MHSA 3 Year Plan (17/18-19/20)

Colusa County Department of Behavioral Health

MHSA 3 Year Plan (17/18-19/20)

Colusa County Department of Behavioral Health

Table of Contents

Colusa County Department of Behavioral Health Vision Statement

The Colusa County Department of Behavioral Health will provide high quality consumer centered and family friendly, prevention, education and clinical services to residents of Colusa County. We will promote recovery/wellness through independence, hope, personal empowerment and resilience. We will make access to services easier, services will be more effective, produce better outcomes and out-of-home and institutional care will be reduced. All of our Behavioral Health services will be designed to enhance the wellbeing of the individuals and families who it is our privilege to serve.

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Colusa County

☒ Three-Year Program and Expenditure Plan
☐ Annual Update

Local Mental Health Director	Program Lead
Name: Terence Rooney	Name: TERENCE Rooney
Telephone Number: (530) 458-0520	Telephone Number: SAME
E-mail: trooney@countyofcolusa.com	E-mail: SAME
Local Mental Health Mailing Address: Colusa County Behavioral Health 102 E. Carson St. Colusa, CA 95932	

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 April 17, 2018.

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.

TERENCE Rooney — Local Mental Health Director (PRINT)

Signature — Date: 5-16-18

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Colusa County

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

Local Mental Health Director	County Auditor-Controller / ~~City Financial Officer~~
Name: Terence Rooney	Name: Peggy Scroggins
Telephone Number: (530) 458-0520	Telephone Number: 530-458-0400
E-mail: troney@countyofcolusa.com	E-mail: pscroggins@countyofcolusa.org
Local Mental Health Mailing Address: Colusa County Behavioral Health 162 E. Carson St. Colusa, CA 95932	

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

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

TERENCE ROONEY — Local Mental Health Director (PRINT)

Signature — 5-16-18 — Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 3-7-18 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

County Auditor Controller — County Auditor Controller / City Financial Officer (PRINT)

Peggy Scroggins — Signature

5-16-18 — Date

Peggy Scroggins

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

County of Colusa
Wendy G. Tyler, CAO/Clerk to the Board of Supervisors/Risk Manager
Ann Nordyke, Chief Deputy Clerk to the Board of Supervisors
Patricia Rodriguez, Deputy Clerk
Melissa Kitts, Deputy Clerk
(530) 458-0508/0509/0735
(530) 458-0510
colusacountyca.iqm2.com
www.countyofcolusa.org

Board Chambers
546 Jay Street, Suite 108
Colusa, CA 95932

Minutes

April 17, 2018

The Board of Supervisors of the County of Colusa, State of California meets in Regular Session this 17th day of April 2018 at the hour of 9:00 a.m. Present: Supervisors Denise J. Carter, John D. Loudon, Kent S. Boes, Kim Dolbow Vann, and Gary J. Evans.

Present: Marcos Kropf, County Counsel.
Wendy G. Tyler, CAO/Clerk of the Board/Risk Manager.
Robert Zunino, Auditor-Controller's Office.
Patricia Leland, Director, Human Resources.
Greg Plucker, Mary Fahey, Community Development Department.
Elizabeth Kelly, Director, Health and Human Services.
Scott Lanphier, Mike Azevedo, Public Works Department.
Greg Hinton, Ag Commissioner.
Terry Rooney, Director, Behavioral Health.
Kaline Moore, CAO Budget Analyst.
Debbie Hickel, Purchasing Coordinator.
Stacey Costello, Colusa County Librarian.
Diana Roach, Chris Stillwell, Michael Claeys, Princeton citizens.
Ron Azevedo, Stan Roper, Maxwell American Legion.
Susan Meeker, Williams Pioneer Review.
Ann Nordyke, Melissa Kitts, Patricia Rodriguez, Board Clerks.

Opening Prayer - Pledge of Allegiance

MINUTES APPROVAL

1. Minutes Approval
   Board of Supervisors – Regular Meeting – April 3, 2018.

RESULT:	**APPROVED [4 TO 0]**
MOVER:	John D. Loudon, Supervisor
SECONDER:	Kent S. Boes, Vice-Chair
AYES:	Denise J. Carter, John D. Loudon, Kent S. Boes, Gary J. Evans
ABSTAIN:	Kim Dolbow Vann

PERIOD OF PUBLIC COMMENT

Ms. Roach states she attended her first Board meeting for the Princeton Water Works District and she was tasked with developing a Conflict of Interest Code, updating the bylaws, and looking into available grant funding. She further states that the original water system was installed in the 1960's and desperately needs an upgrade. She states she looks forward to getting some guidance from the County.

Chairman Evans makes time for announcement of Closed Session items to be considered.

ANNOUNCEMENT OF CLOSED SESSION

Mr. Kropf announces Closed Session Matters as follows:

1. CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Government Code Section 54956.9(a), In Re. Edward Lazarus, Workers' Compensation Appeals Board, Claim No's. CTIF-237030 and CTIF-236428.

2. CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION California Government Code Section 54956.9(d)(4). Potential initiation of litigation: two matters.

3. CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Government Code Section 54956.9(a), Lewis v. County of Colusa, et al., United States District Court for the Eastern District of California case No. 2:16-cv-0174S-VGC.

I. STAFF REPORTS

Mr. Plucker updates the Board members on the CAL-EPA audit for Colusa County. He states the guidelines and procedures were all rewritten and all deficiencies have been resolved.

Mr. Hinton states he gave a presentation to the California Aerial Applicators Association with updated pesticides conditions for aerial applications and he will be bringing an agreement before the Board of Supervisors regarding this subject soon.

Mr. Azevedo states that East Park Reservoir has opened successfully. He further states that flash boards were installed in the spillway and there should be water all summer.

Chairman Evans makes time for approval of Consent Agenda Items 1 through 8.

Supervisor Loudon requests Consent Item No. 7 be pulled from the Consent Agenda and considered separately.

Chairman Evans so directs.

CONSENT AGENDA

Approve Consent Agenda Item No.'s 1 through 6, and 8.

1. BOARD OF SUPERVISORS

Approve out of state travel for Supervisor Denise J. Carter to attend National Association of Counties (NACo) Western Interstate Region (WIR) Conference in Sun Valley, ID, May 22, 2018 through May 26, 2018.

2. PURCHASING AND PROCUREMENT/COMMUNITY DEVELOPMENT

Approve Contract No. **C18-043** with **Wells Fargo**, a 60 month lease agreement and Contract No. **C18-044**, with **Advanced Documents** a yearly maintenance agreement for one Kyocera TASKalfa 3552ci copy machine assigned to Community Development in an amount not to exceed $14,442.60, effective June 11, 2018, and authorize the Chair to sign.

3. PURCHASING AND PROCUREMENT/AIRPORT SPECIAL

Approve Change Order #3 Contract No. **C18-045**, with **Martin Brothers**, increasing compensation to Contractor by $9,664 under the Taxiway and Apron Pavement Preservation Reconstruct Box Hangar Taxi-lane construction project and authorize the Chair to sign.

4. PURCHASING AND PROCUREMENT/AG/TRAPPER

Approve Contract No. **C18-046**, with the **United States Department of Agriculture, Animal and Plant Health Inspection Service-Wildlife Services (APHIS-WS)**, a Cooperative Service Agreement and Contract No. **C18-047**, with the **United States Department of Agriculture, Animal and Plant Health Inspection Service-Wildlife Services (APHIS-WS)**, associated Annual Financial Plan in the amount of $69,889 for the Integrated Wildlife Damage Management Program, effective July 1, 2018 and authorize the Chair to sign.

5. PURCHASING AND PROCUREMENT/BEHAVIORAL HEALTH

Retroactively approve Contract No. **C18-048**, with the **California Department of Health Care Services (#17-94517)** a health service performance standards contract, effective July 1, 2017 and authorize the Director of Behavioral Health to sign.

6. PUBLIC WORKS/ROAD DEPARTMENT/SOLID WASTE

Adopt Resolution No. **18-012**, a Resolution authorizing the submittal of application(s) for CalRecycle grants for which the Colusa County Regional Solid Waste Agency is eligible for and authorize the Chair to sign.

8. PURCHASING AND PROCUREMENT/WATER RESOURCES

Approve Contract No. **C18-049**, second modification to contract number C16-123 with **David's Engineering**, extending the termination date to May 31, 2018 and authorize the Chair to sign.

RESULT:	**ADOPTED [4 TO 0]**
MOVER:	Kent S. Boes, Vice-Chair
SECONDER:	John D. Loudon, Supervisor
AYES:	Denise J. Carter, John D. Loudon, Kent S. Boes, Gary J. Evans
ABSTAIN:	Kim Dolbow Vann

Chairman Evans makes time to consider Consent Agenda Item No. 7.

Supervisor Loudon inquires as to how much the tower will cost.

Mr. Jones states the engineering must be done before the cost is known.

Ms. Tyler states the firm will act as the construction manager; they will assist with the development of the RFP, the selection of a contractor, and manage the project.

