Colusa County Department of Behavioral Health

Mental Health Services Act Annual Update

FY 2022/2023

MHSA Annual Update 2022/2023

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.

County Description

Colusa County has a total population of about 21,839 according to the United States Census. Of those who reported/participated in the Census count, the majority of the population identifies as Hispanic or Latino at 59% (12,738) while 35% (7,576) identify as White alone. The other populations that make up the county are Native American at 1% (256), about another 2% (394) identify as two or more races, about 1% (273) report being Asian, about 1% (256) reported being Black/African American, and 0.2% (38) identify as Pacific Islander. Colusa County is made up of roughly 10,994 (51%) males and 10,460 (49%) females. A total of 5,842 individuals in Colusa County are under the age of 18, approximately 12,530 individuals are between the ages of 18 to 64, and those individuals who are 65 and over make up about 3,082. About 42% (1,807) of children between the ages of 5 to 17 primarily speak English only at home while about 58% (2,459) of children between the ages of 5 to 17 primarily speak Spanish at home. Adults 18 years of age and older who primarily speak English at home make up about 50% (7,803) of the population, Spanish speaking adults about 48% (7,512), adults primarily speaking Indo-European about 1% (205), and adults primarily speaking Asian/Islander languages about 1% (90). At this time, Spanish is the only threshold language within Colusa County. Looking at education level, Colusa County residence who have no degree make up 29% (3,932) of the population. 26% (3,586) have a high school diploma, 30% (4,107) have some college education, 11% (1,523) have a bachelor's degree, and about 4% (529) have a master's degree. The county's per capita income is $26, 932. The median household income for Colusa County is $59,401. About 43% (3,092) of Colusa County residents make under $50,000, about 35% (2,555) of residents make $50,000 to $100,000, about 18% (1,296) make $100,000 to $200,000, and about 4% (284) make over $200,000.

(Data from: https://censusreporter.org/profiles/05000US0611-colusa-ca/)

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 annual 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 settings.

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, also known as stakeholder meetings, are used to facilitate community participation. CCDBH announces their stakeholder meetings via email to all other county departments who post the flyers in both Spanish and English at their agencies. Each county library branch has the flyers posted as well. Lastly, the flyers are posted via the county website and our CCDBH Facebook page. During the stakeholder meetings, a PowerPoint Presentation is presented to stakeholder to provide education around MHSA, explain current and previous MHSA programs, and obtain feedback from the stakeholders around community needs, feedback on MHSA, and if anyone has a new program to request funds for or if a program is in need of increasing their funds.

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.

Staff Survey

In an effort to compare our staff population to the population we serve staff were given a demographic survey. Eighty-two percent of our staff completed this survey anonymously. The survey included questions about primary language, bilingual capacity, race/ethnicity, gender assigned at birth, current gender identity, disability, age range, belonging to other cultural groups, lived experience, education level, household income, and county of residence. The county took the data from this survey and compared it to Colusa County Census data from the most recent Census data available. This analysis showed that there is a significant gender

representation gap with 71% of county behavioral health staff being made up of the female gender and 27% male compared to 49% of the county population being female and 51% being male. This has impacted the County's ability to fulfil preferences for male therapists when specific requests are made. In an effort to resolve this need the County has been able to offer a male Mental Health Specialist or a male Case Manger to be assigned on the treatment team. Of the 82% of staff that responded to the survey 40% of staff reported that they are bilingual in English and Spanish. Another disparity between the County's Behavioral staff population and the population they serve is bilingual capacity, specifically for adult services. There is almost a 20% shortfall between bilingual staff for adult services and Colusa County residents whose primary language is Spanish. Behavioral Health continues to promote the need for bilingual treatment providers in job flyers with the intent to attract individuals who can fill this need.

Stakeholder Meeting Held

At each stakeholder meeting a PowerPoint presentation is presented to attendees explaining what MHSA is, the community planning process, all MHSA programs under each component, and an estimated budget.

February 4th: 10 attendees

Feedback:

- None provided.

February 16th: 0 attendees

Feedback:

- None Provided

February 28th: 0 attendees

Feedback:

- None provided

March 8th: 1 attendee

Feedback:

- Karen's House requested funds for their program.

Stakeholders

Behavioral Health

Office of Education

Children Protective Services

City of Colusa

First 5

Karen's House

30 Day Review Period

Physical draft copies of this plan were available for public review with comment forms at CCDBH's front office, Safe Haven Wellness and Recovery Center, and all county library branches. An electronic copy of the plan and a comment form was posted for review on CCDBH's County website.

April 8th – May 8th

Feedback from stakeholders:

- "Include information about the number of support services provided or an example of support services for the FSP program (ie. A bus pass was provided that enabled a client to get to their job daily)"
    - Resulting Actions from the County: In future plans, the County will provide specific examples of support services for the FSP program as a way to better inform the public of interventions being provided.
- "FNL seems like a small but mighty group of youth. The survey data they complete reflects incredible gains and success. These young people would make great Youth Council Leaders."
    - Resulting Actions from the County: The PEI Access and Linkage to Treatment Program will establish a youth council, which may include youth from FNL groups, as the county would like to better incorporate youth into leadership roles.

- "Change the name of Youth Center to Bright Vista Youth Center"
    - Resulting Actions from the County: The name was changed to Bright Vista Youth Center.
- "Change the Innovation project name to Practical Actions Towards Health (PATH)"
    - Resulting Actions from the County: The name was changed to Practical Actions Towards Health (PATH)

Public Hearing Date

May 10th, 2022

Feedback: Have an updated budget for the finalized MHSA Annual Update Plan

Behavioral Health Board Approval

Approved: May 10th, 2022

Board of Supervisors Approval

Approved: June 21st, 2022


COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
Mental Health Services Act Public Hearing
Come provide any final comments, suggestions and questions on our MHSA Annual Update. We would love to hear from you!
MAY 10TH 3:00 PM
162 E. CARSON ST. COLUSA CA ROOM 102 OR VIA ZOOM:HTTPS://COUNTYOFCOLUSA.ZOOM.US/J/91929729607PWD=RKVYDU8XQKT2K0FQNNVNZM1OZVF5UT09
OR CALL: (669) 900-6833
MEETING ID: 919 297 2960
PASSCODE: 187067
For any questions please contact Mayra Puga at (530)458-0520 or mpuga@countyofcolusa.com

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Colusa

Local Mental Health Director	Program Lead
Name: Tony Hobson	Name: Jeannie Scroggins
Telephone Number: 530 458 0520	Telephone Number: 530 458 0520
E-mail: Thobson@countyofcolusa.net	E-mail: Jscroggins@countyofcolusa.net
County Mental Health Mailing Address: 162 E. Carson, Suite A Colusa, CA 95932	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 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 6-21-22.

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.

Tony Hobson
Local Mental Health Director/Designee (PRINT)

Signature

7-14-22
Date

County: Colusa

Date: 7-14-22

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Colusa

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Tony Hobson	Name: Robert Zunino
Telephone Number: 530 458 0520	Telephone Number: 530-458-0400
E-mail: Thobson@countyofcolusa.net	E-mail: RZunino@countyofcolusa.com
Local Mental Health Mailing Address: 162 E. Carson, suite A 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.

Tony Hobson — Local Mental Health Director (PRINT)
Signature — 7-14-22 — Date

I hereby certify that for the fiscal year ended June 30, 2021, 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 3/21/22 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, 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.

Andrea Navarro — County Auditor Controller / City Financial Officer (PRINT)
Signature — 7/18/22 — Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MHSA Programs

Community Services and Supports (CSS) Programs

Program Name: Integrated CSS General System Development

Full Service Partnership (FSP)

Program Description: A program that utilizes a "whatever it takes" method of services for consumers of all ages (children, transition aged youth, adults, and older adults) who meet specific requirements. For children and transition age youth to obtain Full Service Partnership (FSP) services they need to be unserved or underserved in one of the following: homeless or at risk of being homeless, aging out of the child and youth mental health system, aging out of the child welfare systems, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization, and have experienced a first episode of serious mental illness. For adults to meet criteria for FSP services they must be unserved or underserved in being homeless or at risk of becoming homeless, involved in the criminal justice system, frequent users of hospital and/or emergency room services as the primary resource of mental health treatment, and/or being at risk of institutionalization. Older adults qualify when they are unserved or underserved in experiencing a reduction in personal and/or community functioning, homeless, at risk of becoming homeless, at risk of becoming hospitalized/institutionalized, at risk of out-of-home-care/nursing home, at risk of or frequent users of hospital and/or emergency room services as the primary resource for mental health treatment, and being involved in criminal justice system. Consumers are provided with intensive services in collaboration with Colusa County Department of Behavioral Health (CCDBH) staff, natural supports and other agencies. Support can include housing, transportation, education, vocational training, food, and clothing.

Projected numbers for FSP to be served in FY 22/23 by age group:

0-15 years old: 2

16-25 years old: 3

26-59 years old: 15

60+ years old: 4

Challenges: Previous staff having administrative rights to the DCR system which made it difficult to access and enter data information in a timely manner.

Successes: A staff has been identified to organize and improve the delivery of FSP services.

Program Name: Children's System of Care – Outreach and Engagement

Multi-Disciplinary Team (MDT) and Wraparound

Program Description MDT: 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. Agencies report on resources in the community that could be utilized by families and any agency updates. 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 Behavioral Health's Children's Team are present at this meeting to integrate client-centered services and provide in home support when needed. Confidentiality is expected of all MDT participants.

Challenges: MDT was not able to meet for a year and a half due to Covid-19. Meetings have resumed. MDT now meets every third Wednesday of each month.

Successes: CCDBH has improved their capacity to work with other agencies who also participate in MDT.

Program Description Wraparound: Wraparound provides tailored intensive services to children, transition age youth, and families who could benefit from a more integrated approach to services. Wraparound utilizes a client and family driven framework to explore client and family needs in different life domains. Wraparound surrounds the identified client with a team of professionals, family members, and community members who collaborate with the client and their family to improve family relations, self-resiliency, and decrease child's involvement in child protective services/juvenile justice system and decrease removal of the child from the home. The work is at a pace that works best for the client and family to make progress in reaching identified goals. Referrals can be made for assessment to determine criteria is met for Wraparound by any family members, community members, and agencies to Behavioral Health.

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. Agencies report on resources in the community that could be utilized by families and any agency updates. 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 Behavioral Health's children's team are present at this meeting to integrate

client-centered services and provide in home support when needed. Confidentiality is expected of all MDT participants.

Challenges: CCDBH does not have enough staff on their children's team to be able to fully facilitate the Wraparound program as the staff who currently facilitate the program have multiple roles in the department.

Successes: CCDBH's entire children's team is getting training on how to facilitate the Wraparound program by utilizing the 10 Wraparound principles. CCDBH's children's team now has the capacity to provide Wraparound services fully in the county's threshold language, Spanish.

Program Name: Integrated CSS General System Development

No Place Like Home (NPLH)

Program Description: During FY 21/22 Colusa County was able to transfer one million in Community Services and Support (CSS) Dollars to promote Full-Service Partner Housing in collaboration with our local Housing Authority based in Yuba City. After the transfer of this revenue, the Housing Authority was able to purchase almost four acres of property within the City of Colusa near shopping and services. In December of 2021, the Colusa County Board of Supervisors adopted Resolutions authorizing participation in the No Place Like Home (NPLH) non-competitive and the competitive allocations from the Department of Housing and Community Development for funding the proposed Rancho Colus development, a new 49-unit affordable housing apartment complex designed for permanent housing for Colusa County residents. The residential development will be located at 1717 Highway 20 in the City of Colusa, and will feature

one, two, and three-bedroom units, as well as a 3,000 square foot community center where supportive services will be provided through partnership with Colusa County Behavioral Health and Social Services. Rancho Colus helps address a countywide need for permanent affordable housing for community members and those requiring supportive services.

