Colusa County Department of Behavioral Health

Mental Health Services Act Annual Update

FY 2024-2025

MHSA Annual Update Plan 2024-2025

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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 22,037 according to the United States Census Bureau. Of those who reported/participated in the Census count, the majority of the population identifies as Hispanic or Latino at 61.7% while 32.6% identify as White alone. The other populations that make up the county are American Indian and Alaska Native at about 2.9%, another 2.7% identify as two or more races, 1.7% report being Asian, 1.4% report being Black/African American, and 0.6% identify as Native Hawaiian and Other Pacific Islander. A total of 6.4% of Colusa residents are under five years of age, 26.4% of individuals in Colusa County are under the age of 18, and those individuals who are 65 and over make up about 16.1%. About 48.9% of Colusa County residents identify as female and about 51.1% of County residents identify as male. At this time, English and Spanish are the only threshold languages within Colusa County. Roughly 52.5% of individuals speak another language, other than English, at home. Looking at education level, Colusa County residence who are high school graduates or higher make up 73.3% and about 14.3% of the population have a Bachelor's degree or higher. In 2022, the median household income is $69,619. Colusa County's per capita income in the past 12 months in 2022 is $31,915. About 10.7% of persons are in poverty. As of July 1, 2022, there were a total of 8,173 housing units available. Those in the county who own and occupy their housing unit made up about 63% of the population. The value of these housing units of those 63% of individuals was about $360,100. The median gross rent between the years of 2018 to 2022 was about $1,061. Veterans present in Colusa County from 2018 to 2022 came to a total of 819 individuals. Those who were foreign born from 2018 to 2022 made up about 28.6% of the population.

(Data from: https://www.census.gov/quickfacts/fact/table/colusacountycalifornia)

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), adults, and older adults who identify as being severely emotionally disturbed or severely mentally ill. MHSA promotes community collaboration, cultural competence, and 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 & Support (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, an enhanced infrastructure, or improved technology systems that to support the delivery of MHSA services to mental health clients and their families, or for administrative offices that support MHS programming.

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 stakeholders 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 stakeholders have 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 Advisory Board meeting is the final step in the stakeholder process which allows for any final comments or questions by the public.

Stakeholder Meetings Held

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

January 10th, 2024: 1 attendee

Comment:

- "Safe Haven provides a much needed service for a wide range of people. Nice environment."
    - Resulting Action from the County: MHSA staff informed Safe Haven staff of the impact of the work they are doing based on member feedback. Colusa County Behavioral Health is also looking into increasing the amount of staff time allocated to Safe Haven as the need, and count of members, increases.

January 31st, 2024: 5 attendees

Questions:

- Are we providing services to Colusa youth incarcerated in Marysville Juvenile Hall?
    - Resulting Action from the County: It was discussed that Colusa County MHSA does not have a program that specifically visits youth out in Marysville. However, youth from Colusa County placed in Marysville Juvenile Hall do obtain specialty mental health services via a contract with Sutter-Yuba Behavioral Health.
- Do services and programs under MHSA have to have some mental health component?
    - Resulting Action from the County: It was explained that it is necessary to have some element of mental health incorporated in all MHSA programs/projects.

February 6th, 2024: 3 attendees

Questions/Comments:

- Do FSP clients have to have a mental health diagnosis?
    - Resulting Action from the County: It was explained that referrals for FSP services must go through our intake process in which an individual would receive a mental health diagnosis to meet criteria.
- Challenges occur when referring justice involved youth to services for FSP due to not meeting medical necessity.
    - Resulting Action from the County: It was discussed that the reason that these youth are not meeting medical necessity at intake is due to the way they are answering questions to a screening tool, which filters out lower level medical necessity based on a few questions. The MHSA Coordinator will bring this to the attention of the MHSA Program Manager.
- Do PATH participants have to be justice involved?
    - Resulting Action from the County: It was explained to attendees that PATH participants do not have to be justice involved. However, the target population of the PATH program is justice involved individuals.
- Does the PATH program have housing funds?
    - Resulting Action from the County: It was discussed that the PATH Program Manager should be contacted to obtain clarification if this is an allowable expense at this point in time per the PATH budget.
- Crisis would benefit from Peer Support Specialists.

- Resulting Action from the County: Colusa County Behavioral Health requested that the Colusa County Board of Supervisors approve the addition of a new Peer Support Supervisor position in FY24-25. This position would supervise the Peer Support Specialists and help respond to Mobile Crisis when available.

Pierce High School February, 9th, 2024: 17 attendees

Feedback/Comments:

- School clubs and groups on campus help create a feeling of safety, support and mental wellbeing.
    - Resulting Action from the County: Colusa County Behavioral Health will continue to offer Friday Night Live and Club Live on school campuses.
- A youth center location in Arbuckle would have participation from Arbuckle youth and it would be easier to participate due to location not being in Colusa and no driving necessary.
    - Resulting Action from the County: Colusa County Behavioral Health will explore the feasibility of supporting a youth center in Arbuckle.
- School could improve by having more resources as resources are limited.
    - Resulting Action from the County: Colusa County Behavioral Health with maintain, and improve, relationships with Pierce High School to ensure students are aware of mental health services in our area.

February 29th, 2024: 8 attendees

Feedback: None provided.

Stakeholders

Community Member, Behavioral Health, Board of Supervisors, Probation, Arbuckle High School Students, Colusa County Office of Education, Public Health Department

30 Day Review Period Date: April 12th – May 12th, 2024

Physical draft copies of this plan are available for public review with comment forms at CCDBH's front office, Safe Haven Wellness and Recovery Center, Bright Vista Youth Center, Practical Actions Towards Health (PATH), and all county library branches. An electronic copy of the plan and a comment form was posted for review on CCDBH's County website, and announced on the department's Facebook page.

Feedback from stakeholders:

- An individual expressed concerns that PATH has such small numbers some reported information may need to be de-identified. The total justice population within Colusa County is approximately 200 people and throughout the Innovation Report the number of participants in the PATH program is being identified by demographics. This increases the potential for a scenario where Protected Health Information (PHI) could be revealed. The report mentions that the PATH offices were closed for a time and some individuals needed to go into the main office where PATH services were temporarily relocated. Potentially a community member could have encountered an individual asking about PATH services in the main building, or at the Day Reporting Center, and reading this report could then make the connection to Behavioral Health services.

    - Resulting Action from the County: CCDBH requested that a HIPAA Privacy Officer review the Innovation Report, and MHSA Plan, to provide guidance on what data needed to be de-identified. CCDBH made these changes in the current version.
- Also in the Innovation Report, it was recommended to replace "Projected numbers to be served in FY 24/25 by age group:" with "Projected number to be served in FY 24/25: 75. Participants are expected to range in age from 16 to over 60" due to small data sets and concerns with lack of anonymity.
    - Resulting Action from the County: The data presented will be updated to read as the above recommended statement.
- In the Innovation Report, recommendation to edit the second bullet point on page 75 to replace text with de-identified data due to this program's small population size and to protect confidentiality.
    - Resulting Action from the County: The data presented in the current version of the plan was updated to read with informative results, but did not include a specific percentage to maintain participants' privacy.
- In the Innovation Report, recommendation to edit the last bullet point and sub-bullet point on page 76 to replace text with de-identified data due to this program's small population size and to protect confidentiality.
    - Resulting Action from the County: The data presented in the current version of the plan was updated to ensure anonymity of PATH participants.

- 2nd Step requested a 15% increase in funds to offset the cost of an increase in staff pay, the travel to Arbuckle and Grand Island, and the cost of running the program.
    - Resulting Action from the County: The request for an increase in funds was granted.

Public Hearing Date

May 14th, 2024

Feedback:

- No comments were provided.

Behavioral Health Advisory Board Approval: June 11, 2024

Board of Supervisors Approval: June 18, 2024

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Colusa

Local Mental Health Director	Program Lead
Name: Tony Hobson	Name: Mayra Puga
Telephone Number: (530) 458-0520	Telephone Number: (530) 458-0520
E-mail: thobson@countyofcolusa.com	E-mail: mpuga@countyofcolusa.com
County Mental Health Mailing Address: 162 E. Carson St. 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 June 18, 2024.

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

7/25/24
Date

County: Colusa

Date: 06/25/2024

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: County of 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, Ph.D.	Name: Robert Zunino
Telephone Number: 530-458-0520	Telephone Number: 530-458-0400
E-mail: thobson@countyofcolusa.com	E-mail: rzunino@countyofcolusa.com
Local Mental Health Mailing Address: 162 E. Carson St. Colusa, CA 95932	

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

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

Tony Hobson
Local Mental Health Director (PRINT)

Signature 6-20-24
Date

I hereby certify that for the fiscal year ended June 30, 2024, 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 3.5.24 for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2024, 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.

Robert Zunino
County Auditor Controller / City Financial Officer (PRINT)

Signature Robert Zunino 6-24-24
Date

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

MHSA Programs

COMMUNITY SERVICES AND SUPPORT (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 aged 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 system, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization, and/or 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/or being involved in the 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 to be served in FY 24/25 by age group:

0-15 years old: 10

16-25 years old: 5

26-59 years old: 30

60+ years old: 5

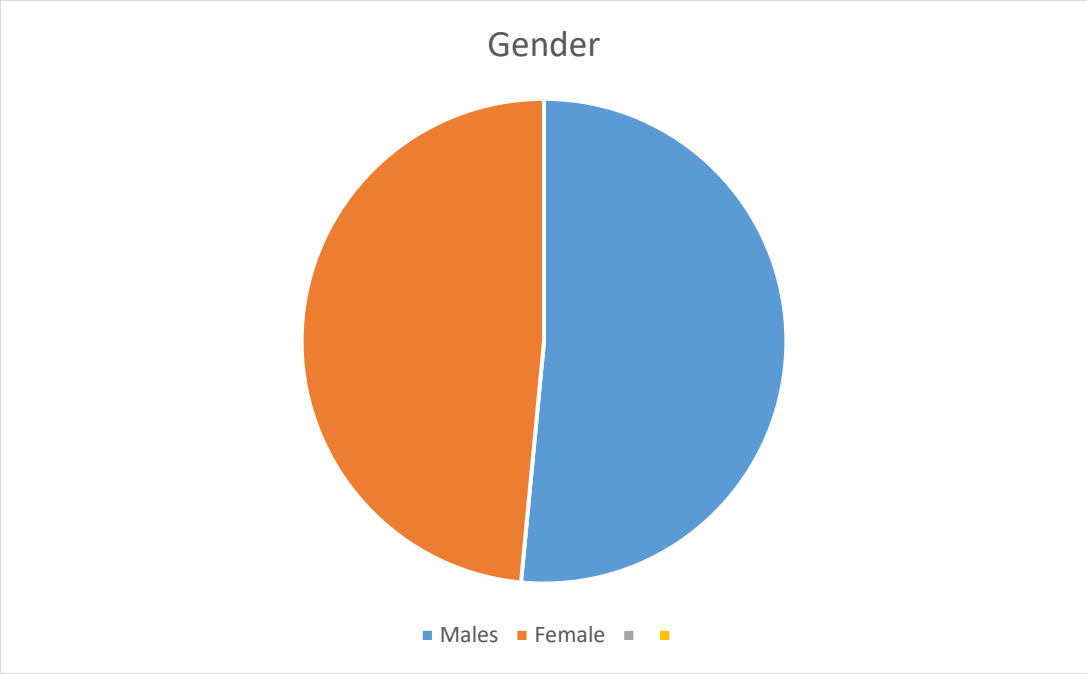
Challenges: There are limited resources in Colusa in general, and there are even less resources to address needs that are specific to clients who are undocumented. Resources such as food drives/food pantries, housing, and employment are frequent needs FSP clients are experiencing challenges with. Unfortunately, FSP clients' knowledge of these resources are very limited. Transportation accessibility also continues to be a barrier.

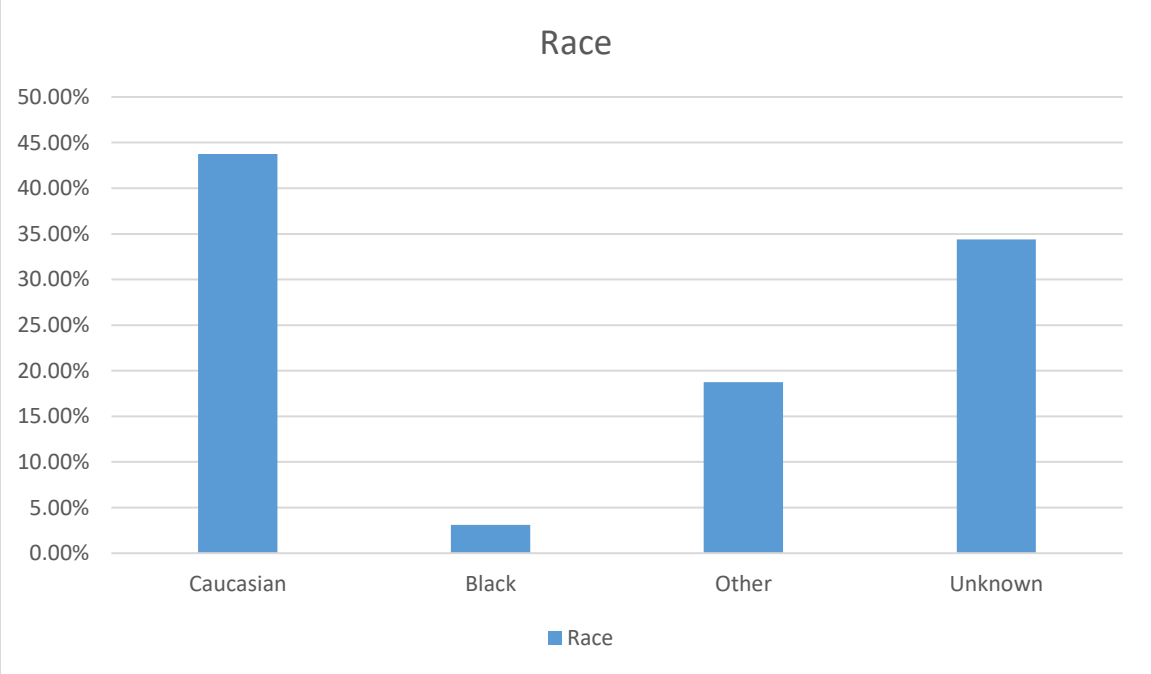
Successes: There is collaboration with other agencies to address FSP client needs which helps clients reach their FSP goals. FSP clients meeting goals, maintaining progress, and graduating from the program has continued to be going well.