PURCHASING AND PROCUREMENT/HOMELAND SECURITY

7. Approve Contract No. **C18-050**, with **Mission Critical Partners, LLC** for radio tower construction project consulting services, in the amount of $107,496, effective April 17, 2018 and authorize the Chair to sign.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John D. Loudon, Supervisor
SECONDER:	Kent S. Boes, Vice-Chair
AYES:	Carter, Loudon, Boes, Vann, Evans

III. HUMAN RESOURCES/BEHAVIORAL HEALTH SERVICES

1. Approve a Step 4 appointment for Lisa Pallow, Therapist III, PFT, PF Range 36, Step 4, $5,120.00 per month, effective April 18, 2018.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John D. Loudon, Supervisor
SECONDER:	Denise J. Carter, Supervisor
AYES:	Carter, Loudon, Boes, Vann, Evans

Chairman Evans makes time for the appointment of a member to the Princeton Water Works District. **(Applications received: Sharon Lopez, Michael Claeys, and Chris Stillwell)**

Supervisor Carter states she has reviewed all the applications and recommends Mr. Michael Claeys for the appointment.

Ms. Stillwell states she has been a teacher for 32 years and has lived in the community for 25 years. She further states she would like to help get the District back on track.

Mr. Claeys states he has lived in the area for 25 years and has a background in civil engineering and farming. He further states that he wants to get involved and help find grants for the District.

IV. APPOINTMENT/PRINCETON WATER WORKS DISTRICT

1. Appoint Michael Claeys to the Princeton Water Works District, effective April 30, 2018 through April 29, 2022.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Denise J. Carter, Supervisor
SECONDER:	Kim Dolbow Vann, Supervisor
AYES:	Carter, Loudon, Boes, Vann, Evans

Chairman Evans makes time for a presentation regarding the Mental Health Services Act (MHSA) Three Year Plan (FY2017 through FY2020).

Mr. Rooney updates the Board members on the MHSA program and speaks to the following:

- What is MHSA?
- MHSA 3 Year Expenditure Plan
- MHSA Proposed Programs
- MHSA Plan Review
- 30 Day Comment Period

V. BEHAVIORAL HEALTH

1. Approve Mental Health Services Act (MHSA) Three Year Plan (FY 2017 through FY 2020) and authorize Dr. Rooney, Director, Behavioral Health Services to submit plan to the State for approval.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John D. Loudon, Supervisor
SECONDER:	Denise J. Carter, Supervisor
AYES:	Carter, Loudon, Boes, Vann, Evans

VI. AUDITOR

1. Consider approving 2017-18 Revenue and Appropriations Inter-Budget Adjustment No.'s 047 - 061. **(4/5th vote required)**

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Denise J. Carter, Supervisor
SECONDER:	John D. Loudon, Supervisor
AYES:	Carter, Loudon, Boes, Vann, Evans

2. Approve FY 17/18 Intra Budget Adjustment No.'s: 18013 through 18017.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Denise J. Carter, Supervisor
SECONDER:	Kent S. Boes, Vice-Chair
AYES:	Carter, Loudon, Boes, Vann, Evans

VII. PURCHASING AND PROCUREMENT/LIBRARY

1. Find that competitive bidding is not in the best interest of the public and approve the purchase of two "Early Literacy Stations" and one "After School Edge" from AWE Learning for the Colusa County Library in an amount not to exceed $10,486.21 and authorize the Purchasing Coordinator to issue a purchase order.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Denise J. Carter, Supervisor
SECONDER:	John D. Loudon, Supervisor
AYES:	Carter, Loudon, Boes, Vann, Evans

VIII. COUNTY ADMINISTRATIVE OFFICE

1. Approve Contract No. **C18-051**, a 10-year agreement with **Vernon Jewel Danley American Legion Post #218** for use and management of the Hall located at 250 Oak Street, Maxwell, California, effective March 1, 2018 and authorize the Chair to sign.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John D. Loudon, Supervisor
SECONDER:	Gary J. Evans, Chair
AYES:	Carter, Loudon, Boes, Vann, Evans

IX. SUPERVISORS' REPORTS OR COMMENTS

Supervisor Carter

Meetings/functions attended:

- Sheriff's Community meeting (Princeton)
- Colusa Groundwater Authority Ad Hoc

Supervisor Loudon

Meetings/functions attended:

- Grimes Fire Dinner
- Chamber of Commerce Board meeting
- Colusa Rural Fire Dinner
- Griff's Feed & Seed Ribbon Cutting
- Judge for Dutch Oven Cook-off
- Behavioral Health Board meeting
- Rural Caucus Conference Call
- VFW Hall Project Work

Supervisor Boes

Meetings/functions attended:

- Recology meetings

Supervisor Evans

Meetings/functions attended:

- Sites Landowner meetings
- Colusa Basin Drain meeting
- Sheriff's Community meeting
- Forestry Service meeting

X. STATE OR FEDERAL LEGISLATION/GENERAL BUDGETARY MATTERS

None.

Chairman Evans declares a recess at 9:50 a.m. to convene in Closed Session and reconvenes at 10:30 a.m. in Regular Session with all Supervisors present.

Present: Marcos Kropf, County Counsel.
Wendy Tyler, CAO/Clerk of the Board/Risk Manager.
Ann Nordyke, Patricia Rodriguez, Board Clerks.

Chairman Evans makes time for announcement of Closed Session.

XI. CLOSED SESSION/COUNTY COUNSEL

1. CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

Government Code Section 54956.9(a). In Re. Edward Lazarus, Workers' Compensation Appeals Board, Claim No's. CTIF-237030 and CTIF-236428. He states there is no reportable action.

2. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION

California Government Code Section 54956.9(d)(4). Potential initiation of litigation: two matters. He states there is no reportable action.

3. CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

Government Code Section 54956.9(a), *Lewis v. County of Colusa, et al.*, United States District Court for the Eastern District of California case No. 2:16-cv-01745-VGC. He states there is no reportable action.

Chairman Evans adjourned the meeting at 10:31 a.m. to reconvene in Regular Session on May 1, 2018 at the hour of 9:00 a.m.

_____
Gary J. Evans, Chairman

Attest: Wendy G. Tyler,
Clerk to the Board of Supervisors

BY_____
Patricia Rodriguez, Deputy Clerk

Summary of Changes from Previous Plan (FY14-17)

Colusa County Department of Behavioral Health (CCBH) seeks to provide and develop quality reporting in regard to each MHSA program. Currently CCBH is looking at alternative ways to continue to build on collaboration with the community and the various providers who have the privilege of serving the community. Many of the programs continue to be under development in regard to tracking and providing the most appropriate data to better assess the overall outcomes and quality of the outcomes that have resulted from each program. In addition, CCBH developed the MHSA/Cultural Competency Advisory Committee as a way to continue to keep stakeholders informed and provide feedback to the Department.

Stakeholders and Key Contributors:

Safe Haven Peer Drop-in Center
Colusa County Office of Education
Colusa County Probation
Colusa County Public Health
Colusa County Behavioral Health Staff Members
Colusa County Sheriff's Office
Colusa County Veteran's Services
Colusa County Health and Human Services
Colusa Police Department
Williams Police Department
Colusa Indian Community Council
Colusa Indian Health Clinic
First 5 Colusa County
CAPC
Impact
Hand In Hand
Colusa Medical Center
Peer Advocate Council (PAC)
English Language Advisory Committee (ELAC)
Colusa One-Stop
Hand Up

Stakeholder Process

Colusa County Department of Behavioral Health will be holding quarterly meetings through a newly developed Advisory Committee called, MHSA/Cultural Competency Advisory Committee in order to increase collaborative efforts with the identified Stakeholders of the community.
The initial start of these meetings occurred on March 13th, 2017 and will continue quarterly throughout the year. The table provides information regarding upcoming scheduled meetings:

MHSA/Cultural Competency Advisory Committee
Monday, December 18th , 2017 at 1pm

Wednesday, April 30th, 2018 at 1pm
Monday, June 11th, 2018 at 1pm
Monday, September 10th, 2018 at 1pm
Monday, December 10th, 2018 at 1pm

The Department of Behavioral Health utilizes the local newspapers, flyers, countywide emails, word of mouth, and other collaborative efforts to engage the community in this process. The MHSA 3 year plan and Annual Update were presented in its current form to the Colusa County Behavioral Health Board on December 12, 2017. The 30-day public review began on December 15, 2017 and ended on January 15, 2018. Copies of the three year plan were available at the Behavioral Health website, reception window at Colusa County Behavioral Health, Safe Haven Drop-In Center, all Colusa County Library Branches, and Newspaper by December 15, 2017. Several public hearings took place during the 30 Day Public Review on January 4, 9, 10, and 11 of 2018 in the communities of Williams, Maxwell, Colusa, and Arbuckle for the review of the MHSA 3 year plan and Annual Update. There was a final public meeting that took place on January 16, 2018 with the Behavioral Health Board after the 30-day public review was over. The MHSA three year plan was approved by the Board of Supervisors on April 17, 2018.

