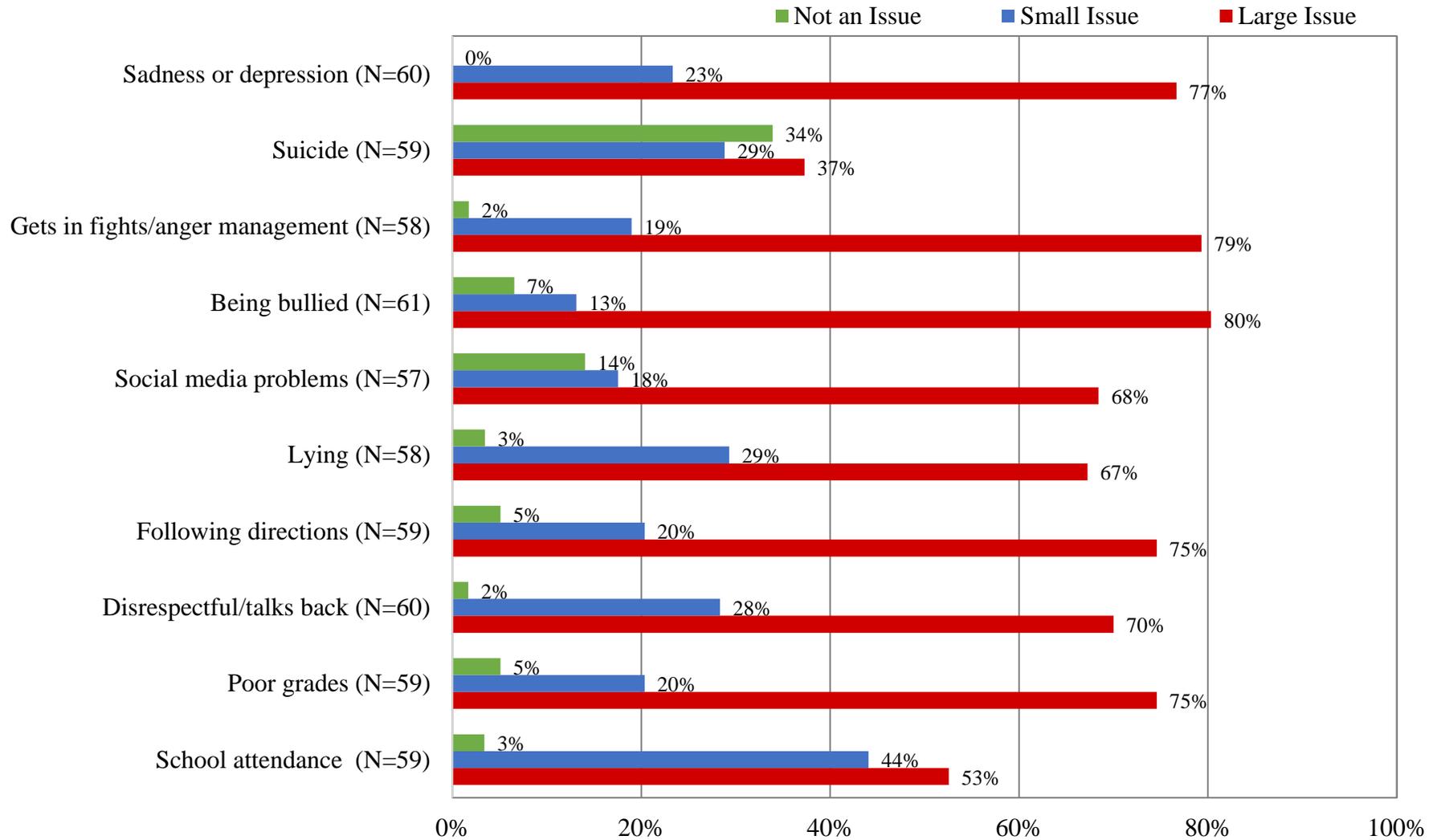
Gender:
(N=278)



