Mental Health Services Act Annual Update

2020/2021

Colusa County Department of Behavioral Health

MHSA Annual Update 2020/2021

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Colusa County Department of Behavioral Health Vision Statement

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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.

County Description

Colusa County is identified as a rural community with a population of approximately 21,500 according to the United States Census. Colusa County is made of a total of ten communities, with Colusa being the seat of the County. More than half of the population identifies as Hispanic or Latino with Spanish being the threshold language. The Hispanic/Latino population often fluctuates according to the crop season, as Colusa County's economy is supported by the production of agriculture. Colusa County also has a small percentage of American Indian and Alaska Native at approximately 2.7%. The median household income according to the United States Census is approximately $52,000. Being a small, rural community brings challenges when striving to reduce stigma and discrimination around seeking mental health services. The Mental Health Services Act (MHSA) has allowed the opportunity for the community to become better educated on mental health through collaboration, integration of services, and developing more culturally competent services county wide.

Introduction to MHSA

The Mental Health Services Act (MHSA) or Prop 63 was passed in 2004 in order to address the unique mental health needs of communities. The act requires a 1% tax to those who have 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.

Program Components

MHSA consists of five funding components, each of which addresses specific goals for priority populations, key community mental health needs, and age groups that require special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary health care providers, various community-based organizations, school districts, community programs and centers, institutions of higher education, law enforcement/the judicial system, and local government departments and agencies. The five components are:

1) Community Services & Supports (CSS): Services that focus on community collaboration, client and family driven services and systems, wellness, recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved

2) Prevention & Early Intervention (PEI): Services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness.

3) Innovation (INN): An innovation program can be designed to:

A) Introduce a new mental health practice or approach that is new to the overall mental health system.

B) Make a change to an existing practice in the field of mental health, including application to a different population.

C) Apply to the mental health system a promising community-driven practice that has been successful in non-mental health contexts or setting.

4) Capital Facilities & Technological Needs (CFTN): This component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices.

5) Workforce Education & Training (WET): The WET component facilitates the development of a diverse workforce that can provide outreach to unserved and underserved populations, provide services that are linguistically and culturally competent and relevant, and includes the viewpoints and expertise of clients and their families/caregivers.

Stakeholder Process

1) Community collaboration is defined in the MHSA legislation as a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goal(s). Community meetings are used to facilitate community participation.

2) A 30-day public comment period allows for further stakeholder input on the Annual Update/Three Year Plan

3) A public hearing held in conjunction with the Behavioral Health Board meeting is the final step in the stakeholder process which allows for any final comments or questions by the public.

Stakeholder Meeting Held

Colusa Stakeholder Meeting: 10 participated on March 5th, 2020

Arbuckle Stakeholder Meeting: Scheduled for March 16th **Cancelled due to Covid-19**

Williams Stakeholder Meeting: Scheduled for March 18th **Cancelled due to Covid-19**

Maxwell Stakeholder Meeting: Scheduled for March 26th **Cancelled due to Covid-19**

MHSA PowerPoint was posted on the county website for review due to Covid-19: April 16, 2020

Stakeholders

Behavioral Health

Probation

Safe Haven

Public Health

Local Tribe

Office of Education

Child Protective Services

Community Members

30 Day Review Period

June 10th to July 10th 2020

Behavioral Health Board Approval

Pending

Board of Supervisors Approval

Pending

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update

Local Mental Health Director	Program Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Local Mental Health Mailing Address:	

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 _____.

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.

_____ _____

Local Mental Health Director (PRINT) Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

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

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

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

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

_____ _____
Local Mental Health Director (PRINT) Signature Date

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

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

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

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

MHSA Programs

Community Services and Supports (CSS) Programs

Program Name: WRAP Around

Program Description: WRAP Around 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 and focuses 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: Full Service Partnership

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. MHSA has assigned a housing case manager to focus on implementing opportunities to seek funding to assist restricted income opportunities.

Program Name: Multi-Disciplinary Team

Program Description: Children System of Care - Outreach and Engagement allows for community collaboration and outreach through the Multi-Disciplinary Team (MDT) meetings. MDT meets monthly and includes representatives from various county service departments such as schools, Child Protective Services (CPS), Probation, and Victim Witness to discuss children's cases. The focus of the meetings is to identify the needs of each case and how agencies can address those needs collectively through wellness, recovery, and resilience models. Therapists and case managers from the children's team are present at this meeting to integrate client-centered service and provide in home support services when needed. This meeting is also where cases are presented for referral to the WRAP Around program.

Program Name: Safe Haven Wellness and Recovery Center

Program Description: Safe Haven is a peer supported drop-in center that serves adults and older adults who are in recovery from substance abuse, coping with mental illness, and or avoiding isolation. The center provides a number of recovery and resiliency focused groups as well as skill building groups that are run by peers and Behavioral Health staff. Two peer support specialist positions are 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 Safe Haven Leadership and Advocacy Committee, to aid in the day-to-day operation of the center. This allows for growth in leadership skills and peer advocacy.

Prevention and Early Intervention (PEI) Programs

Program Name: 2nd Step

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: Friday Night Live (FNL)/Club Live (CL)

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's 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, individuals focus on their strengths and their potential to contribute positively to their own lives and their communities.

Program Name: MHSA Infant to 5

Program Description: Mental Health Service Act (MHSA) Infant to 5 Program is designed to provide access, engagement and prevention to behavioral health services in collaboration with 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 class at school sites to educate and coach basic emotional support skills to parents of Infant to 5 children. These services will include cultural sensitivity to Hispanic children and parents in efforts to build community and strengthen parenting skills.

Program Name: Life and Leadership- A Circle of Solid Choices

Program Description: This project will introduce new practices that engage Native American youth in an open and dedicated system of resiliency development by utilizing culturally adapted approaches to combat suicide and risky behaviors among Native youth. The pilot includes a comprehensive approach to resiliency development combined with increasing competency designed to encourage mental wellness, combined with "safety net" circles that timely identify needs for early intervention and or treatment. The project is offered to all youth living in a Native

American household/home on the Cachil Dehe Reservation/Rancheria in Colusa County. The youth will experience the program by going through three components with the support of a case manager. The first would be the Talking Circle which is a place for youth who need a private, supportive environment to discuss topics such as abuse, bullying, trauma, and healing with a Tribal counselor. The second component would be the youth enrichment program which builds Native youth's life skills such as goal setting, effective communication and money management, to name a few. Cultural education will also be included such as language revitalization and cultural songs. Lastly, the Solid Choices component will have Native youth choose from four internship options. The four options are work experience, college bridges, Tribal traditions, or school success. This will allow for the Native youth to actively make positive choices for their future. Overall, the project intends to provide a safety net for those who need a helping hand, complimented by clinicians and professionals as needed; provide a tribally sensitive arena for positive skill competency development; provide an individualized option for directed life experience. Combined, these three components will have the emphasized intent to steer participants away from social isolation, build foundations for seamless back and forth transition between Native and non-Native environments, and provide the opportunity for self-direction through individual choice-based activities.

Program Name: Cultural Competency Committee

Program Descriptions: This committee was originally established in 2015. The department has reinstated it now that an Ethnic Services Manager (ESM) has been identified at the end of November 2019. The ESM has developed new membership in the Cultural Competency Committee that is made up of behavioral health staff. These members can speak to different cultures and sub-cultures served at the agency based on their self-identified culture and their role within Colusa County Department of Behavioral Health. This committee will also serve to carry-out items in the Cultural Competency Plan (CCP).

Innovation (INN) Programs

Program Name: Social Determinants of Rural Mental Health

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. Unemployment
5. Access to education
6. Discrimination/Social exclusion
7. Adverse Childhood Experiences (ACE)

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 employment, 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 Full Service Partnership (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 for clients. This program has yet to be approved by the Mental Health Services Oversight and Accountability Commission.

Workforce Education and Training (WET) Programs

Program Name: Workforce Education and Training Action Volunteer Program

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. The volunteers also have the opportunity to participate in Leadership which is a group of appointed individuals who assists in the day-to-day operation of the Safe Haven Drop-in Center. Leadership allows for growth in leadership skills and peer advocacy. A challenge for this program is that WET funding ended in 2018.