Recommendations/Feedback:

Colusa Library Public Hearing

- Increase support and collaboration between community providers and schools for alternative approaches that target bullying in schools.

Arbuckle Library Public Hearing

- Increase awareness and information regarding Behavioral Health services through having more outreach in the community targeting parents.

Safe Haven Comment Review Form

- Get more community involvement and continue to do events that speak about stigma in mental health and education on mental health.
- Increase groups offered through Safe Haven and Colusa County Behavioral Health.
- Find alternative ways to maintain programs that will no longer be funded through MHSA funds.
- Increase awareness and information on how to obtain resources for older adults.

Plan

Colusa Library Public Hearing

- MHSA would like to incorporate the feedback about bullying in the Prevention and Early Intervention component of MHSA as part of the 2nd Step program. The plan is to have a discussion with the Colusa County Office of Education and speak about how bullying can be incorporated or developed within the 2nd Step program in all schools the program currently serves.

Arbuckle Library Public Hearing

- MHSA would like to increase outreach for parents in the community as part of the Prevention and Early Intervention component of MHSA. There will be a discussion with Colusa County Office of Education infant to preschool programs about incorporating a new proposed program MHSA Infant to 5 program. This program is under development and will

provide a four to six week parenting class at school sites to educate and coach basic emotional support skills to parents.

Safe Haven Comment Review Form

- The plan is to continue to increase community involvement and events that talk about mental health stigma and incorporate this in continuous outreach efforts.
- The plan to address and increase groups offered through Safe Haven will be addressed by incorporating this into the Community Services and Support – Outreach and Engagement component of MHSA. The plan is to have a discussion with Safe Haven participants and Behavioral Health staff on how to increase groups offered to Safe Haven and Colusa County Behavioral Health. This discussion will also revolve around finding alternative ways to maintain programs that will no longer be funded through MHSA funds.
- MHSA plans to increase outreach efforts focusing on services available for older adults in the community.

Annual Update-Introduction

History

MHSA or Prop 63 was passed in 2004 in order to address the unique mental health needs of communities. The Act enables a 1% tax with those of an income exceeding 1 million dollars. These funds go towards preventative services and direct services for children, Transitional Age Youth (TAY), adult, and older adults who identify as being severely emotionally disturbed or severely mentally ill. MHSA promotes community collaboration, cultural competence, client and family driven services focused on wellness, recovery, and resilience through an integrated approach. The Act also seeks to raise awareness and reduce stigma and discrimination around mental health.

The annual update for fiscal year 2016-2017 indicates continued program efforts and revisions. The removal of two programs and additional programs to consider at this time include:

1. Native American Collaboration was exhibiting a decline in collaboration and has been removed.
2. The ASOC-Outreach and Engagement program was unable to provide long term sustainability due to low attendance and had to be removed.
3. An innovative approach to outreach the undeserved and under-represented Hispanic population will be improved through the development of Promotores through the Culura es Vida program.
4. Additional outreach efforts for Prevention and Early Intervention have been done through proposing the MHSA Infant to 5 Program.
5. Social Determinants of Rural Mental Health is another innovative program to identify support and stabilize life domains to improve the quality of life for people who are suffering of a mental health issue.

Colusa County will continue to provide a thorough assessment and evaluation of MHSA programs and continue with an intensive stakeholder planning process for further development of a three-year integrated plan.

MHSA PROGRAMS

Colusa County is identified as a rural community with a population of approximately 21,500 according to the United States Census. According to the United States Census, it makes up a total of 10 communities with a total of 1,150.73 square miles. The ten communities include, Arbuckle, College City, Colusa, Grand Island/Grimes, Leesville, Maxwell, Princeton, Sites, Stonyford, and Williams. More than half of the population identifies as Hispanic or Latino with Spanish being the primary language. The Hispanic/Latino population often fluctuates according to the crop season, as Colusa County's economy is supported by the production of crops. Colusa County has a small percentage of American Indian and Alaska Native alone, at approximately 2.7%. The median household income according to the United States Census is approximately $52,000. As a small and rural community stigma and discrimination around mental health are strongly prevalent, causing a barrier to those who are interested in seeking help or learning more about the topic. MHSA allows the opportunity for the community to become better educated on mental health through collaboration, integration of services, and developing more culturally competent services.

Program Name: WRAP Around

Component: Community Services and Support - Full Service Partnership

Program Description: WRAP provides intensive wrap around services to children and youth who could benefit from a more integrated approach to services. WRAP is client and family driven focused on wellness, recovery, and resilience. Staff works with the client to build natural supports within the community through collaboration with other departments in the community and the client's family.

Program Name: Adult System of Care - Full Service Partnership

Component: Adult System Of Care (ASOC) - Full Service Partnership (FSP)

Program Description: A "whatever it takes" method of services is provided to consumers of all ages (children, transition age youth, adults, and older adults) who meet specific requirements. Specific requirements include: being at risk for homelessness, psychiatric hospitalization, and incarceration as a result of a mental illness. Consumers are provided with intensive services in collaboration with natural supports and services other than mental health. Support can include housing, transportation, education, vocational training, food, and clothing.

Challenges: One challenge this program faces is the high numbers of people who are at risk for homelessness. There is limited restricted income housing in the community and it is difficult to support clients in this area. MSHA has assigned a housing coordinator/case manager to focus on implementing opportunities to seek funding to assist restricted income opportunities.

Program Name: Children System of Care - Outreach and Engagement

Component: Community Service and Support- Outreach & Engagement/System Development

Program Description: Children System of Care - Outreach and Engagement allows for community collaboration and outreach through the Multi-Disciplinary Team (MDT), the use of a therapist, and outreach through community events. MDT meets monthly and includes representatives from various county service departments to discuss children's cases in order to be more culturally competent. The focus of meetings is on wellness, recovery, and resilience. The use of a therapist provides an integrative experience allowing the family and the client lead services through a direct schools approach, collaborating directly with the schools and providing in home support services when needed. The Department of Behavioral Health organizes community events and also provides support at events hosted by other organizations in the community as a way to reduce stigma and raise awareness around mental health.

Program Name: Workforce Education and Training/Action Volunteer Program

Component: Workforce Education and Training

Program Description: WET Action Volunteer program focuses on wellness, recovery, and resilience by giving consumers an opportunity to build vocational skills that can be used in the workforce. The program provides opportunities to adults and older adults of the community. Volunteers are offered job-related trainings, participate in community outreach events, and can be connected with job employment opportunities. An incentive is also provided to the Peer Advocate Council who assists in the day-to-day operation of the Safe Haven Drop-in Center. PAC allows for growth in leadership skills and peer advocacy. A challenge for this program is that WET funding will end in 2018.

Program Name: 2nd Step

Component: Prevention and Early Intervention

Program Description: This program works in collaboration with the Colusa County Office of Education 2nd Step services in various schools of the community. 2nd Step works with students in kindergarten to third grade, focusing on socially appropriate behaviors between the teacher and the student, peer to peer, and classroom behaviors. Students are taught in a classroom setting in a variety of activities involving music, dancing, and storytelling. Through this program students are able to develop appropriate coping and social skills as they progress through elementary school.

Program Name: CSOC-Friday Night Live (FNL)/Club Live (CL)

Component: Prevention and Early Intervention

Program Description: Friday Night Live/Club Live (FNL/CL) programs are youth led action groups that meet weekly on high school or middle school campuses throughout Colusa County. The programs build leadership skills, broaden young people social networks, and implement youth led projects to improve school climate and reduce youth access to alcohol and other drugs. Through the positive youth development model, individual's focus on their strengths and their potential to contribute positively to their own lives and to their communities.

Program Name: Adult System of Care-Safe Haven/Leadership Advocacy Committee

Component: Community Services and Support – Outreach & Engagement/System Development

Program Description: Safe Haven is a peer supported drop-in center that serves adults and older adults who are in recovery from substance abuse, dealing with mental health issues, and or avoiding isolation. The center provides a number of recovery and resiliency focused groups run by peers and Behavioral Health staff. A peer support specialist is funded to provide support in linking members to other services in the community through collaboration and outreach events, which allow for increased awareness around mental health and reduce stigma and discrimination in the community. Members can also participate in the Leadership Advocacy Committee, to aid in the day-to-day operation of the center. This allows for growth in leadership skills and peer advocacy.

Program Name: Forensic Program

Component: Innovation

Program Description: This program, in collaboration with juvenile probation, allows for the use of a therapist from Colusa County Behavioral Health to provide support services for juveniles who suffer from a mental health illness while incarcerated. The therapist works in collaboration with the Tri-County Juvenile Rehabilitation Facility, and other services in the community providing discharge planning, medication management referrals, individual counseling, groups, and crisis intervention. This program is also in collaboration with Colusa County Probation Adult Detention, Colusa County Sheriffs Department, and the Day Reporting Center (DRC) to provide appropriate levels of care and treatment to adults experiencing a mental health issue while incarcerated. Services focus on wellness and recovery by having a Colusa County Behavioral Health therapist assist with crisis intervention, discharge planning, art group therapy, substance use education, and services in the community. The forensic program seeks to reduce recidivism rates, reduce crisis in jail, and increase mental health services. This is done by providing support for this population, and better access to services resulting in an increase in the overall quality of services.