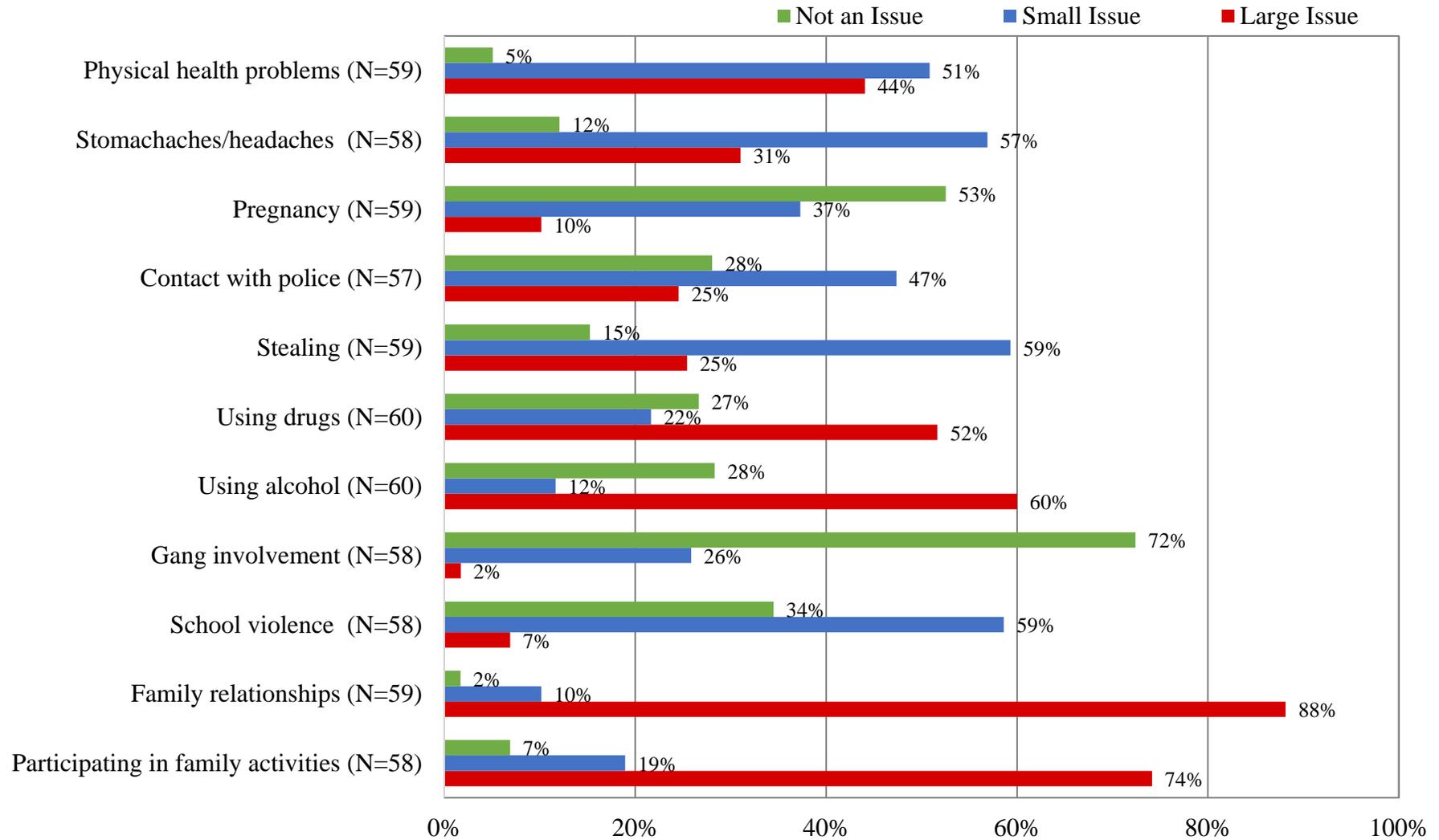
Race/Ethnicity:
(N=279)