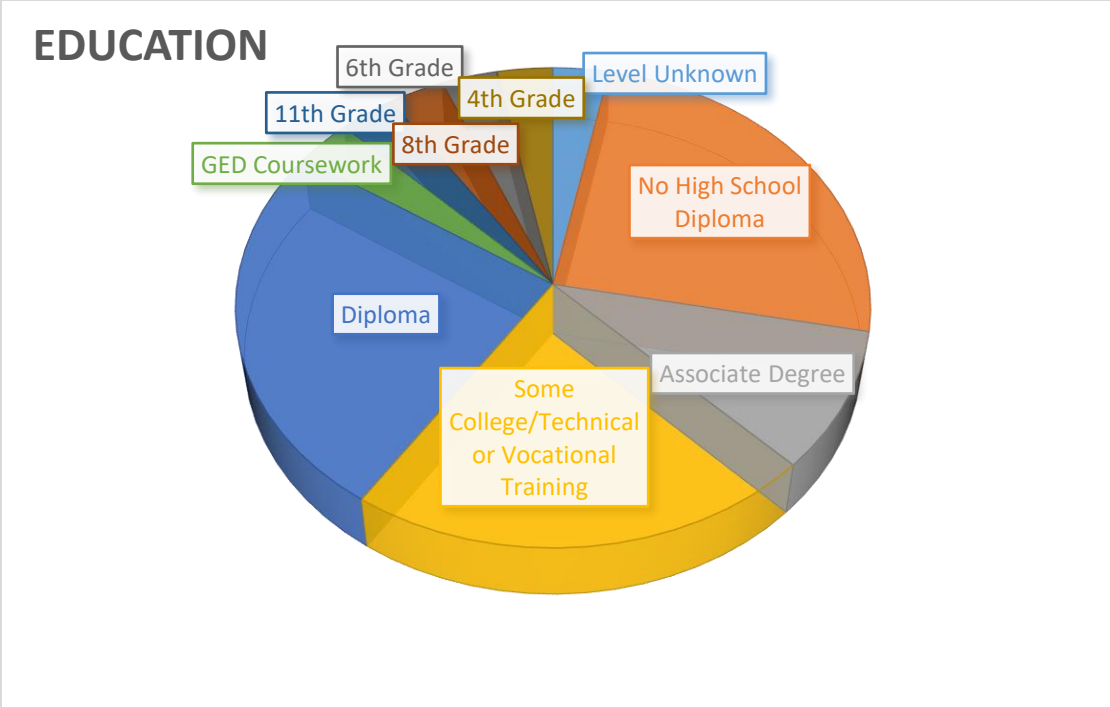
Projected cost per person per year: $19,631

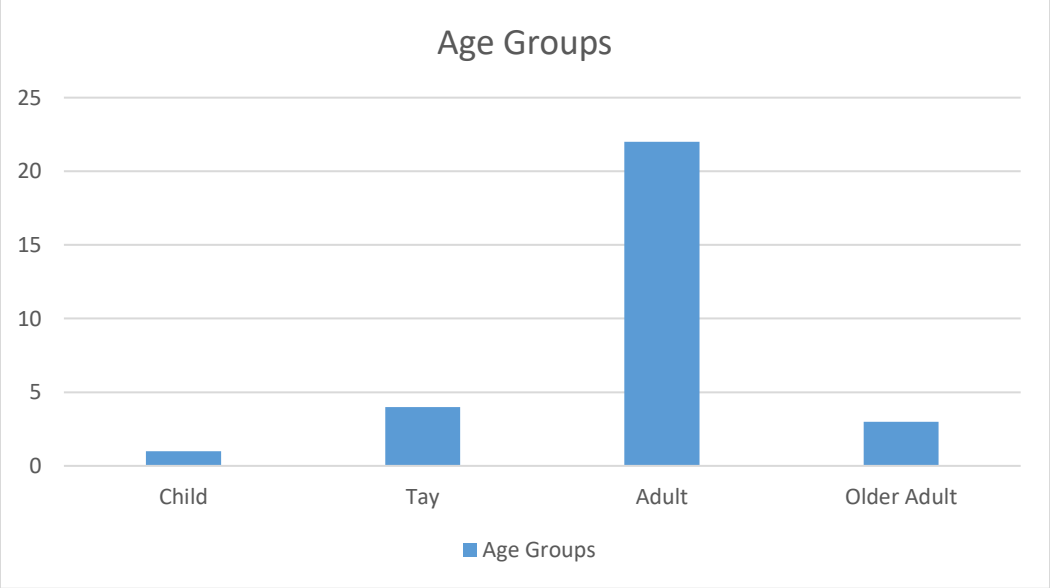
Changes to 2024-2025 Annual Update: There will be an increase in funding due to an increase in clients served and an increase in staff time dedicated to this program.

Data (2023 Calendar Year):






EDUCATION
6th Grade
Level Unknown
4th Grade
11th Grade
8th Grade
GED Coursework
No High School Diploma
Diploma
Associate Degree
Some College/Technical or Vocational Training


Age Groups
25
20
15
10
5
0
Child
Tay
Adult
Older Adult
Age Groups

Program Name: Integrated CSS Outreach and Engagement

Williams Wellness Center

Program Description: The City of Colusa is the county seat of Colusa County. Roughly 6,400 people live within Colusa. The City of Williams is a close second in population with 5,600 people. While the two cities are only 10 miles apart, transportation is a large barrier to consumers accessing needed services; services that are predominately housed in Colusa. CCDBH helps to alleviate the transportation barrier by providing field-based and home-based behavioral health services to their clients when appropriate and applicable. However, when looking at the continuum of care for consumers, the support that is lacking is the peer-based support that can be offered through a wellness center in Williams. Currently, CCDBH operates Safe Haven Wellness and Recovery Center that is an adult drop-in center located in Colusa that allows community members to focus on their recovery, avoid isolation, and receive peer support. CCDBH would like to bring a similar center to the City of Williams. The Community Services and Support (CSS) funding allocated to the Williams Wellness Center will allow for the new construction of a building, including costs of necessary tasks ranging from surveying the land and architecting plans to purchasing lumber and materials to complete an operational county-owned building.

With the completion of this building, it is likely that other county services able to support a whole-person care approach will be offered at this location. Whole-person care focuses on one's mental, social, physical, and spiritual aspects of life to improve health outcomes. CCDBH often provides behavioral health services to individuals and/or families that also engage with other county departments and offices such as Victim Witness, Health and Human Services,

Probation, and District Attorney. Increased access to services from these offices is likely as the Williams Wellness Center can initiate the start of a Westside County Campus that expands services outside of Colusa. The idea of a whole-person care approach, with the support of these other county departments and offices, can help stabilize one's mental health and overall behavioral functioning.

Projected numbers to be served in FY 24/25 by age group: Due to this program being in the development phase, the specific target population has not yet been decided.

Projected cost per person per year: No services have been provided as this program is in the development phase. Thus, there is no cost per person to report at this time.

Changes to 2024-2025 Annual Update: A site survey was completed to determine the feasibility of constructing a new building for this wellness center. Currently, CCDBH is unable to move forward with a new build but is looking into other options such as renting or leasing an established building to bring a wellness center to the west side of the county. The amount budgeted are funds that will be utilized for rent, staff time, and programmatic supplies.

Data: None to report at this time.

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 use disorders, 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 Coffee Social, Self-Love, Healthy Habits, Coping with Mental Health, Relapse Prevention, Cultural Exploration, Yoga, and Arts and Crafts. Two fulltime Peer Support Specialist positions are funded to provide support in linking members to other services in the community through collaboration and outreach events, which allows for increased awareness around mental health and reduces stigma and discrimination in the community. Members can also participate in Safe Haven's Advisory Board, to aid in the day-to-day operations of the center. This allows for growth in leadership skills and peer advocacy.

In FY 22-23, Safe Haven served 102 members and is expected to grow as resources and programming continues to develop. It will be necessary to add a Full-Time Peer Support Supervisor in FY24-25 to help oversee peer support services provided at Safe Haven, and in the community when appropriate. This supervising position will likely be shared with other CCDBH drop-in centers to provide peer support services.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 0

16-25 years old: 15

26-59 years old: 115

60+ years old: 30

Challenges: On occasion, conflicts among members that occur outside of Safe Haven have been brought into Safe Haven during business hours. With increasing membership, the staff to member ratio has decreased and thus less supervision of members has led to a reduction in members following rules.

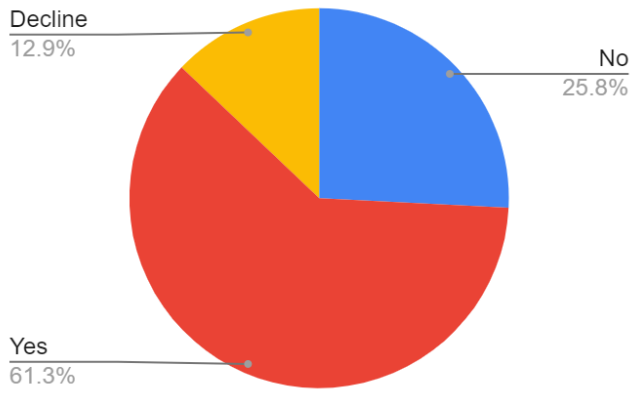
Successes: There has been an increase in daily attendance. On overage there are a total of 15 to 24 members at Safe Haven daily. This has also increased the participation in groups that are provided onsite, especially among members who have traditionally never attended Safe Haven wellness groups before. There has been more members interested in leading their own wellness groups and consequently more groups that are peer-led. With peers feelings skilled and ready to be leaders, there is additional peer-to-peer support occurring at Safe Haven that improves members' socialization and overall wellness. Members have also reported that having access to an art room has been helpful for coping with daily life stressors. A member recently stated that they appreciate Safe Haven staff's smiling faces and their willingness to listen to, and help with, problems.

Projected cost per person per year: $13,493

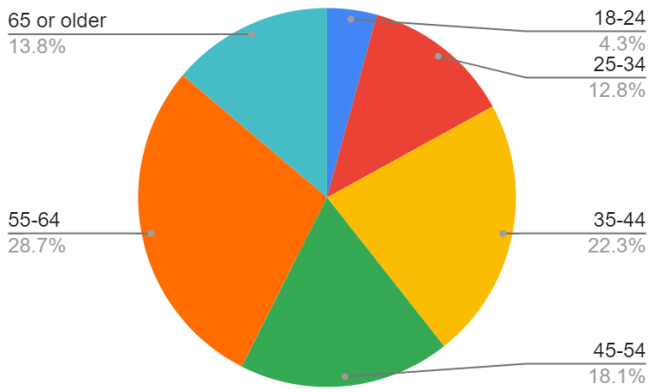
Changes to 2024-2025 Annual Update: An increase in funds will be utilized due to staffing needs.

Data (FY 2022-2023):

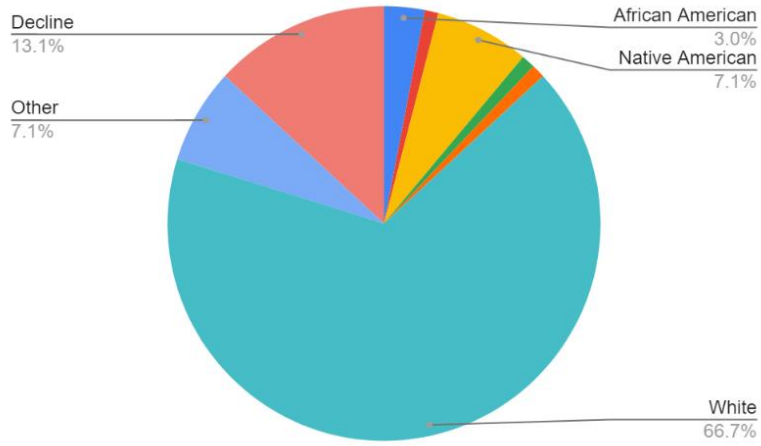
Have you ever been a Behavioral Health client?