Program Name: Adult System of Care - Training/Internship/Student Loan Repayment

Component: Workforce and Educational Training

Program Description: This program provides incentive to the Department of Behavioral Health staff to not only continue with their education, but to continue with providing services to the Colusa County community. Supervision for registered interns and scholarships funds are available to assist in the repayment or full repayment of student loans for staff pursuing a Bachelor's in the Mental Health field, Master's degree in Social Work, or Marriage and Family Therapy.

Program Name: Cultura Es Vida

Component: Innovation

Program Description: The purpose of Cultura Es Vida is to better serve the Hispanic/Latino population in Colusa County. The goal of this program is to address social determinants that prevent access to mental health services. Social determinants such as language, stigma, and cultural differences are significant factors that create challenges for this population in accessing mental health services. Cultura Es Vida has focused its efforts in reducing the effects of the aforementioned determinants.

Outreach efforts promoting services offered by Colusa County Behavioral Health and presentations on various mental health topics including the stigma associated with seeking mental health services are the focus of this project. An important component of Cultura Es Vida is the development of a bilingual/bicultural committee that meets quarterly to address and develop strategies for outreach events and services to the Hispanic/Latino community. Outreach efforts through Colusa County Behavioral Health has played a role in the increase Hispanic/Latinos accessing local mental health services since 2011 by 46%.

Another factor that has contributed to the increase of Hispanic/Latinos accessing mental health services has been the hiring of bilingual/bicultural staff. Currently, Colusa County Behavioral Health has 13 staff members who are bilingual/bicultural. This number includes support staff, case managers, and mental health clinicians. The ability to provide therapy in the client's native language increases the probability of positive clinical outcomes and continued use of services.

A key question by Cultura Es Vida for the Hispanic/Latino community is "how do you wish to be served?" The implementation of "Promotores" program is one way to address this question. The concept of the "Promotores" program is to hire members in the Hispanic/Latino community who know the community and would conduct outreach and engagement efforts that promote awareness and access to mental health services. Currently, the two MHSA Co-Coordinators have attended a week long "Promotores" training focusing on training the trainer. The priority this year is to hire individuals to become Promotores and to train and prepare them to go into the Hispanic/Latino community and do outreach.

MHSA Infant to 5 Program

Component: Prevention and Early Intervention

Program Description: Mental Health Service Act (MHSA) Infant to 5 Program is designed to provide access, engagement and prevention behavioral health services in collaboration with other community

programs to youth and their families for Colusa County Office of Education's infant to preschool programs. These services include:

1) Biannual observations in each infant, toddler and preschool setting to assess behavioral concerns

2) Coaching staff related to children behavioral concerns in the classroom, and ideas/skills to address with parents

3) When appropriate, suggest referrals to Colusa County Behavioral Health

MHSA Infant to 5 will provide a four to six week parenting classes at school sites to educate and coach basic emotional support skills to parents of Infant to 5 youth. These services will include cultural sensitivity to Hispanic youth and parents in efforts to build community and strengthen parenting skills.

Program Name: Social Determinants of Rural Mental Health

Component: Innovation

Program Description: The Social Determinants of Rural Mental Health Project (SDRMHP) is a program designed to examine and address some basic life factors that contribute to mental health for people in a rural communities. Social determinants of mental health are currently being studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention is being paid to the social determinants of mental health in a public health approach to improve the lives of persons with mental illness. Understanding these basic determinants has the potential to improve mental health outcomes when applied appropriately as part of mental health interventions. The intent is to identify, support and stabilize life domains to improve the quality of life for persons with mental health issues. The basic social determinants to be studied will be:

1. Safe and secure housing
2. Access to healthy, nutritious food choices
3. Transportation access
4. Adverse Childhood Experiences

The project will study the presence of adverse childhood experiences by administering the ACE to participants. Individualized assessments will be made to determine the needs or deficits in the areas of transportation, nutrition and housing. Treatment interventions focus on these areas of study will track the services provided and the outcomes achieved. A meta-analysis will be conducted to measure the impact of these interventions on overall treatment outcomes.

Another component of this program will be to engage the FSP process to organize services and provide specific supports in the above areas of need. By engaging persons identified as having these social

determinants as part of their mental health condition will allow for pragmatic solutions and specific interventions that are likely to improve treatment outcomes. Adult services teams will work directly with participants in this program.

A final aspect of this program will have to do with the allocation of limited resources. If social determinants of rural mental health can help define need and direct the best use of resources we are more likely to improve treatment outcomes. As a small rural county with limited resources it is important for us to do what we can to make the best determination of the allocation of resources that get the best results.

Program Name and Component	*Program Description*	*Outcomes/Challenges FY 16-17*	*Outcomes/Challenges/ Changes FY 17-18*	*Upcoming Projections FY 18-19*	*Upcoming Projections FY 19-20*
Wraparound **Component:** CSS-FSP	Wraparound provides intensive wrap around services to children and youth who could benefit from a more integrated approach to services. Wraparound is client and family driven focused on wellness, recovery, and resilience. Staff works with the client to build natural supports within the community through collaboration with other departments in the community and the client's family. **Age:** (0-15) children/youth, (16-25) transitional age **Race/Ethnicity:** All race/ethnicity **Total Clients Served 16-17 FY:** 9 **Total Cost 16-17 FY:** N/A **Cost per client 16-17 FY:** N/A	**Outcomes:** • Total of 9 served (2 TAY, 7 children/youth)	**Outcomes:** • Total of 4 (2 TAY 2 Children/youth)	**Upcoming Projections:** • Develop infrastructure to support program.	**Upcoming Projections:** • Continue to develop infrastructure to support program.
Adult System of Care (ASOC)- Full Service Partnership (FSP)	A "whatever it takes" method of services is provided to consumers of all ages (children, transition age youth, adults, and older adults) who meet specific	**Outcomes:** • Total of 10 Partners enrolled **Challenges:** • Small County means	**Outcomes:** • Total of 15 Partners enrolled (All Adult) • MSHA has	**Upcoming Projections:** • Increase resource opportunities to address at-risk	**Upcoming Projections:** • Continue to increase resource opportunities to

Component: CSS-FSP	requirements. Specific requirements include: being at risk for homelessness, psychiatric hospitalization, and incarceration as a result of a mental illness. Consumers are provided with intensive services in collaboration with natural supports and services other than mental health. Support can include housing, transportation, education, vocational training, food, and clothing. **Age:** All ages **Race/Ethnicity:** All race/ethnicity **Total Clients Served 16-17 FY:** 10 **Total Cost 16-17 FY:** $6,980.72 **Cost per client 16-17 FY:** $698.17	small numbers, little significant data.	assigned a housing coordinator/case manager to focus on implementing opportunities to seek funding to assist restricted income opportunities. **Challenges:** • Maintaining engagement in the program. • Limited resources in the community. • Difficulty identifying natural supports or including natural supports due to stigma. • There is limited restricted income housing in the community and it is difficult to support our clients in this area.	homelessness clientele in the community. • Developing long-term sustainable plans. • Continue training around the recovery model and client-centered approach. • Continue utilization of strengths assessment. (Make requirement upon referral.)	address at-risk homelessness clientele in the community. • Continue to developing long-term sustainable plans. • Continue training around the recovery model and client-centered approach. • Continue utilization of strengths assessment.
CSOC-Outreach and Engagement **Component:** CSS-OESD	CSOC-Outreach and Engagement allows for community collaboration and outreach through the Multi-Disciplinary Team (MDT), the use of a therapist, and outreach	Meetings occur monthly and are led by the Children's Services Department.	Meetings occur monthly and are led by the Children's Services Department.	Meetings occur monthly and are led by the Children's Services Department.	Meetings occur monthly and are led by the Children's Services Department.

	through community events. MDT meets monthly and includes representatives from various county service departments to discuss children's cases in order to be more culturally competent. The focus of meetings is on wellness, recovery, and resilience. The use of a therapist provides an integrative experience allowing the family and the client lead services through a direct schools approach, collaborating directly with the schools and providing in home support services when needed. The Department of Behavioral Health organizes community events and also provides support at events hosted by other organizations in the community as a way to reduce stigma and raise awareness around mental health.				
WET Action Volunteer Program **Component:** WET	WET Action Volunteer program works in collaboration with vocational services and focuses on wellness, recovery, and resilience by giving consumers an opportunity to build vocational skills that can be used in the workforce. The	**Outcomes:** • 24 Volunteers • Completed 3,247 hours of service **Challenges:** • Maintaining WET Volunteers	**Outcomes:** • Total of 20 WET Volunteers. • Participated in 4 community events/activities • Provided (Customer Service Training and	**Upcoming Projections** • Increase number of volunteers. • Increase number of trainings provided. • Increase	**Upcoming Projections** • Sustain funding program with bilingual WET volunteers

	program provides opportunities to adults and older adults of the community. Volunteers are offered job-related trainings, participate in community outreach events, and can be connected with job employment opportunities. The program works in collaboration with the local One-Stop to allow individuals an opportunity to grow and gain new schools in hopes of moving into more permanent employment in the community. **Age:** Average 30-70 years **Race/Ethnicity:** Average 90% White **Total clients served 16-17 FY:** 24 **Total Cost 16-17 FY:** $7,560.43 **Cost per client 16-17 FY:** $315.01	• Developing appropriate tracking of hours/participation	Mental Health First Aid) **Challenges:** • WET funding will end on 2018 • Maintaining WET Volunteers and funding • Vocational training of WET volunteers • One peer and one Professional support specialist completed 13 month peer certification program	community participation and outreach.	
2nd Step **Component:** PEI Early Intervention	This program works in collaboration with the Colusa County Office of Education 2nd Step services in various schools of the community. 2nd Step works with students in	**Outcomes:** • Total of 4 schools participating (Arbuckle Elementary, Grand Island, Maxwell	**Outcomes:** • Unable to report due to the school year currently in progress.	**Upcoming Projections:** • CCOE will provide professional development	**Upcoming Projections:** • Continue to look at program effectiveness.

	kindergarten to third grade, focusing on socially appropriate behaviors between the teacher and the student, peer to peer, and classroom behaviors. Students are taught in a classroom setting in a variety of activities involving music, dancing, and storytelling. Through this program students are able to develop appropriate coping and social skills as they progress through elementary school. **Age:** 5-8 years (children/youth) **Race/Ethnicity:** African American 1% American Indian 2% Hispanic 59% White 33% Other 3% **Total Clients Served 16-17 FY:** 229 **Total Cost 16-17 FY:** $44,862.94 **Cost per client 16-17 FY:** $195.90	Elementary, and Williams Elementary) **Challenges:** • Colusa County Office of Education (CCOE) staff for Arbuckle Elementary resigned due to medical issues on 11/3/17. Another CCOE staff took over and served students starting January 2017. • CCOE for Williams Elementary was going through leadership transition and services were not provided, the classified staff then resigned from the position on 11/10/16.	• Program will be evaluated to look at program effectiveness. **Challenges:** • Determining more appropriate interventions to provide more significant outcomes • Buy-in from Administration, teachers, etc.	training to the Hand in Hand, (Native American Program) personnel on how to administer prevention services using the Second Step Curriculum. • CCOE will train peronnel complete student paperwork required for Second Step Program. • CCOE will be responsible to gather data for unduplicated pupils served by Hand in Hand on Dec 29, 2017 and May 31, 2018. • Funds will be utilized for CCOE partial supervisors salary and provide instructional supplies if needed. A log will be maintained.	

CSOC-Friday Night Live (FNL)/Club Live (CL) **Component:** PEI Prevention Program	Friday Night Live/Club Live (FNL/CL) programs are youth led action groups that meet weekly on high school or Middle School campuses throughout Colusa County. The programs build leadership skills, broaden young people social networks, and implement youth led projects to improve school climate and reduce youth access to alcohol and other drugs. Through the positive youth development model, individual's focus on their strengths and their potential to contribute positively to their own lives and to their communities.	**Outcomes:** • Development of staff during the past 12 months. • Summer curriculum development process by Colusa County Youth Council FNL- Colusa High School, Pierce High School, Williams High School, Colusa County Youth Council (Continued) New FNL Sites: Williams Alternative High School, William Abel Court and	**Outcomes:** • Reduce the number of students who report alcohol use during the past 30 days. • Increase in Friday Night Live and Club Live chapters • Curriculum development by Colusa Youth Council Leaders to develop a youth driven curriculum for the 2017/2018 year. • Increased program efficacy demonstrated in the	**Upcoming Projections:** • Continue to increase awareness around Drug/Alcohol Abuse among youth in Colusa County through outreach events. • Expand Friday Night Live and Club Live sites until sustainable groups are available to all school sites within the County. • Reduce the	**Upcoming Projections:** Objective: By June 30, 2020 reduce the number of 11th grade students who report past 30 day alcohol use by 5% as measured by CHKS Objective: By June 30, 2020 reduce the number of ninth grade students who report past 30 day alcohol use by 5% as measured by California Healthy Kids Survey

	Age: 11-19 years (children/youth/transitional) **Race/Ethnicity:** Hispanic/Latino 80% White: 20% **Gender:** Female: 91 Male: 92 **Total Clients served 16-17 FY:** 183 **Total Cost 16-17 FY:** $4,042 **Cost per client 16-17 FY:** $22.08	Community School CL- Egling Middle School, Maxwell Middle School, Johnson Junior High Currently in 9 total sites for FNL/CL. Tool used to measure outcomes is the California Healthy Kids Survey (CHKS), administered every two years in the state of California. For 2016/2017 year, data was received for the most current 2015/2016 CHKS. The 2015/2016 Colusa Unified CHKS indicates • 23% of students report drinking at least one drink during the past 30 days. This is a reduction compared to the 2013/2014 Colusa Unified CHKS which indicates 32% of 11th graders consumed	outcome data. **Challenges:** • Reaching all families of Colusa County. • Increasing compliance among merchants.	number of students who report alcohol use during the past 30 days. • Increase program efficacy demonstrated in the outcome data.	(CHKS) Objective: By June 30, 2020 reduce the number of seventh grade students who report past 30 day alcohol use by 5% as measured by CHKS

		at least one or more drinks during the past 30 days. • 6% of seventh graders have had at least one drink in the past 30 days. This represents an increase compared to 4% of seventh graders having had at least one drink during the past 30 days, as reported by the 2013/2014 Colusa Unified CHKS. • Compared to the 2013/14 Colusa Unified School District CHKS the 2015/2016 Colusa Unified School District CHKS shows a 2% reduction in the amount of ninth graders who report having had at least one drink in the past 30 **Challenges:**			

		• Vague awareness from community recognizing alcohol as a problem among youth • Recruitment and retention of advisors at school sites is difficult due to staff turnover.			
ASOC-Safe Haven/ Leadership Advocacy Committee (LAC) **Component:** CSS-OESD	Safe Haven is a peer supported drop-in center that serves adults and older adults who are in recovery from substance abuse, dealing with mental health issues, and or avoiding isolation. The center provides a number of recovery and resiliency focused groups run by peers and Behavioral Health staff. A peer support specialist is funded to provide support in linking members to other services in the community through collaboration and outreach events, which allow for increased awareness around mental health and reduce stigma and discrimination in the community. Members can also participate in the Leadership Advocacy Committee, to aid in the day-to-day operation of the	**Outcomes:** • 15 groups/activities • 6 are peer run • 4 are facilitated by Behavioral Health Staff. • Average 22 participants who visit the center daily. • Average over 620 participants in one month. • Average approximately 39 participants in group, per week. • Participated in 10 events/activities within the community or at Safe Haven.	**Outcomes:** • 6222 total participants • Average 25 participants who visit the center daily. • Increase Outreach and Engagement in community doing a community clean up • Increase the participation of the Latino population by having bilingual volunteers • Continue to have the annual community event car show • Increase leadership and advocacy committee	**Upcoming Projections:** • Develop a Safe Haven in the park • Increase contact with senior citizens by having outreach and engagement in the community- Senior Luncheon • Improve tracking forms	**Upcoming Projections:** • Develop a sustainable volunteer industry. Such as, have a coffee bar. • Increase awareness of the center in the community. • Increase participation in groups/activities

	center, this allows for growth in leadership skills and peer advocacy. **Age:** Average 30-70 years **Race/Ethnicity:** Average 90% White **Total clients served 16-17 FY:** 7,448 (clients in our system (48) and average participants in one month) **Total Cost 16-17 FY:** $174,015.80 **Cost per client 16-17 FY:** $23. 36	**Challenges:** • Develop ways to continue to engage peers in activities/groups, especially the Latino population. • Continued evaluation and tracking of events/activities, demographics etc.	**Challenges:** • Language and cultural barriers • Funding source is going away in 2018.		
Forensic Program **Component:** INN	This program, in collaboration with juvenile probation, allows for the use of a therapist from Colusa County Behavioral Health to provide support services for juveniles who suffer from a mental health illness while incarcerated. The therapist works in collaboration with the Tri-County Juvenile Rehabilitation Facility, and other services in the community providing discharge planning,	**Outcomes:** • Tracking of clients has been established, but development will continue to develop tracking forms **Outcome Adult Services** • Total Visits: 296 • Total Jail Visits: 195 • Total DRC visits: 100 • Total New Clients: 58	**Outcomes:** • Tracking still in development for both juvenile and adult services • Determine appropriate outcomes.	**Upcoming Projections:** • Continue to provide existing programs in place.	**Upcoming Projections:** • Continue to provide existing programs in place.

	medication management referrals, individual counseling, groups, and crisis intervention. This program is also in collaboration with Colusa County Probation Adult Detention, Colusa County Sheriffs Department, and the Day Reporting Center (DRC) to provide appropriate levels of care and treatment to adults experiencing a mental health issue while incarcerated. Services focus on wellness and recovery by having a Colusa County Behavioral Health therapist assist with crisis intervention, discharge planning, art group therapy, substance use education, and services in the community. The forensic program seeks to reduce recidivism rates, reduce crisis in jail, and increase mental health services. This is done by providing support for this population, and better access to services resulting in an increase in the overall quality of services. Funds are utilized for therapist partial salary. **Age:** 14-up **Ethnicity:** All race/ethnicities	• Art Therapy Women's Group Total visits: 73 • Art Therapy Men's Group Total visits: 72 • # of discharge plans: 4 No current challenges for this program **Outcomes Juvenile Services:** • 27 clients have been served (14-18 years) No current challenges for this part of the program			

	Total clients served 16-17 FY: 85 **Total Cost for 16-17 FY:** $56,000.85 **Cost per client 16-17 FY:** $658.83				
ASOC-Training/ Internship/ Student Loan Repayment **Component:** WET	This program provides incentive to the Department of Behavioral Health staff to not only continue with their education, but to continue with providing services to the Colusa County community. Supervision for registered interns and scholarships funds are available to assist in the repayment or full repayment of student loans for staff pursuing a Bachelor's in the Mental Health field, Master's degree in Social Work, or Marriage and Family Therapy. **Total served 16-17 FY: n/a** **Total cost 16-17 FY:** $6,120 (Student Loan Repayment cost only, budget for training and internship not currently tracked)	No Information Available	WET Funding will end in 2018.	No Information Available	No Information Available

	Cost per client 16-17 FY: n/a				

Hispanic Outreach Program **Component:** INN	The purpose of Cultura Es Vida is to better serve the Hispanic/Latino population in Colusa County. The goal of this program is to address social determinants that prevent access to mental health services. Social determinants such as language, stigma, and cultural differences are significant factors that create challenges for this population in accessing mental health services. Cultura Es Vida has focused its efforts in reducing the effects of the aforementioned determinants. Outreach efforts promoting services offered by Colusa County Behavioral Health as well as presentations on various mental health topics including the stigma associated with seeking mental health services are the focus of this project. An important component of Cultura Es Vida is the development of a bilingual/bicultural committee that meets quarterly to address and develop strategies for outreach events and services to the Hispanic/Latino community. Outreach efforts through Colusa County Behavioral Health has played a role in the increase Hispanic/Latinos accessing local mental health services since 2011 by 46%. Another factor that has contributed to the increase of Hispanic/Latinos accessing mental health services has been the hiring of bilingual/bicultural staff.	• Started with 12 people in the committee Feb. 2016 • N= 35 participants total for 2016, unduplicated Outreach • Mental Health First Aid Group facilitated by Colusa County therapist in Spanish o N= 14 unduplicated participants **Challenges:** Ability to meet the demands/ needs of the community in regard to outreach.	• Do a community assessment to look at the needs of the community • Development of Promotores Program • Develop Program description for Promotores program • Increase number of volunteers • Provide cultural training to providers regarding Latino Population Outreach • Presentation on bullying in Spanish o N=16 unduplicated participants • Women's Circle done in Spanish N= 8 participants unduplicated	**Projections:** • Improve survey to track demographics • Promotores Program approval • Continue to provide Mental Health First Aid Program to the community	**Projections:** • Hire staff for Promotores Program • Continue to provide Mental Health First Aid Program to the community

Currently, Colusa County Behavioral Health has 13 staff members who are bilingual/bicultural. This number includes support staff, case managers and mental health clinicians. The ability to provide therapy in the client's native language increases the probability of positive clinical outcomes and continued use of services.

A key question by Cultura Es Vida for the Hispanic/Latino community is "how do you wish to be served?" The implementation of "Promotores" program is one way to address this question. The concept of the "Promotores" program is to hire members in the Hispanic/Latino community who know the community and would conduct outreach and engagement efforts that promote awareness and access to mental health services. Currently, the two MHSA Co-Coordinators have attended a week long "Promotores" training focusing on training the trainer. The priority this year is to hire individuals to become Promotores and to train and prepare them to go into the Hispanic/Latino community and do outreach.

- Suicide Prevención presentations in Spanish
  - N= 188 unduplicated
- Children Services presentations on mental health topics in Spanish
  - N= 44 unduplicated participants

	Race/Ethnicity: Average 90% Latino/Hispanic **Total served 16-17 FY:** 305 **Total Cost 16-17 FY:** $135,106.07 **Cost per client 16-17 FY:** $442.97				

MHSA Infant to 5 program Component- PEI	MHSA Infant to 5 program is designed to provide access, engagement and prevention behavioral health services in collaboration with other community programs to youth and their families for Colusa County Office of Education's infant to preschool programs. These services include: 1) Biannual observations in each infant, toddler and preschool setting to assess behavioral concerns; 2) Coaching staff related to children's behavioral concerns in the classroom, and ideas/skills to address with parents; 3) When appropriate, suggest referrals to CCBH. MHSA Infant to 5 will provide a four to six week parenting classes at school sites to educate and coach basic emotional support skills to parents of Infant to 5 youth. These services will include cultural sensitivity to Hispanic youth and parents in efforts to build community and strengthen parenting skills.	**Outcomes:** N/A	**Outcomes:** Program proposal done in 2017 and program is under development. Short Term goal: to develop data gathering tool to measure service improvement; increase evidenced-based practices to children ages Infant to 5 and their families in Colusa County; and begin out-reach educational services to parents. Currently: • Bi-annual observations 19 infant toddler preschools across county • Currently providing training for all school site staff	**Upcoming Projections:** • Implement parent class in the community at school sites. • Accommodate all behavioral health referrals for Infant to 5 youth and their families in Colusa County,	**Upcoming Projections:** • Provide parent classes, trainings, and continue observations at school sites. • Provide evidenced-based services, and to establish prevention program (education program for parents in the community) to focus on effective parenting and healthy early childhood emotional development.

Social Determinants of Rural Mental Health **Component**: INN	The Social Determinants of Rural Mental Health Project (SDRMHP) is a program designed to examine and address some basic life factors that contribute to mental health for people in a rural communities. Social determinants of mental health are currently being studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention is being paid to the social determinants of mental health in a public health approach to improve the lives of persons with mental illness. Understanding these basic determinants has the potential to improve mental health outcomes when applied appropriately as part of mental health interventions. The intent is to identify, support and stabilize life domains to improve the quality of life for persons with mental health issues. The basic social determinants to be studied will be: 5. Safe and secure housing 6. Access to healthy, nutritious food choices	**Outcomes:** **N/A**	**Outcomes:** Program is under development.	**Upcoming Projections:** Program Under Development	**Upcoming Projections:** Program under development

	7. Transportation access 8. Adverse Childhood Experiences The project will study the presence of adverse childhood experiences by administering the ACE to participants. Individualized assessments will be made to determine the needs or deficits in the areas of transportation, nutrition and housing. Treatment interventions focus on these areas of study will track the services provided and the outcomes achieved. A meta-analysis will be conducted to measure the impact of these interventions on overall treatment outcomes. Another component of this program will be to engage the FSP process to organize services and provide specific supports in the above areas of need. By engaging persons identified as having these social determinants as part of their mental health condition will allow for pragmatic solutions and specific interventions that are likely to improve treatment outcomes. Adult services teams will work directly with participants in this program.				

	A final aspect of this program will have to do with the allocation of limited resources. If social determinants of rural mental health can help define need and direct the best use of resources we are more likely to improve treatment outcomes. As a small rural county with limited resources it is important for us to do what we can to make the best determination of the allocation of resources that get the best results.				

FY 2017/18 Through FY 2019/20 Three Year Mental Health Services Act Expenditure Plan
Funding Summary

County: COLUSA

Date: 12/5/17

	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	Housing
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,117,394	898,179	476,604	47,940	0	216,197
2. Estimated New FY 2017/18 Funding	1,888,238	472,059	124,226			
3. Transfer in FY 2017/18[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY 2017/18	0	0				0
5. Estimated Available Funding for FY 2017/18	4,005,632	1,370,238	600,830	47,940	0	216,197
B. Estimated FY 2017/18 MHSA Expenditures	1,832,938	438,416	265,533	47,940	0	116,822
C. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,172,694	931,822	335,297	0	0	99,375
2. Estimated New FY 2018/19 Funding	1,926,003	481,500	126,710			
3. Transfer in FY 2018/19[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	4,098,697	1,413,322	462,007	0	0	99,375
D. Estimated FY 2018/19 MHSA Expenditures	1,878,761	449,376	272,171	0	0	99,375
E. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,219,936	963,946	189,836	0	0	0
2. Estimated New FY 2019/20 Funding	1,974,153	493,538	129,878			
3. Transfer in FY 2019/20[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY 2019/20	0	0				0
5. Estimated Available Funding for FY 2019/20	4,194,089	1,457,483	319,714	0	0	0
F. Estimated FY 2019/20 MHSA Expenditures	1,916,337	458,364	277,615	0	0	0
G. Estimated FY 2019/20 Unspent Fund Balance	2,277,752	999,120	42,099	0	0	0

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	454,784
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	454,784
5. Contributions to the Local Prudent Reserve in FY 2018/19	116,822
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	571,606
5. Contributions to the Local Prudent Reserve in FY 2019/20	0
6. Distributions from the Local Prudent Reserve in FY 2019/20	0
7. Estimated Local Prudent Reserve Balance on June 30, 2020	571,606

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.

County: Colusa **Date Submitted**

Project Name: Cultura es Vida

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

1) **Primary Problem**

a)What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need … to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

The goal of Cultura Es Vida is to address social determinants that prevent access to mental health services in the Hispanic/Latino population in Colusa County. Such as, language, stigma and cultural differences are significant factors that create challenges for this population in accessing mental health services. It is important to provide cultural competent services to the Hispanic/Latino community that promotes awareness and access to mental health services.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Cultura Es Vida has focused its efforts in reducing the effects of the mentioned social determinants. A key question by Cultura Es Vida for the Hispanic/Latino community is "how do you wish to be served?" The implementation of "Promotores" program is one way to address this question. The concept of the "Promotores" program is to hire members in the Hispanic/Latino community who know the community and would conduct outreach and engagement efforts that promote awareness and access to mental health services. Currently, the two MHSA Co-Coordinators have attended a week long "Promotores" training focusing on training the trainer. The priority this year is to hire individuals to become Promotores and to train and prepare them to go into the Hispanic/Latino community and do outreach.

2) What Has Been Done Elsewhere To Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach… (*CCR, Title 9, Sect. 3910(b)*).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

a) **Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?**

Literature review reports that Promotores can be applied in different settings such as, working with violence prevention, migrant workers, youth, and community health. Ultimately, Promotores serves as an evidence-based model relevant to the problem Colusa County Behavioral Health would like to address. This includes increasing access to mental health services within the Hispanic/Latino population in Colusa County. Our focus would be language, stigma and cultural differences which are significant factors creating challenges for this population in accessing mental health services. Some limitations that will be faced with this model are that Colusa County will have a small Promotores program due to limited resources.

b) **Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?**

MHSA Coordinators participate in monthly meetings with other Promotores from Yuba/Sutter Behavioral Health to discuss challenges and ways to expand outreach efforts. MHSA Coordinators have found that Colusa County Behavioral Health shares similar challenges such as, limited resources, access to services, and growing number within the Hispanic/Latino population.

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d). Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) **Provide a brief narrative overview description of the proposed project.**
Colusa County Behavioral Health wants to pose the question "how do you wish to be served?" to community members in the most effective ways possible. The implementation of "Promotores" program is one way to address this question. The concept of the "Promotores" program is to hire members in the Hispanic/Latino community who know the community and conduct outreach and engagement efforts that promote awareness and access to mental health services. Thorough the gathered information we seek to develop a Promotores program geared toward the needs of the community and increase clinical services.

b) **Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**
The Department of Behavioral Health seeks to implement a new approach to services through the bicultural committee within the department that will develop an outreach and engagement plan. Ultimately resulting in the development of the Promotores program for additional clinical services as determined by the needs assessment.

c) **Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.**
Colusa County Department of Behavioral Health bicultural committees are staff who live and have a sense of the community. Thus, many of the staff would be considered experts on the identified underserved population, allowing for better insight in how to best serve the community. In 2016-2017 year Colusa County Behavioral Health served 329 unduplicated participants under the Cultura es Vida program doing outreach efforts. This shows the effectiveness of the selected approach and how the practice has been selected previously. Colusa County Behavioral Health proposes to revisit the basic tenets of cultural competency and evaluate the services provided.

4) **Innovative Component**

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) **If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**

Colusa County Behavioral Health will adapt an existing mental health Promotores model. The Promotores model is to identify members in the Hispanic/ Latino community to conduct outreach and engagement efforts that promote awareness and access to mental health services. This will be done by gathering information answering the question "How do you wish to be served." Colusa County Behavioral Health seeks to develop a Promotores program to meet the needs of the community and increase clinical services.

b) **If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?**

N/A

5) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

a) **What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**

One goal for Colusa County Behavioral Health is to understand how to better serve the community by answering a key question "how do you wish to be served?" Even though outreach efforts have shown to increase Hispanic/Latino accessing local mental health in 2011 by 46% stigma, language, and cultural differences continue. Through answering the question "how do you wish to be served?" we will learn about the determinants of health that impact access to services.

b) **How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**

Through identifying the determinants that impact access to services the implementation of a new Promotores project will reduce the determinants through outreach services and awareness.

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

I. Project Overview (continued)

6) **Evaluation or Learning Plan**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) **Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?**
In order to obtain information about determinants a survey will be developed. The target participants will be the Latino/Hispanic community. The survey will be distributed during MHSA outreach events.

b) **What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.**
The kind of data that will be collected is qualitative data through a survey asking questions related to barriers to services (ex: transportation and stigma). This will be met by going into the community, attending local community events, and attending meetings associated with the Latino/Hispanic population. The survey will be developed through quarterly meeting with the Cultura es Vida members and Cultural Competency Advisory Committee.

c) **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?**
The method used to collect data will be through surveys.

d) **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?**
N/A

e) **What is the *preliminary* plan for how the data will be entered and analyzed?**
The plan will be to review surveys and determine what social determinants prevent people from accessing mental health services.

7) **Contracting**
If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships? N/A

II. Additional Information for Regulatory Requirements

1) **Certifications**
Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and

Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

2) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Through the continued stakeholder meetings, and internal cultural committee meetings, Behavioral Health will seek to review the progress and outcomes that have resulted in the efforts for increased access to services for the identified underserved population. A community-based Cultural Competency Committee will be formed, an updated Cultural Competency Plan will be revised and a service needs assessment specifically for the Hispanic community will be conducted. Once a needs assessment has been completed a plan for Promotores program will be implemented to better service to the Latino/Hispanic population.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

A presentation by the MHSA Coordinator will be given to the community about the specific purpose and MHSA requirements for INN Projects.

3) Primary Purpose

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency collaboration related to mental health services, supports, or outcomes
d) Increase access to mental health services

II. Additional Information for Regulatory Requirements (continued)

4) MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

5) **Population (if applicable)**

a) **If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?**
Colusa County Department of Behavioral Health seeks to increase the number of services to persons who identify as Hispanic regardless of funding source from 325-425.

b) **Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.**
Colusa County is a small rural area made up of 10 communities that include Arbuckle, College City, Colusa, Grand Island/Grimes, Leesville, Maxwell, Princeton, Sites, Stonyford, and Williams. More than half of the population identifies as Hispanic or Latino with Spanish being the primary language. The Hispanic/Latino population often fluctuates according to the crop season, as Colusa County's economy is supported the production of crops.

c) **Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain. N/A**

6) **MHSA General Standards**

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

The MHSA general standards set forth in Title9 California Code of Regulations, Section 3320 states, the County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

* * *

a) Community Collaboration, as defined in Section 3200.060
b) Cultural Competency, as defined in Section 3200.100
c) Client-Driven, as defined in Section 3200.050
d) Family-Driven, as defined in Section 3200.120
e) Wellness, Recovery, and Resilience-Focused
f) Integrated Service Experience for Clients and Families

The Department of Behavioral Health will collaborate with other community agencies. Outreach services will integrate services for clients and families, and focus on wellness, recovery, and resilience.

II. Additional Information for Regulatory Requirements (continued)

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

No, due to this project focusing on outreach, information, and mental health awareness.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is culturally competent.

Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

Colusa County Behavioral Health plans to provide culturally competent evaluation by ensuring that Promotores are bicultural/bilingual, and obtain training focused on cultural competency.

b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation.

Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.

An existing community-based Cultural Competency Advisory Committee will participate on the evaluation and assessment of the project. Colusa County Behavioral Health will create an internal Cultural Competency Advisory Committee that will focus on evaluation and assessment of the project.

~~II. Additional Information for Regulatory Requirements (continued)~~

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does

not) indicate that the service or approach is effective, what are the next steps?

If the evaluation indicates that the service is effective the project will be evaluated on how to make it better upon receiving input from the targeted population, the cultural competency committee, and Cultura es Vida members. If the evaluation indicates that the service is not effective then the program will be evaluated on how to make it effective and find how to make it work.

10) Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

Engage stakeholders through the Cultural Competency Advisory Committee

b) How will program participants or other stakeholders be involved in communication efforts?

Colusa County will continue to build partnerships with other key community agencies. Participants will be involved by attending quarterly Cultural Competency Advisory Committee meetings.

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Promotores, community outreach, community awareness, social determinants

11)Timeline

a. Specify the total timeframe (duration) of the INN Project: _3___ Years __0__ Months
b. Specify the expected start date and end date of your INN Project: Start Date __12/2018__ End Date: 12/2021
   Note: Please allow processing time for approval following official submission of the INN Project Description.
c. Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. **Development and refinement of the new or changed approach;**

2018

1. Do a community assessment to look at the social determinants
2. Develop the infrastructure of Promotores Program
3. Create a Survey
4. Develop Program description for Promotores program
5. Identify future Promotores
6. Hire and train staff for Promotores Program

ii. **Evaluation of the INN Project;**

2019

1. Look at the number of people served during outreach events and see if it increased
2. Look at the number of people in the Hispanic/Latino community that access services at Colusa County Behavioral Health

iii. **Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;**

2018- ongoing

1. Involve the Cultural Competency Advisory Committee in the decision making creation of infrastructure, evaluation, and assessment of the Promotores program.

iv. **Communication of results and lessons learned.**

2020

1. Obtain results of the program and present them to the department, stakeholders, and community through public hearings.

B. New Innovative Project Budget By FISCAL YEAR (FY)* CULTURA ES VIDA							
EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
1.	Salaries	**42,109**	**44,638**	**47,314**	**50,153**	**53,162**	**237,374**
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	**42,106**	**44,638**	**47,3614**	**50,153**	**53,162**	**237,374**
OPERATING COSTs		**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
5.	Direct Costs	**1,500**	**1,600**	**1,800**	**1,800**	**1,800**	**8,500**
6.	Indirect Costs	**417**	**500**	**600**	**670**	**740**	**2,927**
7.	Total Operating Costs	**1,917**	**2,100**	**2,400**	**2,470**	**2,540**	**11,427**

NON RECURRING COSTS (equipment, technology)		**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**Total**
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**Total**
11.	Direct Costs						
12.	Indirect Costs						
13.	Total Consultant Costs						

OTHER EXPENDITURES (please explain in budget narrative)	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	Total
14. Travel to Venues	500	500	500	500	500	2,500
15.						
16. Total Other expenditures	500	500	500	500	500	2,500

BUDGET TOTALS						
Personnel (line 1)	42,109	44,636	47,314	50,153	53,162	237,374
Direct Costs (add lines 2, 5 and 11 from above)	1,500	1,600	1,800	1,800	1,800	8,500
Indirect Costs (add lines 3, 6 and 12 from above)	417	500	600	670	740	2,927
Non-recurring costs (line 10)						
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET						

C. *Expenditures By Funding Source and FISCAL YEAR (FY)*

Administration:

A.	Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	Total

1.	Innovative MHSA Funds	2,226	2,362	2,512	2,656	2,810	12,566
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**2,226**	**2,362**	**2,512**	**2,656**	**2,810**	**12,566**

Evaluation:

B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
1.	Innovative MHSA Funds	**3,000**	**3,000**	**3,000**	**3,000**	**3,000**	**15,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**3,000**	**3,000**	**3,000**	**3,000**	**3,000**	**15,000**

TOTAL:

C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22x23**	**Total**
1.	Innovative MHSA Funds	**49,752**	**52,598**	**55,726**	**58,779**	**62,012**	**278,867**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						

5.	Other funding*						
6.	**Total Proposed Expenditures**	**49,752**	**52,598**	**55,726**	**58,779**	**62,012**	**278,867**
*If "Other funding" is included, please explain.							

MHSA Innovation Project:

Social Determinants of Rural Mental Health Project

Overview

The Social Determinants of Rural Mental Health Project (SDRMHP) is a program designed to examine and address some basic life factors that contribute to mental health for people in a rural communities. Social determinants of mental health are currently being studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention is being paid to the social determinants of mental health in a public health approach to improve the lives of persons with mental illness. Understanding these basic determinants has the potential to improve mental health outcomes when applied appropriately as part of mental health interventions. The intent is to identify, support and stabilize life domains to improve the quality of life for persons with mental health issues.

Components of the Social Determinants

1. Safe and secure housing
2. Access to healthy, nutritious food choices
3. Transportation access
4. Adverse Childhood Experiences

Implementation Plan

Colusa County Behavioral health will engage with the Full Service Partnership (FSP) process to organize services and provide specific supports in the above areas of need. Engaging people identified as having these social determinants as part of their mental health condition, will allow for pragmatic solutions and specific interventions that are likely to improve treatment outcomes. Colusa County Behavioral Health Adult service teams will work directly with participants in this program.

Overall Goals

1. The project will study the presence of adverse childhood experiences by administering the Adverse Childhood Experience (ACE) to participants.

2. Individualized assessments will be made to determine the needs or deficits in the areas of transportation, nutrition and housing.

3. Treatment interventions will track the services provided and the outcomes achieved.

4. A meta-analysis will be conducted to measure the impact of these interventions on overall treatment outcomes.

Primary Purpose and Qualification as an Innovation Project

The primary purpose of this Innovation Project is to increase access to resources. If social determinants of rural mental health can help define need and direct the best use of resources we are more likely to improve treatment outcomes. As a small rural county with limited resources it is important for us to do what we can to make the best determination of the allocation of resources that get the best results.

Target Population

The target population or intended beneficiaries/users of the proposed are:

- Individuals who are at risk of psychiatric hospitalization, incarceration, or homelessness and are suffering from mental health issues.
- Individuals who demonstrate a history of trauma as contributing to their mental health challenges and also face inadequate resources in the areas of housing, nutrition and transportation.

Overarching Learning Questions

1. Can we learn effective engagement and treatment strategies to work with clients to increase access to services?
2. Will individuals who have access to this program be more engaged in the therapeutic interventions?
3. What strategies will contribute the most to increase an individual's capability to use key resources and improve treatment outcomes?

Proposed Implementation and Dissemination Strategies

Colusa County Behavioral Health will work with the identified Full Service Partnership team to deliver the appropriate services. The adult services staff responsible for this work will identify and sequence the dissemination and implementation of the program by:

- Develop infrastructure to support program development.
- Training the adult service staff at Colusa County Behavioral Health about this new program.
- Create new and reinforce existing partnerships with other agencies to promote use and improve outcomes.

Evaluation

This project will be evaluated by tracking and analyzing the data from the Full Service Partnership program to see its effectiveness. Continuous assessment and feedback would drive the interventions. Specific outcomes include:

- Increase safe and secure housing
- Increase access to healthy, nutritious food choices
- Increase transportation access
- Look at the adverse childhood experience
- Look at number of clients that responded well to this program

B. New Innovative Project Budget By FISCAL YEAR (FY)* Social Determinates						
EXPENDITURES						
PERSONNEL COSTs (salaries, wages, benefits)	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
1. Salaries	**27,300**	**28,938**	**30,674**	**32,514**	**34,465**	**153,891**
2. Direct Costs						
3. Indirect Costs						
4. Total Personnel Costs	**27,300**	**28,938**	**30,674**	**32,514**	**34,465**	**153,891**
OPERATING COSTs	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
5. Direct Costs	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**	**10,000**
6. Indirect Costs	**417**	**500**	**600**	**670**	**740**	**2,927**
7. Total Operating Costs	**2,417**	**2,500**	**2,600**	**2,670**	**2,740**	**12,927**

NON RECURRING COSTS (equipment, technology)	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**FY xx/xx**	**Total**
8.						
9.						
10. Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
11. Direct Costs	**25,000**	**5,000**	**5,000**	**5,000**	**5,000**	**45,000**
12. Indirect Costs						
13. Total Consultant Costs	**25,000**	**5,000**	**5,000**	**5,000**	**5,000**	**45,000**

OTHER EXPENDITURES (please explain in budget narrative)	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
14. Recruiting, Client Housing & Food, Client Activities	**28,600**	**26,000**	**26,000**	**26,000**	**26,000**	**132,600**
15.						
16. Total Other expenditures	**28,600**	**26,000**	**26,000**	**26,000**	**26,000**	**132,600**

BUDGET TOTALS						
Personnel (line 1)	**27,300**	**28,938**	**30,674**	**32,514**	**34,465**	**153,891**
Direct Costs (add lines 2, 5 and 11 from above)	**27,000**	**7,000**	**7,000**	**7,000**	**7,000**	**55,000**
Indirect Costs (add lines 3, 6 and 12 from above)	**417**	**500**	**600**	**670**	**740**	**2,927**
Non-recurring costs (line 10)						
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET						

C. *Expenditures By Funding Source and FISCAL YEAR (FY)*

Administration:

A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**

	funding sources:						
1.	Innovative MHSA Funds	4,200	3,300	3,400	3,500	3,600	18,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**4,200**	**3,300**	**3,400**	**3,500**	**3,600**	**18,000**

Evaluation:

B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**Total**
1.	Innovative MHSA Funds	**4,500**	**4,500**	**4,500**	**4,500**	**4,500**	**22,500**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**4,500**	**4,500**	**4,500**	**4,500**	**4,500**	**22,500**

TOTAL:

C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22x23**	**Total**
1.	Innovative MHSA Funds	**94,517**	**74,238**	**76,174**	**78,184**	**80,306**	**403,419**
2.	Federal Financial Participation						
3.	1991 Realignment						

4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**94,517**	**74,238**	**76,174**	**78,184**	**80,306**	**403,419**

*If "Other funding" is included, please explain.