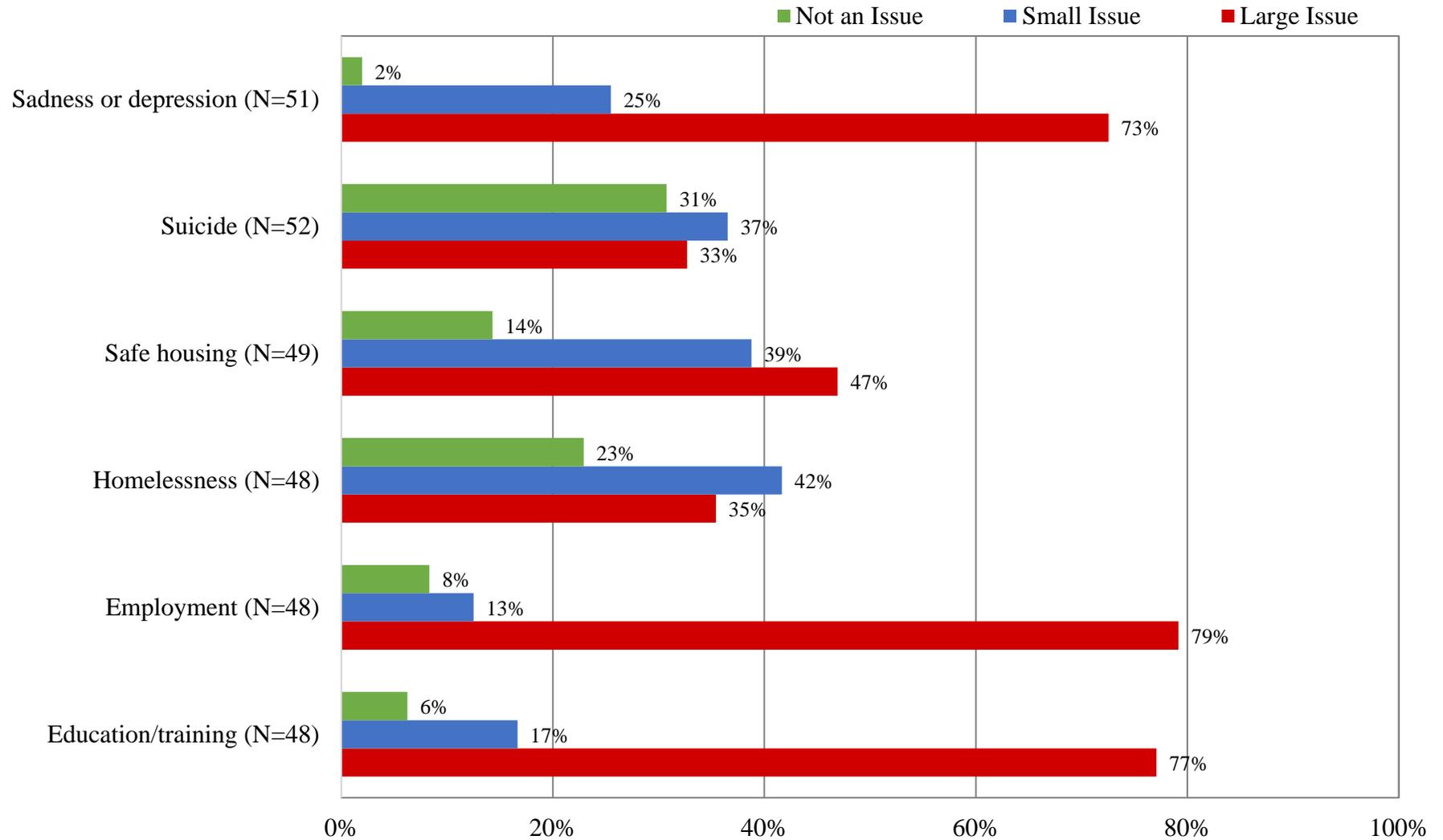
**Plumas County Mental Health
MHSA School Personnel Survey Results
Children and Youth Issues
2014**



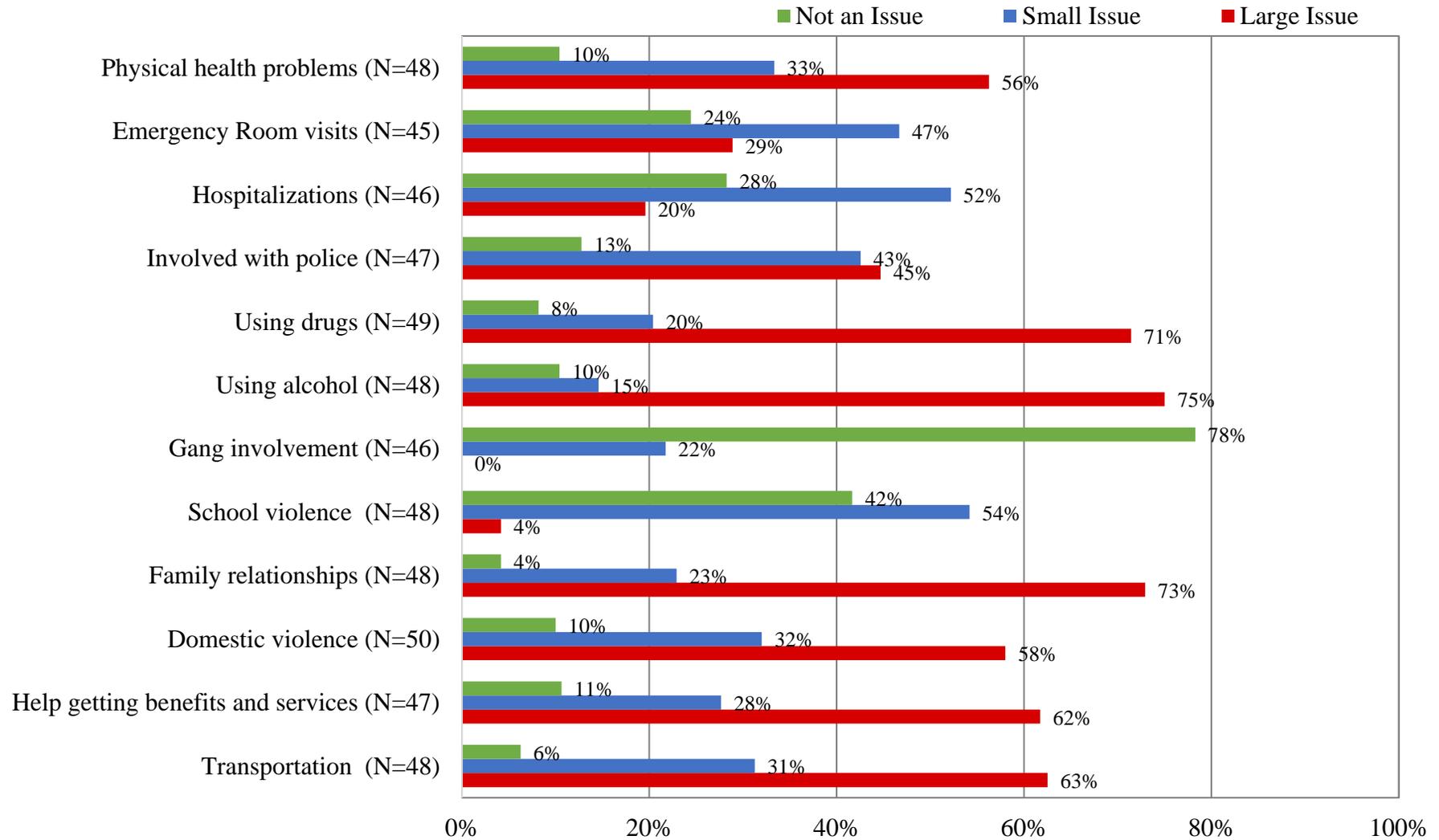
**Plumas County Mental Health
MHSA School Personnel Survey Results
Children and Youth Issues
2014**