The county, like the rest of California, is significantly lacking affordable housing, and this development provides local community members with the opportunity to obtain housing and receive the supportive services they need. Rancho Colus residents will be required to pay rent and adhere to a specified standard of living as outlined in the development's Covenants, Conditions and Restrictions (CC&Rs). Colusa County will also have an ongoing presence on-site as its Behavioral Health and Social Services Departments provide supportive services to residents. Colusa County has a successful track record of running similar projects that serve our most vulnerable populations, and the county is committed to holding the Rancho Colus property management company accountable to its rules and regulations.

Financing for the development is expected to close in Spring 2023, with construction to commence thereafter. Pending any delays in the schedule, residents are expected to take occupancy in Spring 2024.

Included in the Housing efforts through MHSA resources, a Behavioral Health Housing Case Manager will be assigned. The Housing Case Manager is one member of a new housing unit within the Behavioral Health Department that will be participating in the local continuum of care and the Joint Powers Authority known as Dos Rios which includes Glenn and Trinity Counties. This co-operative applies for grants from various federal and state entities on behalf of all three counties. Using the Housing Information Management System, which is a tracking system to ensure that those with the greatest need will be housed first. The priority for Behavioral Health

will be those persons identified as Full-Service Partners. The Housing Case Manager will be the hub of activities, accepting referrals from within the BH Agency, and linking those persons up with the housing resources. There are housing files kept for each resident to ensure that as grants are audited the documentation for qualification to the program will be in good order. The Housing Case Manager will be paid partially out of Community Services and Supports revenue and partly out of Medicaid or other grant funding. The Housing Case Manager will act as a liaison to the property owners so repairs and upkeep can be maintained. The Housing Case Manager will also be working closely with the new county-wide Housing Manager that will be coordinating all county housing efforts. The county-wide Housing Manager will be housed on a Behavioral Health site for easily accessible services and resources. At times MHSA Flex funding will be used to pay rent, first or last deposits, or to underwrite household items that residents may need to become successfully housed.

Finally, in our 22/23 Housing Program there will be a new collaborative effort between Behavioral Health and the Health and Human Services Agency (H&HS). The County Board of Supervisors has authorized H&HS to hire a Housing Manager that will work with all Countywide Housing efforts, including Migrant Housing. To demonstrate that Behavioral Health is fully supportive of this new model, this new staff and the staff analyst will be housed in offices at Safe Haven Wellness and Recovery Center as part of our housing outreach for the community. The space for this housing activity will be fully funded out of the Community Services and Supports component of MHSA. H&HS will provide for their own furniture, land line and electronic equipment, but the office space will be considered an extension of Behavioral Health's efforts to outreach to the homeless community.

Challenges: CCDBH is currently working with the Housing Authority on applying for the NPLH competitive funds which require having a service plan in place. Community members often receive misinformation about the nature of NPLH. Community members need more information around NPLH.

Successes: The California Department of Housing and Community Development has determined that Colusa qualifies for the No Place Like Home competitive funds. The local Housing Authority intends to apply for the No Place Like Home competitive funds now that the Housing Authority has purchased a 3.75-acre parcel for this project.

Program Name: Integrated CSS General System Development

Full Service Adult Residential Facility (ARF)

Program Description: Over the recent years, Colusa County has accrued CSS dollars. If not used in the 2021/22 budget year, this revenue could be subject to reversion. Colusa intends to dedicate a little more than $1,100,000 to this project in the coming year. If there is any revenue left over, the surplus will go to the local Housing Authority.

Proposition 63 is quite clear that 51% of CSS dollars must be spent on Full Service Partnership (FSP) activities. In past MHSA years, the State has allowed CSS dollars to be used to purchase housing for the exclusive use of FSP consumers. Colusa County would like to utilize accumulated CSS revenue for a program of intensive housing to serve nine FSP individuals at a time. We budgeted to purchase and upgrade a seven-bedroom home to operate as an ARF utilized by Full Service Partners. There are also two transitional step down bedrooms available when FSP consumers are ready for a more independent living setting, thus making up the nine-

bedroom facility. The home has been purchased, and while the upgrades are planned, Colusa County will issue a Request for Proposals to providers to license and operate the home as an Adult Residential Facility. Colusa County will pay an annual fixed rate to the successful operational contractor and that revenue will be realized from the annual CSS allocation to the County from Department of Health Care Services. Referrals into the home will exclusively be made by Colusa County Department of Behavioral Health. When the FSP resident has a Supplemental Security Income check, the residential portion of the check will be paid to the County to assist in offsetting the monthly contract payment to the provider of services. Colusa County will direct any remaining revenue from the $1,100,000 in revenue into a capitalized operating subsidy reserve as legally allowed by the California Code of Regulations 3630.05.

All clients will have both an open chart and a case manager from Colusa County Behavioral Health Services. Treatment will be available based upon medical necessity and the individual client service plan. Medication monitoring will be appropriate for most clients. Substance use treatment will also be available for any client who desires that type of intervention. All clients of the Adult Residential Facility will be encouraged to utilize the Safe Haven Drop-In Center for peer support and socialization. The Recovery Model will be the guiding principle as a provider contract, policies, and a schedule is generated for the Adult Residential Facility by the operators.

Presently there is no board and care in Colusa County and our consumers who needs this level of care currently reside at an out of county adult residential facility. We are determined to improve this situation by bringing our Colusa County consumers who are conserved back to their county of residence. This facility will be used both for bringing consumers home who may be living out of county, but also as a prevention strategy to provide an intervention for an FSP consumer who may be struggling and needs more structure and support in their lives.

Challenges: CCDBH has secured a nine bed use permit from the City of Williams for this project. A portion of the space that is going to be utilized for the ARF is in need of a remodel which means that a Request for Proposal (RFP) so we can secure the services of a contractor to complete the work necessary for the remodel. Supply chain issues have been slowing things down when it comes to ordering supplies and furniture needed for programs. Lastly, CCDBH will need to find a provider who is willing to operate the ARF. All of these barriers can take a lot of time.

Successes: A use permit for nine beds was received and approved by City of Williams in the Spring.

Program Name: Integrated CSS Outreach and Engagement

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 symptoms of 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. These wellness groups are aimed to focus on the whole person. Some groups currently being provided are: Healthy Habits, Wellness and Recovery Support, Money Management, Cultural Exploration, Setting the Tone, Arts and Crafts, and Life's Journey. One fulltime Peer Support Specialist position and two part-time Peer Support Specialists 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 operations of the center. This allows for growth in leadership skills and peer advocacy.

Challenges: Safe Haven Wellness and Recovery Center has moved into a new location and was in need of new furniture and supplies. Due to supply chain issues Safe Haven has not been fully furnished with all supplies for longer than expected. And due to Covid-19 has been unable to be opened at full capacity. It has been difficult to get participation from consumers back at Safe Haven due to the pandemic.

Successes: Safe Haven had their open house on Tuesday, April 5th, 2022. It was well attended by staff, other agencies, and community members. Safe Haven is now fully opened.

Prevention and Early Intervention (PEI) Programs

Program Name: Early Intervention Program

2nd Step

Program Description: This program works in collaboration with the Colusa County Office of Education to provide enhanced 2nd Step services to participating county schools and preschools. 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 through 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. 2nd Step plans to expand their services to upper elementary aged children to reach up to 6th grade youth with additional funding. By providing the 2nd Step program to this age group, the students will continue to build on their

skills and knowledge from previous involvement in the program. This will decrease and/or prevent students' involvement in specialty mental health services.

Challenges: Due to the Covid-19 pandemic school sites have been reaching out for extra support services for students that were not a part of the 2nd Step program. Another challenge is that 2nd Step recognizes that some schools do not have the resources or personnel to address the social and emotional needs of all of their students since the pandemic.

Successes: With increased funding via MHSA, 2nd Step has been able to serve additional sites and grade levels in the middle of the school year. 2nd Step was then able to address social/emotional needs of more students.

Program Name: Early Intervention Program
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

Challenges: MHSA Infant to 5 has not been able to provide services due to Covid-19. Staff changes have also contributed to this activity not being fully operational.

Successes: The plan is to have this program up and running again in the fall of 2022.

Program Name: Prevention Program

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. This includes disseminating educational information the youth created onto social media platforms for public information and education. Through the positive youth development model, individuals focus on their strengths and their potential to contribute positively to their own lives and their communities.

Challenges: Covid-19 presented challenges for staff due to each school site having different policies and procedures on how to have in-person club meetings. If meetings were allowed to occur, then they would have to be held outside which was hard if there was bad weather. Meetings were also not consistent due to school closures and increased cases of Covid-19.

Successes: This year the program was able to increase membership in various chapters compared to previous years and reached more youth. Friday Night Live and Club Live also have seen better collaboration between school staff and Behavioral Health staff on campus and at meetings.

Program Name: Prevention Program

Life and Leadership- A Circle of Solid Choices

Program Description: This program 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 program 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 program 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 component is 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 is 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 program 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; and, provide an individualized option for directed life experience. Together, 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.

Challenges: Unable to provide services due to Covid-19 for most of 2020, the entire year of 2021 and the beginning of 2022. As restrictions started to lift and the program started to come back together as a population, the program found that the youth were not ready to come back together. The social isolation, lack of routine, and loss of learning that the youth faced for over two years, significantly heighted and worsened the anxiety and depression signs we saw prior to the pandemic.

Program Name: Stigma and Discrimination Reduction Program

Cultural Competency Committee (CCC)

Program Descriptions: The Cultural Competency Committee (CCC) is made up of Colusa County Department of Behavioral Health (CCDBH) staff and other agency staff who meet monthly to address cultural humility. This committee is dedicated to ensure services provided are delivered in a culturally appropriate manner to all consumers. The CCC guarantees this by discussing cultural humility training opportunities it could provide to CCDBH staff and other

agencies as well as coming up with creative ways to instill cultural humility practices. The CCC plans to measure the knowledge and attitudes changes before and after these trainings are provided to analyze the effectiveness of the training to reduce stigma and discrimination. The CCC also serves to carry-out items to be addressed in the Cultural Competency Plan (CCP). The CCC is led by the identified Ethnic Services Manager (ESM) who is also the MHSA Coordinator.

Challenges: CCC did not have a physical space to meet for a few months this fiscal year therefore meeting were held via Zoom instead of in-person. CCC would like to have more community members involved in meetings.

Successes: Has expanded to include other county agencies. CCC now has a room at CCDBH in which they can meet in person as well as in the community.

Program Name: Access and Linkage to Treatment Program

Bright Vista Youth Center

Program Description: The Bright Vista Youth Center is a new MHSA program, funded by Prevention and Early Intervention, that will be dedicated to offering Colusa County's youth aged 12 to 17 years old a safe, welcoming, and healthy environment. Bright Vista Youth Center will be scheduled to be open after school hours from Monday through Friday and a half day on Saturday. The program will be open during summer and school vacation hours. This program will have collaborative input from Behavioral Health, Health and Human Services, Juvenile Probation, and the Office of Education that will form the Bright Vista Youth Center's Policy Council. The Policy Council will help to identify ways to address our youths' social and

emotional needs. Also, an operational team will be meeting regularly with representatives from each collaborating agency department to discuss daily processes of the center. The Bight Vista Youth Center will offer age-appropriate workshops that focus on core elements of overall health and wellbeing such as social skills, life skills, creative expression, cultural humility, academic achievement, community service, and recreational activities. These workshops will be provided by staff from the collaborative County Departments listed above. Bright Vista Youth Center will be staffed by two permanent Part-Time Peer Support Specialists and overseen by the MHSA Coordinator and MHSA Clinical Program Manager. This program will gather participant data to evaluate the efficacy of the Bright Vista Youth Center and provide recommendations of areas to improve on a quarterly basis.

Challenges: Shipping and receiving of supply issues due to Covid-19 and other complications.

Successes: Collaboration between multiple county departments has been successful.

Program Name: Outreach for Increasing Recognition of Early Signs of Mental Illness

California Mental Health Services Authority (CalMHSA)

Program Description: CalMHSA is an organization that helps counties and cities in the state of California fund, develop, and implement mental health services and educational programs. CalMHSA provides the county with a May is Mental Health Matters Month toolkit every year via their educational program known as Each Mind Matters (EMM). The toolkit is a resource used in community outreach and engagement events to reduce stigma around mental illness and mental health services.