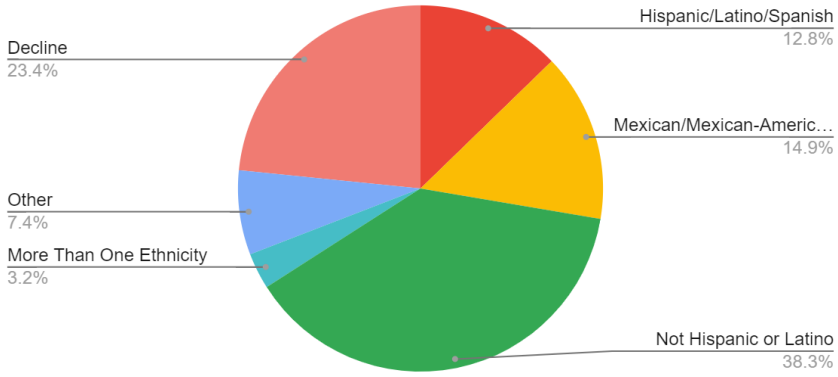
Age Range



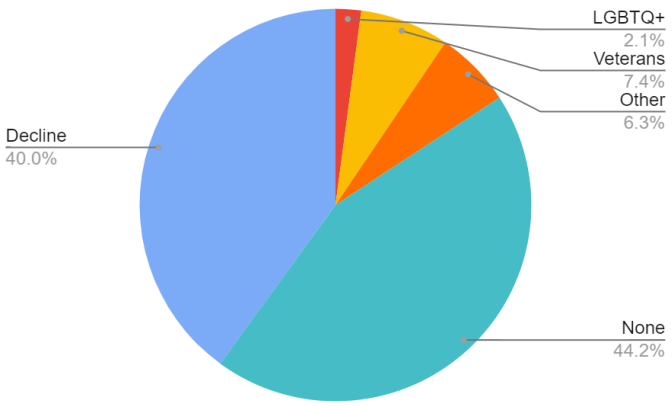
Race



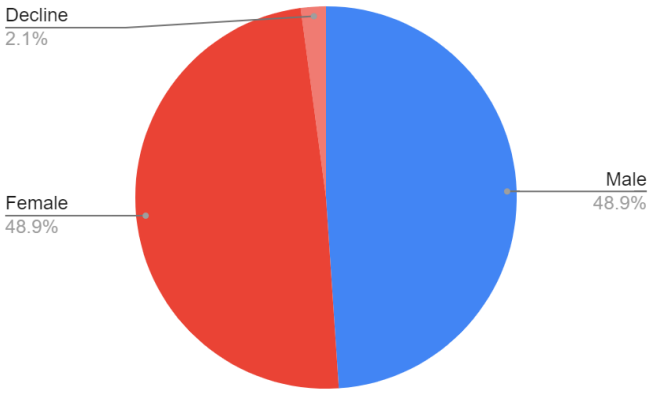
Ethnicity



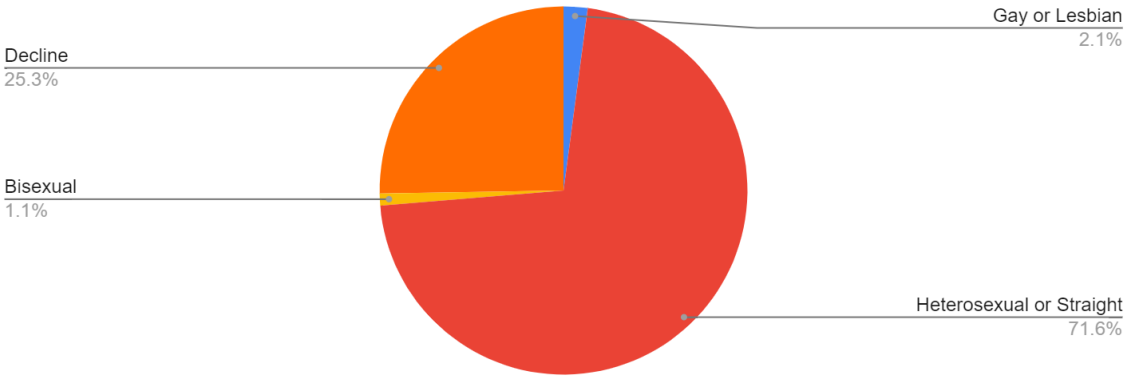
Other Cultural Group



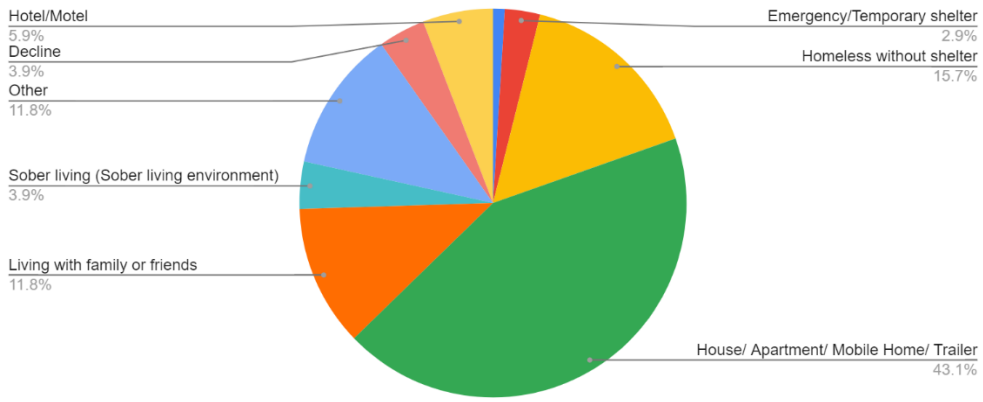
Gender



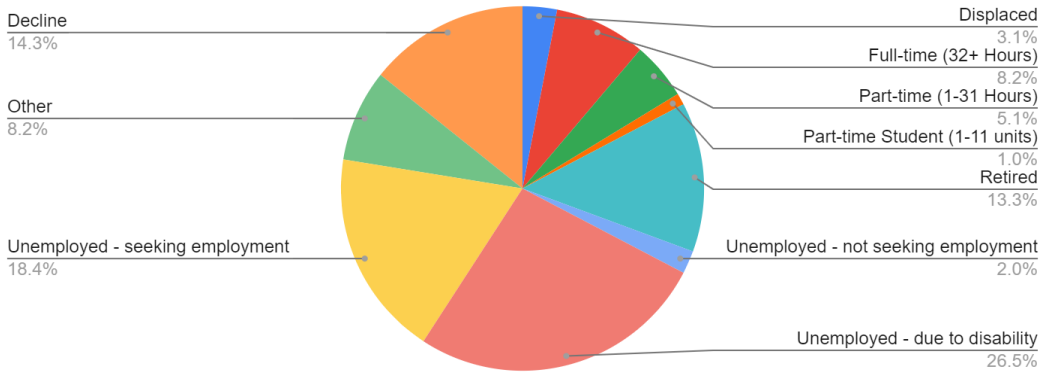
Sexual Orientation



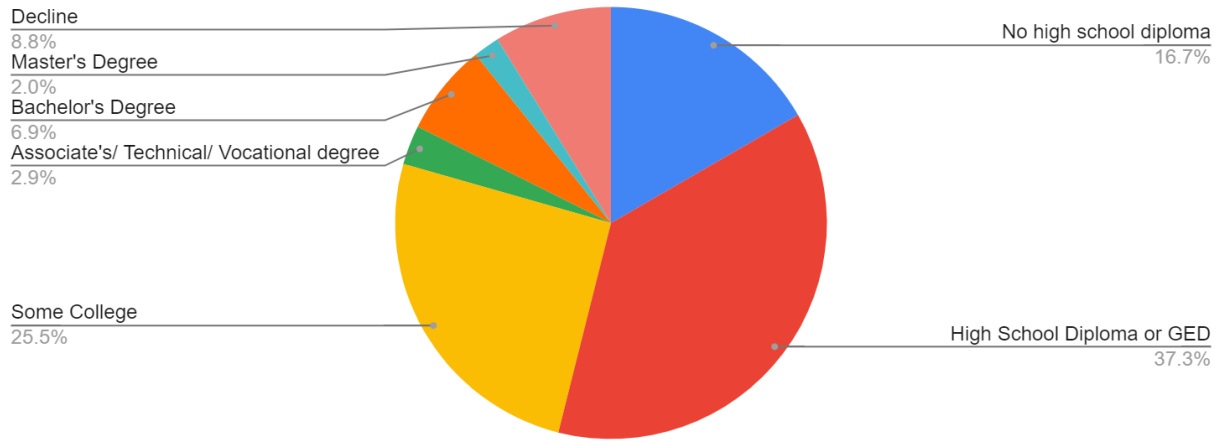
Living Arrangement



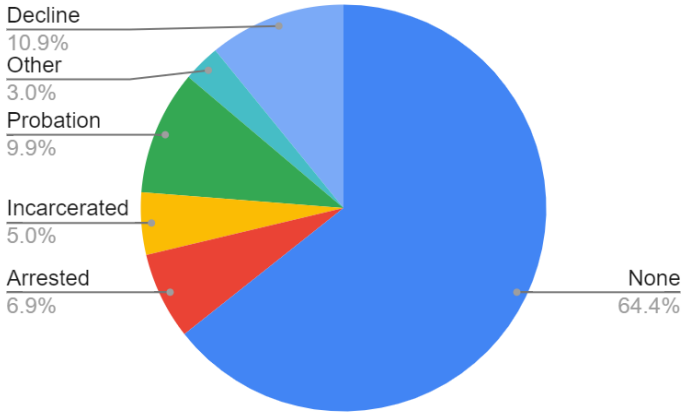
Employment



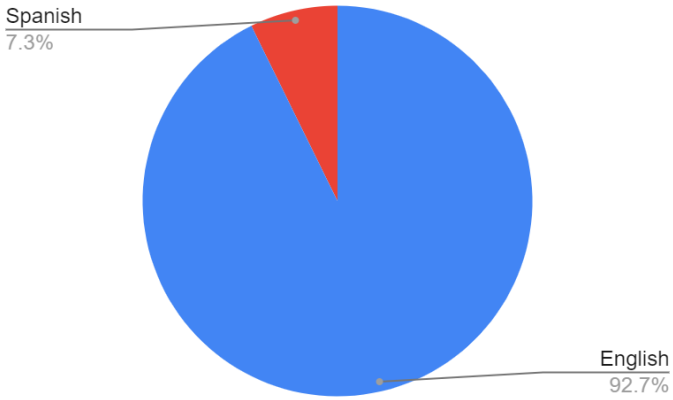
Education



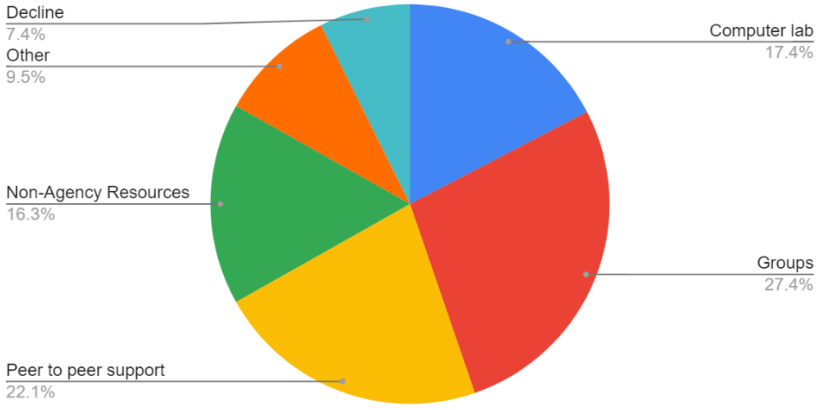
Legal Involvement



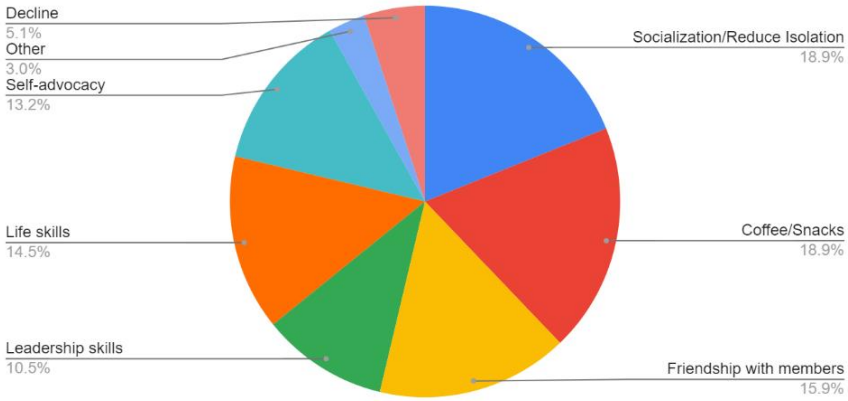
Preferred Language



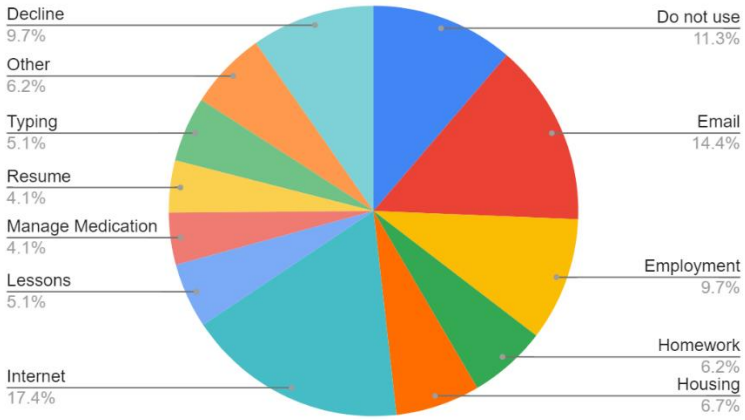
Program Services Utilized



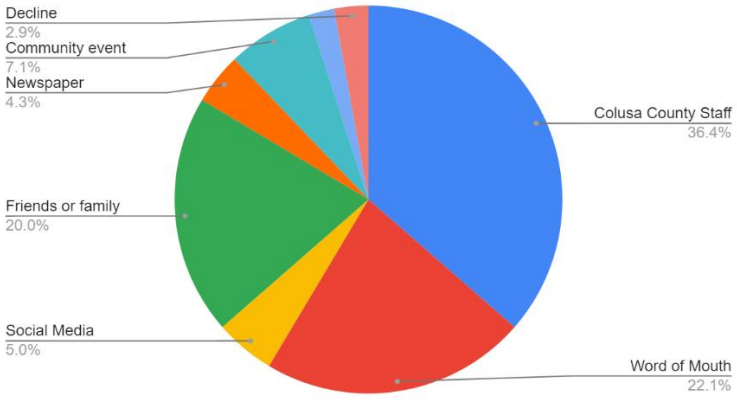
Other Supports Utilized



Reasons for Computer Use



How did you hear about us?



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

Multi-Disciplinary Team (MDT)

Program Description MDT: Children's System of Care and Adult's 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), Adult Protective Services (APS), Probation, Victim Witness, and Colusa County Behavioral Health to discuss cases of children, adults, and families that are identified as needing support services. Agencies report on resources in the community that could be beneficial to these individuals as well as any agency updates that would impact access to care. 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. Clinical staff from Behavioral Health's Children and Adult Teams are present at this meeting to integrate client-centered services and provide in-home support when needed. Confidentiality is expected of all MDT participants.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 0

16-25 years old: 5

26-59 years old: 40

60+ years old: 10

Challenges: None reported at this time.

Successes: MDT meetings are a place for all agencies to communicate about youth, families, and adults in the community. This has led to improve collaboration amongst county departments and a quicker avenue for at-risk youth, families, and adults to enter treatment.

Projected cost per person per year: $47,662

Changes to 2024-2025 Annual Update: Due to an increase in staff time there will be an increase to the budget. This program also added the Adult System of Care.

Data (2023 Calendar Year): 10 meetings were held for Children's System of Care MDT.

Program Name: Integrated CSS General System Development

Rancho Colus (RC)

Program Description: During FY 21/22, Colusa County transfered 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 is 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 has closed and construction is underway. Pending any delays in the schedule, residents are expected to take occupancy in spring 2025.

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. The Housing Information Management System will be uitlized, 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 countywide Housing Manager that will be coordinating all county housing efforts. 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.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 0

16-25 years old: 2

26-59 years old: 6

60+ years old: 2

Challenges: The construction was delayed and the projected completion date has now been pushed out to Spring of 2025.

Successes: There has been early interest in citizens and a waitlist of potential renters has already been established.

Projected cost per person per year: Not applicable at this time.

Changes to 2024-2025 Annual Update: No fiscal changes are expected for this program.

Data: None to report at this time.

Program Name: Integrated CSS General System Development

Cypress House Adult Residential Facility

Program Description: 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. This Adult Residential Facility (ARF) 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.

CCDBH 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, upgrades and remodeling have concluded, and Colusa County has issued a Request for Proposals (RFP) to providers to license and operate the Cypress House 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 Cypress House will be encouraged to utilize Safe Haven Wellness and Recovery 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 need this level of care currently reside at an out-of-county ARF. CCDBH is determined to improve this situation by bringing our Colusa County consumers who are conserved back to their county of residence when appropriate.

During FY23-24, Colusa County issued a Request for Proposals (RFP) on two different occasions to providers to license and operate the ARF. One response was received but unfortunately the operating amount was above CCDBH's budget. CCDBH is currently exploring other options for use of this facility.

Projected numbers to be served in FY 24/25 by age group: Due to the fiscal setbacks of this project and it returning to the development phase, a projected number of age groups to be served has not yet been decided.

Challenges: The cost of operating this type of facility has grown exponentially since the initial planning of Cypress House in FY21-22. CCDBH is unable to secure a provider to operate an Adult Residential Facility as originally planned.

Successes: The remodel has been completed.

Projected cost per person per year: Not applicable at this time.

Changes to 2024-2025 Annual Update: The budget for Cypress House is reduced for FY24-25 due to exploring other uses for the facility and not being able to move forward with an Adult Residential Facility. This program will continue to incur costs due to ongoing utilities costs and building upkeep.

Data: None to report at this time.

Program Name: Integrated CSS General System Development

Community Crisis Support

Program Description: With the nationwide implementation of 988, a three-digit Suicide and Crisis Lifeline, individuals are closer to accessing crisis services at the moment they need it. However, there are times when de-escalation does not occur via phone and it is more appropriate to provide a crisis service in-person. To ensure that individuals who are experiencing a behavioral health crisis receive clinical intervention, CCDBH will create a Community Crisis Support program. CCDBH will operate a Crisis Team during work-hours and contract with a company after-hours to ensure that crisis services are available to our community 24/7. It is likely that a majority of these crisis interventions provided will occur in-person at our clinic or at our local emergency department. In these two locations, it will be necessary to equip our setting with supplies to reduce risk of harm and increase safety for both the individual in crisis and our CCDBH staff. To ensure ongoing quality services occur, staff will receive at least annual training on de-escalation tactics and safety planning.