**Plumas County Mental Health
MHSA School Personnel Survey Results
Parent and Family Issues
2014**

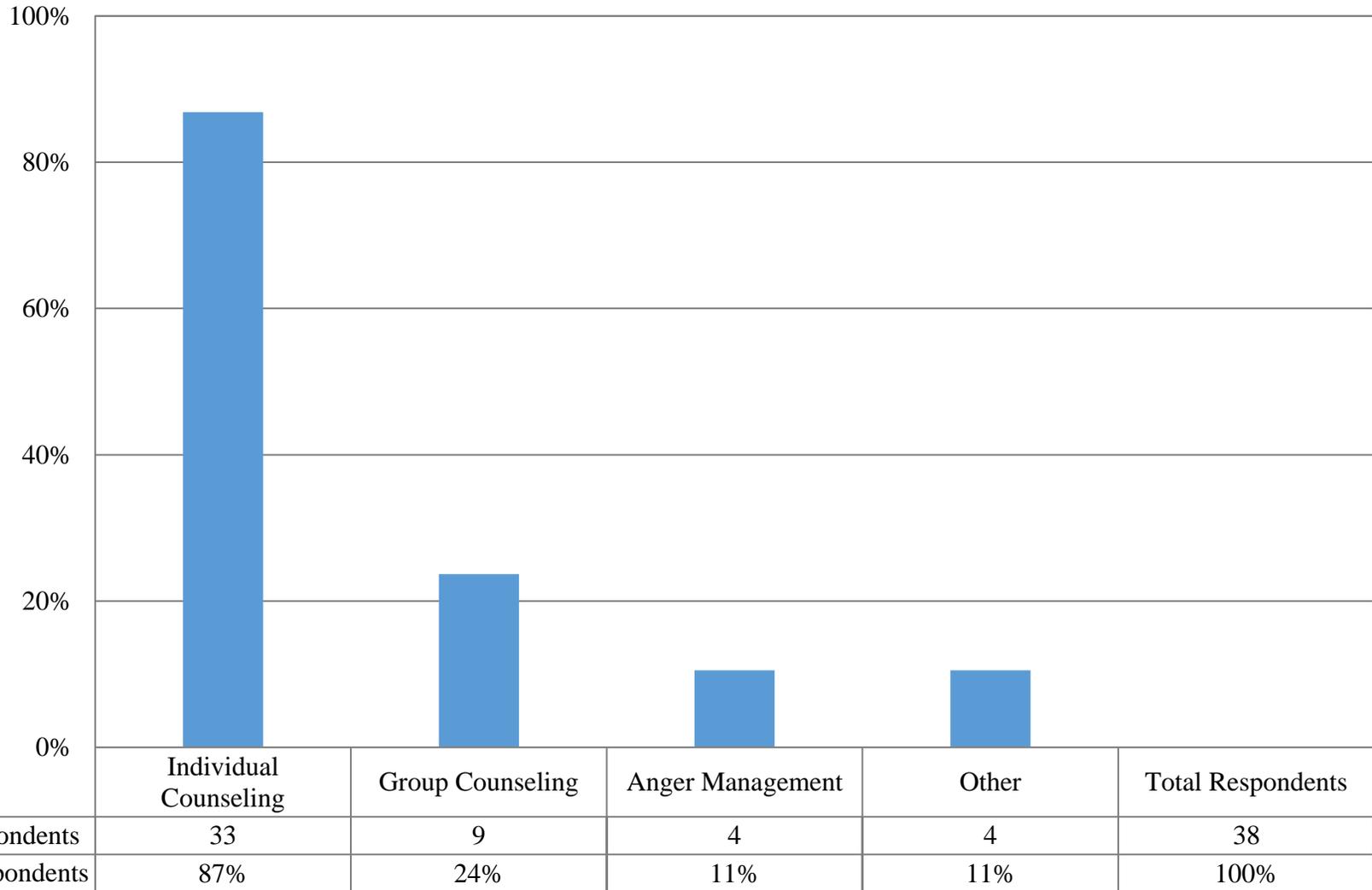


**Plumas County Mental Health
MHSA School Personnel Survey Results
Parent and Family Issues