CalMHSA also assists our county with presumptive transfers. Presumptive transfers involve funding that follows a dependent/foster child from their country of origin to their out-of-county foster placement so that they are able to continue to receive Medicaid Services without a lapse in treatment. CCDBH has four other contracts with CalMHSA that include: Concurrent Review and Approval for Inpatient Business Associates Agreement, Workforce Education and Training (WET) Participation Agreement, Peer Certification Participation Agreement, and an Electronic Health Record Participation Agreement.

Innovation (INN) Programs

Program Name: Practical Actions Towards Health (PATH)

Program Description: The Social Determinants of Rural Mental Health Project (SDRMHP), has been renamed Practical Actions Towards Health (PATH) during the 30-day review period. PATH is a project designed to examine and address some basic life factors that impact mental health for people in 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 illnesses. 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 who are experiencing or may be experiencing 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/income and social status/educational opportunities
5. Access to healthcare services/medical treatment
6. Social environment and natural supports
7. Geographical location and physical environment

Colusa County has decided to focus on the population of justice involved persons for this project. The intention is to outreach and engage all adults served by the Adult Probation Department in a manner that is not overseen by courts. This will be a voluntary program where their entry will be referrals from the Adult Probation Department, or Parole Department and other interested persons in the community with the agreement by participants to sign a Release of Information (ROI), allowing Innovation staff to collaborate with the referring agency.

This project will include two Mental Health Specialists and one Case Manager. The three positions will be under the direction of a licensed Therapist who interfaces with the County Correctional facility and DRC participants and Adult Probation. The Mental Health Specialists will be outreaching to individuals which will consist of offering a Strengths Assessment to identify areas that might be barriers to a successful integration back into the community. After the Strengths Assessment is completed, the participant will be asked to prioritize the domains and identify which Social Determinant(s) they feel would be most important to address for their overall health and wellbeing. The Case Manager will make appropriate community referrals to link the individual to identified agencies and resources needed to remove social determinant barriers. The Mental Health Specialists will help address the participants' social determinants in

need with a skill building approach so that an adjustment to community life can be more successful. Engaging persons identified as having negative social determinants which impacts their mental health will allow for pragmatic solutions and specific interventions that are likely to improve outcomes when participants engage in addressing social determinants and or they become a formal client of Behavioral Health services; mental health or substance abuse services. The barriers experienced, treatment interventions, services provided, and outcomes achieved will be tracked and analyzed through an evaluation process. The evaluation plan has been developed with a contract with California Institute for Behavioral Health Solutions (CIBHS.)

Challenges: The delivery of equipment and furnishings to get the program started has been difficult due to supply chains.

Successes: The program will be serving a high risk population who does not have many resources.

Capital Facilities and Technological Needs (CFTN)

There was a transfer from the CSS fund over to the CFTN fund from the previous two fiscal years. With this funding we plan to update CCDBH's building. The updates that will be made will include upgrading the common areas, upgrading the flooring throughout the building, painting the interior and exterior of the building, and landscaping the outdoor area. The funding will also be utilized to provide upgraded computer/printing equipment for our staff and a new security system. CCDBH is considering expanding facilities in other communities in the county. If a new facility is acquired, we will use some of these funds to furnish the new space.

Workforce Education and Training (WET) Programs

Program Name: Workforce Education and Training Loan Repayment, Educational Stipends, & Scholarships

Program Description: A new funding opportunity has been provided to counties by the Office of Statewide Health Planning and Development (OSHPD). Colusa County agreed to apply to this grant with neighboring counties in our area known as the Superior Region. The counties that make up the Superior Region are Butte County, Colusa County, Glenn County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Nevada County, Plumas County, Shasta County, Sierra County, Siskiyou County, and Trinity County. Butte County is the lead grant writer for the new WET funding. The grant process began in Fiscal Year (FY) 2020-2021. The focus of this new WET funding will be on loan repayment, educational stipends, and scholarships. The goal of this funding is to provide incentive to CCDBH staff to continue their education and to continue working in the county. The funds will also increase recruitment of hard to fill positons and create a culturally diverse workforce. Currently, the grant details are still being discussed and finalized by the Superior Region collaborative. Colusa County's local match is a total of $33,773. The County will pay the $15,853 by the end of the 2020/2021 fiscal year and the remaining $17,920 in the 2021/2022 fiscal year.

Program Data and Outcomes

MDT FY 2021/2022

No meetings held due to Covid-19

FY 2022/2023 Meetings are monthly

Wraparound FY 2020/2021

3 total families

No Place Like Home FY 2021/2022

No data at this time

Full Service Adult Residential Facility FY 2020/2021

No data at this time

MHSA Infant to 5 FY 2021/2022

No observations were completed due to Covid-19

Life and Leadership – A Circle of Solid Choices FY 2021/2022

No data due to COVID-19 pandemic restrictions

Cultural Competency Committee FY 2021/2022

8 Meetings and 3 schedule in April, May, and June

Social Determinants of Rural Mental Health FY 2020/2021

No data at this time

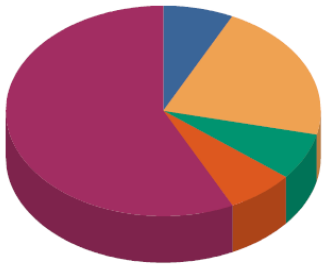
Youth Center FY 2020/2021

No data at this time

FSP FY 2020/2021

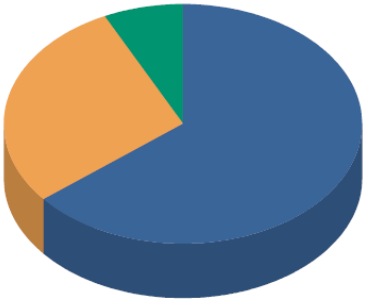
All Clinitions Caseload Summary For FSP Clients With Dates of Service From 7/1/2020 Through 6/30/2021

DistinctCount of Ethnicity



FILIPINO	1	7.1%
Mexican American/Chicano	3	21.4%
NATIVE AMERICAN	1	7.1%
NON WHITE-OTHER	1	7.1%
WHITE	8	57.1%
Total:	14	100.0%

DistinctCount of Zipcode

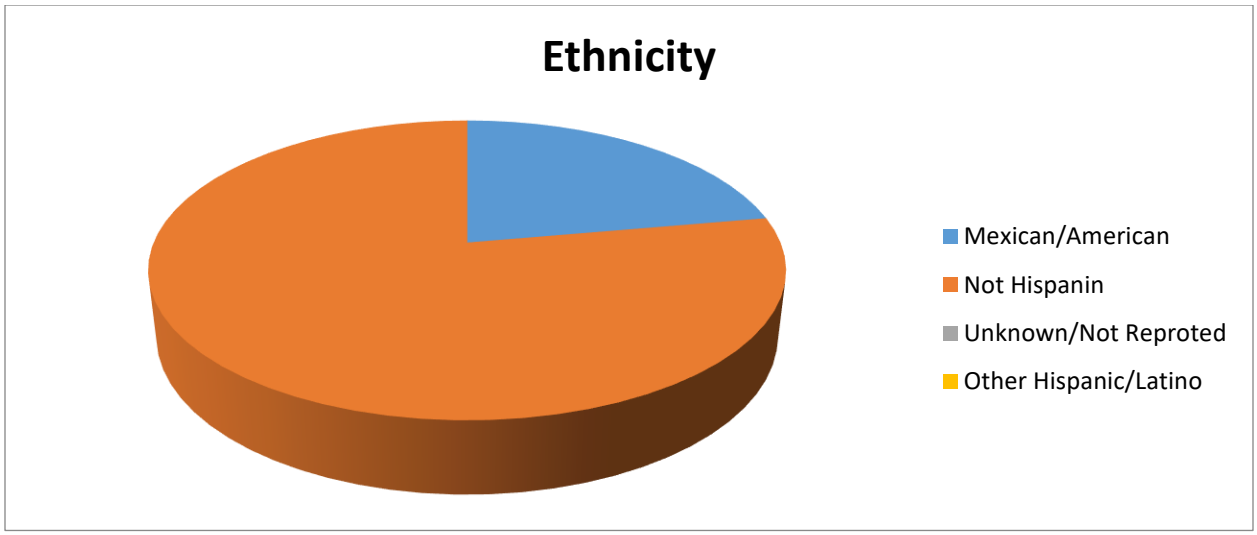


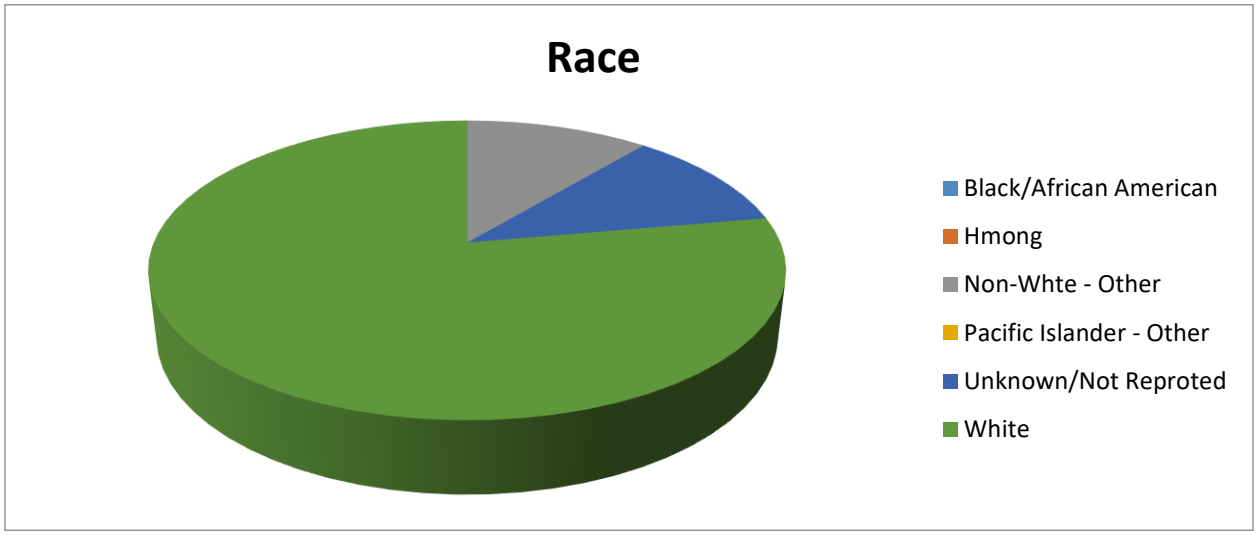
95932	9	64.3%
95987	4	28.6%
96080	1	7.1%
Total:	14	100.0%

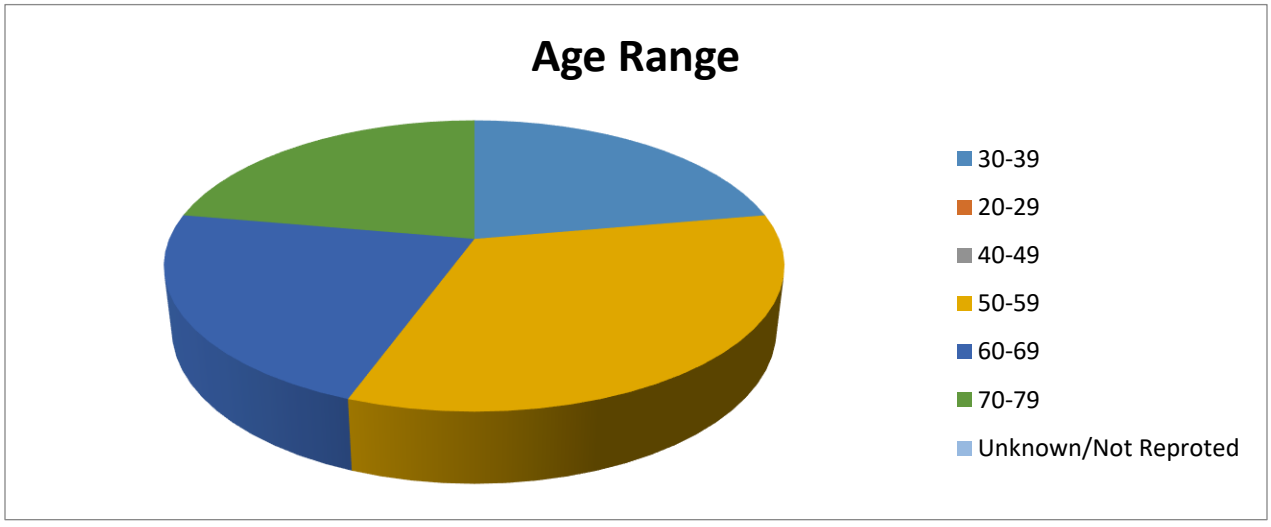
SELFPAY-Clients	1	7%
CMSP-Clients	0	0%
Medicare-Clients	0	0%
Private ins-Clients	0	0%
Number of Clients Served (unduplicated):		14
Children (0-12) Count:	0	0%
Children (0-12) on Meds:	0	0%
Children (13-18) Count:	0	0%
Children (13-18) on Meds:	0	0%
Medical-Clients	13	93%
Dual diagnosis	2	14%
Adults (19-64) Count:	13	93%
Elderly (65 +) Count:	1	7%
Transational Youth Age (16-25):	0	0%
Female Clients:	4	29%
Male Clients:	10	71%
Spanish Speaking	1	7%