In addition to crisis services being offered at our clinic and at the emergency department, CCDBH will begin the planning process to develop a mobile crisis response to be available

during business hours by CCDBH. An after-hours contracted company will operate a 24/7 Access Line that will include triage and dispatch of mobile crisis for Colusa County beneficiaries. Mobile crisis allows for a rapid response, individual assessment, and community based stabilization to those who are experiencing a behavioral health crisis. CCDBH intends to utilize MHSA funding to support the development of a mobile crisis unit, and when financially viable for our small, rural county, implement this service. A mobile crisis response would provide de-escalation and stabilization techniques, reduce the immediate risk of danger and subsequent harm, and avoid unnecessary emergency department care, psychiatric inpatient hospitalization, and law enforcement involvement. It is likely that through program development a more detailed explanation of services will evolve, including the process for referral, treatment, and follow-up care. Program development will also speak to the amount of additional staffing needs, creation of policies and procedures, safety training, treatment team meetings, collaboration with other agencies, and county assets and materials necessary to successfully carry out a mobile crisis response.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 20

16-25 years old: 100

26-59 years old: 200

60+ years old: 68

Challenges: CCDBH has experienced barriers around communication with partner agencies.

Successes: Clinical staff who provide crisis services have received ongoing training to improve skills of de-escalation, stabilization techniques, and safety planning interventions. CCDBH

continues to build upon the implementation of a mobile crisis unit and is expected to be able to offer this benefit to Colusa County beneficiaries in FY24-25.

Projected cost per person per year: $4,427

Changes to 2024-2025 Annual Update: An increase in funds is needed for this program due to an increase in community services provided as well as the addition of a contract to provide after-hours crisis support services.

Data: None to report at this time.

Prevention and Early Intervention (PEI) Evaluation Report

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 preschool to sixth 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 primary and elementary school, students will continue to build on their skills and knowledge from previous year's involvement in the program. This will decrease and/or prevent students' need for Specialty Mental Health Services.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 1,300

16-25 years old: 0

26-59 years old: 0

60+ years old: 0

Challenges: Colusa County Office of Education (CCOE) has experienced staff turnover in this program in 2022-2023 and 2023-2024 school years which has slowed expansion of 2nd Step. Efforts to provide services to Grand Island Elementary School have been difficult due to the significant increase in staff travel time and mileage throughout the county. At times, other Social and Emotional Learning (SEL) initiatives have taken priority over 2nd Step as individual districts

allocate time and staff to participate in these different activities. Lastly, changes in informal SEL assessments are still in progress and will have changed in 2024-2025. This will create challenges in comparing past and current data.

Successes: Three out of four school districts participated in the program and over 1,200 unduplicated students were served in 2022-2023 school year. We are anticipating to serve a total of 1,300 unduplicated students in the 2023-2024 school year. The plan is to expand services to Grand Island Elementary which is geographically isolated from the rest of the county, and lacks access to a full-time counselor and the Behavioral Emotional Support Team (BEST) program. Hand in Hand, a preschool program run by the Colusa Indian Community Council which is run with the Cachil Dehe Band of Wintun Indians, continued participation with 2nd Step and is one of the most successful outreach attempts by CCOE to provide resources to our local tribe. 2nd Step is currently working on creating a trainer to trainer model for preschool delivery at two Williams' preschool classes that will begin in Spring 2024.

Projected cost per person per year: $120

Changes to 2024-2025 Annual Update: Funding changes to 2nd Step include an increase in 2nd Step staff salary.

Data (FY 2022-2023):