Program Name: Training/Internship/Student Loan Repayment

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 scholarship 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 Data and Outcomes

WRAP Around 2019/2020

4 total participants

FSP 2019/2020

From July 1, 2019 – March 31, 2020

14 unduplicated clients

10 males and 4 females

All 20+ years old

Ethnicity breakdown:

Not Hispanic, Race – Filipino: 1

Not Hispanic, Race – Non-White-Other: 2

Mexican American/Chicano, Race – Non-White-Other: 6

Not Hispanic, Race – Unknown/unreported: 1

Other Hispanic/Latino, Race – White: 1

Non-Hispanic, Race – White: 3

MDT 2019/2020

8 meetings, 2 canceled (March & April) due to Covid-19, May & June TBD

Safe Haven Wellness and Recovery Center 2019/2020

Daily Counts for 2019			
Month	**Total**	**Clients**	**Non-Clients**
January	891	290	601
February	826	246	580
March	891	342	549
April	906	360	546
May	731	251	481
June	690	298	392
July	720	324	396
August	715	335	382
September	No counts available. Lost in the fire.		
October*	138	97	41
November	314	234	79
December	359	267	92
*October counts start on 10/24/19. 10/1/19-10/23/19 was lost in the fire.			
The numbers for January-August are numbers that Valerie had.			

Daily Counts for 2020			
Month	**Total**	**Clients**	**Non-Clients**
January	395	303	91
February	350	246	104
March*	104	62	44
April			
May			
June			
July			
August			
September			
October			
November			
December			
*Counts in March go through 3/17/20 when we closed for COVID-19			

Safe Haven Demographics 2019-2020							
Age Range	**Total**	**Ethnicity**	**Total**	**Race**	**Total**	**Gender**	**Total**
30-39	8	Mexican/American	5	Black/African American	1	Female	24
20-29	2	Not Hispanic	25	Hmong	1	Male	16
40-49	3	Unknown/Not Reported	7	Non-White - Other	3	Other	0
50-59	7	Other Hispanic/Latino	3	Pacific Islander - Other	1		
60-69	10			Unknown/Not Reported	12		
70-79	4			White	22		
Unknown/Not Reported	6						
Total:	40		40		40		40

Group Attendance 2019					
October		**November**		**December**	
Name of Group	**Total**	**Name of Group**	**Total**	**Name of Group**	**Total**
Morning Chat (P)	0	Morning Chat (P)	22	Morning Chat (P)	99
Setting the Tone (P)	38	Setting the Tone (S)	70	Setting the Tone (P)	145
Presidents (S)	4	Presidents (S)	6	Presidents (S)	0
Peer's Pick (S)	0	Peer's Pick (S)	14	Peer's Pick (S)	45
Happiness Group (S)	13	Happiness Group (S)	26	Happiness Group (S)	36
P.H.P. Meeting (P)	0	P.H.P. Meeting (P)	22	P.H.P. Meeting (P)	14
Leadership Meeting (P)	0	Leadership Meeting (P)	0	Leadership Meeting (P)	0
Life Skills (S)	9	Life Skills (S)	50	Life Skills (S)	17
Arts & Crafts (S)	14	Arts & Crafts (S)	11	Arts & Crafts (S)	22
Emotional Wellness (S)	0	Emotional Wellness (S)	15	Emotional Wellness (S)	53
Special Events (P)	29	Special Events (P)	0	Special Events (P)	67
These counts start on October 24th. The rest of the data was lost in the fire.					
(P) = Peer Ran Group, (S) = Staff Ran Group					
The Presidents Group ended on 11/4/2019					

Group Attendance 2020					
January		**February**		**March**	
Name of Group	**Total**	**Name of Group**	**Total**	**Name of Group**	**Total**
Morning Chat (P)	130	Morning Chat (P)	137	Morning Chat (P)	98
Setting the Tone (P)	128	Setting the Tone (P)	124	Setting the Tone (P)	70
Peer's Pick (S)	25	Peer's Pick (S)	33	Peer's Pick (S)	22
Happiness Group (S)	27	Happiness Group (S)	25	Happiness Group (S)	12
Creative Steps to Recovery (S)		Creative Steps to Recovery (S)		Creative Steps to Recovery (S)	
P.H.P. Meeting (P)	39	P.H.P. Meeting (P)		P.H.P. Meeting (P)	7
Leadership Meeting (P)	7	Leadership Meeting (P)		Leadership Meeting (P)	
Life Skills (S)	90	Life Skills (S)	42	Life Skills (S)	14
My Mirror (S)		My Mirror (S)	5	My Mirror (S)	
Arts & Crafts (S)	15	Arts & Crafts (S)	23	Arts & Crafts (S)	14
Emotional Wellness (S)	40	Emotional Wellness (S)	31	Emotional Wellness (S)	31
Car Show Meeting (P)	11	Car Show Meeting (P)	11	Car Show Meeting (P)	13
Special Events (P)		Special Events (P)		Special Events (P)	
The numbers for March end on 3/17/2020 when we closed for COVID-19					
(P) = Peer Ran Group, (S) = Staff Ran Group					
The My Mirror Group Started on 2/26/2020					

2nd Step 2019/2020

The data provided is only pretest data as posttests data were not able to be collected due to Covid-19 and schools being out.

Table 1

Gender of Participants

School/Program		n	Gender				
			Male		Female		MD
			#	%	#	%	#
Colusa COE Children's Services		**107**	**59**	**55%**	**48**	**45%**	**0**
Williams Children's Center	*PK*	74	39	53%	35	47%	0
Arbuckle Children's Center	*PK*	33	20	61%	13	39%	0
Williams Elementary School		**395**	**185**	**47%**	**210**	**53%**	**0**
	TK	*21*	*13*	*62%*	*8*	*38%*	*0*
	K	*89*	*37*	*42%*	*52*	*58%*	*0*
	1st	*95*	*49*	*52%*	*46*	*48%*	*0*
	2nd	*90*	*42*	*47%*	*48*	*53%*	*0*
	3rd	*100*	*44*	*44%*	*56*	*56%*	*0*
Hand in Hand	***PK***	**30**	**15**	**50%**	**15**	**50%**	**0**
Colusa Total/Avg		**532**	**259**	**49%**	**273**	**51%**	**0**

n=Number of participants with complete information
MD=Missing Data
Rounded up if .5%

Table 2

Grade Level of Participants

School/Program		n	Grade Level					
			PK		TK - K		1st-3rd	
			#	%	#	%	#	%
Colusa COE Children's Services		**107**	**107**	**100%**	**-**	**-**	**-**	**-**
Williams Children's Center	*PK*	74	74	100%	-	-	-	-
Arbuckle Children's Center	*PK*	33	33	100%	-	-	-	-
Williams Elementary School		**395**	**-**	**-**	**110**	**28%**	**285**	**72%**
	TK	*21*	-	-	*21*	*100%*	-	-
	K	*89*	-	-	*89*	*100%*	-	-
	1st	*95*	-	-	-	-	*95*	*100%*
	2nd	*90*	-	-	-	-	*90*	*100%*
	3rd	*100*	-	-	-	-	*100*	*100%*
Hand in Hand	***PK***	**30**	**30**	**100%**	**-**	**-**	**-**	**-**
Colusa Total/Avg		**532**	**137**	**26%**	**110**	**21%**	**285**	**53%**

n=Number of participants with complete information
Rounded up if .5%

Table 3

Social Competence and School Adjustment (Total Scale)