Medi-Cal Breakdown by Age	With Medi-Cal
Children (0-12) Count:	0
Children (13-18) Count:	0
Adults (19-64) Count:	12
Elderly (65 +) Count:	1
No Show Svcs	11 (1%)
Total Claimed Svcs	1,565

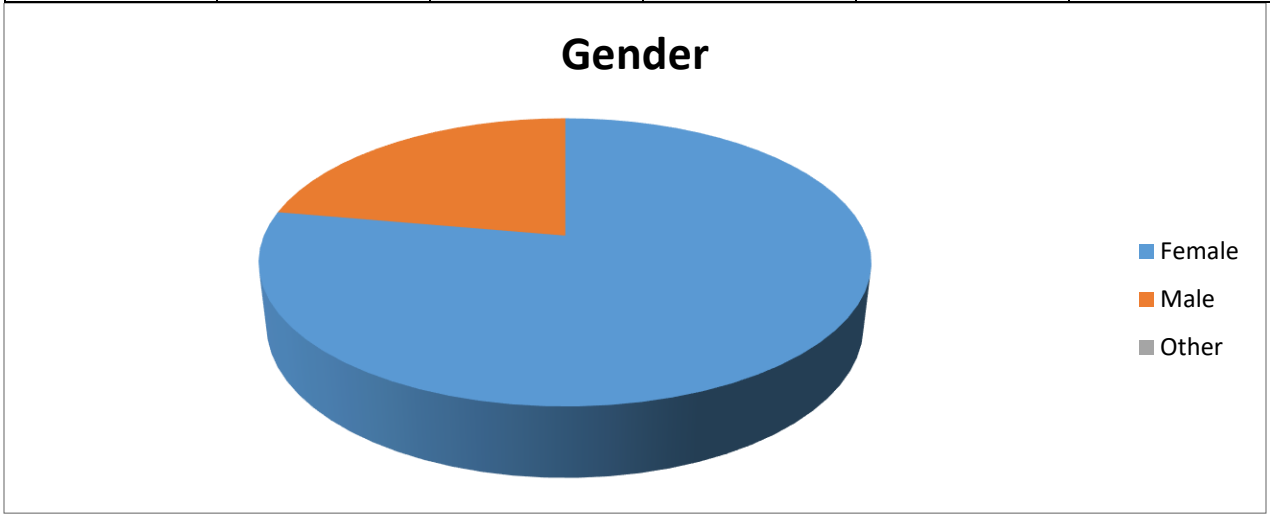
Safe Haven Wellness and Recovery Center FY 2020/2021


Ethnicity
Mexican/American
Not Hispanin
Unknown/Not Reproted
Other Hispanic/Latino


Race
Black/African American
Hmong
Non-Whte - Other
Pacific Islander - Other
Unknown/Not Reproted
White


Age Range
30-39
20-29
40-49
50-59
60-69
70-79
Unknown/Not Reproted

Group Attendance July 2020 - September 2020					
July		August		September	
Name of Group	Total	Name of Group	Total	Name of Group	Total
Life Skills	3	Life Skills - Self Esteem Building	9	Life Skills - Feelings, spiritual principles, stress reduction	12



Group Attendance January 2021 - March 2021					
January		February		March	
Name of Group	Total	Name of Group	Total	Name of Group	Total
Life Skills	0	Life Skills - Identifying strengths, journaling, strength based experience, coping skills/self-care	5	Life Skills - Reflective listening skills, self-care tools, health vs unhealthy coping skills	10

2nd Step FY 2020/2021

Group Attendance October 2020 - December 2020					
October		November		December	
Name of Group	Total	Name of Group	Total	Name of Group	Total
Life Skills	5	Life Skills	5	Life Skills	0