2014**



**Plumas County Mental Health
MHSAs School Personnel Survey Results
2014**

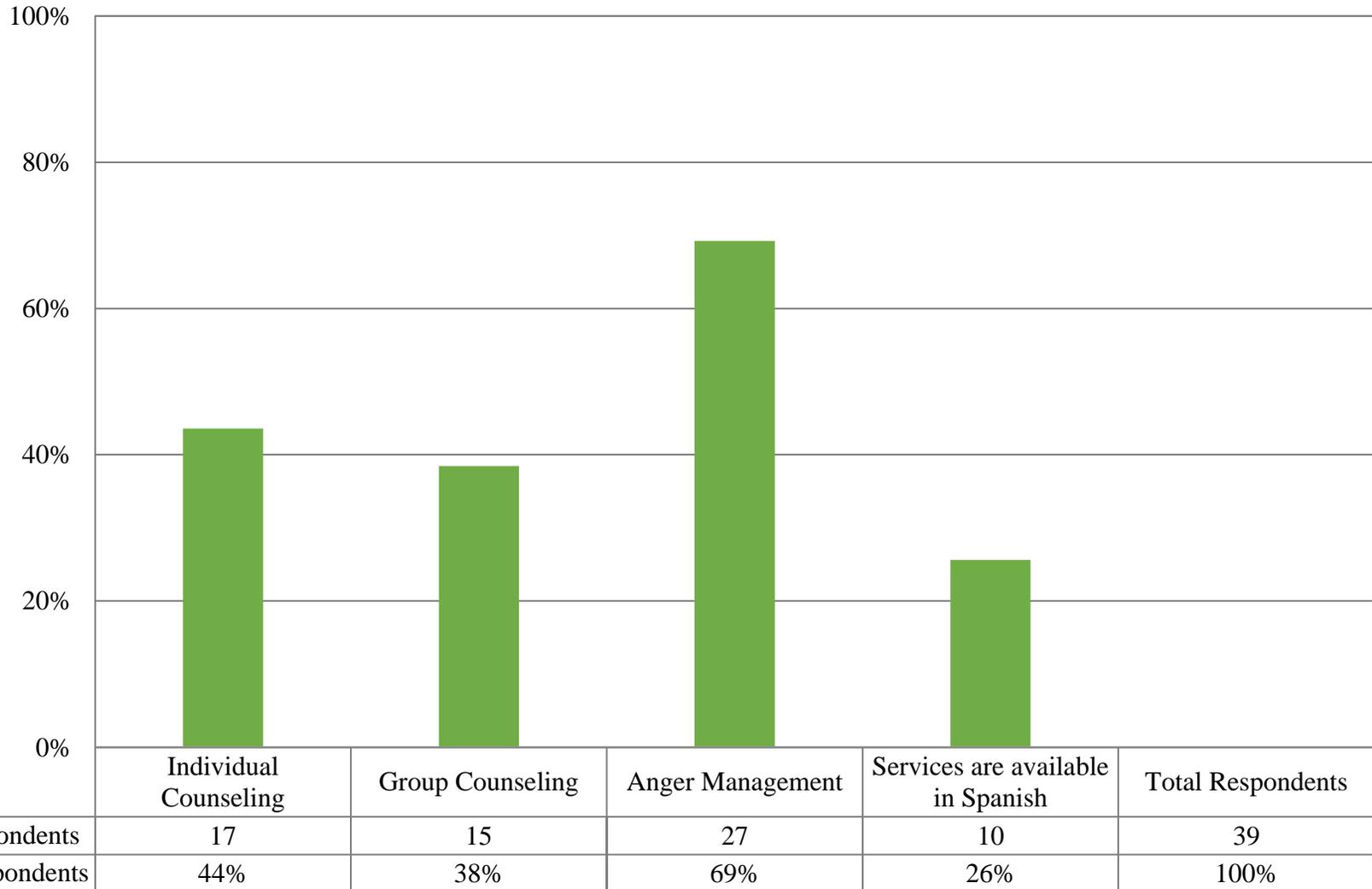
What Mental Health services are currently available at your school?
(Respondents may choose multiple responses)