Chart 6
Local Participation by Grade Level

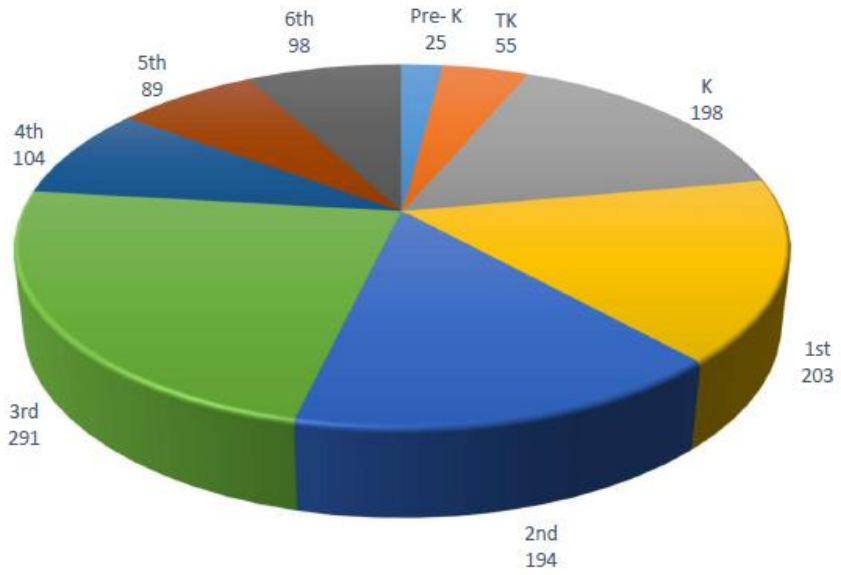


Chart 7
Local Participation By Gender

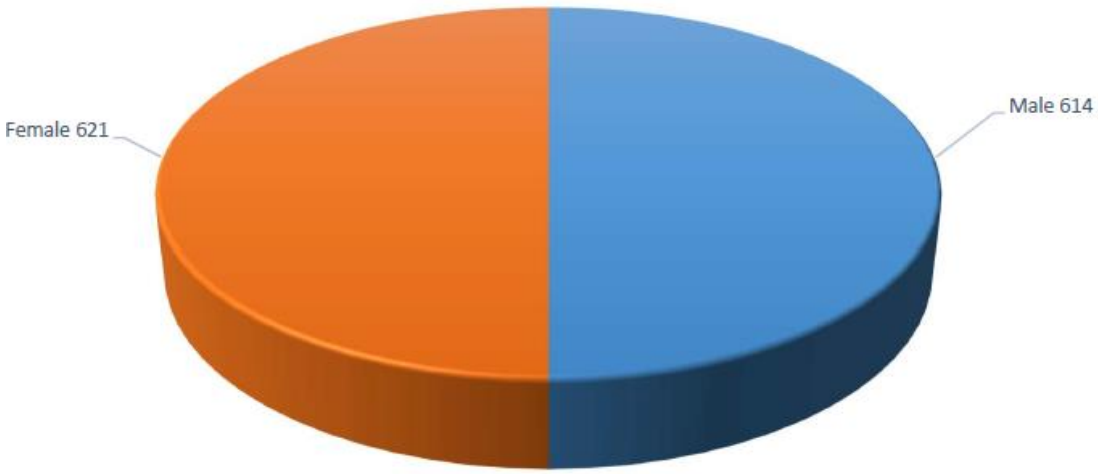


Chart 8
Local Participation by Race

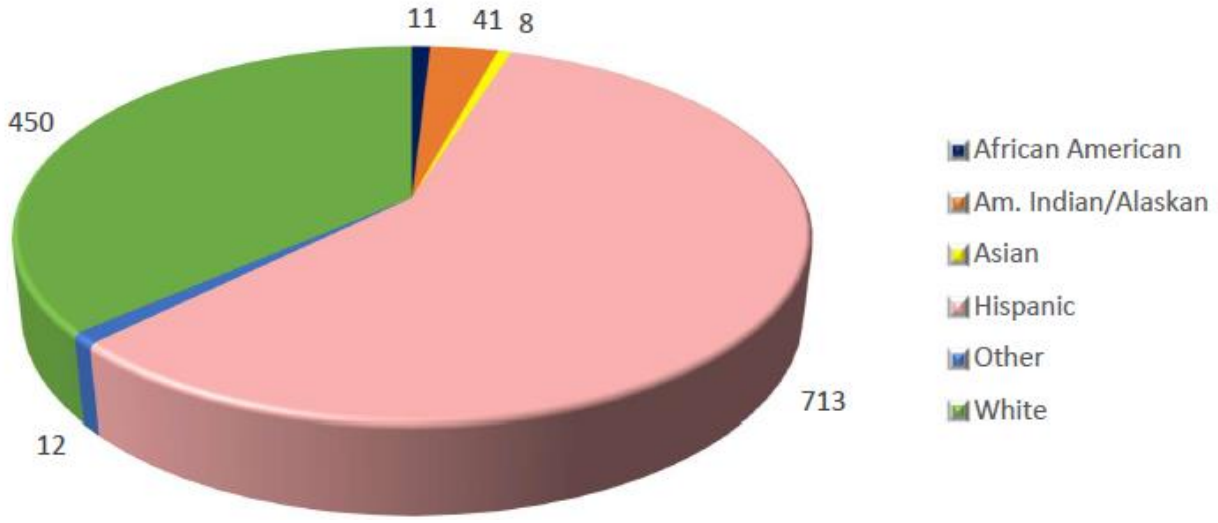


Chart 9
Local Participation by Ethnicity

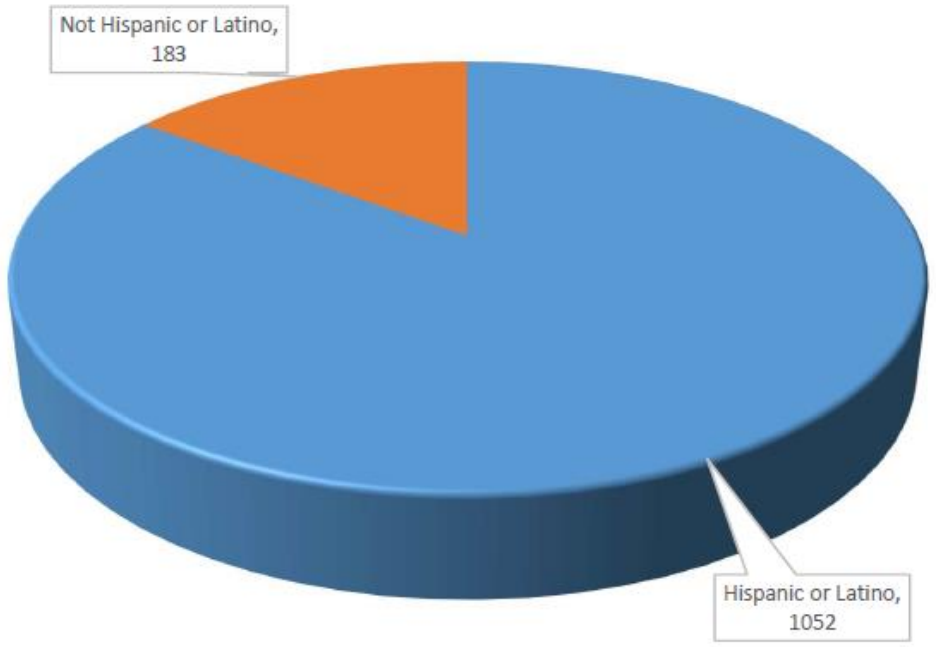


Chart 10
Preferred Language of Local Participants

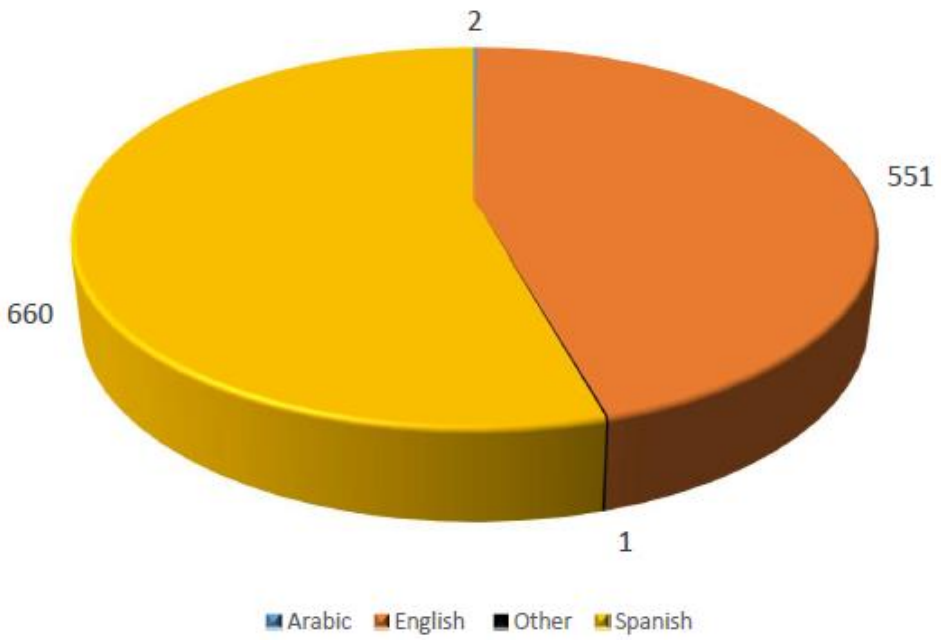


Chart 1
School Adjustment Ratings for CCOE Participants

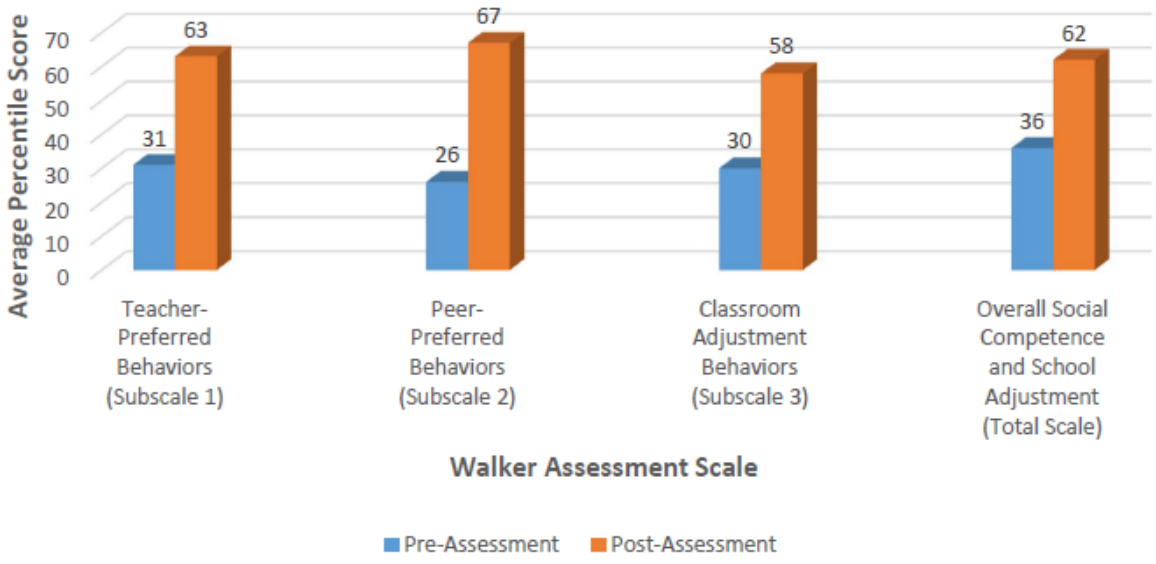


Chart 2
School Adjustment Ratings for CUSD Participants

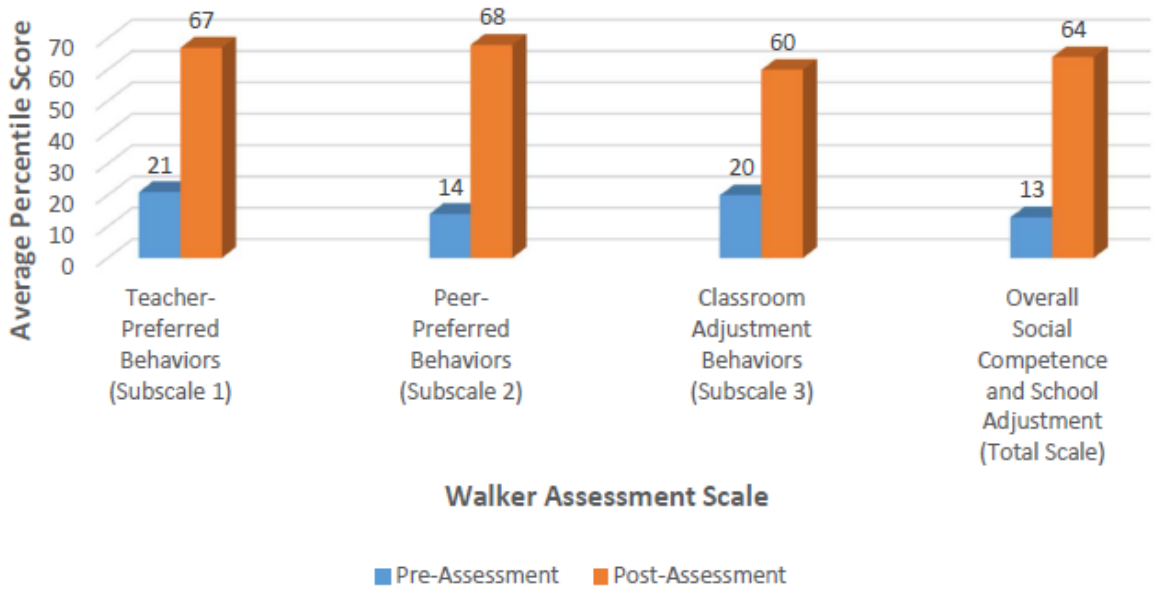


Chart 3
School Adjustment Ratings for PJUSD Participants

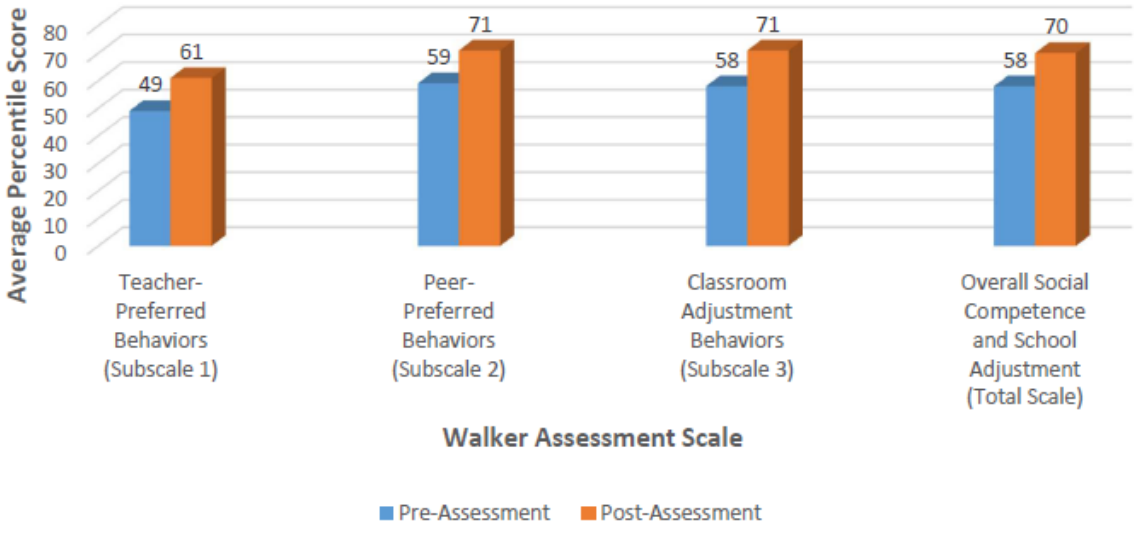


Chart 4
School Adjustment Ratings for WUSD Participants

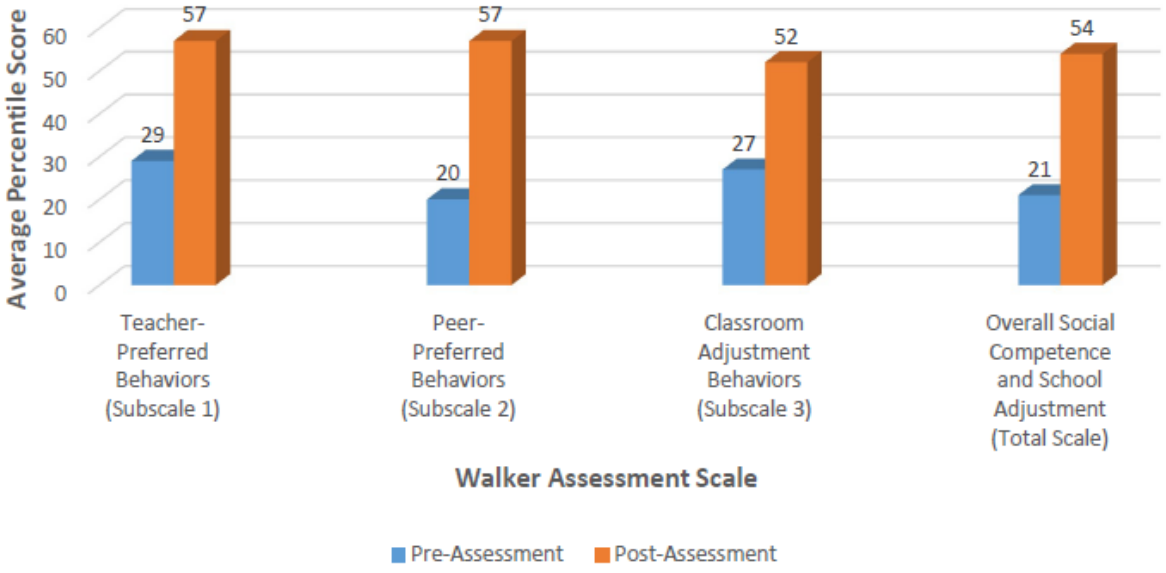
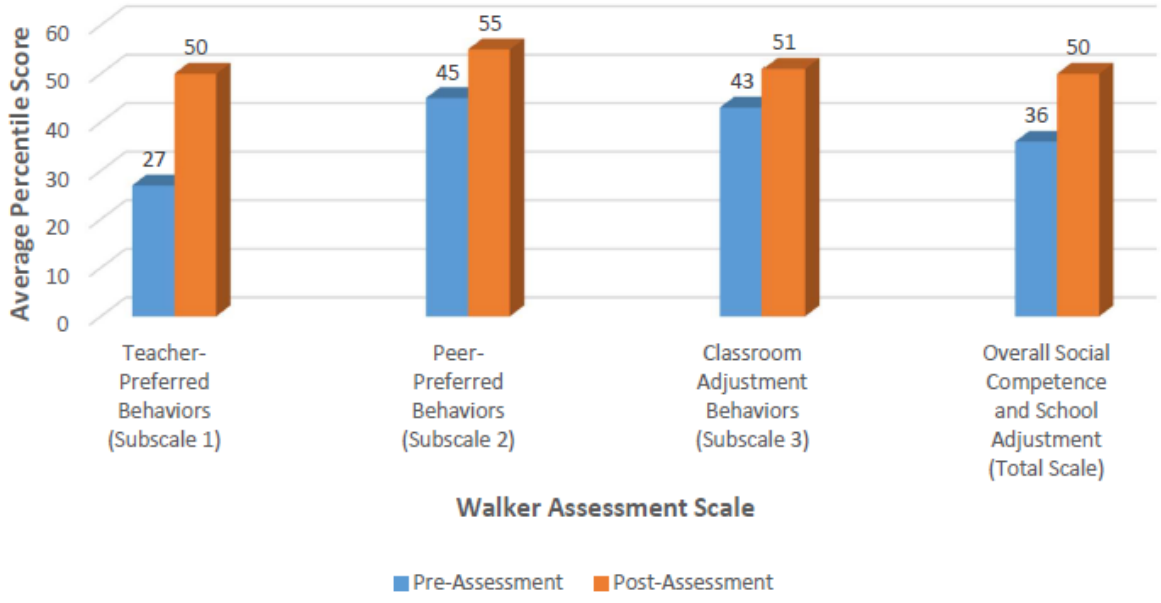


Chart 5
School Adjustment Ratings for Hand in Hand Participants



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

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 400

16-25 years old: 0

26-59 years old: 0

60+ years old: 0

Challenges: Staffing shortages have made it difficult to conduct this program this year.

Successes: None to present at this time.

Projected cost per person per year: Not applicable at this time.

Changes to 2024-2025 Annual Update: An increase in staff time will be dedicated to MHSA Infant to 5, resulting in a slight increase in funding.

Data: None to report at this time.

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.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 60

16-25 years old: 20

26-59 years old: 0

60+ years old: 0

Challenges: With an increase in participation in clubs on campus there has been more competition for space and days to have meetings with other school clubs. Youth participants continue to struggle with attending club consistently due to participating in other clubs and sports who also host meetings during the lunch hour that FNL/CL does.

Successes: All school districts have a FNL/CL chapter on campus. There has been an increase in attendance at the Club Live level. There has been growth in a few high school campuses. School staff have been supportive of all campus activities and youth initiatives. Staff has also been able to receive an ample amount of training and support opportunities from the California Friday Night Live Partnership on ways to engage and support local club chapters.

Projected cost per person per year: $60

Changes to 2024-2025 Annual Update: No changes.

Data (FY 2022-2023):

FRIDAY NIGHT LIVE (FNL)
Makes a Difference for Youth and Communities
Colusa County
2022-2023 YOUTH DEVELOPMENT SURVEY FINDINGS

FNL Serves Diverse Youth

N=19 FNL SURVEY RESPONDENTS
Mean Age = 16.3 years

GENDER IDENTITY

Male	64.7%
Female	35.3%
Gender Fluid	0.0%
Gender Non-binary	0.0%
Transgender	0.0%
Two-Spirit	0.0%
Prefer Not to Answer	0.0%
Other	0.0%
Don't know	0.0%

RACE/ETHNICITY

White/European	84.2%
Asian	10.5%
Hispanic/Latino	5.3%
Black/African American	0.0%
Hawaiian/Pacific Islander	0.0%
Middle Eastern/N. African	0.0%
Native/Indigenous	0.0%
Prefer not to answer	0.0%

PARENTAL EDUCATION

% of youth whose parent or guardian has an associate degree or above	29%

FNL Promotes Positive Youth Development

100% Report FNL Provides a Safe Environment

100% Report Adults in FNL Care About Me

100% Report FNL Supports Leadership Development

100% Report Gaining Valuable Skills in FNL

100% Report FNL Increased School Connectedness

95% Formed Caring/Meaningful Relationships in FNL

89% Report FNL Increased Community Engagement

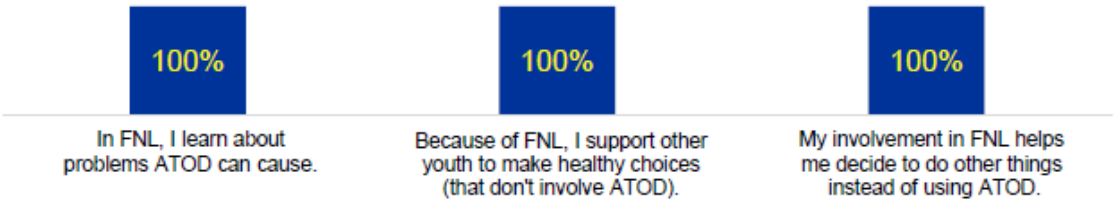
FNL Builds Skills
(% who report working on specific skills)

100% Working as Part of a Goup
88% Planning Events and Activities
88% Planning and Organizing My Time
82% Public Speaking
76% Writing Skills

100% Report skills learned can help them in school.

FNL Reduces Risk of Alcohol, Tobacco, and Other Drug (ATOD) Use

% of youth who agree with each statement



"I've enjoyed countless things about FNL. One of the things I enjoyed most is that everyone gets to participate in helping the community, and it gives a person opportunities to be a sort of leader in their community as well."

CLUB LIVE (CL)
Makes a Difference for Youth and Communities

Colusa County

2022-2023 YOUTH DEVELOPMENT SURVEY FINDINGS

CL Serves Diverse Youth

N = 47 CL SURVEY RESPONDENTS

Mean Age= 12.43 years

GENDER IDENTITY

Female	56.8%
Male	22.7%
Gender Non-binary	9.1%
Gender Fluid	0.0%
Transgender	0.0%
Two-Spirit	0.0%
Prefer not to answer	0.0%
Don't know	0.0%
Other	4.5%

RACE/ETHNICITY

Hispanic/Latino	50.9%
White/European	26.4%
Black/African American	5.7%
Native/Indigenous	5.7%
Asian	1.9%
Hawaiian/Pacific Islander	1.9%
Middle Eastern/N. African	0.0%
Prefer not to answer	7.5%

PARENTAL EDUCATION

% of youth whose parent or guardian has an associate degree or above: 11%

CL Promotes Positive Youth Development

96% Report CL Increased Community Engagement

96% Report CL Provides a Safe Environment

93% Report Adults in CL Care About Me

91% Formed Caring/Meaningful Relationships in CL

91% Report CL Supports Leadership Development

91% Report Gaining Valuable Skills in CL

87% Report CL Increased School Connectedness

CL Builds Skills
(% who report working on specific skills)

91% Working as Part of a Group
91% Active Listening
84% Carrying out a Plan
82% Examining Community Issues
80% Time Management and Planning

89% Report skills learned can help them in school.

CL Reduces Risk of Alcohol, Tobacco, and Other Drug (ATOD) Use

% of youth who agree with each statement

98%

In CL, we learn reasons why we should not use ATOD.

91%

Because of CL, I support other youth to make healthy choices.

"The thing I enjoyed the most about CL is how involved you are. You are involved in making decisions with both adults and peers. You are involved in your school community and are able to truly make an impact."

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 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.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 10

16-25 years old: 10

26-59 years old: 0

60+ years old: 0

Challenges: A temporary leadership gap occurred within Community Services, which affected this program.

Successes: The program has navigated topics such as understanding different communication styles, implementing effective communication strategies and fostering an atmosphere of openness. These discussions have been insightful and have guided participants toward future building, where we explore critical aspects such as future aspirations, college preparations, and the invaluable experience of exploring a College Campus. Participants actively engage in discussions such as developing coping mechanisms, sharing stress relief techniques, and contributing to the ongoing process of strengthening outreach awareness opportunities. We have also seen an increase in participation.

Projected cost per person per year: $2,331

Changes to 2024-2025 Annual Update: In addition to an increase in staff salary, there will be more funds allotted to this program due to administrative overhead costs.

Data (FY 2022-2023):

Total Youth Served: 16

Gender
Female: 7
Male: 9

Gender Identity
Declined to Answer

Age Group
0-15: 9
16-25: 7

Ethnicity
Declined to Answer

Race
American Indian: 16

Sexual Orientation
Declined to Answer

Veteran Status
Not Applicable

Disability
Difficulty Seeing: 1
Learning Disability: 4
Physical Mobility: 0

Primary Threshold Language
English: 16

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 attitude 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 carryout items to be addressed in the Cultural Competency Plan (CCP). The identified Ethnic Services Manager (ESM) who is also the MHSA Coordinator leads the CCC.

The CCC will initiate a request for the County Board of Supervisors to proclaim that May is Mental Health Awareness Month each year. This proclamation is presented within a public board meeting and is shared with the community via marketing outlets. It is difficult for CCDBH to measure the amount of citizens the proclamation has reached, and the impacts of reducing stigma. However, the proclamation includes statistics on mental health and information to help normalize seeking treatment. The CCC members actively participate in cultural humility trainings as an effort to reduce their own stigma around mental health and other stigmatized communities and cultures. This is measured by pre and post-tests to gauge level of change. CCDBH will continue to develop activities to reduce stigma and will utilize tools recommended by DHCS for measuring the reduction of stigma, as they are developed.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 0

16-25 years old: 4

26-59 years old: 35

60+ years old: 2

Challenges: CCC continues to find it difficult to engage community members and those with lived experience to attend monthly meetings.

Successes: CCC has increased their membership in the last year and has had constructive conversations around current community struggles that CCC can focus on via cultural humility trainings.

Projected cost per person per year: $131

Changes to 2024-2025 Annual Update: Additional funds will be dedicated to this program for an increase in staff time due to their participation in mandatory cultural humility trainings.

Data (FY 2022-2023): 11 meetings in total were held with an average of 10 individuals attending the meetings. Staff participation from the following agencies are represented: Behavioral Health, Child Protective Services, Probation, Office of Education, and First Five.

Program Name: Access and Linkage to Treatment Program

Bright Vista Youth Center

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

social and emotional needs. In addition, an operational team meets regularly with representatives from each collaborating agency department to discuss daily processes of the center. The Bright Vista Youth Center offers 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. Staff from the County Departments listed above will provide these workshops. Bright Vista Youth Center is staffed by two permanent Part-Time Peer Support Specialists and overseen by the MHSA Coordinator and MHSA Clinical Program Manager. This program gathers participant data to evaluate the efficacy of the Bright Vista Youth Center and provide recommendations of areas to improve on an annual basis. This Access and Linkage Treatment Program will provide needed referrals to behavioral health services, and primary care providers when appropriate. Bright Vista will maintain a resource list of behavioral health services and medical providers in the area. This resource list is readily available onsite. When needed, Bright Vista's Peer Support Specialists will assist youth and their families in a warm hand-off to Colusa County Behavioral Health for a mental health intake appointment. The Peer Support Specialists can participate in the youth's/families intake appointment to advocate for treatment needs and provide their input and perspective of behavioral concerns that they have observed. The Peer Support Specialist will encourage engagement in treatment, and will support youth in practicing their learned skills while at Bright Vista Youth Center.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 48

16-25 years old: 15

26-59 years old: 0

60+ years old: 0

Challenges: Cell phone usage has been a challenge due to it being disruptive to other members, such as loud conversations or listening to videos/music too loudly. Staff also need to consistently remind members to not bring in outside food and drinks. Behaviors have been an issue due to arguments that occur outside of Bright Vista that have spilled over and been brought onsite. Bright Vista is not yet well-known throughout the community as a free resource to youth.

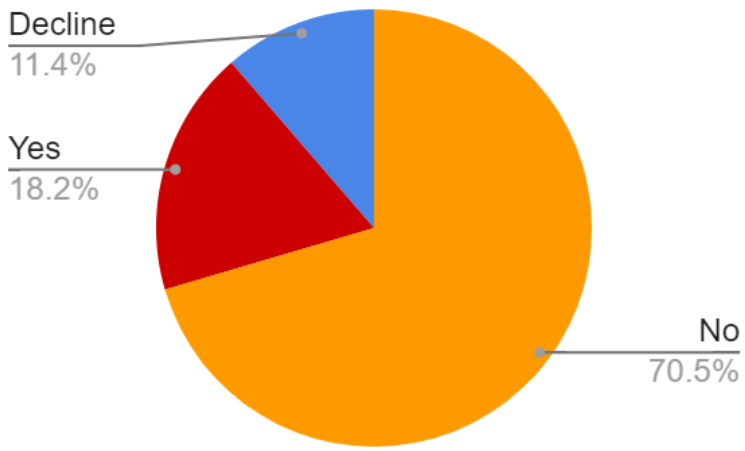
Successes: Increased membership and increased group participation. Members hold each other accountable to the rules and expectations of the center. There is an overall sense of camaraderie among members. Members have also expressed that they look forward to coming to Bright Vista and they enjoy the summer activities and special events.

Projected cost per person per year: $6,722

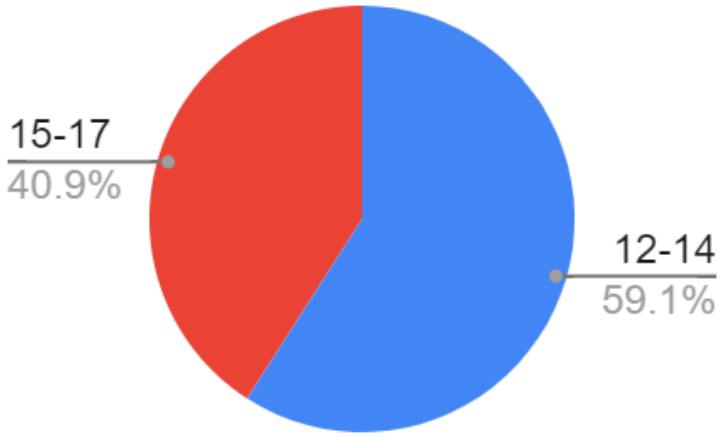
Changes to 2024-2025 Annual Update: Bright Vista Youth Center will see an increase in funding for staff time, transportation, and field trips.

Data (FY 2022-2023):

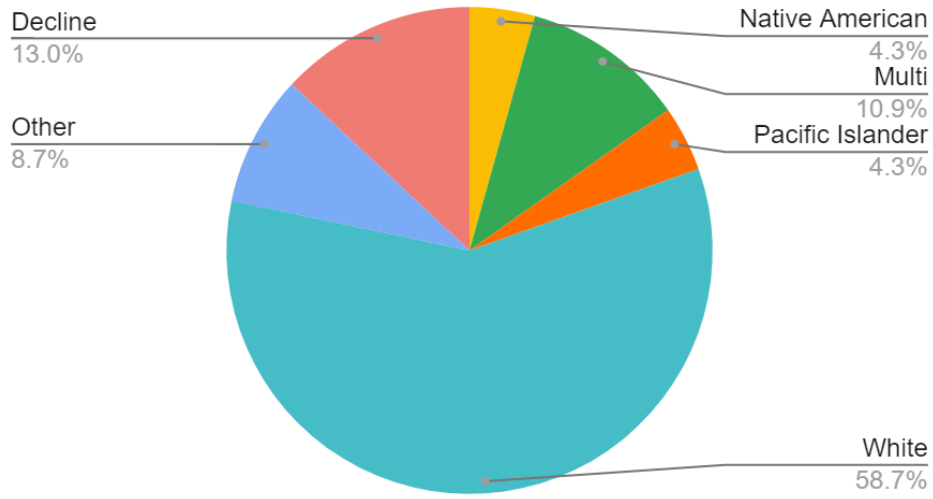
Have you ever been a Behavioral Health client?



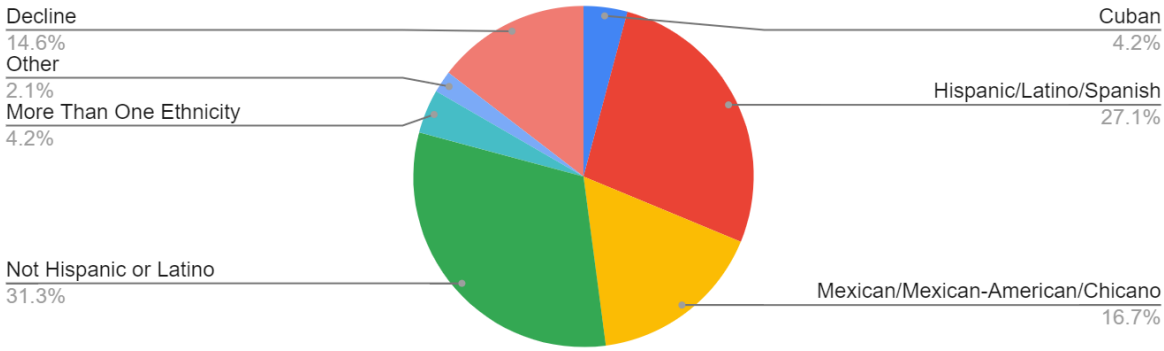
Age Range



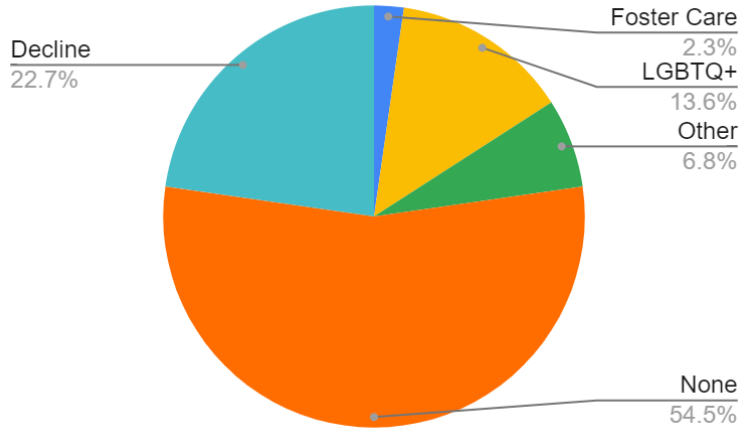
Race



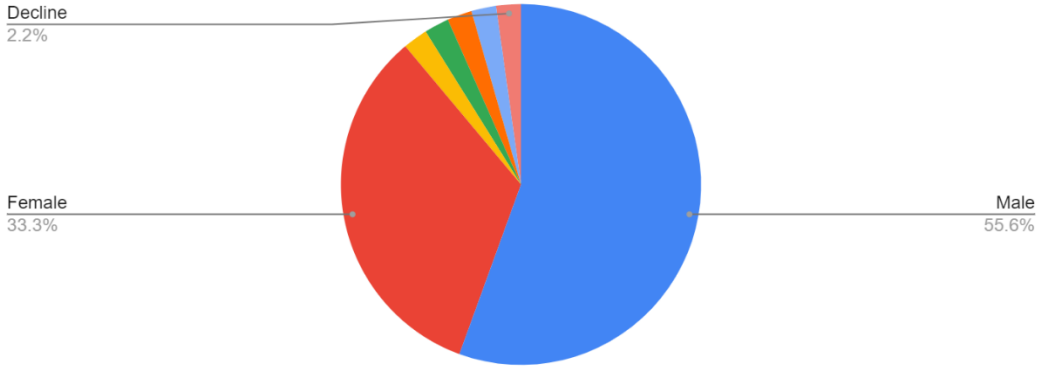
Ethnicity



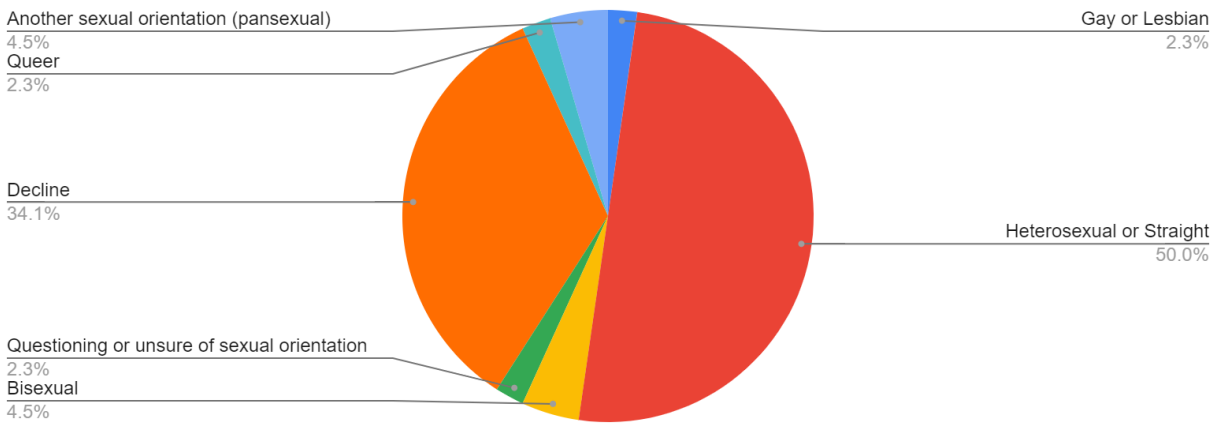
Other Cultural Group



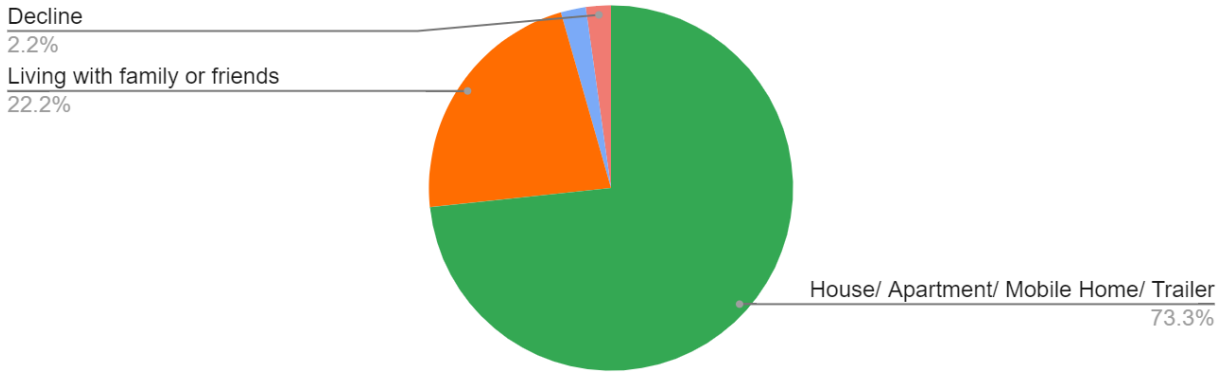
Gender



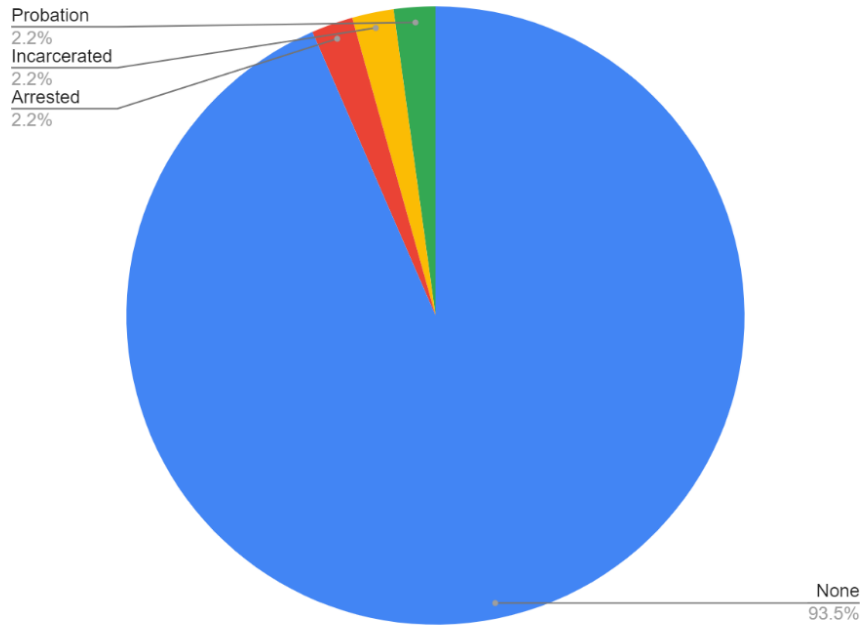
Sexual Orientation



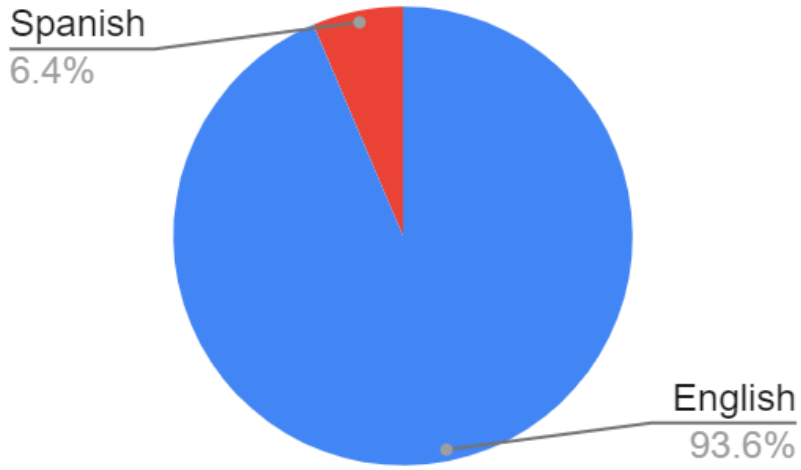
Living Arrangement



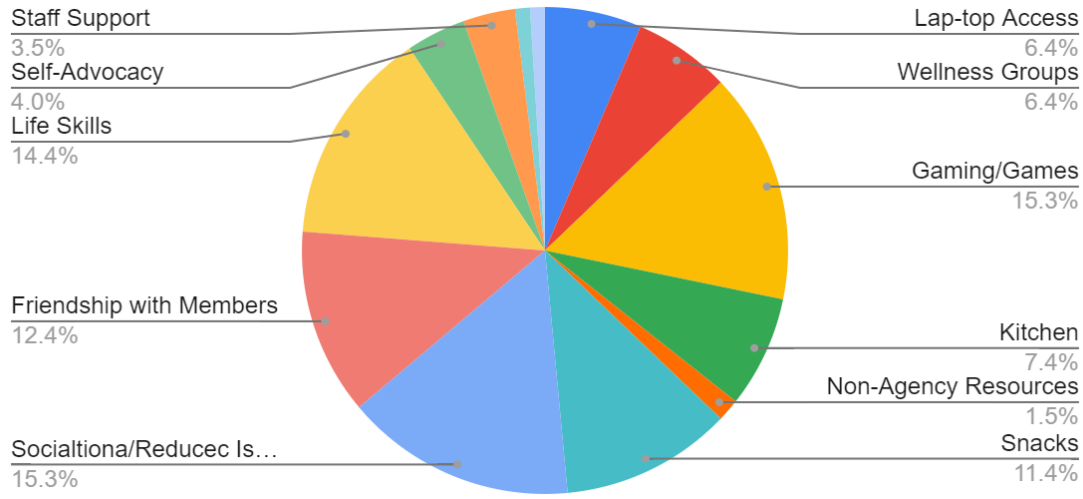
Legal Involvement



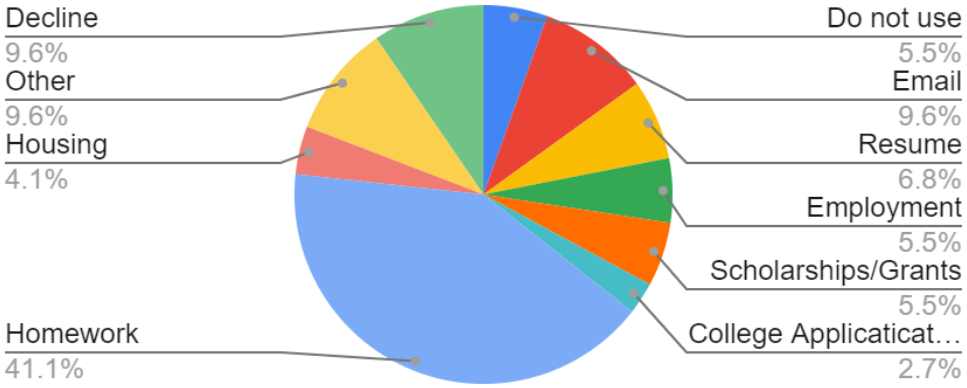
Preferred Language



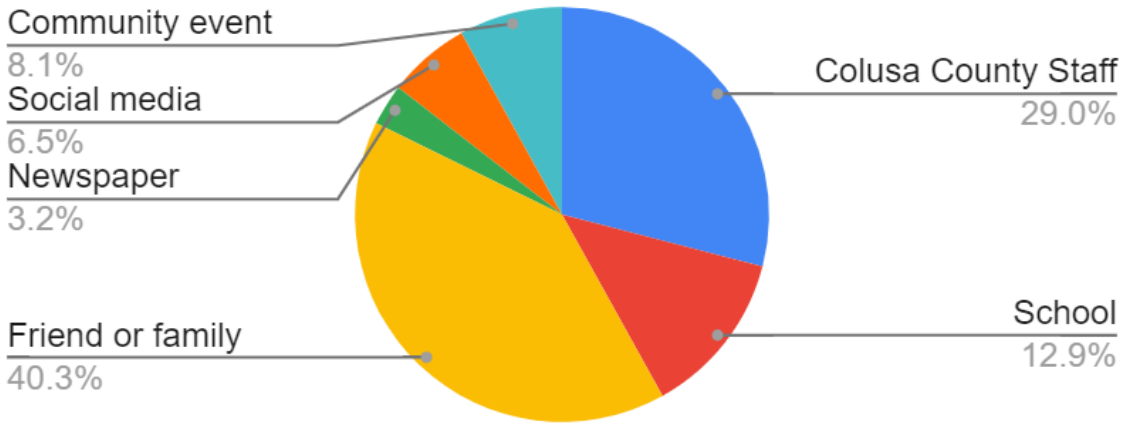
Reasons for Visiting



Reasons for using Computer



How did you hear about us?



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 Take Action for Mental Health. 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.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 55

16-25 years old:20

26-59 years old: 110

60+ years old:12

Challenges: None reported

Successes: CCBH has utilized the Take Action Toolkit and social media suggested posts to help bring awareness to mental health and the importance of treatment.

Projected cost per person per year: $4,167

Changes to 2024-2025 Annual Update: No changes.

Data: A total of six presumptive transfers have occurred.

Program Name: Prevention Program

Learning Wellness at the Libraries

Program Description: Each city and town within the County of Colusa has a library. Before the COVID-19 Pandemic, the library had more than 35,000 visitors across its seven branches annually, ranging in age, gender, ethnicity, socio-economic status and education level. The range of individuals and families served by the libraries makes offering a PEI program at these welcoming and non-stigmatizing locations an ideal way to engage more community members about the topic of mental health. The libraries are community hubs and safe spaces for all. The Learning Wellness at the Libraries acts as a Prevention Program offering family, caregiver, and youth activities to combat risk factors and strengthen protective factors of mental health.

Risk factors, such as a serious chronic medical condition, experience of trauma, ongoing stress, exposure to drugs, poverty, family conflict, experiences of racism and social inequality, prolonged isolation, traumatic loss, a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness, influence the stability of one's mental health. Having written and electronic self-help-type materials available in the libraries is one way of promoting wellness and prevention. Finding ways to cope with these risk factors is another way to reduce the impact these risk factors have on one's mental health. Therefore, the Learning Wellness at the Libraries offers workshops that increase one's ability to cope by engaging in hands-on activities that reduce stress and build self-esteem.

It is known that protective factors, such as having healthy and supportive relationships, getting an education, having a steady job, and living in a safe community, can deter the development of a serious mental illness. The Learning Wellness at the Libraries provides family activities to strengthen healthy relationships, literacy programs to support educational success including digital literacy programming to help to improve job readiness, and a safe place within the community to reach out for needed resources.

The combination of these prevention efforts are made possible by employing 7.51 Full Time Equivalent library positions, including a new extra-help Peer Support Specialist, who will work closely with Colusa County Behavioral Health in establishing the aforementioned activities and workshops.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 120

16-25 years old: 160

26-59 years old: 275

60+ years old: 200

Challenges: A shortage of staff time has affected this program's ability to fully serve patrons.

Successes: Over 400 books related to mental health, self-help, personal development, family bonding and the protective factors were purchased. This also includes several books related to the subject of online and phone safety for children and teens. We have seen an increase in patrons and participation in library services.

Projected cost per person per year: $836

Changes to 2024-2025 Annual Update: No changes.

Data (2023 Calendar Year): Four students are participating in the Career Online High School Program in hopes to earn a High School Diploma and Career Certificate, 41 adult students are participating in the Adult Literacy Program that offers one-on-one tutoring to increase literacy skills, 10 parenting workshops and tutoring sessions were provided at the Colusa County Jail that targeted 34 incarcerated individuals, 97 individuals partook in the Colusa County Library Cooling Center when extreme heat waves occurred in the summer, 43 children and their care-givers participated in the Stay and Play program that encourages imaginative play and provides bonding opportunities, 95 children and their care-givers participated in the local favorite, Raising-a-Reader program, 69 attendees participated in the Summer Reading Program aimed at children 0-5, Summer Reading Program for school aged children had 87 participants, four Author Evenings brought in a total of 121 attendees, two College Workshops engaged more than 35 participants, a Monthly Book Club had 48 participants, and weekly Family Story Time, STEAM programming and other events provided fun activities for families and individuals.

Program Name: Stigma and Discrimination Reduction Program

Authentic Self: Acceptance & Advocacy

Program Description: LGBTQ+ youth are at elevated risk for poor mental health and suicide compared with straight/cisgender peers. They are more than four times as likely to attempt suicide as their peers (Johns et al., 2019; Johns et al., 2020). Because this risk is related to the harmful ways LGBTQ+ youth are treated, rather than something about being LGBTQ+ in itself, increased acceptance and affirmation can reduce risk (Meyer, 2016). Thus, Colusa County Behavioral Health will offer a Prevention and Early Intervention program that provides an affirming space for LGBTQ+ youth to partake in self-esteem building activities that will be led by a clinical staff member. Research has shown that having at least one accepting adult can reduce the risk of a suicide attempt among LGBTQ+ young people by 40 percent (The Trevor Project, 2019). This clinical staff member will receive cultural humility training on LGBTQ+ topics to effectively facilitate group discussion, activities, and events to help reduce stigma and discrimination within our community.

It is our hope that Authentic Self: Acceptance & Advocacy will be welcomed on high school campuses in our school districts as we know that the presence of Gender and Sexualities Alliances (GSAs) has been found to significantly reduce the risk for depression and increase well-being among LGBTQ+ youth (Toomey et al., 2011). LGBTQ+ youth who report the presence of trusted adults in their school have higher levels of self-esteem (Dessel et al., 2017) and access to supportive peers is protective against anxiety and depression, including among those who lack support from their family (Parra et al., 2018). By providing our LGBTQ+ youth with a trusted adult, an affirming space, and supportive peers in a group setting, we are promoting mental wellness and reducing the risk of suicide.

Through this program, CCDBH also offers Community Education training to help reduce the stigma and discrimination against the LGBTQ+ population, specifically with an emphasis on youth. The Community Education training can include LGBTQ+ topics such as legal name and gender marker change, gender affirming care, transgender laws and rights, and LGBTQ+ student rights. Measuring this program's stigma reducing efforts is captured by the count of training attendees and their willingness to take resources and share those resources with others.

References:

Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Zewditu, D., McManus, T., et al. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school student–19 states and large urban school districts, 2017. Morbidity and Mortality Weekly Report, 68(3), 65-71.

Johns, M. M., Lowry, R., Haderxhanaj, L. T., et al. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students — Youth Risk Behavior Survey, United States, 2015–2019. Morbidity and Mortality Weekly Report, 69,(Suppl -1):19–27.

Meyer, I. H. (2016). Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda? Psychology of Sexualities Review, 7(1), 81-90.

The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York, New York: The Trevor Project. https://www.thetrevorproject.org/wp-content/uploads/2023/02/Trevor-Project-Accepting-Adult-Research-Brief_June-2019.pdf

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2011). High school gay–straight alliances (GSAs) and young adult well-being: An examination of GSA presence, participation, and perceived effectiveness. Applied Developmental Science, 15(4), 175 185.

Projected numbers to be served in FY 24/25 by age group:

0-15 years old: 4

16-25 years old: 10

26-59 years old: 0

60+ years old: 0

Challenges: CCDBH offered this new program to the school districts in the county. One school district met with CCDBH for an initial meeting to discuss how this program would be implemented on campus. After discussion, it was decided the school district would not move forward at this time.

Successes: A small group of participants meet at the CCDBH office to partake in self-esteem building activities, and discuss ways to reduce stigma in the community.

Projected cost per person per year: $11,250

Changes to 2024-2025 Annual Update: No fiscal changes are needed so the budget will remain the same.

Data: Due to the small number of participants in this group, data has been suppressed to ensure anonymity within our small community. The group has averaged meeting three times per month in FY23-24.

Innovation Evaluation Report

Innovation (INN) Program

Program Name: Practical Actions Towards Health (PATH)

Program Description: 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 have been studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention was 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 being studied are:

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 decided to focus on the population of justice-involved persons for this project. There are roughly 200 persons involved in the justice system in Colusa County. This includes people who fall under Assembly Bill (AB) 109, known as Realignment, which are offenders who are released from State Prison and are on Post Release Community Supervision (PRCS) and offenders released from County Prison who are on Mandatory Supervision (MS). In addition,

this target population includes 21 parolees currently on State Parole and those individuals participating in the Day Reporting Center (DRC) in the County. This last group of individuals are persons who typically are residents of the county who have committed a crime within the county and have been adjudicated by a judge and have been sentenced to formal probation for a period of time. Often in the terms of probation issued by the court, there is a requirement that they report to the Day Reporting Center for interface with their probation officer or to participate in various scheduled activities like education coursework from the Office of Education or support groups offered by counselors, or life skills groups offered by probation officers. There are more than 150 persons that fall into this category. This project provides outreach and serves individuals from these programs. Colusa County's DRC, operated by Adult Probation staff, and Behavioral Health supports the population involved in the justice system through this Innovation project. The intention of the Innovation project is to outreach and engage all adults served by the Adult Probation Department in a manner that is not overseen by courts. This is a voluntary program where the only criteria for entry is a referral from the Adult Probation Department, or Parole Department with the agreement by participants to sign a Release of Information (ROI), allowing PATH staff to collaborate with the referring agency. In addition to persons involved in the justice system, since the Day Reporting Center (DRC) is open as a drop-in center for any adult in the county, there are friends, relatives or other folks connected to the justice system who happen to have needs and an interest in interfacing with the PATH Team.

Original Learning Goals

Our learning goals relate to the following key innovative elements in this project:

- To improve outreach and engagement to those involved in the justice system and increase service delivery to unserved and underserved populations in the county.

- Identifying social determinants that may be blocking the recognition that behavioral health symptoms may be present after administering the Strength Assessment and understanding the effects of those social determinants on seeking behavioral health services by the population involved in the justice system.
- By doing outreach and engagement with justice system persons, and addressing the social determinants of good health, will this in fact increase the number of persons from this specific population who seek behavioral health care? Will formal requests for treatment increase?
- Emphasizing data-driven decision making and empowering agency staff to collect and use data effectively.

As PATH enters its second year, the following objectives could serve to enhance the impact of the project:

1. **Increase the life of the project:** During the first year of the project, we have seen success with client engagement from incarceration to enrollment in behavioral health services. The project has been delivering services since November 2021.
2. **Increase the budget to include additional years of service:** The initial budget for this project was underfunded and relied on funding sources from the Mental Health Block Grant and Realignment accounts be fiscally viable.
3. **Include one full time probation officer to exclusively serve project clients:** Presently, coordination efforts with Colusa County Probation are spread amongst several probation officers.

Objective 1 – Increase the life of the project:

The project approval date from the MHSOAC was June 22, 2021 and the first expenditure date for the project was November 1, 2021. There was a delay in securing a permanent location for the project. Despite this delay, the PATH Team was able to establish positive working relationships with probation staff and effectively engage those in the criminal justice population.

The additional years of programming will benefit our local efforts to build upon partnerships with entities such as housing resources, employment services, and healthcare to assist in addressing the rural mental health social determinants of health of our criminal justice population. These partnerships are in their infancy and the additional project time will solidify these partnerships.

Addressing social determinants of rural mental health through this project coincides with the implementation of CalAIM and the Enhanced Care Management (ECM) benefit. The additional time may assist the Colusa County team enhance a service array that may be sustainable after the life of the project through the newly established ECM benefit.

Objective 2 – Increase the budget to include additional years of service:

The initial budget for this project was based on the assumption the project was required to remain under a $500,000 threshold. As a result, the project required funds from the Colusa County Mental Health Block Grant and 1991 and 2011 Realignment revenues. This led to a reduction in revenue to support other behavioral health related services (jail-based care, substance use disordered services, inpatient costs).

It is our objective to fund this project through Innovation funds exclusively, which will allow Colusa County to reallocate funds to serve the aforementioned behavioral health services. The projected increase in program costs for the additional years of service delivery is $495, 969.

Objective 3 – Include one full time probation officer to exclusively serve project clients:

Presently, coordination efforts with Colusa County Probation are spread amongst several probation officers. As a result, of multiple probation officers supervising clients served by our project, we have found collaboration and coordination of efforts to be less efficient and scattered, thus limiting our effectiveness in delivering care.

In collaboration with Colusa County Probation Department, one probation officer will be assigned to supervise all clients identified with mental health needs and those who have been referred to our PATH Team. This change will strengthen the coordination of care and shift from multiple wraparound like teams to one cohesive unit serving those who seek to improve their social determinants of rural mental health and those who are engaged in traditional behavioral health services. The cost associated with adding one full time probation officer through the life of the project is $487,215.

The PATH program will see an update to the original design of this study in FY24-25 in regards to the location of the service as well as the population served. Initially, PATH service providers were embedded at the Colusa County Day Reporting Center to engage justice involved community members post-incarceration. It is our desire to expand the engagement and assessment process to the beginning of the incarceration period at the Colusa County Correctional Center and follow the inmate post incarceration to promote a seamless transition to services and supports addressing social determinates of health. The Mental Health Services Oversight & Accountability Commission was consulted on this expansion and assured CCDBH

that it will not constitute a major change to the project. Thus, in FY24-25 we are hopeful that early engagement and assessment of strengths and needs may increase the number of post incarceration community members accessing services and supports to minimize the negative impacts associated with social determinates of health.

Projected numbers to be served in FY 24/25 by age group:

16-60+ years old: 75 (please see page 11 for explanation of reporting age group as 16-60+)

Challenges: PATH offices were closed for several weeks due to an adjoining building undergoing construction. The PATH Team was temporarily relocated to CCDBH's main office which caused some hesitation for PATH participants to enter the main office building to seek PATH services.

Successes: The PATH Team has assisted many PATH participants in finding temporary housing. The PATH Team has also helped participants connect to formal Behavioral Health services, as well as residential treatment and/or sober living environments.

Projected cost per person per year: $7,556

Changes to 2024-2025 Annual Update: A reduction in funds will occur due to other funding sources being available for this program.

Data (2023 Calendar Year):

- While demographic information was not available for all individuals served through PATH/CAMINO. PATH/CAMINO clients were more likely to be male, non-Hispanic, and English-speaking.
- 49 individuals had open PATH/CAMINO assignments through June 2023. The percentage of those individuals who were also enrolled in formal behavioral health

services through Colusa County increased significantly from the percentage of individuals served through the jails or Day Reporting Center (DRC) who enrolled in behavioral health services in 2021, prior to launching the PATH/CAMINO program. However, it's important to remember that PATH/CAMINO enrollment is voluntary, so only a subset of individuals served through the jails or DRC choose to enroll in PATH/CAMINO. When individuals served through PATH/CAMINO had an observed or self-reported behavioral health challenge, or a behavioral health service, recorded on a PATH/CAMINO Note Form, over three-quarters chose to enroll in formal behavioral health services through Colusa County.

- 80% (47 of 61 Participants) of individuals with a completed PATH/CAMINO Note Form(s) identified at least one "recovery-oriented" priority
- Identified priorities:
    - 37 individuals on supportive relationships
    - 27 individuals for housing
    - 24 individual for employment
    - 11 individuals for transportation
    - 9 individuals for community involvement
    - 7 individuals for education
    - 5 individuals for healthy foods
- 44 (72%) individuals received support related to behavioral health care, though this does not indicate the individuals who met the criteria for a behavioral health diagnosis or enrolled in behavioral health services.

- On average, 51 days elapsed between when individuals were first served through PATH/CAMINO and when they formally enrolled in behavioral health services, if they chose to do so.
- Common social supports received:
    - 32 individuals on practical skills and resources:
    - 22 individuals on natural community supports
    - 22 individuals on housing
    - 18 individuals on transportation
    - 13 individuals on employment
    - 10 individuals on accessing benefits like social security or disability
- Overall, 37 individuals defined housing, employment, or education as priorities with 24 individuals (65%) having recorded services that aligned with those priorities which is an increase from the previous report that only showed 36% of individuals who received related services.
- 52 (85%) individuals with a recorded PATH/CAMINO Note Form(s) received services and support relating to navigating their justice involvement.
- 44 (72%) individuals received support related to behavioral health care
    - 12 of the 28 individuals enrolled in formal services for the first time after being enrolled in PATH/CAMINO, while the other 16 had some prior history of formal services through Colusa County. On average, 51 days elapsed between when these 12 individuals were first served through PATH/CAMINO and when they formally enrolled in behavioral health services.

Capital Facilities and Technological Needs (CFTN)

The dollars that are currently located in this fund are earmarked for a variety of electronic items. Some of those items include updated camera equipment, new laptops for newly hired employees, and an electronic server for data storage. To keep up with all departmental computer equipment, software updates, and electronic security and safeguards, maintenance to these items will also be included. Funds will be allocated for staff salary of an Electronic Health Record (EHR) Coordinator position who will assist in the ongoing implementation and operation of our new EHR to comply with CalAIM requirements.

Changes to 2024-2025 Annual Update: There will be an increase in funds due to staffing costs of an EHR Coordinator position and upgrades to the department's security system and upgrades to computer equipment. Funds will be transferred in to this program from CSS in the amount of $100, 000 for FY24-25.

Workforce Education and Training (WET) Programs

Program Name: Loan Repayment and Peer Support Certification

Program Description: The Office of Statewide Health Planning and Development (OSHPD), now known as Department of Health Care Access and Information (HCAI), have provided a funding opportunity to counties. 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 WET funding. The grant process began in Fiscal Year (FY) 2020-2021. The focus of this WET funding is 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, CCDBH has had seven staff apply to the second round cycle of this loan repayment program. California Mental Health Services Authority (CalMHSA) has been contracted to review the applications and will then work with each county to verify each applicant's eligibility, move forward with the service commitment documentation, and award amounts to chosen applicants.

CCDBH will utilize training through CalMHSA for our new Peer Support Supervisor position to gain peer support certification as well as to supervise other Peer Support Specialists at CCDBH.

Challenges: As part of the Superior Region, CCDBH helped match funds for another county to draw down additional dollars for the region. CCDBH has experienced challenges in monitoring loan repayment applicants and their status in the program.

Successes: Due to CCDBH matching funds for another county, we were able to absorb their allocated dollars to provide additional funds to Loan Repayment for CCDBH staff. Three Peer Support Specialists have passed their State exam and are now certified to provide Peer Support Services.

Changes to 2024-2025 Annual Update: CCDBH had an opportunity to reinvest into the Superior Region cohort to provide additional loan repayment opportunities for our staff, therefore an increase in funds have resulted from this action. This budget will also increase due to the anticipation a new Peer Support Supervisor position receiving training to become Medi-

Cal Certified to provide peer support services. This WET program is partially funded by transfers from CSS.

Data: Seven CCDBH staff were awarded Loan Repayment for a two-year service commitment that began FY23-24 and will end June 2025.

Program Name: CalMHSA WET Incentives

Program Description: Throughout the State of California, Behavioral Health Systems are experiencing a staffing shortage. Individuals who are qualified for clinical positions are either retiring or leaving the field. Student enrollment in college programs that would lead to a clinical position has also decreased. In order to adequately serve Colusa County, Behavioral Health needs to attract and employ qualified staff. CalMHSA has partnered with Palo Alto University that offers a two-year master's level training program. This program is specific to behavioral health, utilizes a hybrid-learning model (online and in-person), offers a "Spanish for Clinicians" course, and is accredited within the State of California. CCDBH will contract with CalMHSA using MHSA WET funds to offer two opportunities for CCDBH bachelor level staff to apply for Palo Alto University's behavioral health master's level training program. The selected applicants for this educational opportunity will agree to a service commitment with CCDBH for four years. This will allow CCDBH to increase the amount of therapy and assessment interventions that are provided to consumers, and fill staff vacancies of our hardest-to-fill position; Therapist. In addition to the educational opportunity, CCDBH will contract with CalMHSA to attract new applicants to help fill our vacant Therapist positions and Licensed Psychiatric Technician positions. These newly recruited employees are eligible for a stipend

when an award agreement has been made, which will include a four-year service commitment to CCDBH after passing one year of probation, and language regarding failure to meet/complete the terms of the agreement. CalMHSA will perform fiscal management and administrative responsibilities and oversight of the award agreements, while CCDBH will provide the MHSA WET funding to carry out the program.

Changes to 2024-2025 Annual Update: There will be a reduction in budget for this program because administrative fees related to the contract with CalMHSA were paid during FY23-24. This WET program is funded by transfers from CSS.

Data: Two CCDBH employees were selected for the Palo Alto University that offers a two-year master's level training program. They are currently beginning their third quarter of the education program. Five CCDBH employees were selected for stipend with agreed upon terms of a four-year service commitment after passing one year of probation.

Program Name: Retention Activities

Program Description: Due to clinical staffing shortages throughout the State of California, CCDBH will add Retention Activities to their WET Programming to preserve the staff currently employed. The result of these activities will focus on improving staff morale, reducing stress, promoting balanced health throughout one's workday, and offering anti-burnout and anti-fatigue activities. Wellness tools needed for implementation, and materials and supplies leading to the program's longevity, will be funded through MSHA WET.

Changes to 2024-2025 Annual Update: No changes have occurred to this programs budget. This WET program is funded by transfers from CSS.

Data: Three team building activities took place during all-staff meetings for FY23-24. Two CCDBH program teams participated in team building and stress reduction activities. FY23-24 also incurred costs due to the creation of a staff wellness room.

Discontinued Programs from MHSA Annual Plan FY24-25

There were no discontinued programs from FY23-24 to FY24-25.

Colusa County
FY 2024/2025
Mental Health Services Act Expenditure Plan
Funding Summary

		FY 2024/2025 Estimated Program Budget
Community Services and Supports		
Estimated Annual Funding	$	3,324,005
Programs		
Integrated CSS General System Development-Full Service Partnership	$	1,880,921
Integrated CSS Outreach and Engagement-Williams Wellness Center		36,670
Integrated CSS Outreach and Engagement-Safe Haven Wellness and Recovery Center		458,718
Children's System of Care and Adult's System of Care – Outreach and Engagement-Mul		1,634,993
Integrated CSS General System Development-Rancho Colus		44,448
Integrated CSS General System Development-Cypress House Adult Residential Facility		35,692
Integrated CSS General System Development-Community Crisis Support		923,875
Transfer to Capital Facilities and Information Technology Fund		100,000
Transfer to Workforce & Education Fund		310,000
Total CSS Exp	$	5,425,317
Prevention and Early Intervention		
Estimated Annual Funding	$	655,751
Programs		
Early Intervention-2nd Step	$	169,467
Early Intervention Program-MHSA Infant to 5		4,466
Prevention Program-Friday Night Live/Club Live		67,234
Prevention Program-Life and Leadership-A Circle of Solid Choices		92,926
Stigma and Discrimination Reduction Program-Cultural Competency Committee		24,560
Access and Linkage to Treatment Program-Bright Vista Youth Center		586,618
Outreach for Increasing Recognition of Early Signs of Mental Illness-CalMHSA		25,000
Prevention Program-Learning Wellness at the Libraries		558,816
Stigma and Discrimination Reduction Program-Authentic Self: Acceptance & Advocacy		46,442
Total PEI Exp	$	1,575,529
Innovation		
Estimated Annual Funding	$	179,408
Programs		
Practical Actions Towards Health	$	315,020
Total INN Exp	$	315,020
Capital Facilities and technological Needs		
Estimated Annual Funding-Transfer from CSS	$	100,000
Programs		
Facility Upgrades	$	46,000
Information Technology		185,646
Total CFTN Exp	$	231,646
Workforce Education & Training		
Estimated Annual Funding-Transfer from CSS	$	310,000
Programs		
Loan Repayment & Peer Support Certification	$	10,000
CalMHSA WET Incentives	$	70,000
Retention Program		30,000
Total WET Exp	$	110,000