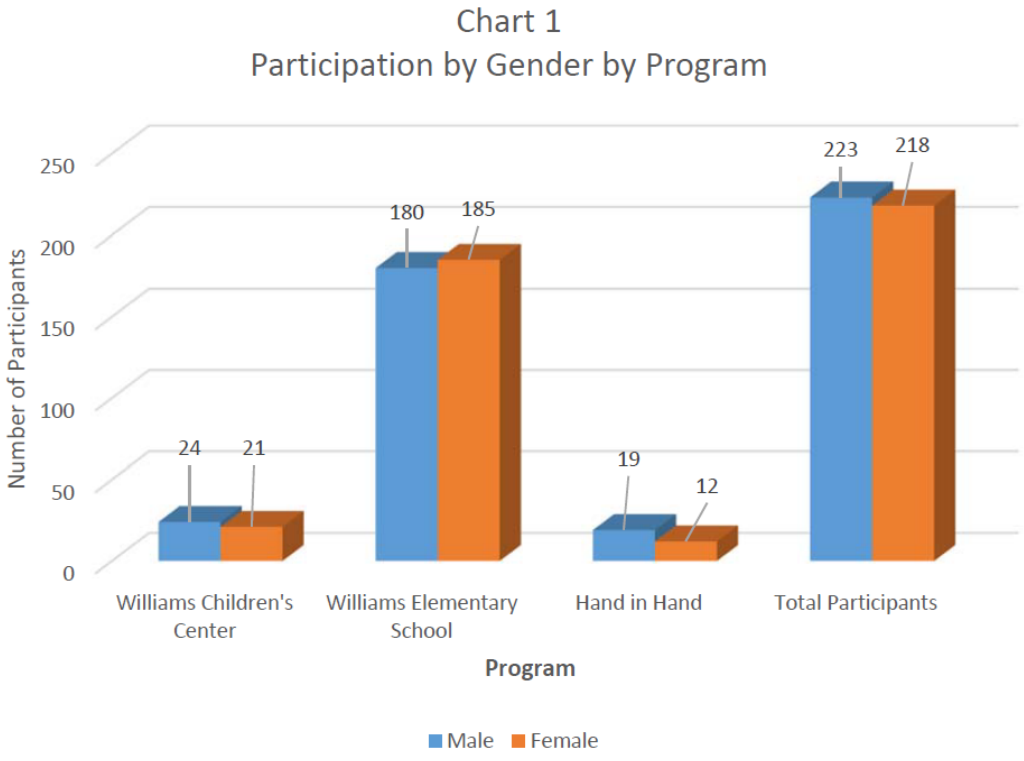


Chart 2
Participation by Grade Level by Program

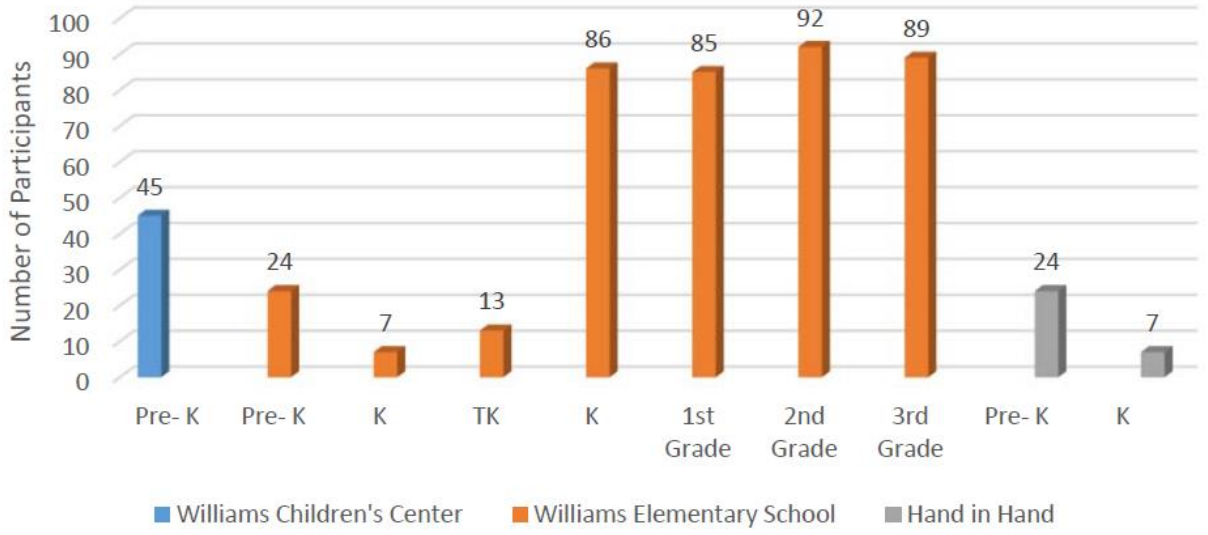


Chart 3
Participation by Race by Program

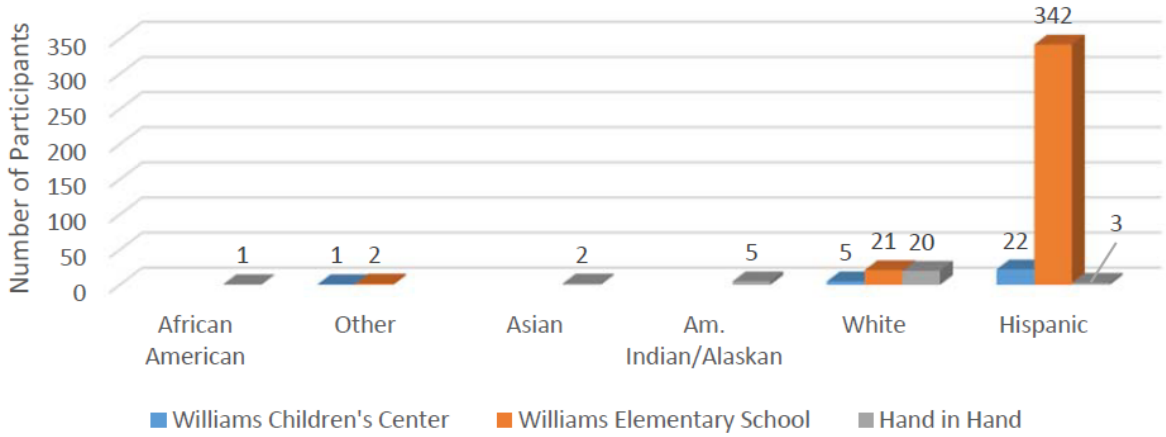


Chart 4
Participation by Ethnicity by Program

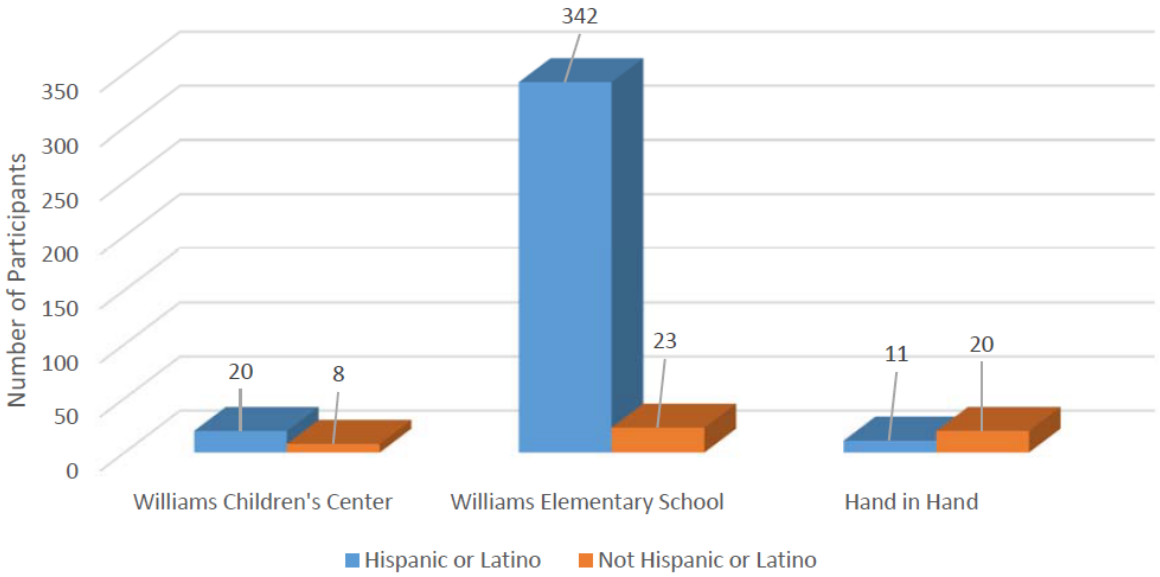


Chart 5
Preferred Language by Participants by Program

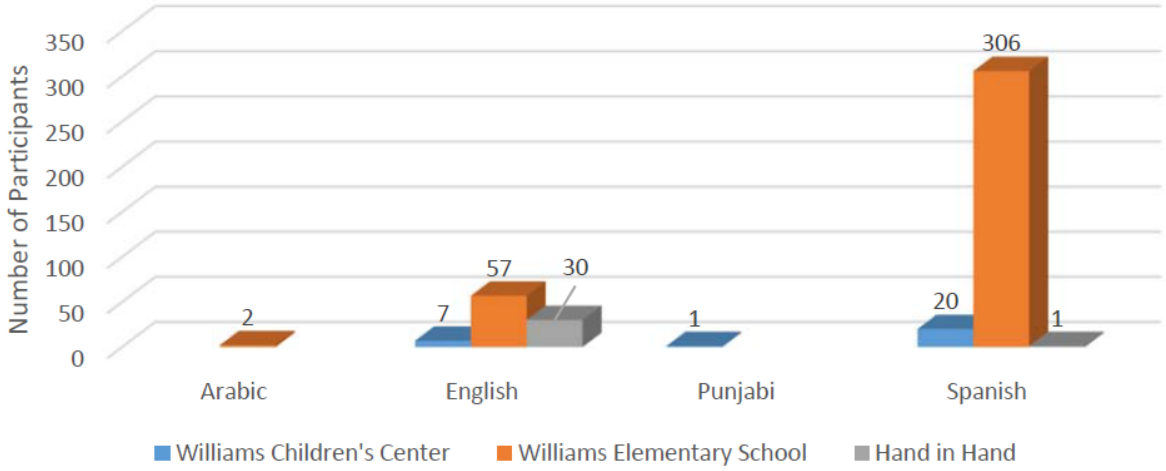


Chart 6
Percentage of FRMP Recipients by Program

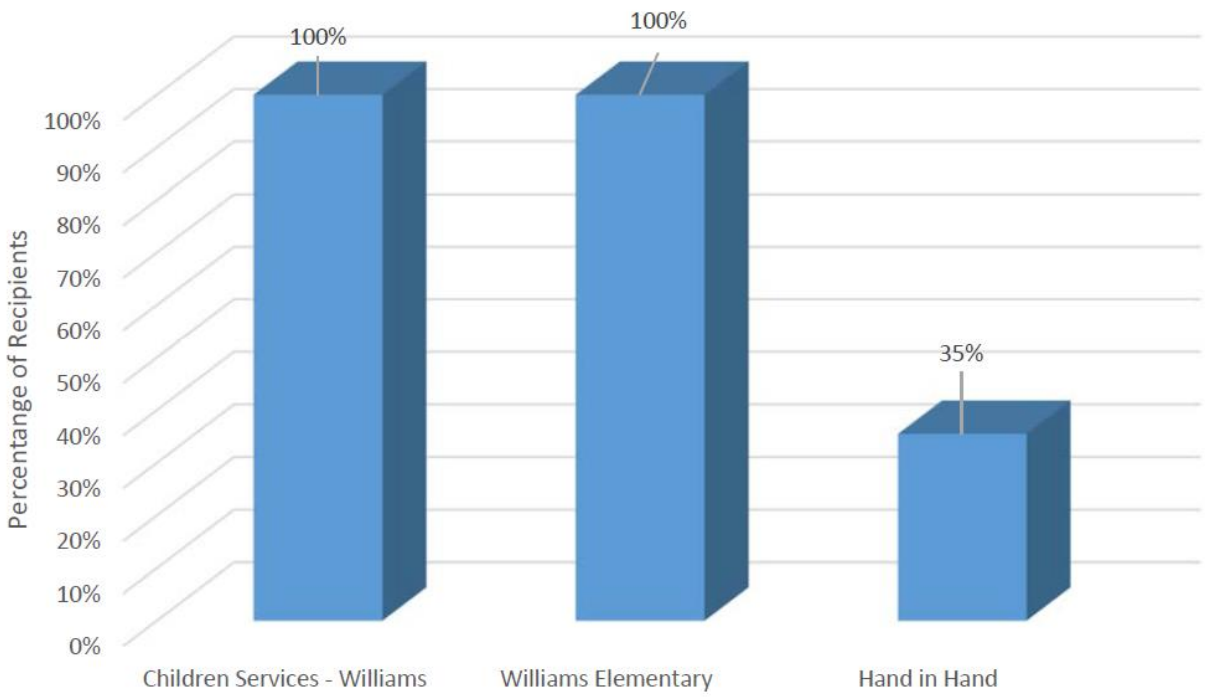


Chart 7
Percentage of CalFresh Recipients by Program

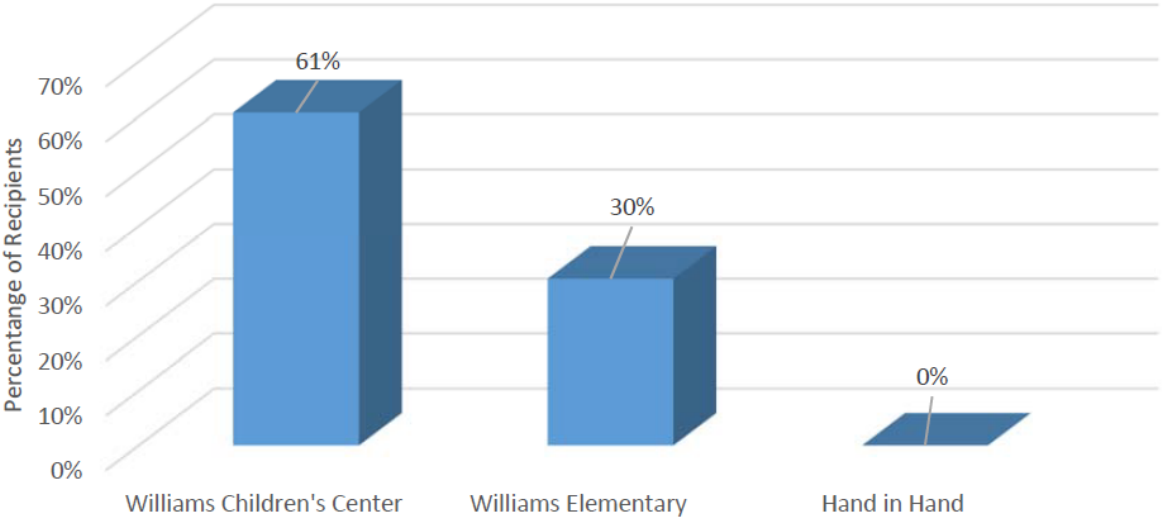


Table 3

Social Competence and School Adjustment

School/Program	n	Average Scores for Total WAS Scale					
		Before Participation		After Participation		Net Change	
		#	%	#	%	#	%
Colusa COE Total/Avg	**410**	**53**	**17%**	**77**	**58%**	**+24**	**+41%**
Williams Children's Center	**45**	**47**	**8%**	**72**	**47%**	**+25**	**+39%**
PK	*45*	*47*	*8%*	*72*	*47%*	*+25*	*+39%*
Williams Elementary School	**365**	**52**	**18%**	**78**	**60%**	**+24**	**+42%**
TK	*13*	*44*	*5%*	*87*	*78%*	*+43*	*+73%*
K	*86*	*48*	*10%*	*74*	*53%*	*+26*	*+43%*
1st	*85*	*53*	*16%*	*84*	*70%*	*+31*	*+54%*
2nd	*92*	*54*	*16%*	*79*	*61%*	*+25*	*+45%*
3rd	*89*	*63*	*31%*	*75*	*53%*	*+12*	*+22%*
Hand in Hand	**31**	**77**	**58%**	**83**	**70%**	**+6**	**+12%**
PK	*24*	*77*	*57%*	*83*	*70%*	*+6*	*+13%*
K	*7*	*79*	*61%*	*-*	*-*	*-79*	*-61%*
Colusa Total/Avg	**441**	**55**	**20%**	**78**	**59%**	**-23**	**+39%**

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

Table 4

Teacher -Preferred Social Behavior

School/Program	n	Average Scores for WAS Subscale 1					
		Before Participation		After Participation		Net Change	
		#	%	#	%	#	%
Colusa COE Total/Avg	**410**	**14**	**24%**	**20**	**63%**	**+6**	**+39%**
Williams Children's Center	**45**	**12**	**15%**	**18**	**47%**	**+6**	**+32%**
PK	*45*	*12*	*15%*	*18*	*47%*	*+6*	*+32%*
Williams Elementary School	**365**	**14**	**25%**	**20**	**65%**	**+6**	**+40%**
TK	*13*	*11*	*9%*	*23*	*81%*	*+12*	*+72%*
K	*86*	*13*	*17%*	*19*	*54%*	*+6*	*+37%*
1st	*85*	*14*	*24%*	*23*	*77%*	*+9*	*+53%*
2nd	*92*	*14*	*25%*	*21*	*67%*	*+7*	*+42%*
3rd	*89*	*17*	*39%*	*20*	*61%*	*+3*	*+22%*
Hand in Hand	**31**	**19**	**49%**	**20**	**61%**	**+1**	**+12%**
PK	*24*	*19*	*47%*	*20*	*61%*	*+1*	*+14%*
K	*7*	*19*	*52%*	*-*	*-*	*-19*	*-52%*
Colusa Total/Avg	**441**	**14**	**26%**	**20**	**63%**	**+6**	**+37%**

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

Table 5

Peer Preferred Social Behavior

School/Program	n	Average Scores for WAS Subscale 2					
		Before Participation		After Participation		Net Change	
		#	%	#	%	#	%
Colusa COE Total/Avg	**410**	**20**	**15%**	**29**	**58%**	**+9**	**+43%**
Williams Children's Center	**45**	**17**	**8%**	**27**	**46%**	**+10**	**+38%**
PK	*45*	*17*	*8%*	*27*	*46%*	*+10*	*+38%*
Williams Elementary School	**365**	**20**	**16%**	**29**	**59%**	**+9**	**+43%**
TK	*13*	*17*	*6%*	*33*	*76%*	*+16*	*+70%*
K	*86*	*18*	*9%*	*29*	*56%*	*+11*	*+47%*
1st	*85*	*20*	*14%*	*31*	*69%*	*+11*	*+55%*
2nd	*92*	*20*	*15%*	*29*	*58%*	*+9*	*+43%*
3rd	*89*	*24*	*28%*	*28*	*52%*	*+4*	*+24%*
Hand in Hand	**31**	**30**	**59%**	**32**	**71%**	**+2**	**+12%**
PK	*24*	*30*	*56%*	*32*	*71%*	*+2*	*+15%*
K	*7*	*32*	*68%*	*-*	*-*	*-32*	*-68%*
Colusa Total/Avg	**441**	**21**	**18%**	**29**	**59%**	**+8**	**+41%**