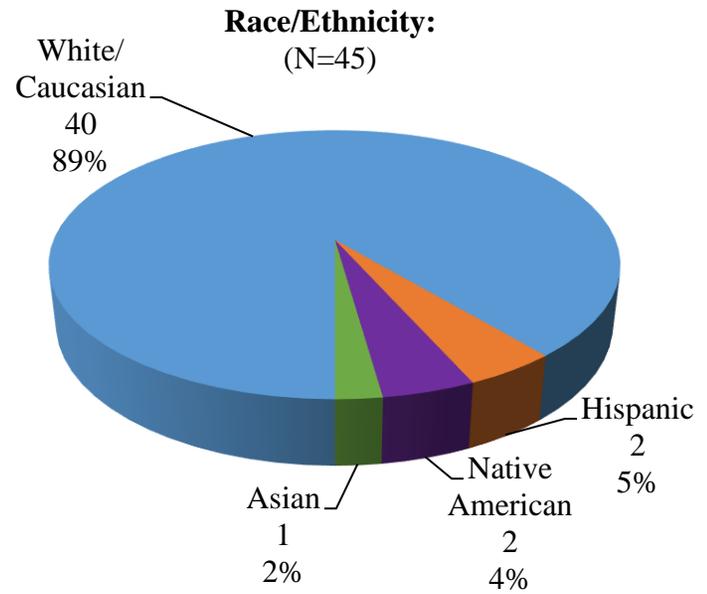
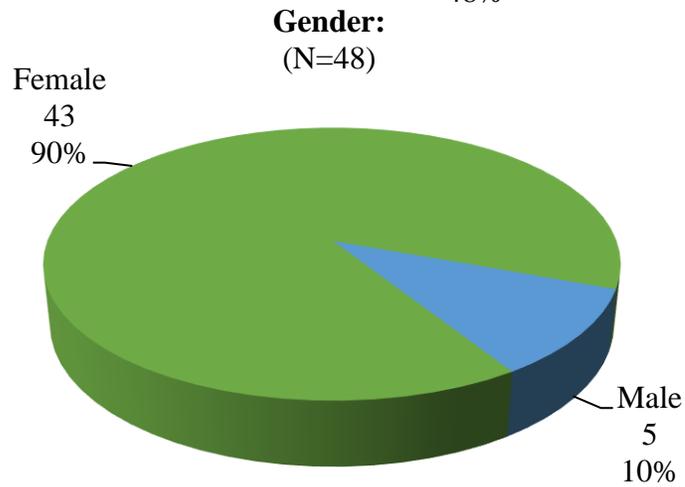
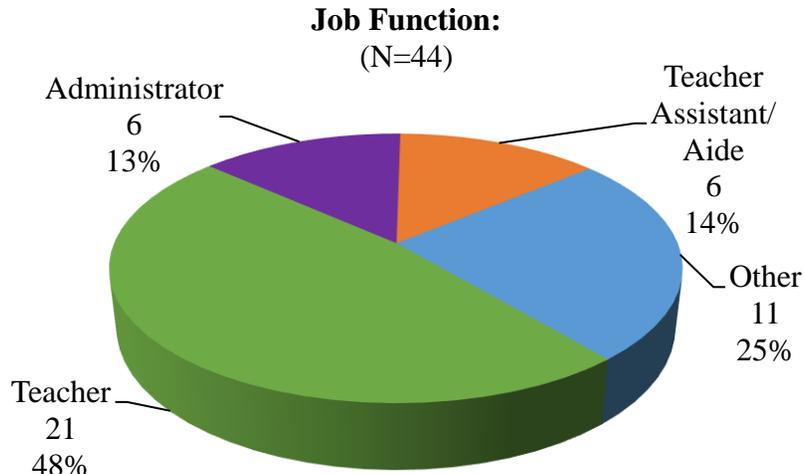
	Individual Counseling	Group Counseling	Anger Management	Other	Total Respondents
# Respondents	33	9	4	4	38
% Respondents	87%	24%	11%	11%	100%

**Plumas County Mental Health
MHSA School Personnel Survey Results
2014**

Are there other Mental Health services needed at your school?
(Respondents may choose multiple responses)



**Plumas County Mental Health
MHSA School Personnel Survey Results
2014**



PLUMAS COUNTY MENTAL HEALTH

MHSA FY 13/14 Annual Update

Supplement to the MHSA FY 2014–2017
Three-Year Program and Expenditure Plan

MHSA Community Program Planning and Local Review Process

County: PLUMAS **30-day Public Comment period:** 11/14/14 – 12/14/14

Date: 11/14/14 **Date of Public Hearing:** Monday, 12/15/14

NOTE: During the past few years, PCMH has experienced several changes in management positions, including the Mental Health Director position, which experienced 5 different Directors in a two-year period. This instability created barriers to completing key activities, including full implementation of the MHSA programs and the timely submission of the MHSA FY 13/14 Annual Update. Leadership has stabilized and, under the direction of the new Mental Health Director, access to services and improve outcomes are being addressed.