School/Program		n	Average Scores for Total WAS Scale Before Participation #	%
Colusa COE Children's Services		**107**	**65**	**36%**
Williams Children's Center	*PK*	74	65	36%
Arbuckle Children's Center	*PK*	33	65	35%
Williams Elementary School		**395**	**69**	**43%**
	TK	*21*	*67*	*35%*
	K	*89*	*70*	*44%*
	1st	*95*	*68*	*43%*
	2nd	*90*	*71*	*47%*
	3rd	*100*	*68*	*41%*
Hand in Hand	***PK***	**30**	**72**	**47%**
Colusa Total/Avg		**532**	**68**	**42%**

n=Number of participants with complete information
Rounded up if .5%

Table 4

Teacher -Preferred Social Behavior
(Subscale 1) Ratings for Participants

School/Program		n	Average Scores for WAS Subscale 1 Before Participation #	%
Colusa COE Children's Services		**107**	**15**	**32%**
Williams Children's Center	*PK*	74	15	31%
Arbuckle Children's Center	*PK*	33	16	34%
Williams Elementary School		**395**	**18**	**51%**
	TK	*21*	*11*	*10%*
	K	*89*	*18*	*54%*
	1st	*95*	*18*	*53%*
	2nd	*90*	*19*	*58%*
	3rd	*100*	*18*	*48%*
Hand in Hand	***PK***	**30**	**17**	**43%**
Colusa Total/Avg		**532**	**17**	**46%**

n=Number of participants with complete information
Rounded up if .5%

Table 5

Peer Preferred Social Behavior (Subscale 2) Ratings for Participants

School/Program		n	Average Scores for WAS Subscale 2 Before Participation #	%
Colusa COE Children's Services		**107**	**25**	**37%**
Williams Children's Center	*PK*	74	25	37%
Arbuckle Children's Center	*PK*	33	24	37%
Williams Elementary School		**395**	**27**	**44%**
	TK	*21*	*29*	*52%*
	K	*89*	*27*	*48%*
	1st	*95*	*26*	*43%*
	2nd	*90*	*27*	*45%*
	3rd	*100*	*26*	*39%*
Hand in Hand	***PK***	**30**	**28**	**47%**
Colusa Total/Avg		**532**	**26**	**43%**

n=Number of participants with complete information
Rounded up if .5%

Table 6

Classroom Adjustment Behavior (Subscale 3) Ratings for Participants

School/Program		n	Average Scores for WAS Subscale 3 Before Participation #	%
Colusa COE Children's Services		**107**	**25**	**43%**
Williams Children's Center	*PK*	74	25	44%
Arbuckle Children's Center	*PK*	33	25	42%
Williams Elementary School		**395**	**25**	**45%**
	TK	*21*	*26*	*48%*
	K	*89*	*24*	*42%*
	1st	*95*	*24*	*44%*
	2nd	*90*	*26*	*46%*
	3rd	*100*	*25*	*45%*
Hand in Hand	***PK***	**30**	**27**	**52%**
Colusa Total/Avg		**532**	**25**	**45%**

n=Number of participants with complete information
Rounded up if .5%

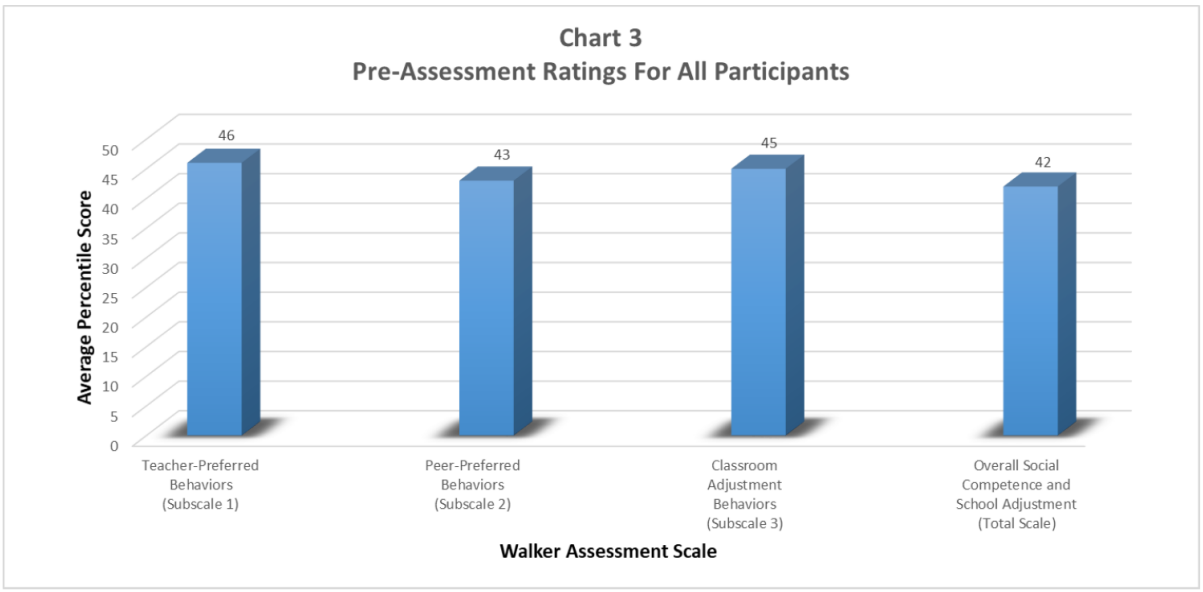


Chart 3
Pre-Assessment Ratings For All Participants
Average Percentile Score
0
5
10
15
20
25
30
35
40
45
50
46
43
45
42
Teacher-Preferred Behaviors (Subscale 1)
Peer-Preferred Behaviors (Subscale 2)
Classroom Adjustment Behaviors (Subscale 3)
Overall Social Competence and School Adjustment (Total Scale)
Walker Assessment Scale

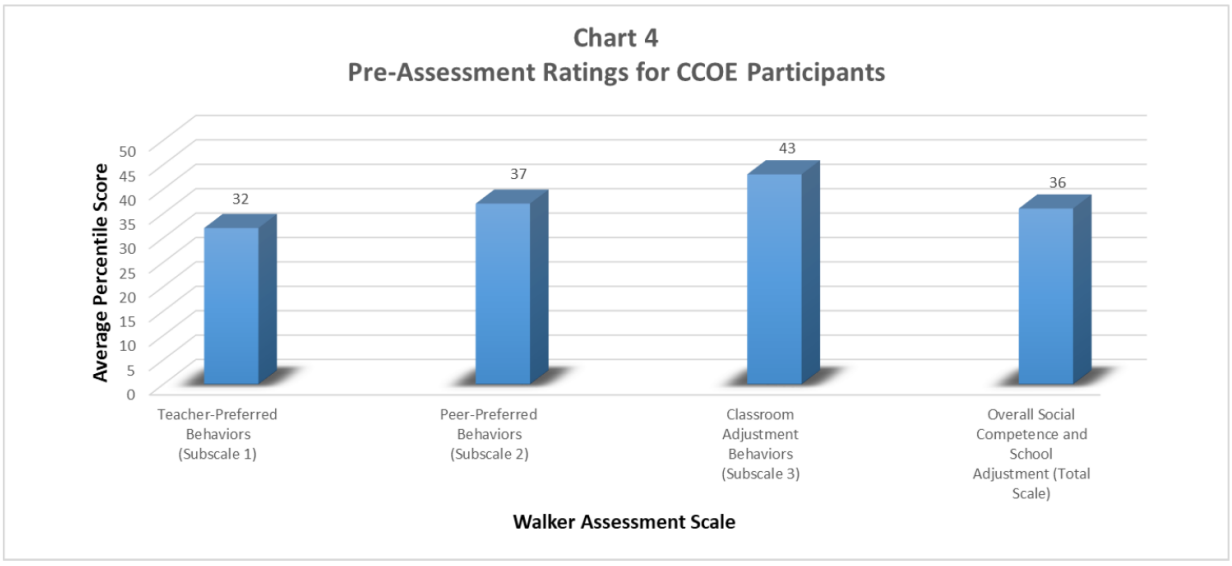


Chart 4
Pre-Assessment Ratings for CCOE Participants
Average Percentile Score
0
5
10
15
20
25
30
35
40
45
50
32
37
43
36
Teacher-Preferred Behaviors (Subscale 1)
Peer-Preferred Behaviors (Subscale 2)
Classroom Adjustment Behaviors (Subscale 3)
Overall Social Competence and School Adjustment (Total Scale)
Walker Assessment Scale

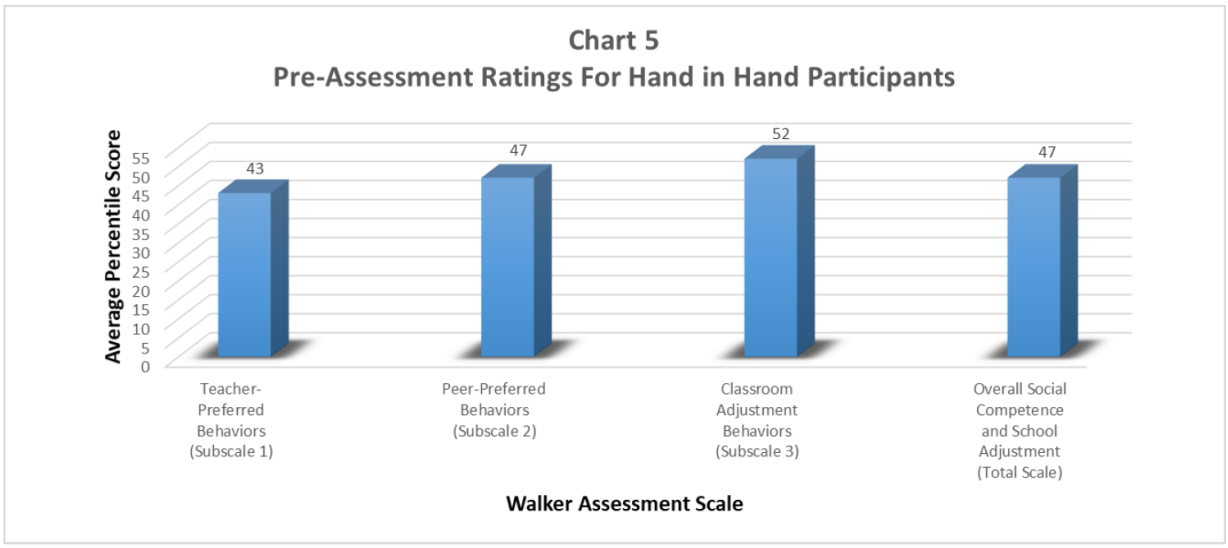


Chart 5
Pre-Assessment Ratings For Hand in Hand Participants
Average Percentile Score
55
50
45
40
35
30
25
20
15
10
5
0
43
47
52
47
Teacher-Preferred Behaviors (Subscale 1)
Peer-Preferred Behaviors (Subscale 2)
Classroom Adjustment Behaviors (Subscale 3)
Overall Social Competence and School Adjustment (Total Scale)
Walker Assessment Scale

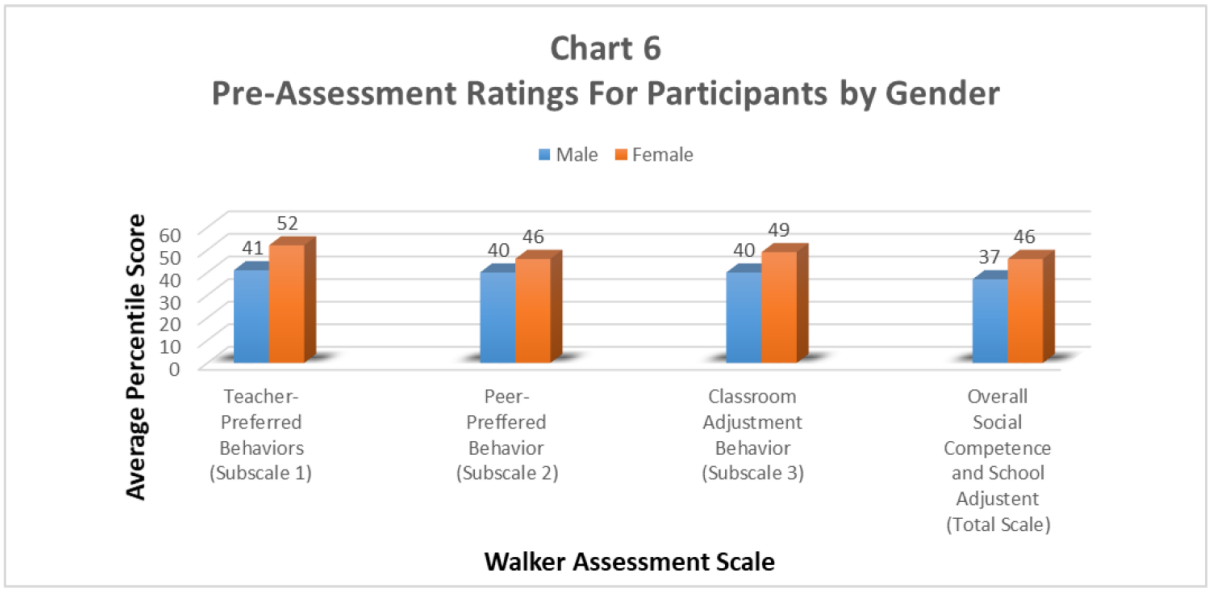
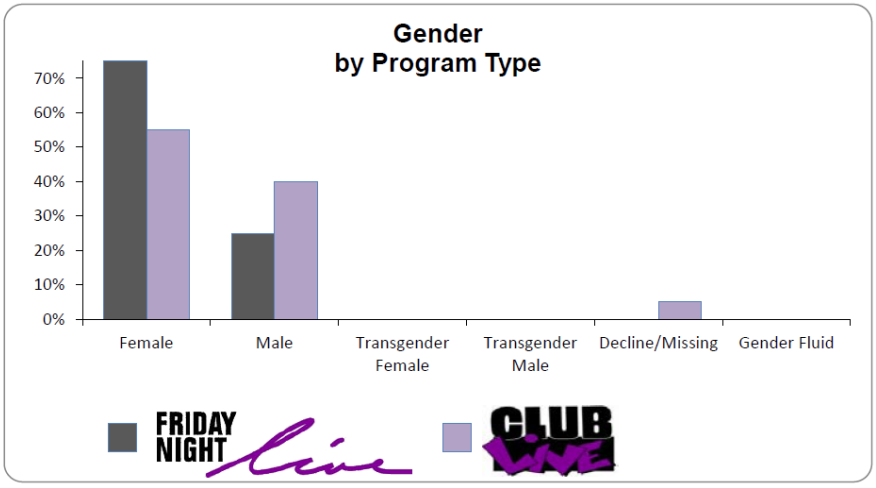


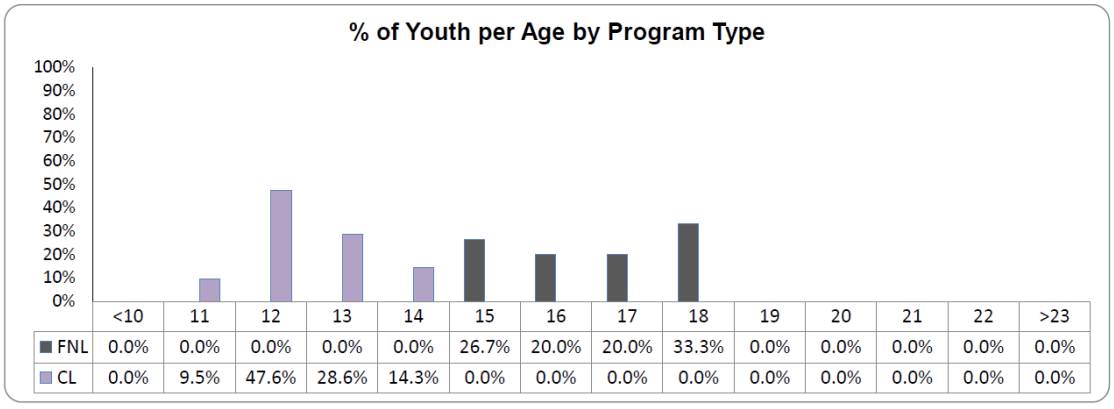
Chart 6
Pre-Assessment Ratings For Participants by Gender
Male
Female
Average Percentile Score
60
50
40
30
20
10
0
41
52
40
46
40
49
37
46
Teacher-Preferred Behaviors (Subscale 1)
Peer-Preffered Behavior (Subscale 2)
Classroom Adjustment Behavior (Subscale 3)
Overall Social Competence and School Adjustent (Total Scale)
Walker Assessment Scale

PARTICIPANT DEMOGRAPHICS

There were a total of 37 Youth Development Survey (YDS) participants from Colusa County. Of these, 16 came from Friday Night Live (FNL) and 21 came from Club Live (CL). The following table shows the number of participants who responded to the YDS by school/program name and program type (FNL/CL).

School/Program Name	FNL	CL	Total
Colusa High	10	0	10
Williams High	6	0	6
Maxwell Elementary	0	10	10
Maxwell Elementary	0	10	10
Missing	0	1	1
TOTAL	**16**	**21**	**37**



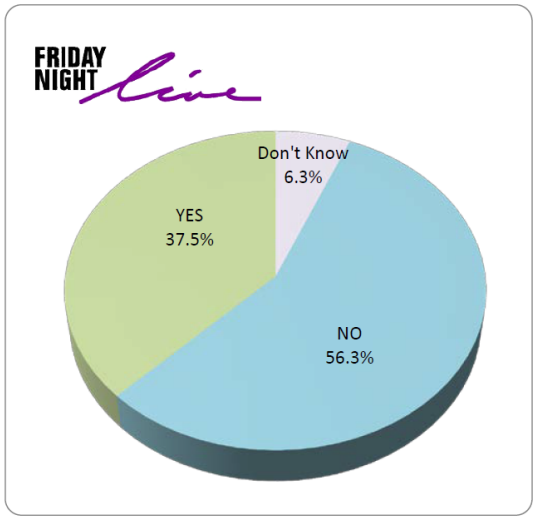


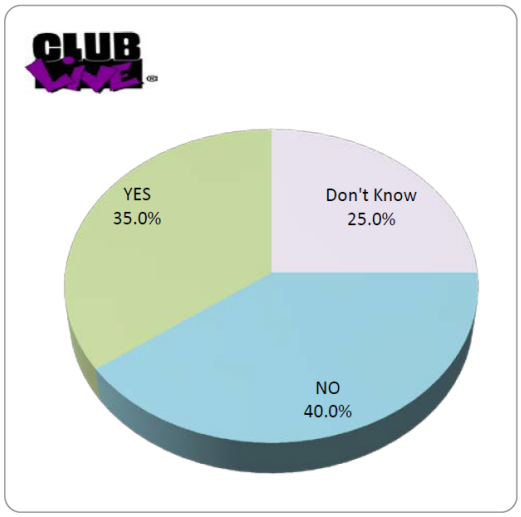
	<10	11	12	13	14	15	16	17	18	19	20	21	22	>23
FNL	0.0%	0.0%	0.0%	0.0%	0.0%	26.7%	20.0%	20.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%
CL	0.0%	9.5%	47.6%	28.6%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Socioeconomic Status: Youth Who Qualify for Free/Reduced Lunch

To assess socio-economic status, youth were asked to report if they qualified for free or reduced lunch at school. Effective July 1, 2018, through June 30, 2019, participants from households (size of 4 people) with incomes at or below $ 46,435 per year may qualify for free or reduced meals. For the full list of income eligibility guidelines, go to: https://www.cde.ca.gov/ls/nu/rs/scales1819.asp.

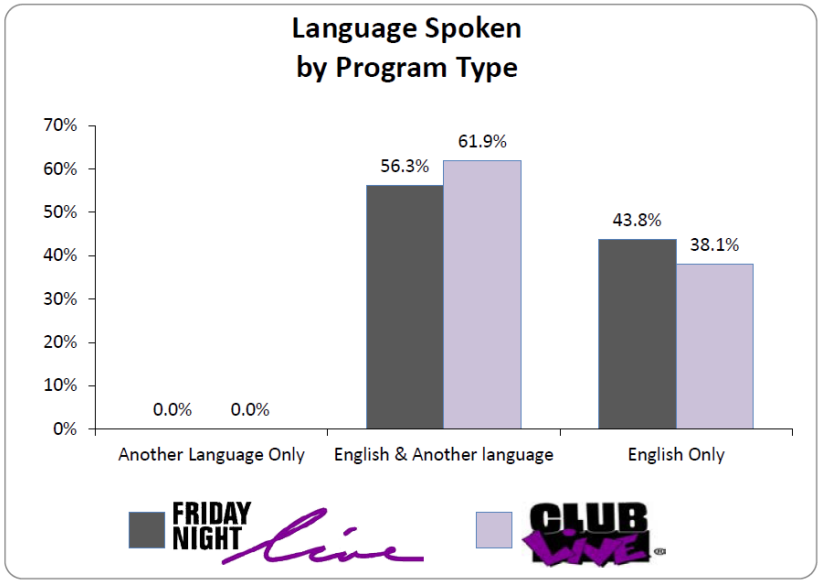
Percent of Youth who Reported that they Qualify for Free Reduced Lunch





Language

Survey respondents reported which language is spoken by their families:



Language	FNL (N)	CL (N)
Spanish	9	12
Italian	0	1

*This list includes the most frequently reported.

Primary Ethnicity

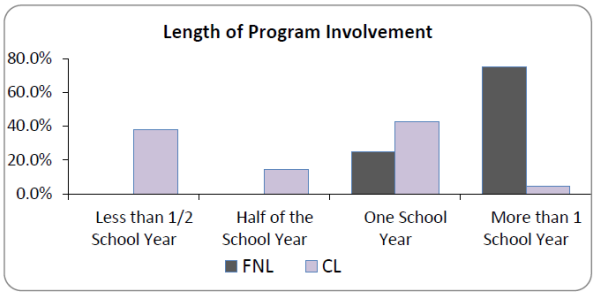
Youth were asked to select the option that best describes their ethnicity or cultural background and then their specific ethnicity.

Race/Ethnicity Categories	FNL (%)	CL (%)
African American / Black	11.8%	0.0%
Asian/Pacific Islander	5.9%	0.0%
Middle Eastern/North African	0.0%	0.0%
Hispanic/Latino	64.7%	57.1%
Multi-Ethnic	0.0%	4.8%
Native American	0.0%	0.0%
White/European	17.6%	38.1%
Decline/Not Listed	0.0%	0.0%
Don't Know	0.0%	0.0%
Total	100%	100%

Length of Program Involvement

Youth who took the survey were asked how long they have been involved in the program:

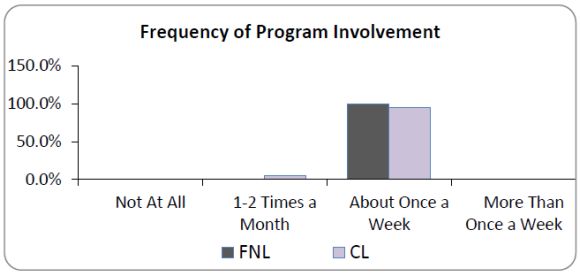
Involvement	FNL	CL
Less than 1/2 School Year	0.0%	38.1%
Half of the School Year	0.0%	14.3%
One School Year	25.0%	42.9%
More than 1 School Year	75.0%	4.8%



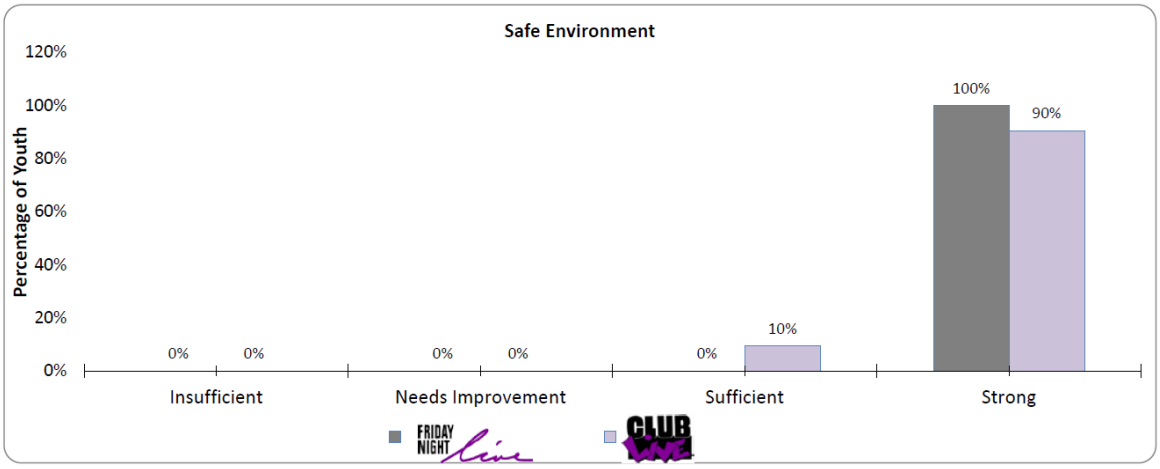
Frequency of Program Involvement

Youth were asked to report how frequently they participated in FNL/CL activities in the past month:

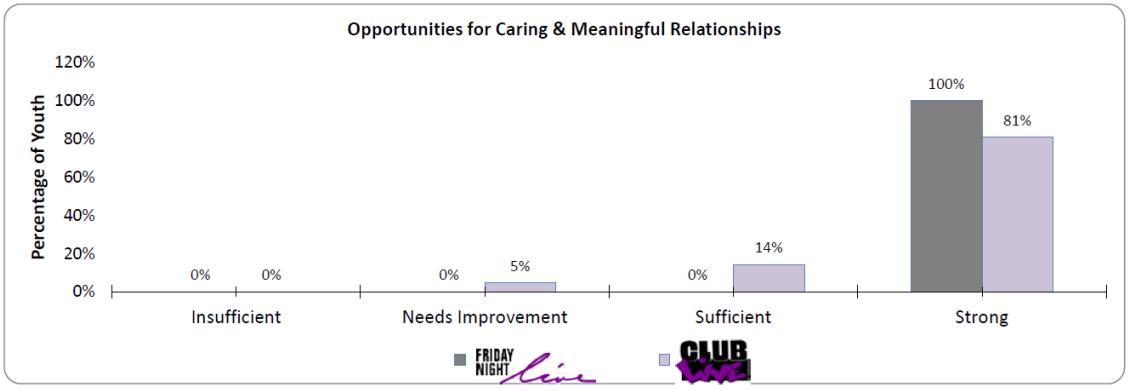
Frequency	FNL	CL
Not At All	0.0%	0.0%
1-2 Times a Month	0.0%	4.8%
About Once a Week	100.0%	95.2%
More Than Once a Week	0.0%	0.0%



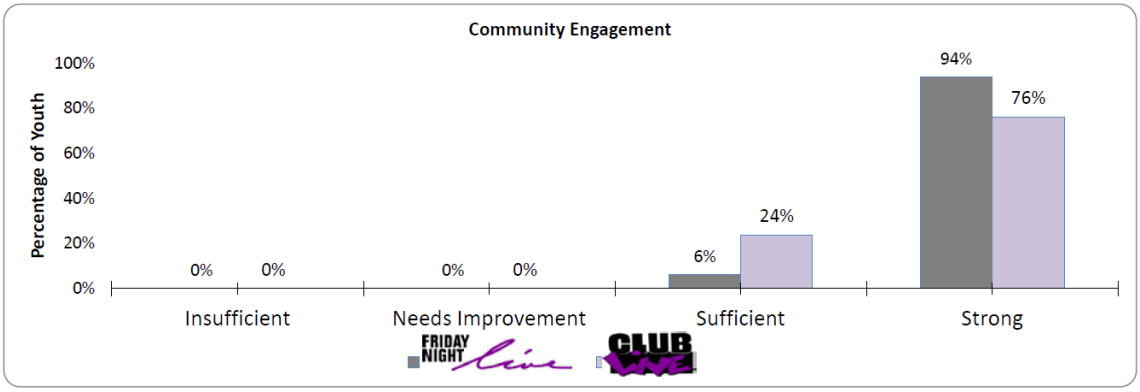
Do young people feel like FNL/CL provides a safe environment?



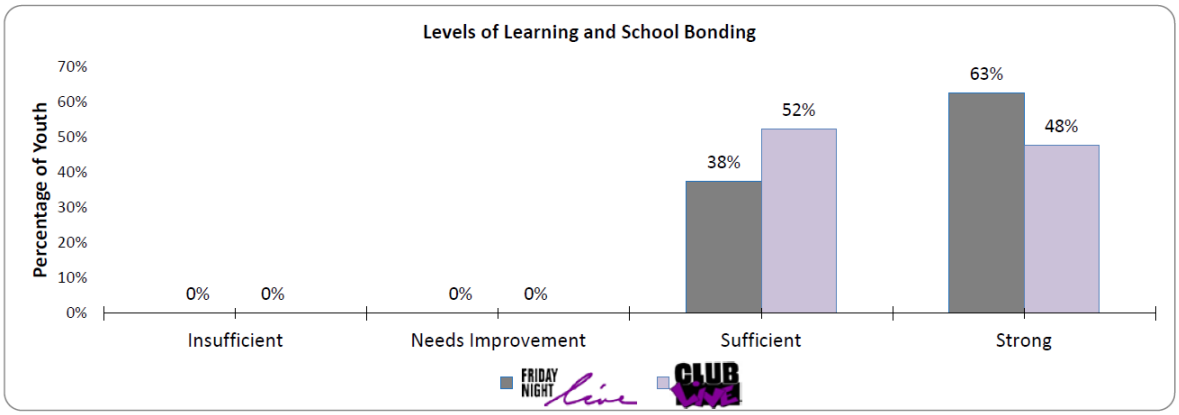
Do young people feel the program provides opportunities to develop and build caring and meaningful relationships?



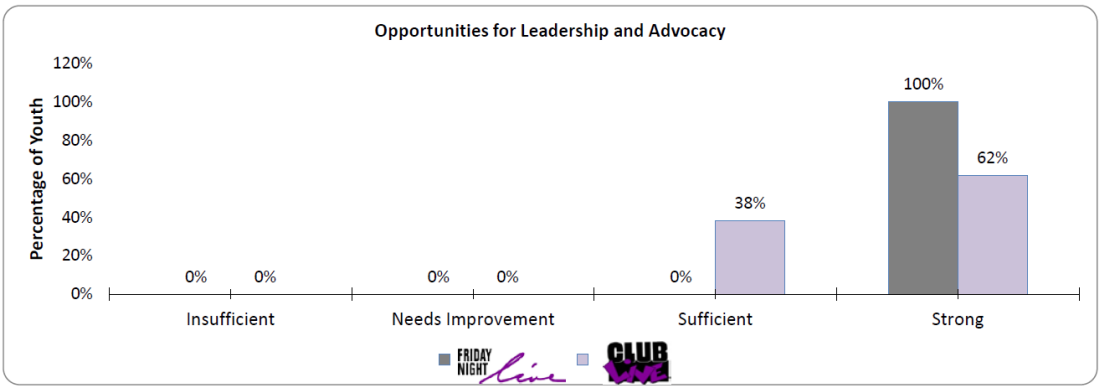
Do young people have opportunities to engage with and develop connections in their community?



Does being part of your program help youth feel more excited about and committed to school?



Do young people have the opportunity to build their leadership skills in your program?



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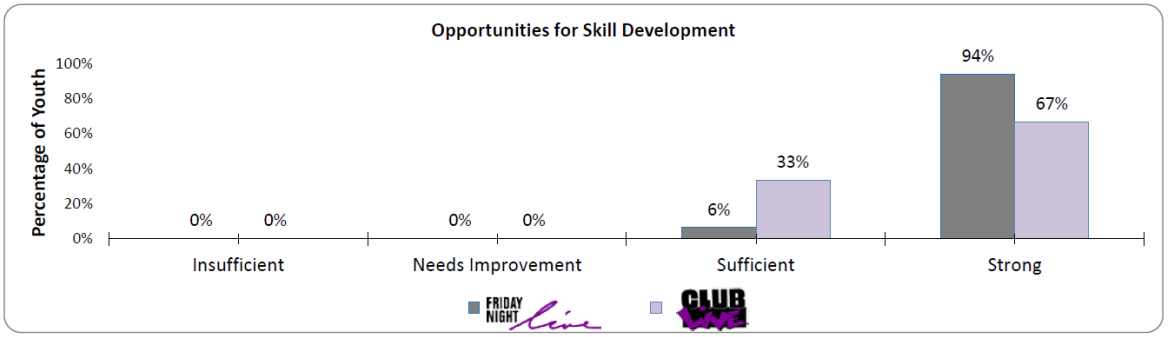
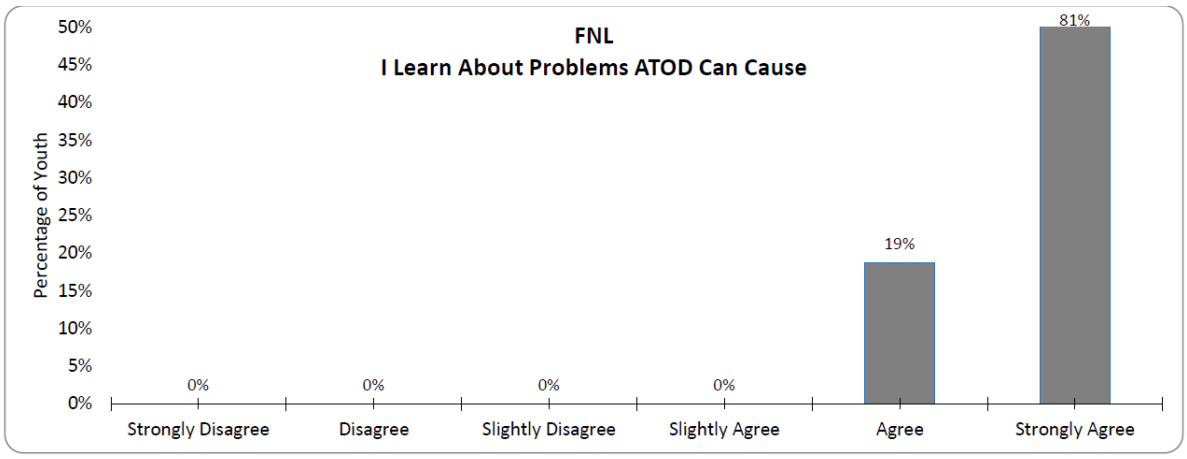
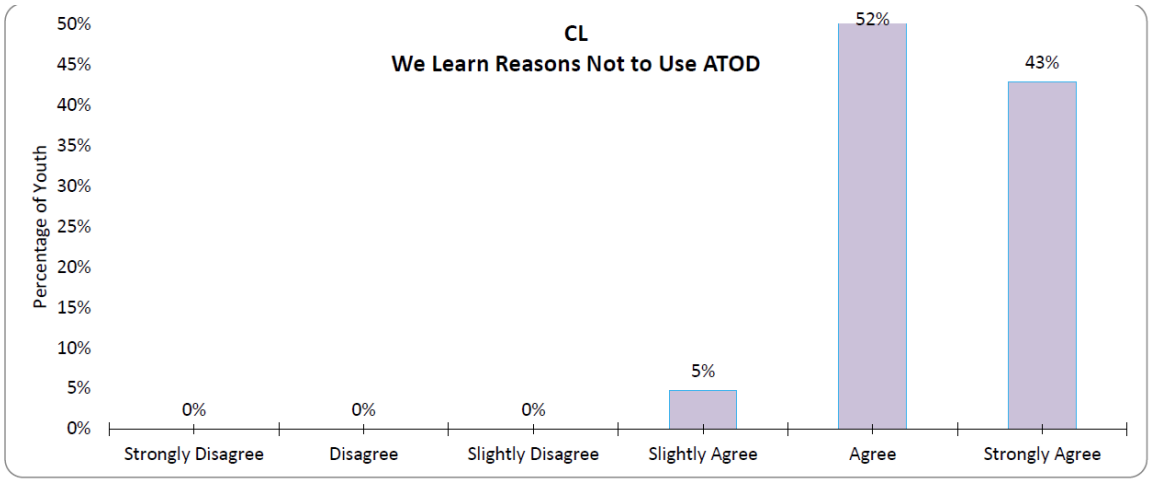
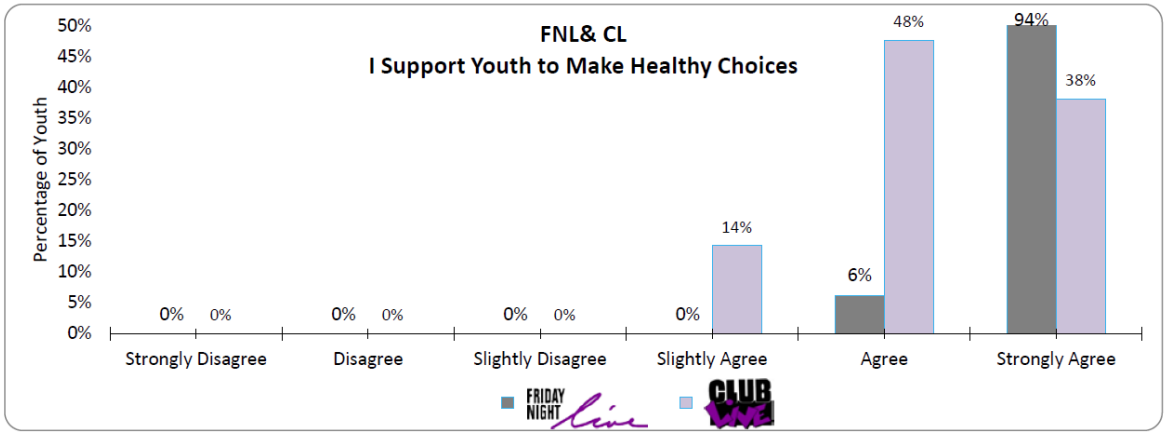
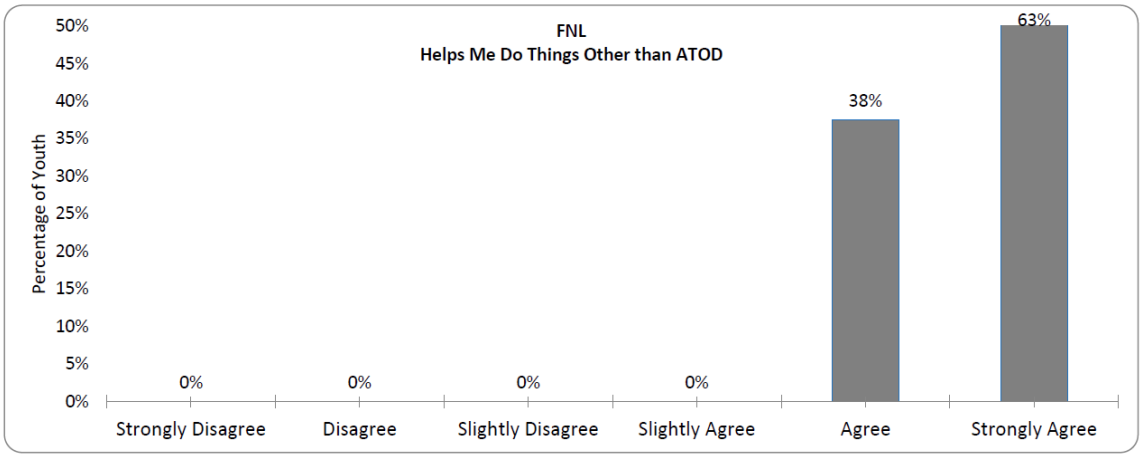



FNL
I Learn About Problems ATOD Can Cause
Percentage of Youth
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
0%
0%
0%
0%
19%
81%
Strongly Disagree
Disagree
Slightly Disagree
Slightly Agree
Agree
Strongly Agree


CL
We Learn Reasons Not to Use ATOD
Percentage of Youth
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
0%
0%
0%
5%
52%
43%
Strongly Disagree
Disagree
Slightly Disagree
Slightly Agree
Agree
Strongly Agree


FNL& CL
I Support Youth to Make Healthy Choices
Percentage of Youth
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
0%
0%
0%
0%
0%
0%
0%
14%
6%
48%
94%
38%
Strongly Disagree
Disagree
Slightly Disagree
Slightly Agree
Agree
Strongly Agree
FRIDAY NIGHT live
CLUB LIVE



Why is being in Friday Night Live important to you?

A total of 16 youth responded to this question, of these most (n=10) stated that being involved in their community and making a difference was the most important part of the program.

"It is important because I get to make a positive impact on my community."

"Because I get to help more people in the community."

"It gives me a chance to do important things to better my school."

"It's is a fun way to change issues present in our community."

"I get to help my community and bring awareness to issues that are important."

Many youth (n=7) stated that relationship building, making and spending time with friends, especially in the context of helping their school and community, was the most important part of the program.

"It has taught me to build relationships and how to make a positive change."

"It helps me meet and make new friends."

"It's important to me because I get to meet new friends and come closer with them."

"I like working with my friends on projects to help our school."

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"It helps me meet and make new friends."

"It's important to me because I get to meet new friends and come closer with them."

"I like working with my friends on projects to help our school."

A couple of youth noted that the safe environment FNL provides was most important.

"I felt very safe here and was able to be myself."

"I feel very safe here and my experiences through my years of FNL make me want to stay."

Why is being in Club Live important to you?

A total of 21 youth responded to this question.

Building friendships: Almost all of the participants (n=18) reported that building friendship and spending time together was the best part of the program.

> "I enjoyed hanging out with my friends during the meetings."
>
> "Getting to talk with and meet new people
>
> "Having all the different ages of kids and just everyone can come together so well."
>
> "Being with other people who care."
>
> "I enjoyed working with the adults since they're funny."

Activities and Conferences: Many of the participants (n=6) stated that the activities, games and conferences were the most important part of the program. Youth stated they helped them meet new people, build relationships, and get involved with helping their community.

> "I enjoyed the games and teambuilding the most because it was fun and provided me with a chance to work with others."
>
> "I enjoyed the Reach for the Future Conference because I got to meet so many new friends and get closer to my current friends.
>
> "That we do activities and work with other people."

MHSA Infant to 5 2018-2019/2020

PRESCHOOL OBSERVATION DATA

SPRING OBSERVATIONS / SCHOOL YEAR 2018-19

Date:5/8/19

SCHOOL	TOTAL # of CHILDREN	TOTAL REQUESTED to OBSERVE	SUGGESTED COACHING to PARENT / TEACHER	SUGGESTED ALTA REVIEW	SUGGESTED REFERRAL TO MENTAL HEALTH	REFERRED TO MENTAL HEATH
Colusa HeadStart	21	**3** (2 His, 1 Cau) (3 – multiple wkly)	2		1 (Cau /Adrian trauma)	
Colusa Children's Center Infant	6	**0**				
Colusa Children's Center Toddler	8	**1**(His) (daily)	1			
Colusa Children's Center Preschool	20	**4** (3- Cau, 1 His) 4 – multi wkly	3		1 (Cau)	
Colusa Children's Center A	24	**5** (3-His / 2Cau) 3- multi wkly, 1 daily, 1 only at home	4	1 (Cau)		

SCHOOL	TOTAL # of CHILDREN	TOTAL REQUESTED to OBSERVE	SUGGESTED COACHING to PARENT / TEACHER	SUGGESTED ALTA REVIEW	SUGGESTED REFERRAL TO MENTAL HEALTH	REFERRED TO MENTAL HEATH
AR HeadStart AM	15	1 (Cau) multiple wkly			1 (SS)	
AR Children's Center Infant	6	3 (2 His/ 1 Cau) 3- daily	3			
AR Children's Center Toddler	7	2 (1 –His/1 Cau) 2- daily	2			
AR Children's Center Preschool	21	3 – Cau 2- multi- wkly 1- daily	2	1		
AR HeadStart PM	16	1 – His Multi wk	1			

Date: 5/17/19

SCHOOL	TOTAL # of CHILDREN	TOTAL REQUESTED to OBSERVE	SUGGESTED COACHING to PARENT / TEACHER	SUGGESTED ALTA REVIEW	SUGGESTED REFERRAL TO MENTAL HEALTH	REFERRED TO MENTAL HEATH
Williams HeadStart-A	14	**1** (His) –daily	1 (If not resolved to refer to MH)			
Williams Children's Center Infant	15	0				
Williams Children's Center Toddler	15	**2** (1 His/ 1 Cau) daily 1 – no speech, 1--down syndrome		2		
Williams Children's Center Preschool	20	**3** (2 His/1Cau) 1– multi wkly 2- daily	1(Cau)	1 (His) –Alta clt	1(His)JR	
Williams HeadStart-B	15	**1**(Cau) – multi-wkly	1(If not resolved to refer to MH)			
Total:	**79**	**7**	**3**	**3**	**1**	

Date: 11/7/ 2019

SCHOOL	TOTAL # of CHILDREN	TOTAL REQUESTED to OBSERVE	SUGGESTED COACHING to PARENT / TEACHER	SUGGESTED ALTA REVIEW	SUGGESTED REFERRAL TO MENTAL HEALTH	REFERRED TO MENTAL HEATH
Colusa HeadStart						
Colusa Children's Center Infant	6	**0**				
Colusa Children's Center Toddler			1			
Colusa Children's Center Preschool	18	**2 (2-Hispanic)**	2			
Colusa Children's Center A	24		4	1 (Cau)		

Life and Leadership – A Circle of Solid Choices 2019/2020

Basic Information

Life & Leadership - A Circle of Solid Choices
Total youth served: 20

Gender:
Female: 11
Male: 9

Gender identity:
Declined to answer

Age Group:
0 to 15: 12
16 to 25: 8

Ethnicity:
Declined to answer

Race:
American Indian: 20

Sexual Orientation:
Declined to answer

Veteran Status:
Not applicable

Disability:
Difficulty seeing: 1
Learning Disability: 9
Physical/mobility: 2

Primary Threshold Language:
English: 20

Meetings: 17

Phone Conference Calls: 3

Cultural Competency Committee 2019/2020

2 Meetings, 1 canceled due to Covid-19, 1 Webinar

WET Action Volunteer Program 2019/2020

Total Active Greeters 2019-2020	
Total Active Greeters 2019	11
Total Active Greeters 2020	6

Greeter Demographics 2019-2020							
Age Range	**Total**	**Ethnicity**	**Total**	**Race**	**Total**	**Gender**	**Total**
30-39	4	Not Hispanic	13	Non-White - Other	1	Male	3
40-49	1	Mexican/American	1	White	13	Female	12
50-59	4			Unknown/Not Reported	1		
60-69	4						
70-79	2						

Budget

Upon review of the MHSA finances, CCDBH fiscal staff found that a total of $379,114 from Community Services and Supports was supposed to have been moved into the Capital Facilities and Technology account in fiscal year 2018 to 2020 per the three year plan. It had never been transferred; therefore, a thirst day review of a budget amendment was done in April of 16th, 2020. It was also was reviewed and approved by the behavioral health board on April 14th, 2020 and board of supervisors on April 21st, 2020. A copy of the signed addendum is provided at the end of this report, shown as Figure 1.

For the upcoming three year plan, MHSA would like to move an additional amount of $415,000 from Community Services and Supports into Capital Facilities and Technology in fiscal year 2020-2021. This will be used for a pending Innovation project, if approved, as well as Microsoft programming updates and other upgraded technology equipment, facility maintenance and upgrades, vehicles, and equipment needed to implement the Social Determinants of Rural Mental Health Innovation project if approved.

In fiscal year 2019/2020 the State has approved $40 million in Workforce Education Training (WET) funding for WET programs. For counties to get their share of the funding they will need to provide a 33% match by 2022. CCDBH will need to provide a local match of $15,853 to the state via a grant. The Superior Region (northern California counties) will be applying to the grant as a collective group, each county providing their local match. If approved, CCDBH will transfer the funds in fiscal year 2020/2021 and new WET programs will be developed.

FY 2020/21 Mental Health Services Act Expenditure Plan
Funding Summary

County: COLUSA Date: 5/15/20

	MHSA Funding					
	02936	02940	02941	02939	02943	02947
	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
Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years at 5/8/20	$ 3,310,618	$ 1,486,721	$ 542,611		$ 354,114	$ 224,186
2. Estimated New FY 2020/21 Funding	2,060,721	515,181	135,573			128,668
3. Transfer in FY 2020/21[a/]	(430,853)			$ 15,853	415,000	-
4. Access Local Prudent Reserve in FY 2020/21	-	-				-
5. Estimated Available Funding for FY 2020/21	4,940,486	2,001,902	678,184	15,853	769,114	352,854
Estimated FY 2020/21 MHSA Expenditures	$ 2,941,961	$ 321,929	$ -	$ 15,853	$ 428,200	$ 128,668

Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020 at 5/8/20	$ 593,995
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	$ 593,995

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.

Summary of Changes from Previous Plan

- Move a total of $379,114 from Community Services and Supports into Capital Facilities and Technologies due to it not being transferred in the fiscal year reported in the 2018-2020 three year plan.
- Move an additional amount of $415,000 from Community Services and Supports into Capital Facilities and Technology in fiscal year 2020-2021.
- Providing a match for regional Workforce Education Training funding in fiscal year 2020-2021 of $15,853.
- Remove the Innovation project known as the Forensic Program from the plan as it has been implemented for five years.
- Introducing a potential new Innovation project known as Social Determinants of Rural Mental Health. This project has yet to be approved by the Mental Health Services Oversight and Accountability Commission.
- Reinstating the Cultural Competency Committee under Prevention and Early Intervention.

Figure 1

DEPARTMENT OF BEHAVIORAL HEALTH

162 East Carson Street

Colusa, CA 95932

(530) 458-0520

January 14, 2020

Mental Health Services Act Budget Addendum 1

The Colusa County Department of Behavioral Health would like to move funding from its Mental Health Services Act component of Community Supports and Services into its Capital Facilities and Technologies component. The dollar amount that would be transferred would be $379,114. This funding will be utilized for an existing program and pay for needed facilities expansion and maintenance, technological software and equipment, and transportation vehicles.

Director _____

Fiscal Administrative Officer _____