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

Table 6

Classroom Adjustment Behavior

School/Program	n	Average Scores for WAS Subscale 3					
		Before Participation		After Participation		Net Change	
		#	%	#	%	#	%
Colusa COE Total/Avg	**410**	**20**	**23%**	**28**	**58%**	**+8**	**+35%**
Williams Children's Center	**45**	**18**	**16%**	**26**	**48%**	**+8**	**+32%**
PK	*45*	*18*	*16%*	*26*	*48%*	*+8*	*+32%*
Williams Elementary School	**365**	**20**	**24%**	**28**	**59%**	**+8**	**+35%**
TK	*13*	*17*	*13%*	*31*	*72%*	*+14*	*+59%*
K	*86*	*18*	*17%*	*27*	*52%*	*+9*	*+35%*
1st	*85*	*20*	*22%*	*31*	*69%*	*+11*	*+47%*
2nd	*92*	*20*	*23%*	*29*	*61%*	*+9*	*+38%*
3rd	*89*	*23*	*24%*	*27*	*54%*	*+4*	*+38%*
Hand in Hand	**31**	**29**	**59%**	**31**	**71%**	**+2**	**+13%**
PK	*24*	*29*	*59%*	*31*	*71%*	*+2*	*+12%*
K	*7*	*28*	*52%*	*-*	*-*	*-28*	*-52%*
Colusa Total/Avg	**441**	**20**	**25%**	**28**	**59%**	**+8**	**+34%**

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

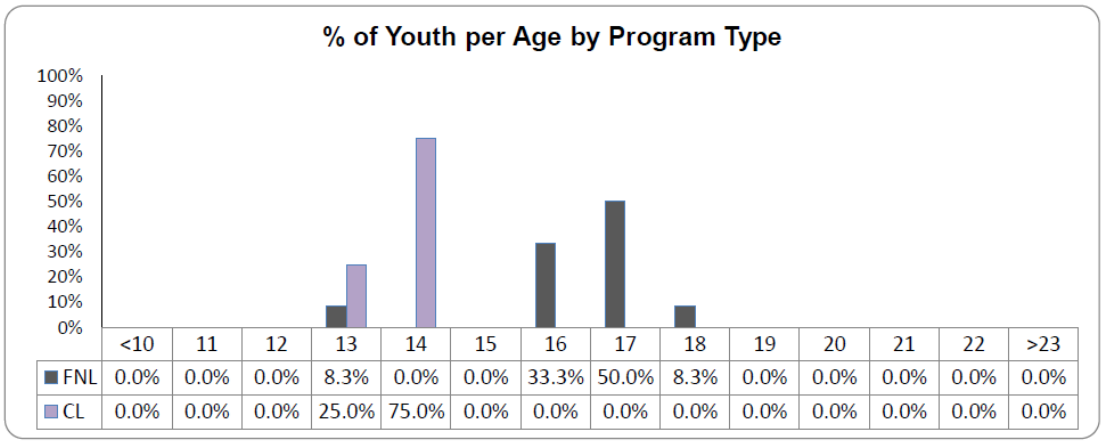
PARTICIPANT DEMOGRAPHICS

There were a total of 17 Youth Development Survey (YDS) participants from Colusa County. Of these, 13 came from Friday Night Live (FNL) and 4 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
Colusa County Youth Council	5	
Williams High	4	
Colusa High	4	
Egling Jr. High	0	2
Maxwell Jr. High	0	2
Missing	0	0
Total	13	4

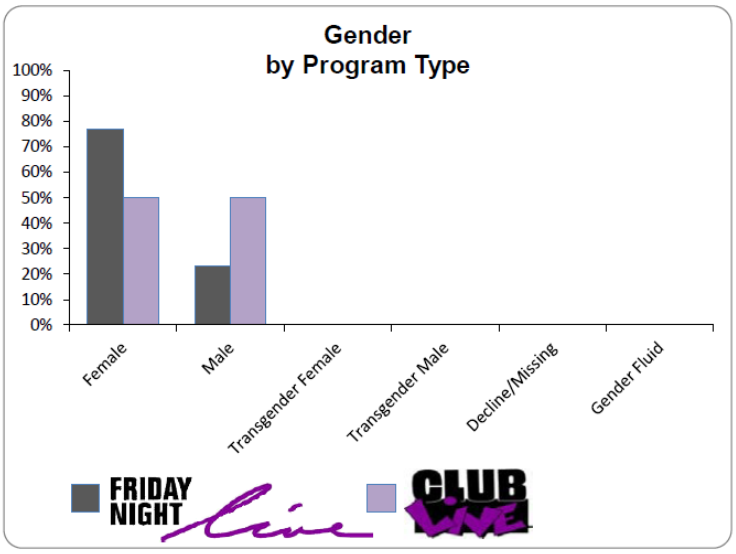
Age of Participants

	FNL	Club Live
Average Age (yrs)	16.42	13.75



Gender

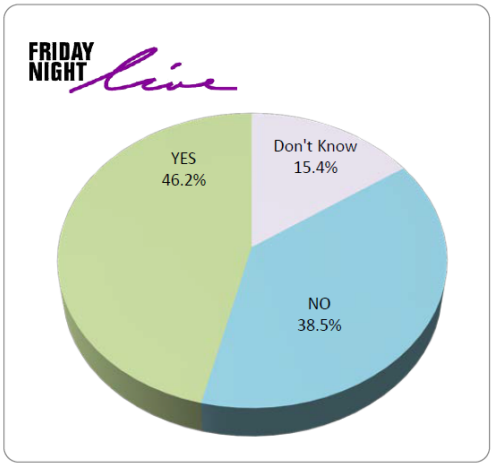
Gender	FNL n=13	Club Live n=4
Female	76.9%	50.0%
Male	23.1%	50.0%
Transgender Female	0.0%	0.0%
Transgender Male	0.0%	0.0%
Decline/Missing	0.0%	0.0%
Gender Fluid	0.0%	0.0%

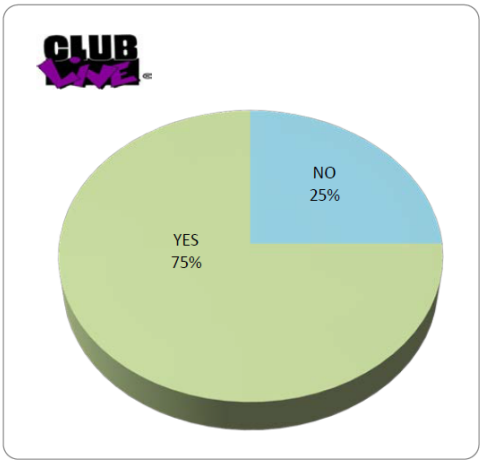


Socioeconomic Status: Youth Who Qualify for Free/Reduced Lunch

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.

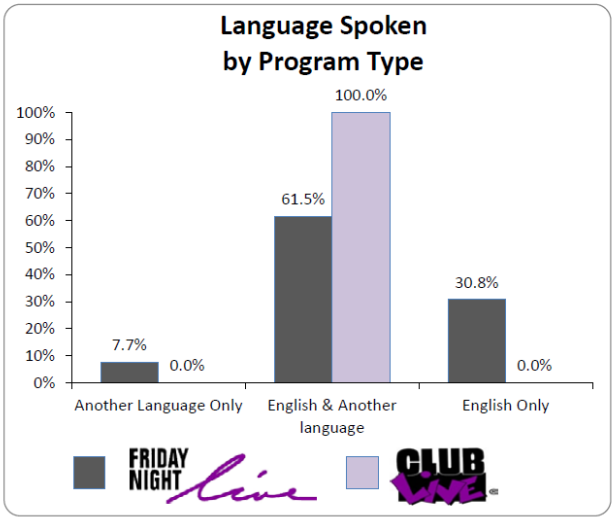
Percent of Youth who Reported that they Qualify for Free Reduced Lunch





Language

Survey respondents reported which language is spoken by their families:



Language	FNL (N)	CL (N)
Spanish	7	0

*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.

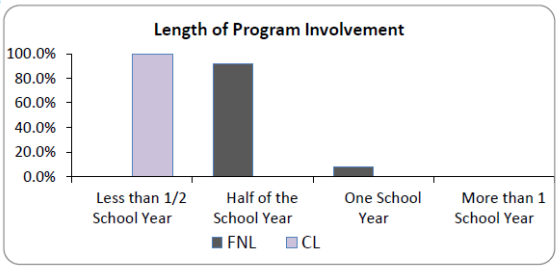
Race/Ethnicity Categories	FNL (%)
African American / Black	0.0%
Asian/Pacific Islander	0.0%
Middle Eastern/North African	0.0%
Hispanic/Latino	69.2%
Multi-Ethnic	0.0%
Native American	0.0%
White/European	15.4%
Decline/Not Listed	15.4%
Don't Know	0.0%
Total	100%

Specific race/ ethnicities	FNL (N)	CL (N)
Mexican	7	

Length of Program Involvement

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

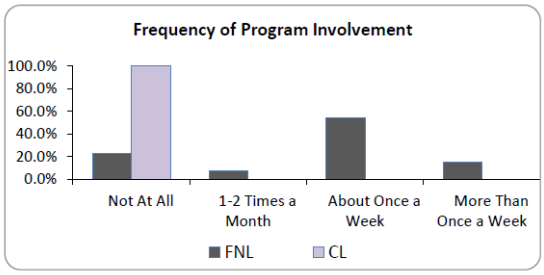
Involvement	FNL
Less than 1/2 School Year	0.0%
Half of the School Year	92.3%
One School Year	7.7%
More than 1 School Year	0.0%



Frequency of Program Involvement

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

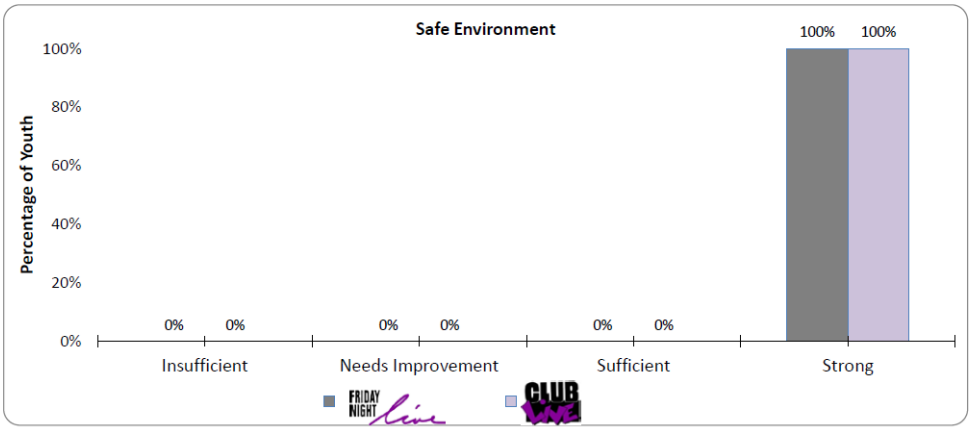
Frequency	FNL
Not At All	23.1%
1-2 Times a Month	7.7%
About Once a Week	53.8%
More Than Once a Week	15.4%