Although FY 13/14 is now closed and the MHSA funds have been expended, this Annual Update is included as a Supplement to the MHSA FY 14/15-17/18 Three-Year Plan to allow PCMH to successfully log an MHSA FY 13/14 Annual Update, as required by law.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2013/14 annual update/update. Include the methods used to obtain stakeholder input.

The Plumas County Mental Health (PCMH) community planning process for the Annual Update FY 2013/14 builds upon the planning process and input that we utilized for the development of our Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Capital Facilities and Technological Needs (CFTN), and Workforce Education and Training (WET) Initial Plans and Annual Updates. These planning processes were comprehensive and included the input of diverse stakeholders through focus groups and other outreach that gained input from consumers, family members, staff, partner agencies, community members, and other stakeholders. With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our small, rural county. The overall goals of the MHSA Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2013/14.

Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN); in addition, we provided 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.

The FY 2013/14 Annual Update was developed after reviewing data on our current programs, analyzing community needs based on stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA FY 2013/14 Annual Update was shared at meetings to obtain additional input and feedback on services.

The draft Annual Update has been distributed countywide for 30 days. A public hearing will be held at the close of the 30-day review period. Substantive recommendations obtained through the public review and comment process will be incorporated into the Annual Update prior to submitting the document to the County Board of Supervisors for review. A copy of the final Annual Update, including documentation of BOS approval, will be submitted to the State.

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

A number of different stakeholders have been involved in the CPP process over the past several years. Input has been obtained from the Mental Health Commission and Board of Supervisors. In addition, MHSA staff, consumers, family members, Mental Health Director, Program Managers, fiscal staff, quality improvement staff, and others involved in the delivery of MHSA services provided input into the planning process. Native American feedback has been provided by the Greenville Rancheria and the Roundhouse Council. Input has been obtained from allied providers and agencies, including Child Abuse Prevention Council; District Attorney; Public Health; Probation; County Office of Education; Social Services; Veterans Services; Family Empowerment Center; Head Start; NAMI; Plumas Crisis Intervention & Resource Center; Public Guardian; Patients' Rights Advocate; Plumas Rural Services; hospitals; and individual providers and professionals in the community.

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

No MHSA programs or projects are eliminated at this time.

Local Review Process

Please refer to the Addendum for the final Local Review Process description, public hearing information, and a summary of the recommendations received.

**MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS**

1. Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.

The PCMH MHSA CSS program provides services to all ages [children (ages 0-17); transition age youth (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 each 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 each individual.

Outreach and Engagement activities address hard-to-reach populations, such as seniors, individuals with co-occurring disorders (mental health and substance use), and those released from incarceration. Outreach activities that focus on our Hispanic and Native American populations improve access to needed mental health services.

The CSS Program includes comprehensive assessment services; case management services; individual and group mental health services; crisis services; medication vouchers; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our drop-in center provides adults and older adults with necessary services and supports in a welcoming environment.

As FY 13/14 is now closed, we have included data from FY 13/14. To understand service utilization for our existing mental health services, data was analyzed to show the number of CSS clients served in FY 2013/14 by age, race/ethnicity, and gender. There were 593 clients served in the last fiscal year. Table 1 shows that 28.7% were children ages 0-15 years; 14.5% were TAY (ages 16-25); 48.7% were adults (ages 26-59), and 8.1% were Older adults (ages60+).

**Table 1
CSS Clients by Age**

CSS Clients (FY 13/14) By Age

0 - 15 years	170	28.7%
16 - 25 years	86	14.5%
26 - 59 years	289	48.7%
60+ years	48	8.1%
Total	593	100.0%

Table 2 shows Race/Ethnicity for CSS clients: 76.1% were Caucasian, 7.9% were Hispanic/Latino; 4.4% Native American; and 11.6% were from all other races.

Table 2
CSS Clients by Race/Ethnicity
CSS Clients (FY 13/14) By Race/Ethnicity

Caucasian	451	76.1%
Hispanic	47	7.9%
African American	6	1.0%
Asian/Pacific Islander	9	1.5%
American Indian	26	4.4%
Other	54	9.1%
Total	593	100.0%

2. *Describe any challenges or barriers and strategies to mitigate.*

As noted, changes and instability in management contributed to challenges in delivering services. Leadership has stabilized and, under the direction of the new Mental Health Director, improved access to services and client outcomes are being addressed through the MHSA Three-Year Plan.

3. *List any significant changes for FY 2013/14, if applicable.*

No changes were made to the MHSA CSS Program in FY 13/14.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION

<p>1. <i>Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.</i></p>
<p><u>Suicide Prevention Training.</u> PCMH executed an MOU with Plumas Crisis Intervention and Resource Center (PCIRC) to provide suicide prevention training to first responders, such as law enforcement, as well as other community members. These trainings teach first responders and community members to recognize the warning signs of suicidal behavior; develop techniques to improve response to situations involving suicide threat; and develop methods for safe intervention and linking individuals to community intervention and support resources.</p>
<p>2. <i>Describe any challenges or barriers and strategies to mitigate.</i></p>
<p>As noted, changes and instability in management contributed to challenges in delivering services. Leadership has stabilized and, under the direction of the new Mental Health Director, access to services and improved outcomes are being addressed through the MHSAs Three-Year Plan.</p>
<p>3. <i>List any significant changes for FY 2013/14, if applicable.</i></p>
<p>No changes were made to this MHSAs PEI Project in FY 13/14.</p>

**MHSA Program Component
INNOVATION**

1. Provide a brief program description (include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.

Plumas County Mental Health has determined that this component will not be implemented at this time. An Innovation project is being developed through the MHSA Three-Year Plan.

2. Describe any challenges or barriers and strategies to mitigate.

Not applicable.

3. List any significant changes for FY 2013/14, if applicable.

Not applicable.

MHS A Program Component
WORKFORCE EDUCATION AND TRAINING

1. *Provide a brief program description.*

The PCMH Workforce Education and Training (WET) program provides coordination, training components, and financial incentives to staff, volunteers, clients, and family members, in an effort to promote skills development and career opportunities within the mental health system.

The WET Coordinator implements and sustains the PCMH WET Program. This individual is responsible for developing and implementing our education and training program. These activities include developing the curriculum for specific training modules and populations, conducting training in some of the modules, identifying trainers, and assisting staff and clients in developing opportunities for sharing their expertise.

PCMH WET funding provides onsite and regional training for staff and consumers across an array of topics, including wellness, recovery, resiliency, and cultural and linguistic skills.

WET funding has allowed PCMH to provide financial incentives to staff through loan repayment opportunities and scholarships for pursuing advanced degrees.

2. *Describe any challenges or barriers and strategies to mitigate. Identify shortages in personnel, if any.*

It continues to be difficult to recruit and hire licensed clinicians, because of our remote location and low pay scale. It is also difficult to recruit and hire bilingual/bicultural staff.

3. *List any significant changes for FY 2013/14, if applicable.*

No changes were made to the WET Program in FY 13/14.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. *Provide a brief program description (include number of clients served, age, race/ethnicity, costs per person). Include achievements and notable performance outcomes.*

PCMH has determined that the Capital Facilities component will not be implemented at this time. This component is being developed in the MSHA 3-Year Plan.

The Technological Needs funds supported our implementation of an electronic client record through the purchase of hardware; an expanded IT network; and clinical desktop software, with corresponding support from a vendor (Kingsview/Anasazi). This TN Project enhanced our MSHA activities by creating a secure network which ensures client confidentiality and creates the capacity for an electronic clinical record. This project minimizes paperwork and maximizes staff time for service delivery to our clients, promoting resiliency, wellness, and recovery so that clients achieve positive outcomes.

2. *Describe any challenges or barriers and strategies to mitigate.*

The Technological Needs project was successfully implemented with no challenges to mitigate.

3. *Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.*

The Technological Needs project was successfully implemented within established timeframes.

4. *List any significant changes for FY 2013/14, if applicable.*

Not applicable.

**FY 2013/14
MHSa FUNDING SUMMARY**

County: PLUMAS

Date: 11/11/2014

	MHSa FY 13/14 Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$3,357,070	\$302,362	\$395,750	\$830,010	\$738,957	
2. Estimated New FY 2013/14 Funding	\$1,345,338			\$336,335	\$89,509	
3. Transfer in FY 2013/14 ^{a/}	(\$111,886)	\$0	\$0			\$111,886
4. Access Local Prudent Reserve in FY 2013/14	\$0			\$0		\$0
5. Estimated Available Funding for FY 2013/14	\$4,590,522	\$302,362	\$395,750	\$1,166,345	\$828,466	
B. Estimated FY 2013/14 Expenditures	\$690,336	\$37,890	\$119,714	\$168,474	\$0	
C. Estimated FY 2013/14 Contingency Funding	\$3,900,186	\$264,472	\$276,036	\$997,871	\$828,466	

^{a/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$1,014,826
2. Contributions to the Local Prudent Reserve in FY 2013/14	\$111,886
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$1,126,712