Safe Environment: Youth feel safe physically and emotionally

	FNL	CL
Mean	5.65	5.46
Standard Deviation	0.31	0.27

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

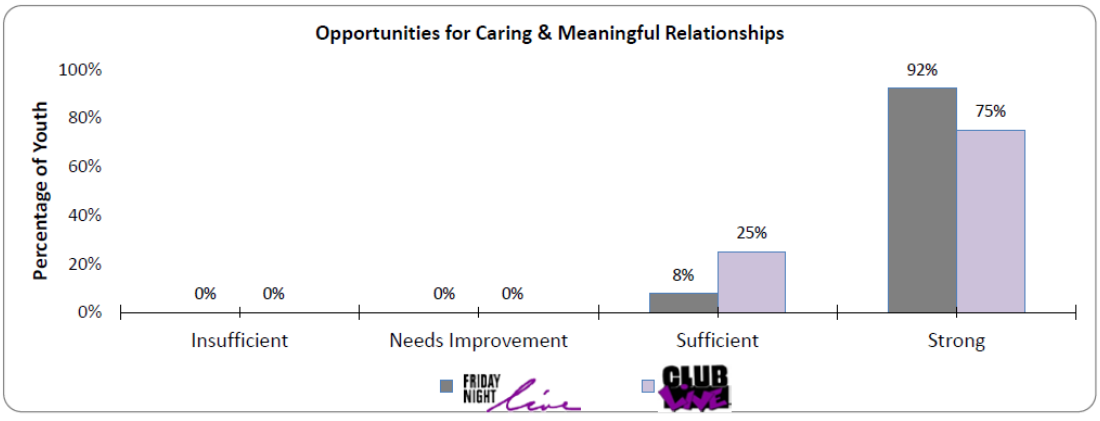


Survey Questions that Measured Safe Environment:	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. In FNL/CL, staff and youth treat each other with respect.	5.69	0.48	5.50	0.57
2. In FNL/CL, I can say what I think or feel without being criticized or put down.	5.54	0.66	5.00	0.00
3. FNL/CL provides a space where I feel physically safe.	5.75	0.45	5.75	0.50
4. Youth respect each other's differences (e.g. gender, race, culture, religion, sexual orientation, etc.).	5.85	0.56	5.25	0.50
5. In FNL/CL, I feel accepted for who I am.	5.92	0.28	5.75	0.50
6. In FNL/CL, I learn how to work with people that I don't always agree with.	5.23	0.59	5.75	0.50
7. In FNL/CL, I have opportunities to work with youth and adults to solve conflicts.	5.62	0.65	5.25	0.50

Caring and Meaningful Relationships

	FNL	CL
Mean	5.54	5.07
Standard Deviation	0.41	0.18

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



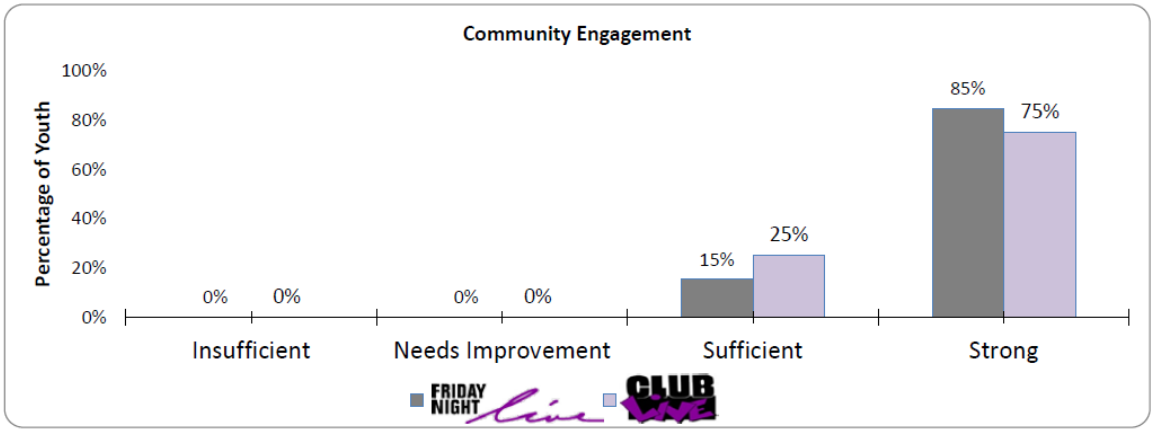
Survey Questions that Measured Caring & Meaningful Relationships:	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. In FNL/CL, I feel like others really get to know me.	5.62	0.50	4.75	0.50
2. Through FNL/CL, I have worked closely with youth that come from different backgrounds (e.g. racial/ethnic, religious, economic, gender, or sexual identity).	5.46	0.66	5.25	0.50
3. FNL/CL gives me opportunities to spend time with adults in a positive way.	5.54	0.52	5.25	0.50
4. FNL/CL encourages me to learn about the identities/cultural backgrounds of others.	5.23	0.72	4.75	0.50
5. FNL/CL provides me with opportunities to build new friendships.	5.54	0.51	4.75	0.96
6. I feel like other people in FNL/CL care about me.	5.69	0.48	5.25	0.50
7. There are adults in FNL/CL who care about me.	5.80	0.43	5.50	0.58

Opportunities for Involvement and Connection to Community and School

A. Community Connection/Engagement

	FNL	CL
Mean	5.35	5.12
Standard Deviation	0.48	0.52

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

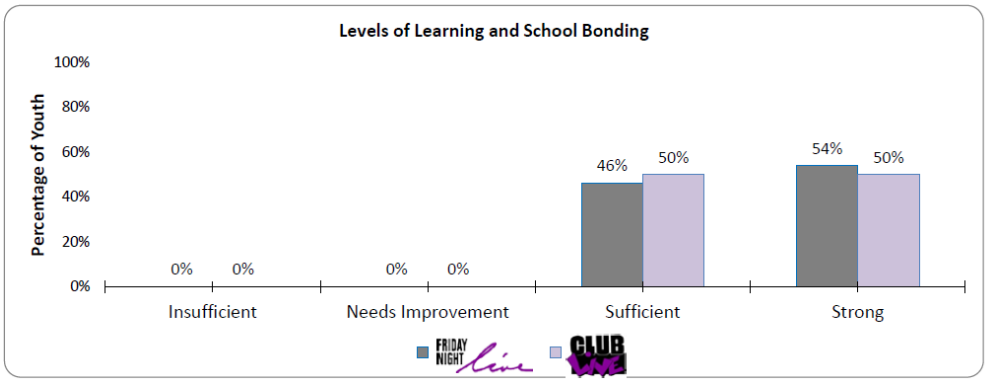


Survey Questions that Measured Community Engagement:	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. FNL/CL participates in events that take place in the larger community.	4.92	0.86	4.75	0.96
2. Through FNL/CL, I have learned a lot about youth groups and activities in my community.	5.69	0.48	5.00	0.81
3. In FNL/CL, youth have opportunities to take action in our community to create positive change.	5.23	0.60	5.75	0.50
4. I work with FNL/CL to make things better in my community.	5.54	0.52	5.00	0.81
5. Because of FNL, I have a better understanding of the strengths and challenges of my community.	5.46	0.70	n/a	n/a
6. Because of FNL, I feel more engaged in my community.	5.31	0.75	n/a	n/a

B. Learning and School Bonding/Engagement

	FNL	CL
Mean	5.23	4.7
Standard Deviation	0.66	0.68

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

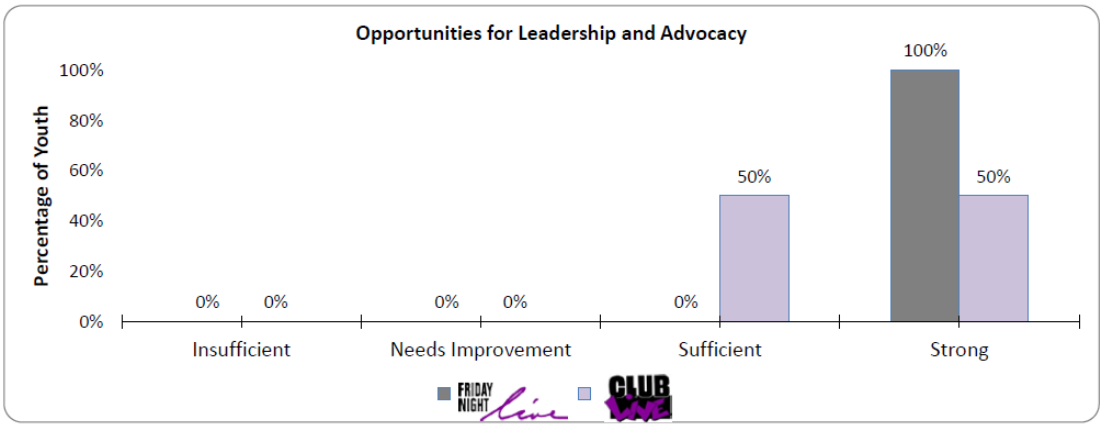


Survey Question that Measured Learning and School Bonding:	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. Because of my involvement in FNL, I am more likely to continue my education (e.g. through college/specialized training)./Because of CL, I feel more prepared for high school.	5.62	0.65	4.75	0.96
2. Because of FNL/CL, I am more excited about going to school.	4.92	0.95	4.75	0.96
3. Through my involvment with FNL/CL, I've learned about opportunities for my future.	5.40	0.65	4.75	0.50
4. Because of FNL, I am more committed to doing well in school./Because of CL I want to do well in school.	5.00	0.91	4.33	0.58

Leadership and Advocacy

	FNL	CL
Mean	5.55	5
Standard Deviation	0.32	0.61

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

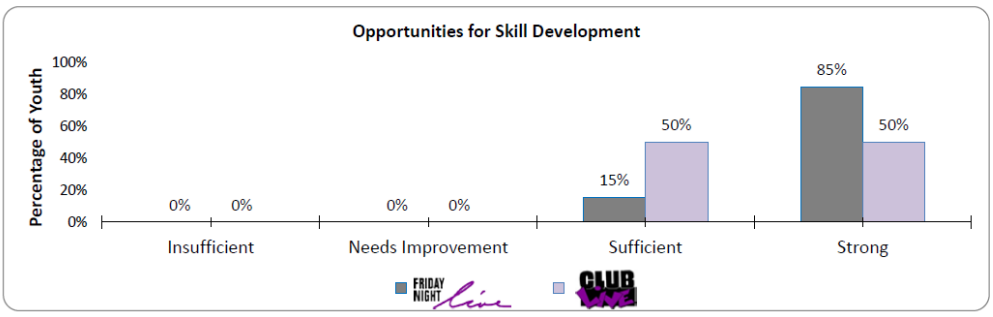


Survey Questions that Measured Leadership and Advocacy	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. Youth and adults work together to make decisions in FNL.	5.70	0.63	5.25	0.50
2. In FNL, adult staff provide youth with leadership roles (e.g. planning activities, facilitating meetings, making presentations, etc.).	5.46	0.66	5.00	0.81
3. FNL prepared me to take action in my community.	5.46	0.52	5.25	0.96
4. Because of FNL, I want to take action in my community.	5.62	0.65	4.50	0.58
5. FNL helps me believe I can try new things and take on new challenges.	5.62	0.65	5.25	0.86

Skill Development

	FNL	CL
Mean	5.36	5.08
Standard Deviation	0.47	0.63

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



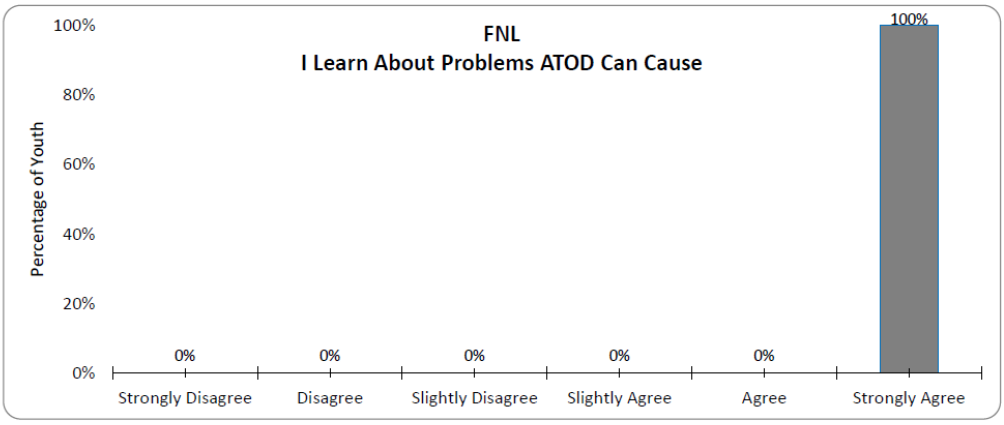
Survey Questions that Measured Skill Development:	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
1. I've felt challenged to push myself in FNL.	5.23	0.59	4.75	0.96
2. FNL gives me opportunities to use the new skills I am learning.	5.23	0.56	5.25	0.5
3. FNL gives me opportunities to use my leadership skills.	5.46	0.52	5.25	0.5
4. Because of FNL, I know what to do if my peers are teasing or harassing others.	5.54	0.78	4.75	0.5

Specific Skills that were Developed in FNL and CL:

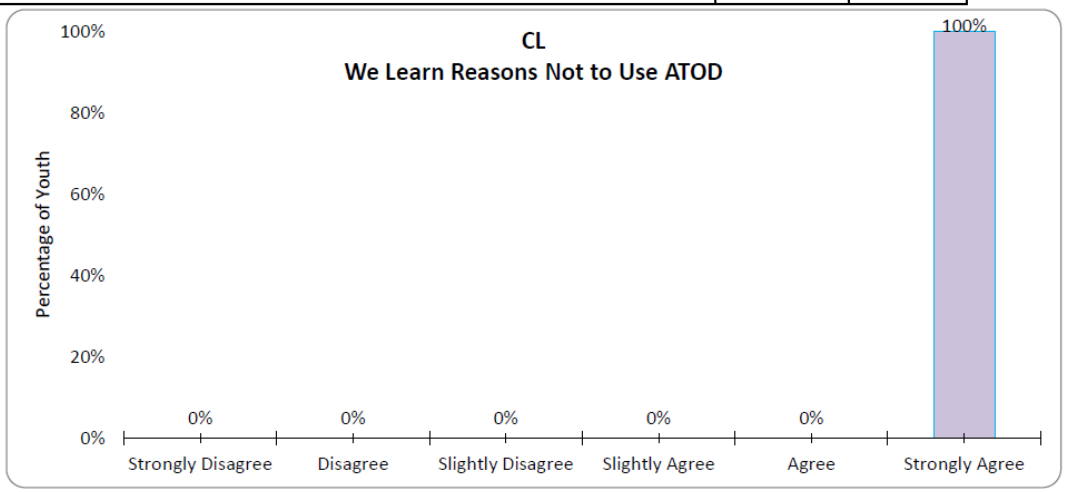
Youth were provided a list of skills and asked if participating in FNL/CL gave them opportunities to build those skills.

Through FNL/CL, I've had an opportunity to build upon the following skills:	FRIDAY NIGHT live		CLUB LIVE	
	% Answered Yes	% Stating it was a New Skill	% Answered Yes	% Stated New Skill
1. Planning and organizing my time	92%	38%	75%	33%
2. Active listening (carefully listening and showing the other person that you understand what s/he is saying)	100%	31%	100%	50%
3. Carrying out a plan	92%	38%	100%	0%
4. Examining/looking at issues in my community and school	77%	75%	100%	50%
5. Working as part of a group	85%	38%	100%	43%
6. Public speaking	92%	69%	Data is not available for CL. These items were only asked of FNL participants.	
7. Writing skills	54%	22%		
8. Leading a group discussion or meeting	92%	92%		
9. Developing an action plan to address school or community issues	85%	100%		
10. Planning events and activities.	100%	46%		

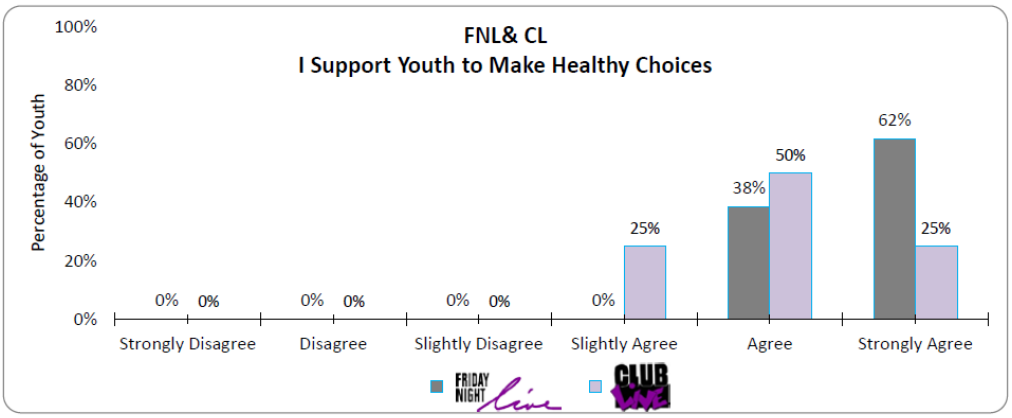
In FNL, I learn about problems alcohol, tobacco and other drugs can cause.	FRIDAY NIGHT live	
	Mean	**SD**
	5.85	0.38



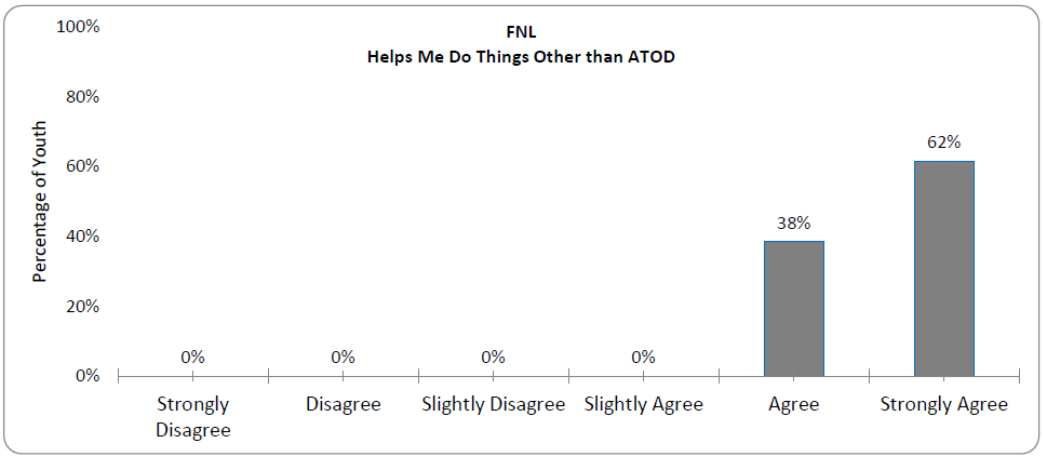
In CL we learn reasons why we we should not use alcohol, tobacco and other drugs.	CLUB LIVE	
	Mean	**SD**
	6	0.00



Because of FNL/CL I support other youth make healthy choices (that don't involve ATOD).	FRIDAY NIGHT live		CLUB LIVE	
	Mean	SD	Mean	SD
	5.62	0.50	5.00	0.81



My involvement in FNL helps me decide to do other things instead of using alcohol, tobacco, or other drugs.	FRIDAY NIGHT live	
	Mean	SD
	5.62	0.50



Why is being in Friday Night Live important to you?

A total of 13 youth responded to this question, of these, 7 stated that the safe environment FNL provides was the most important part of the program as it provides the opportunity to build relationships.

"It gives me a time to be myself and not risk getting judged for it."

"It provides a place where I don't have to be ashamed of myself and people try to help others. It gives me the family environment I don't have at home."

"Safe place to have fun on my free time."

"I get to feel part of a group."

"Being able to interact with an adult who treats me like a person, and being able to show my friends the club that is very dear to me so they can experience the great things about the club."

"It gives me a place to be myself and meet new people."

"I feel like I have a safe space to learn about problems in my community, actual current problems we face in our town. I'm able to see my friends and collaborate with them on ways to identify these problems and address them."

Being involved in their community and making a difference was an important part of the program for many of the participants.

"I get too see different perspectives on problems in our community and try to fix them."

"It's important to me because I can help out more in the community."

"Because I'm able to help my community and make new friends."

Additional responses from a few of the participants included:

"It has helped me improve as a human being and has taught me a lot about the environment around me at school. I feel like I wouldn't be where I am now of it weren't for FNL."

"It's a great way to have fun on my free time."

Club Live

Why is being in Club Live important to you?

A total of 4 youth responded to this question. All of the participants reported that building friendships, spending time together and having fun was the best part of the program.

"Getting to make new friends and go on trips."

"Getting to meet new people and do fun things on campus at our school."

"I enjoyed being able to have fun with the people who I would not normally even talk to."

"How fun it is and how much new things I get to do."

Budget

This update includes a transfer from our CSS fund to our Capital Facility and Technology fund to ensure there are enough funds available to cover the anticipated $1 million renovation for the Adult Residential Facility that was estimated by the County of Colusa. There was a $400,000 budget savings in FY 21/22 from the Adult Residential Facility not starting the remodel. Also, the department's new flooring project that was budgeted in FY 21/22 was moved to FY 22/23.

Colusa County
FY 2022/23 Mental Health Services Act Expenditure Plan
Funding Summary

	Estimated Program Budget
Community Services and Supports	
Estimated Annual Funding	$2,162,142
Programs	
Integrated CSS General System Development-FSP	$905,051
Children System of Care Outreach and Engagement-MDT & WRAP	468,084
Integrated CSS Outreach and Engagement-Safe Haven Wellness and Recovery Center	272,529
Integrated CSS General System Development-NPLH	27,376
Integrated CSS General System Development-ARF	1,328,152
Transfer to Capital Facilities & Technology Funds	500,000
Total CSS Exp	$3,501,192

	Estimated Program Budget
Prevention and Early Intervention	
Estimated Annual Funding	$525,536
Early Intervention-2nd Step	$199,947
Prevention-Friday Night Live (FNL)/Club Live (CL)	153,021
Early Intervention-MHSA Infant to 5 Program	3,060
Prevention-Life and Leadership	78,115
Stigma and Discrimination Reduction-Cultural Competency Committee	16,322
Access and Linkage to Treatment – Bright Vista Youth Center	299,881
Outreach for Increasing Recognition -CalMHSA	25,000
Total PEI Exp	$775,346

	Estimated Program Budget

Innovation

Estimated Annual Funding	$138,298
Practical Action Towards Health (PATH)	$162,007
Total INN Exp	$162,007

	Estimated Program Budget
Workforce Education & Training	
Estimated Annual Funding	$ -
WET Loan Repayment, Educational Stipends, & Scholarships	$50,643
Total WET Exp	$50,643

	Estimated Program Budget
Capital Facilities and Technological Needs	
Estimated Annual Funding-Transfer from CSS	$500,000
Facility Expansion	$569,374
Information Technology	230,600
Total CFTN Exp	$799,974

Summary of Changes from Previous Plan

- The addition of challenges and strengths of MHSA programs
- An updated description of No Place Like Home (NPLH)
- An updated description of California Mental Health Services Authority (CalMHSA)
- Changing the name of the Youth Center to Bright Vista Youth Center
- Changing the name of the Social Determinants of Rural Mental Health Project (SDRMHP) to Practical Actions Towards Health (PATH)
- Budget changes

Attachment

County of Colusa
Department of Behavioral Health

Mental Health Services Act (MHSA) 30-Day Public Review Comment Form

Public Comment Period: April 8, 2022 through May 8, 2022

Document Posted for Public Review and Comment:

Mental Health Service Act (MHSA) Annual Update
FY 22/23

This document is posted on:
Behavioral Health | Colusa County, CA - Official Website (countyofcolusa.org)

Turn in all Comment Forms to Mayra Puga, MHSA Coordinator
mpuga@countyofcolusa.com
162 E. Carson Street Colusa, CA 95932

PERSONAL INFORMATION (Optional)

Name: _____
Agency/Organization: _____
Phone Number: _____ Email address: _____
Mailing address: _____

What is your role in the Mental Health Community?

___ Client/Consumer
___ Mental Health Service Provider
___ Family Member
___ Law Enforcement/Criminal Justice Officer
___ Educator
___ Probation Officer
___ Social Services Provider
___ Other (specify) _____

Please write your comments below: