



Colusa County Department of Behavioral Health

Mental Health Services Act Annual Update

FY 2025-2026

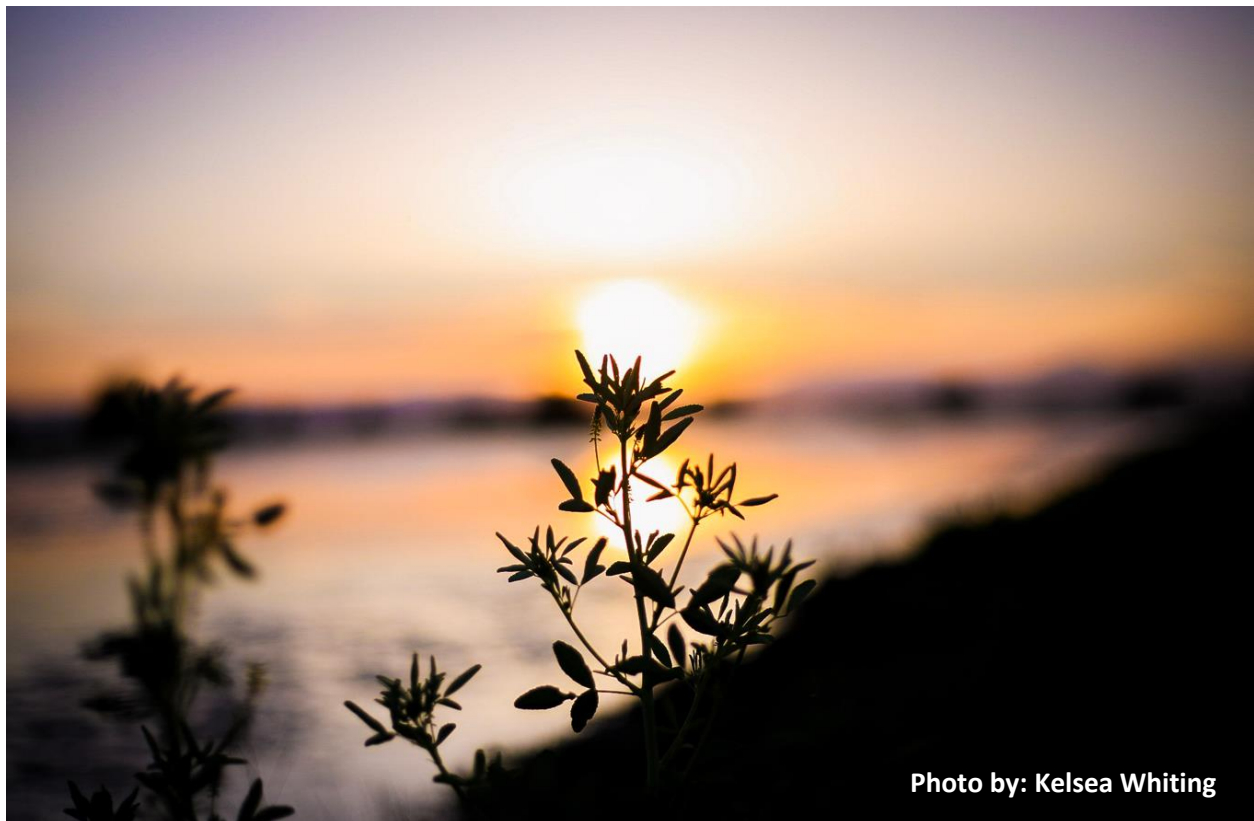


Photo by: Kelsea Whiting

MHSA Annual Update Plan 2025-2026

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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 22,074 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 63.4% while 30.9% identify as White alone. The other populations that make up the county are American Indian and Alaska Native at about 2.9%, another 2.8% identify as two or more races, 1.8% report being Asian, 1.5% 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, 26.8% of individuals in Colusa County are under the age of 18, and those individuals who are 65 and over make up about 16%. 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 52.8% 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 73.2% and about 14.5% of the population have a Bachelor's degree or higher. In 2023, the median household income is \$75,149. Colusa County's per capita income in the past 12 months in 2023 is \$32,776. About 12.3% of persons are in poverty. As of July 1, 2023, there were a total of 8,262 housing units available. Those in the county who own and occupy their housing unit made up about 62% of the population. The value of these housing units of those 62% of individuals was about \$375,100. The median gross rent between the years of 2019 to 2023 was about \$1,139. Veterans present in Colusa County from 2019 to 2023 came to a total of 790 individuals. Those who were foreign born from 2019 to 2023 made up about 27.5% of the population.

(Data from: [U.S. Census Bureau QuickFacts: Colusa County, California](#))

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 one 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 MHSA 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

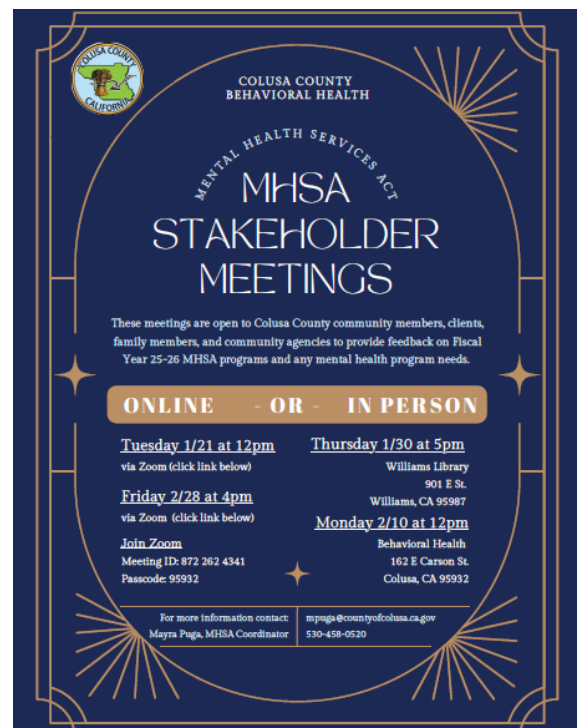
- 1) Community collaboration is defined in the MHSA legislation as a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goal(s). Community 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 on 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 2, 2025: 4 attendees

Meeting and presentation provided at Safe Haven Wellness and Recovery Center

1. Comment: “We need showers to be available.”
 - Resulting Action from the County: CCDBH is unable to install showers in a building that is being leased. CCDBH has made shower vouchers available for members in need at a nearby truck stop, and provides transportation to and from to connect members to this resource.

January 21st, 2025: 3 attendees

Meeting and presentation provided via Zoom

1. Question: Are there going to be resources for schools in the county once the BEST program is over?
 - Resulting Action from the County: CCDBH recognizing the importance of the BEST program, but this program was funded by a Mental Health Student Services Act (MHSSA) grant, and not by MHSA. CCDBH hopes to find another revenue source to continue the BEST program once the grant funding has concluded.
2. Question: Is there a form for FSP referrals?
 - Resulting Action from the County: There is an internal form completed by CCDBH staff to recommend a client to the FSP program. If another agency would like to present a case for FSP consideration, this can be brought up during a Multi-disciplinary Team Meeting (MDT) or mentioned to the client’s therapist.

3. Comment: We will deeply miss the BEST program when it is completed because it was such a utilized resource.

- Resulting Action from the County: MHSA Coordinator will share this comment of appreciation with CCDBH Leadership Team.

January 30th, 2025: 0 attendees

Meeting held at Williams Library

1. Questions, Comments, Feedback: None

February 10th, 2025: 5 attendees

Meeting and presentation provided at Colusa County Behavioral Health

1. Question: Would MDT function as a team who could address emergency placement?
 - Resulting Action from the County: Staff reported that our partner agency, Child Protective Services, is responsible for emergency placements.
2. Question: How is mobile crisis going under the Community Crisis Support program?
 - Resulting Action from the County: It has been going well and appears to provide the community with a sense of support.
3. Question: How do you feel about BHSA?
 - Resulting Action from the County: CCDBH shared the strengths and challenges related to BHSA and how it changes the fiscal forecast of our programming.
4. Comments: Rancho Colus has encountered some small barriers to being operational. We have been told they will be opening up in two weeks.

- Resulting Action from the County: To provide updates to staff and greater community when the issues have been resolved.

February, 28th, 2025: 3 attendees

Meeting and presentation provided via Zoom

1. Question: Who should we call for a mobile crisis?

- Resulting Action from the County: Call Colusa County Behavioral Health's main line (530) 458-0520 or you can call our crisis line 1-888-793-6580. CCDBH staff will determine if the crisis service can be provided via phone, or if a mobile response is required.

2. Comment: Starting next year, all student ID cards will have a QR code that students can scan that provides a list of county mental health services and contact information.

- Resulting Action from the County: CCDBH was thrilled to hear of an easy way that youth can access a list of mental health resources.

3. Comment: 2nd Step has served about 12,000 students per year and has expanded to Pierce Joint Unified School District where 2nd Step has been provided for the past two years thanks to CCDBH's MHSA funds.

- Resulting Action from the County: CCDBH is very appreciative of our collaboration with Colusa County Office of Education and their hard work to provide this program to such a large amount of students.

4. Bright Vista was "a life support" for a few students.

- Resulting Action from the County: It is great to know this resource was a strong support to some of our youth in the community. CCDBH is

currently short-staffed which is the reason for Bright Vista's temporary closure. We are hopeful that we can open again soon.

Stakeholders

Members from Colusa County Recovery group, members of Safe Haven Wellness and Recovery Center, Colusa County Board of Supervisors, and staff from the following agencies: Behavioral Health, Health and Human Services, Public Health, Colusa County Office of Education, Pierce Unified School District, and Egling Middle School.

30 Day Review Period Date: April 12th – May 12th, 2025

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, 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.

Feedback from stakeholders:

1. Comment: The amount of data on here is really great. It demonstrates statistical evidence of the amazing work that Behavioral Health is doing and it also highlights areas for improvement.
 - Resulting Action from the County: CCDBH will continue to gather, track, and report on data and share the data process with interested stakeholders.
2. Comment: "Happily support BHS MHSA plan for 2025-2026. Pleased to see Safe Haven peers thriving."
3. Comment: "I support what Safe Haven is doing."

- Resulting Action from the County for the above two comments: CCDBH will continue the Safe Haven Wellness and Recovery Center program and will provide opportunities for members to learn new skills to achieve their recovery goals.
4. Comment: The plan is very comprehensive and there are several organizational priorities that align with our work at Colusa County Department of Health and Human Services (DHHS).
- Resulting Action from the County for the above two comments: CCDBH will collaborate with DHHS to make progress on organizational goals at the county level.
5. Comment: Equity is not mentioned in the document, however the vision statement is a good start since it demonstrates a willingness and capability to start taking an equity focus when doing this important work. CCDBH is encouraged to use next year to think about how to incorporate more language about health equity throughout the entire document. This is something DHHS is also prioritizing so we can share expertise and best practices.
- Resulting Action from the County for the above two comments: CCDBH will collaborate with DHHS to make progress on organizational priorities and to incorporate health equity language into our future plans, and ensure that it is a highlighted focus in our programming.

Public Hearing Date: May 13th, 2025

Feedback from stakeholders:

1. Comment: The program name of West Side Campus sounds like it is related to a school or Colusa County Office of Education. Perhaps, a name change to Westside Wellness Center would be better. This program name sounds like it can be for any health or wellness service, which would create less stigma for individuals attending for behavioral health appointment.

- Resulting Action from the County: CCDBH has changed the program name from West Side Campus to Westside Wellness Center.

Behavioral Health Advisory Board Approval: May 13, 2025

Board of Supervisors Approval: June 3, 2025

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Colusa

Local Mental Health Director	Program Lead
Name: <u>Tony Hobson</u>	Name: <u>Mayra Puga</u>
Telephone Number: <u>530 458-0520</u>	Telephone Number: <u>(530) 458-0520</u>
E-mail: <u>Thobson@countyofcolusa.ca.gov</u>	E-mail: <u>mpuga@countyofcolusaca.gov</u>
County Mental Health Mailing Address: <u>162 E. Carson St. Colusa, CA 95932</u>	

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 6-3-2025.

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] 6-4-25
Signature Date

County: Colusa

Date: 6-4-25

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹County/City: Colusa County

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

Local Mental Health Director Name: <u>Tony Hobson</u> Telephone Number: <u>(530) 458-0520</u> E-mail: <u>thobson@countyofcolusaca.gov</u>	County Auditor-Controller / City Financial Officer Name: <u>Robert Zunino</u> Telephone Number: <u>(530) 458-0400</u> E-mail: <u>rzunino@countyofcolusaca.gov</u>
Local Mental Health Mailing Address: <u>162 E. Carson St.</u> <u>Colusa, CA 95932</u>	

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] 6-5-25
Signature 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 3-14-25 for the fiscal year ended June 30, 2024. 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] 6-4-25
Signature Date

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 have a mental health diagnosis(es) or a co-occurring diagnosis and who meet specific requirements of FSP program guidelines. 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. CCDBH staff attend a meeting that occurs once a month, known as Multi-Disciplinary Team (MDT) meeting. It is during these

meetings that our agency and other agencies can address any concerns, make referrals to the FSP program/Wraparound program and identify supports that can include housing, transportation, education, vocational training, food, and clothing.

Projected numbers to be served in FY 25/26 by age group:

0-15 years old: 3

16-25 years old: 12

26-59 years old: 50

60+ years old: 20

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 as the availability of public transit is not available on nights and weekends. Staff have expressed a need for clearer guidance on how to assist youth clients with housing-related expenses. While staff are committed to supporting FSP clients and their families, CCDBH has encountered barriers with the authorization of purchases due to the specifications needed by the County Auditor's Office which can cause delays in obtaining needed resources for our clients.

Successes: CCBH has collaborated with other agencies, including, Tri Counties Community Action Partnership (TCCAP) and Department of Health and Human Services (DHHS) to address FSP client needs, therefore helping clients reach their FSP goals and in many cases achieving stable housing. Access to food pantries have increased over the year. Local transit has provided

“Free Fare” months, which has helped reduce the cost of transportation for clients. FSP clients meeting goals, maintaining progress, and graduating from the program has continued to be going well.

Projected cost per person per year: \$20,188

Changes to 2025-2026 Annual Update: This program will have an increase in budget due to a rise in housing costs for FSP clients.

Data (FY 2023-2024):

0-15 Years old: 2

16-25 Years old: 5

26-59 Years old: 38

60+ Years old : 8

Program Name: Integrated CSS Outreach and Engagement

Westside Wellness Center

Program Description: The City of Colusa is the county seat of Colusa County. Roughly, 6,500 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 hopes to alleviate the transportation barrier by providing field-based and home-based behavioral health services to their clients when appropriate and applicable. CCDBH would like to bring a

multitude of county services to closer to residents who live on the west side of the county. Some of these residents have reported that they are not always able to obtain the services they need due to lack of transportation/proximity of services.

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 Westside Wellness Center can initiate the expansion of 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. The goal is to start with Behavioral Health utilizing the space as a satellite clinic to provide therapeutic services. In the future, Health and Human Services may use the building for reunification services.

Projected numbers to be served in FY 25/26 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 2025-2026 Annual Update: A county owned building in Williams, CA may be used to provide behavioral health and Health and Human Services' reunification services. In addition to this change, the program name has changed from Williams Wellness Center to West Side Campus. However, during the Public Hearing on May, 13, 2025 feedback was provided with a

suggestion to change the name of the program to Westside Wellness Center because West Side Campus sounded more like a school location. Finally, the budget will remain the same for this program.

Data: None to report.

Program Name: Integrated CSS General System Development

Community Crisis Continuum

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 cannot 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 offer a Community Crisis Continuum program. CCDBH operates a Crisis Team during work-hours and contracts 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 is 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 aid with crisis services funds will also be allocated to utilize Xferall, which is an organization that assists staff in finding available inpatient beds for those needing to be placed on a hold in a timely manner. 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 provides a mobile crisis response available during business hours by CCDBH. An after-hours contracted company, Auburn Counseling, will operate a 24/7 Access Line that will include triage and dispatch of mobile crisis, via Sierra Mental Wellness, 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. Mobile crisis response provides de-escalation and stabilization techniques, reduces the immediate risk of danger and subsequent harm, and avoids unnecessary emergency department care, psychiatric inpatient hospitalization, and law enforcement involvement.

Projected numbers to be served in FY 25/26 by age group:

0-15 years old: 20

16-25 years old: 45

26-59 years old: 130

60+ years old: 60

Challenges: A challenge that the Community Crisis Continuum has experienced is the continued need for sitters and drivers for after-hour services. Also, some hospitals do not comply with concurrent review or discharge summary of all individuals hospitalized.

Successes: CCDBH has experienced benefits from implementing this program. The community has been utilizing this program. Improvements have been made in working relationships with other agencies such as the local hospital, law enforcement, and health and human services. Communication among staff has also improved that allows crisis team members for that day to be informed of all that is going on during that particular shift. CCDBH has been able to provide a timely crisis response and ensures to have enough staff coverage by utilizing staff from other

behavioral health programs when needed. An additional success of this program is the efficiency of Xferrall, which as has been a great support in finding timely placement for individuals in need of a higher level of care.

Projected cost per person per year: \$7,082

Changes to 2025-2026 Annual Update: Funds will increase due to a surge in services provided and offered to the community. The increase in funds will also pay for the use of the Xferrall system. The name has been changed from Community Crisis Support to Community Crisis Continuum.

Data (FY 2023-2024): Data includes duplicated services

0-18: 46

19-25: 30

26-35: 69

36-50: 95

51-60: 51

61-69: 32

70+: 10

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, Trauma Support, Skill Building, Stress Management, Assertive Boundaries, Cultural Exploration, Nutrition, Grief Support, Monday FUneday, DJ Paul and Arts and Crafts. A fulltime Peer Certified Peer Support Specialist Supervisor position has been filled as of January 2025. Two full-time Peer Support Specialists 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. Peer Support Services are being offered at Safe Haven by staff who have obtained their Peer Certification. 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 23-24, Safe Haven served 186 members and is expected to grow as resources and programming continues to develop. In the upcoming FY 25-26, CCDBH will explore the Clubhouse model for Safe Haven.

Projected numbers to be served in FY 25/26 by age group:

0-15 years old: 0

16-25 years old: 10

26-59 years old: 125

60+ years old: 30

Challenges: The community's awareness of Safe Haven as a drop-in center, and the specific resources it provides, can be improved. There have been times when individuals are referred to Safe Haven for a resource, such as housing, that Safe Haven does not provide. This has left individuals confused and frustrated that they cannot get their need met by Safe Haven and are then referred elsewhere.

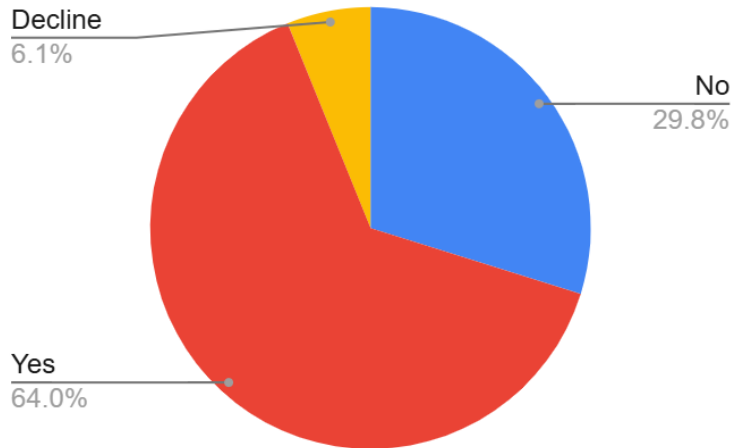
Successes: There has been an increase in daily attendance. On average there are 20 to 25 members that attend Safe Haven every day. The increase could be because we provide transportation to members via a county vehicle and have transit tickets available for members who need them. We also added a new position of a Peer Support Specialist Supervisor who is Peer Certified. This creates upward mobility for Peer Support Specialists as well as allows for growth in billing Medi-Cal services via Peer Supports Services.

Projected cost per person per year: \$5,400

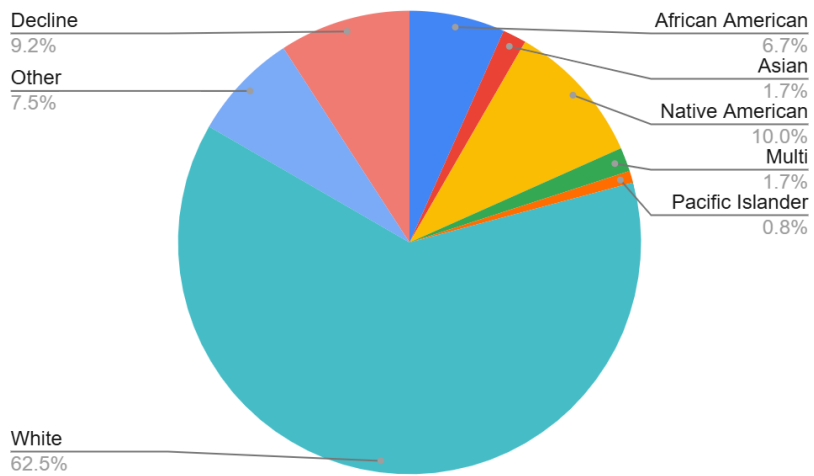
Changes to 2025-2026 Annual Update: The budget has increased for this program due to the rising cost of food and adding a supervisor position.

Data (FY 2023-2024):

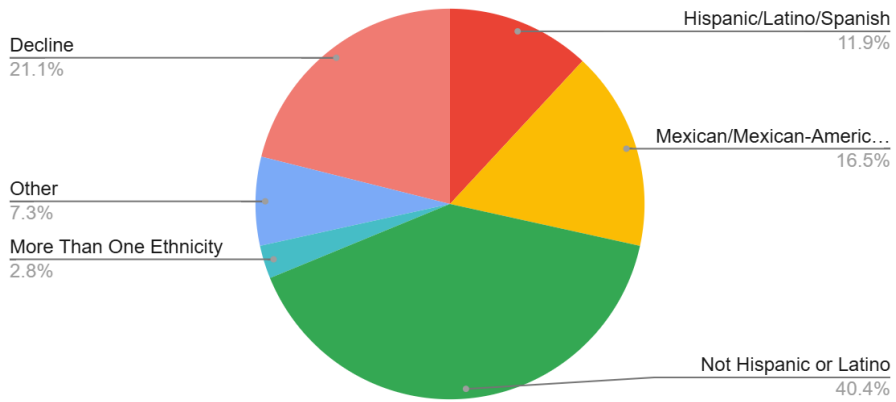
BH Client



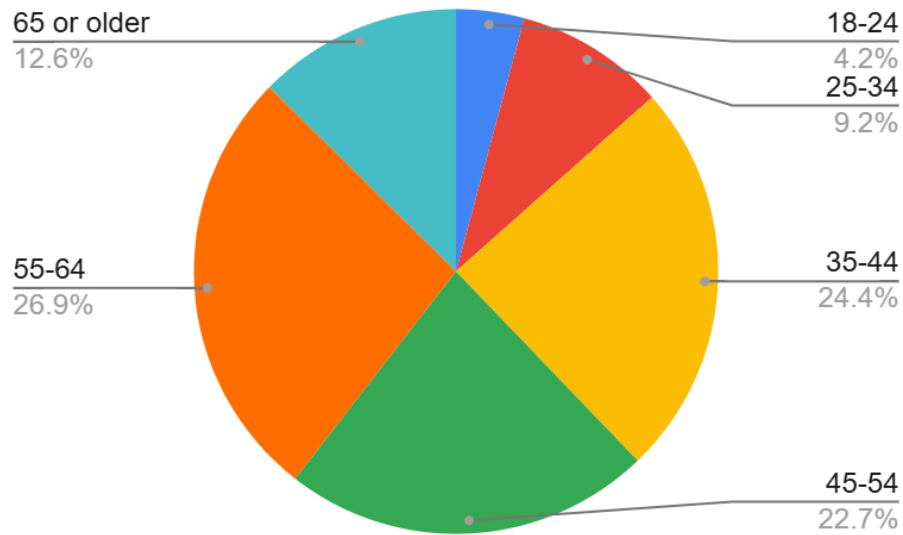
Race



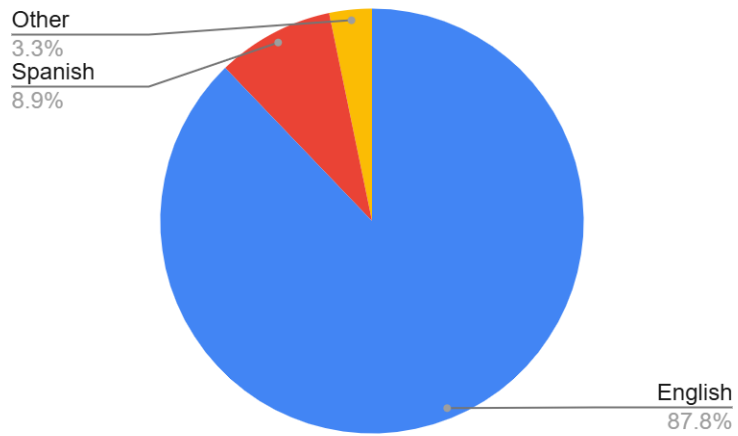
Ethnicity



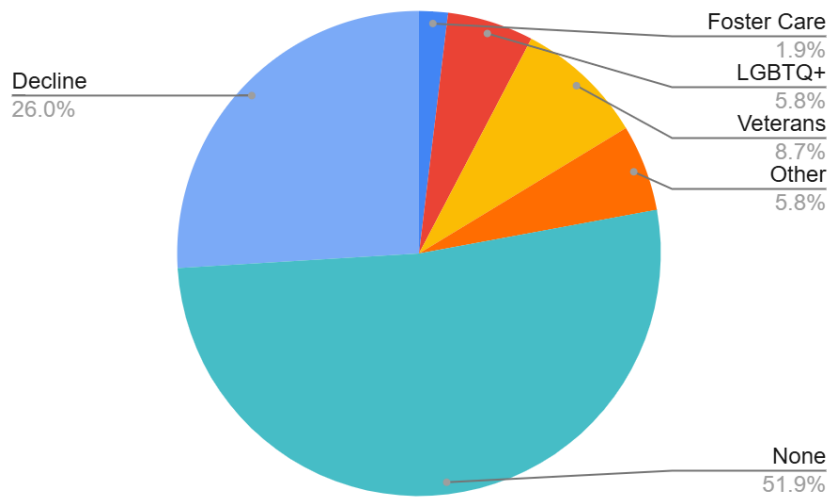
Age Range



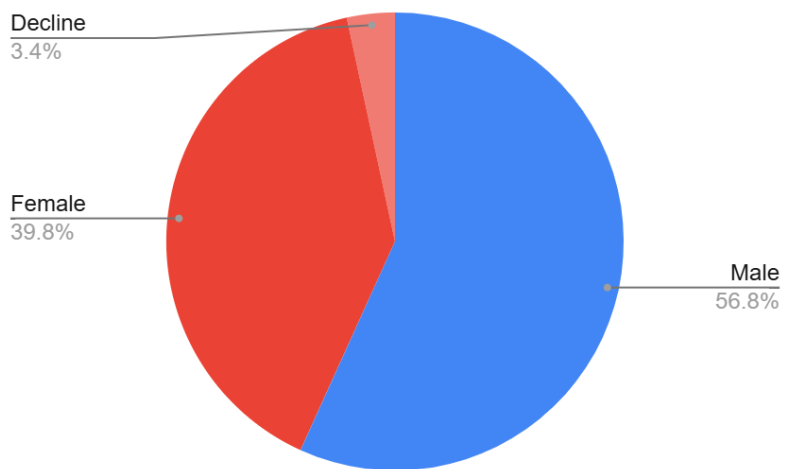
Preferred Language



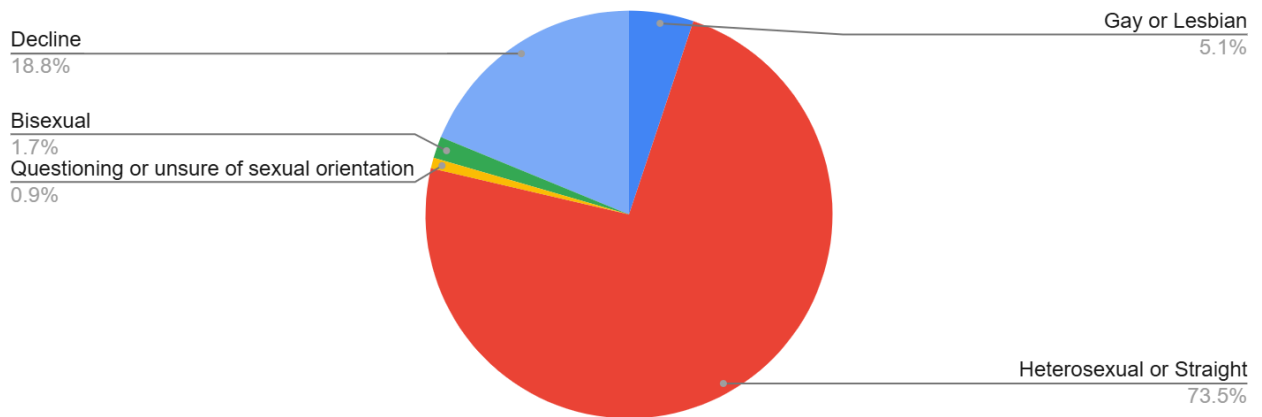
Other Cultural Group



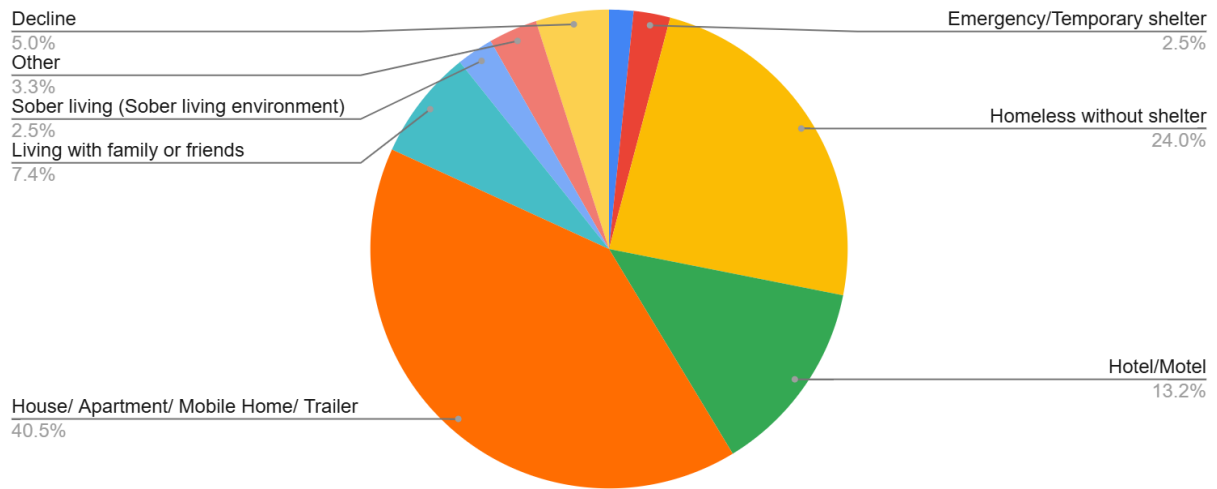
Gender



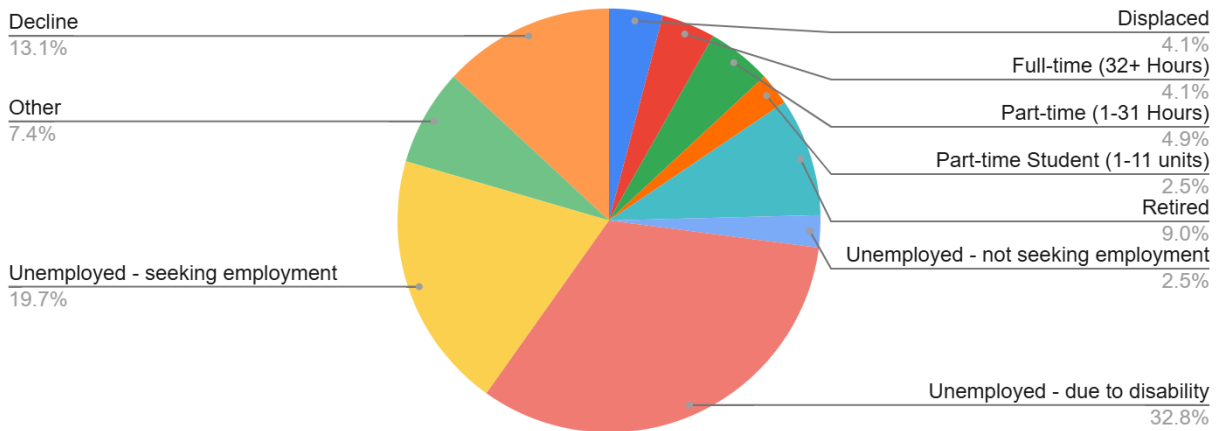
Sexual Orientation



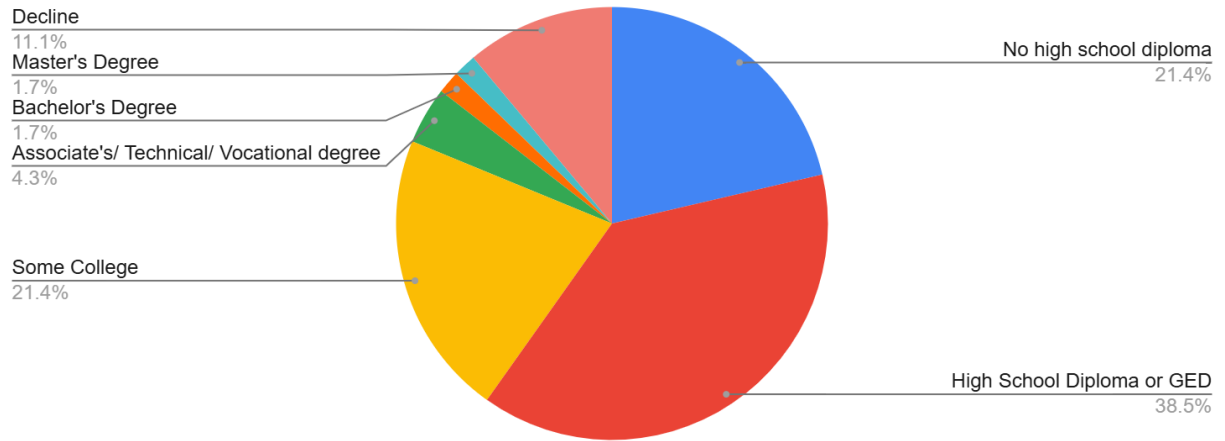
Living Arrangement



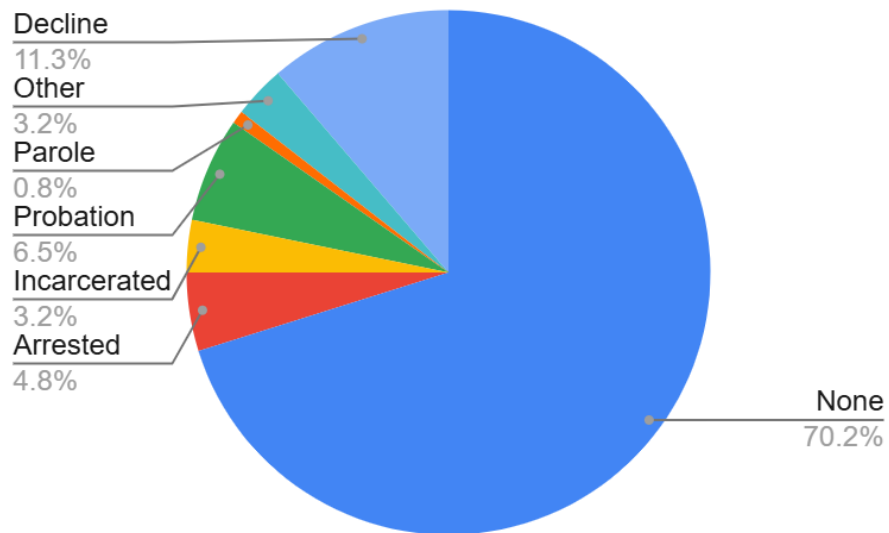
Employment



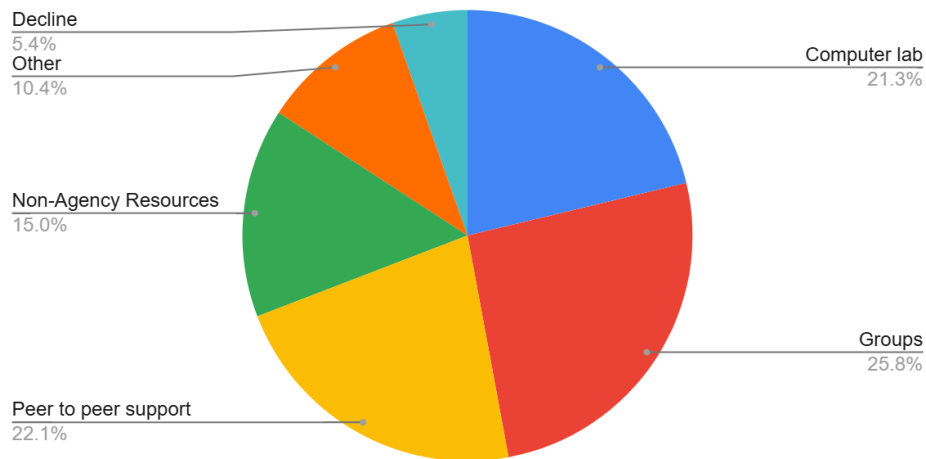
Education



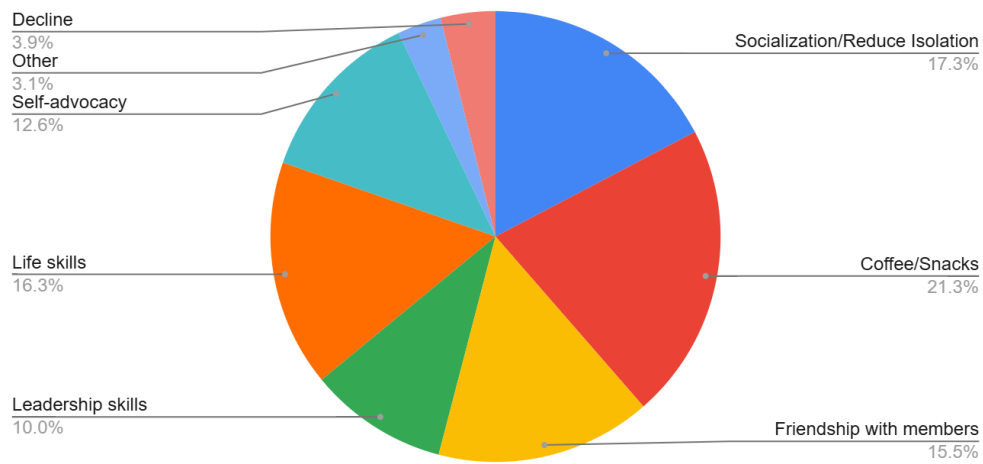
Legal Involvement



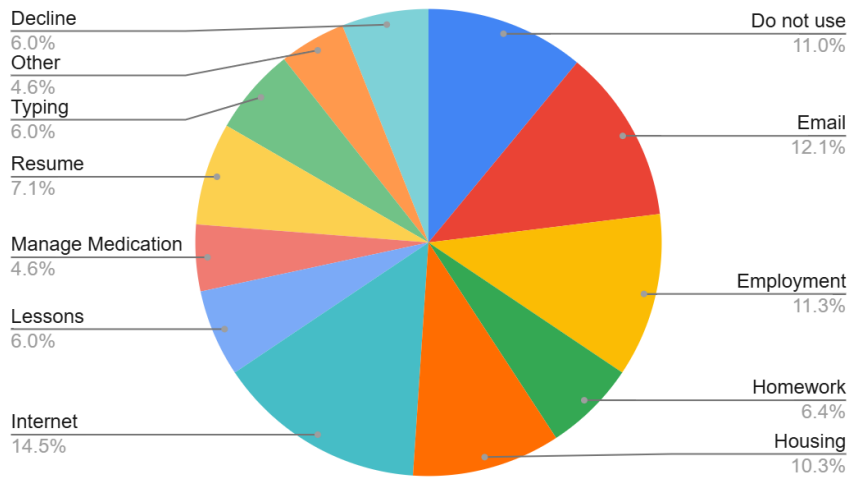
Program Services



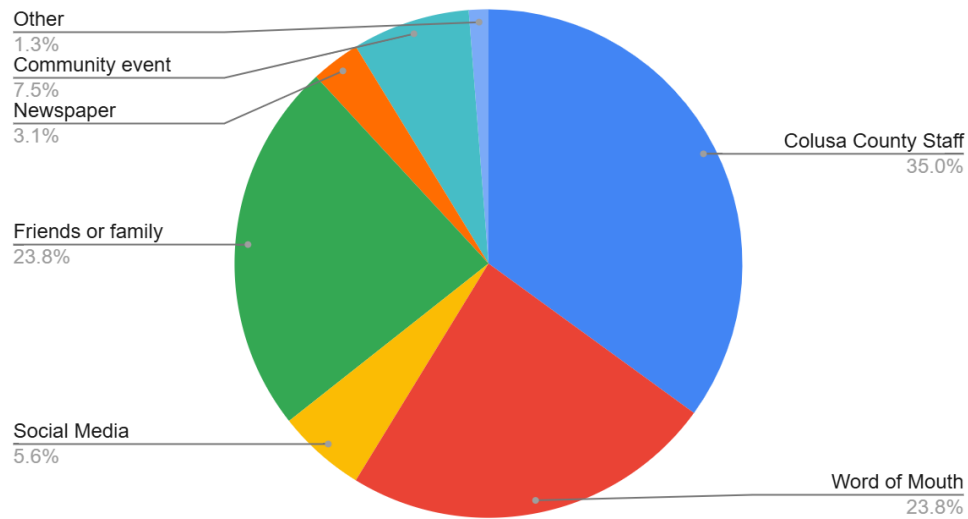
Other Supports



Reasons for Computer Use



How Did You Hear About SH?



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 (CCOE) 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 25/26 by age group:

0-15 years old: 1,228

16-25 years old: 0

26-59 years old: 0

60+ years old: 0

Challenges: While it is a positive there has been an increase of other social emotional learning initiatives, it can be distracting for CCOE and individual school districts as they look to allocate time and staff to participate in programs and grants. There has been a change in informal Social Emotional Learning (SEL) assessments. The Hankins Assessment is still in progress but had a revision in 2024-2025, which has created challenges in comparing past and current data. Finally,

creating a trainer-to-trainer model for preschool delivery is still in progress. CCOE believes it will have enough funds to purchase new 2nd Step kits for the preschools. The hope is that this will increase participation in 2nd Step.

Successes: Three out of four school districts participated in the program in fiscal year 2023-2024. In this time approximately 1,268 unduplicated students were served. 2nd Step is on track to serve over 1,228 unduplicated students in the 2024-2025 fiscal year. The Hand in Hand preschool program site, run by the Colusa Indian Community Council, which is ran by Cachil Dehe Band of Wintun Indians, has continued participating in 2nd Step. This is one of the most successful outreach attempts by CCOE to provide resources to our local Tribes. 2nd Step also served Colusa Unified School District during the February break.

2nd Step was invited to the Expanded Learning Program in Colusa during Presidents week. The activities we provided was a Calming Down activity and Emotions and read a book about ‘Big Feelings’ for TK and kindergarteners. First grade was Emotions and How are You Feeling Today? activity. Second grade was reviewing Learning Skills, Calm Down Steps and Smell the Flower activity. Third grade reviewed Learning Skills, Calm Down Steps and Creative Feeling Face Emotions. The students were engaged with the activities and enjoyed 2nd Step being there. Lastly, the new Social Emotional Learning (SEL) informal data tool, Hankins Assessment (HA) saved the program approximately two weeks of work. One in the beginning of the year and one at the end of the year which allowed two extra weeks for direct services to students.

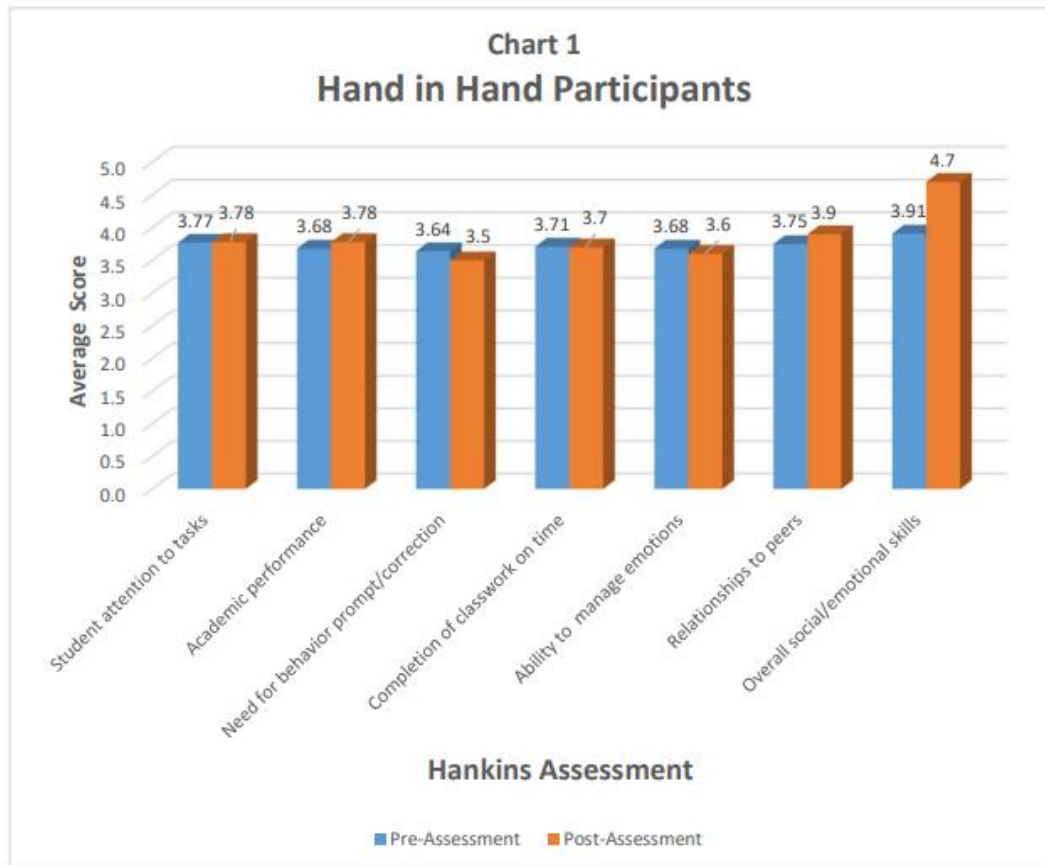
Projected cost per person per year: \$169

Changes to 2025-2026 Annual Update: There are no funding changes to 2nd Step.

Data (FY 2023-2024):

Pre-Participation Ratings of School Adjustment

The following charts show the total average HA scores before and after services for all 2023-2024 participants by school site and/or district. A Likert scale was used to measure skills with 0 being the lowest and 5 being the highest.



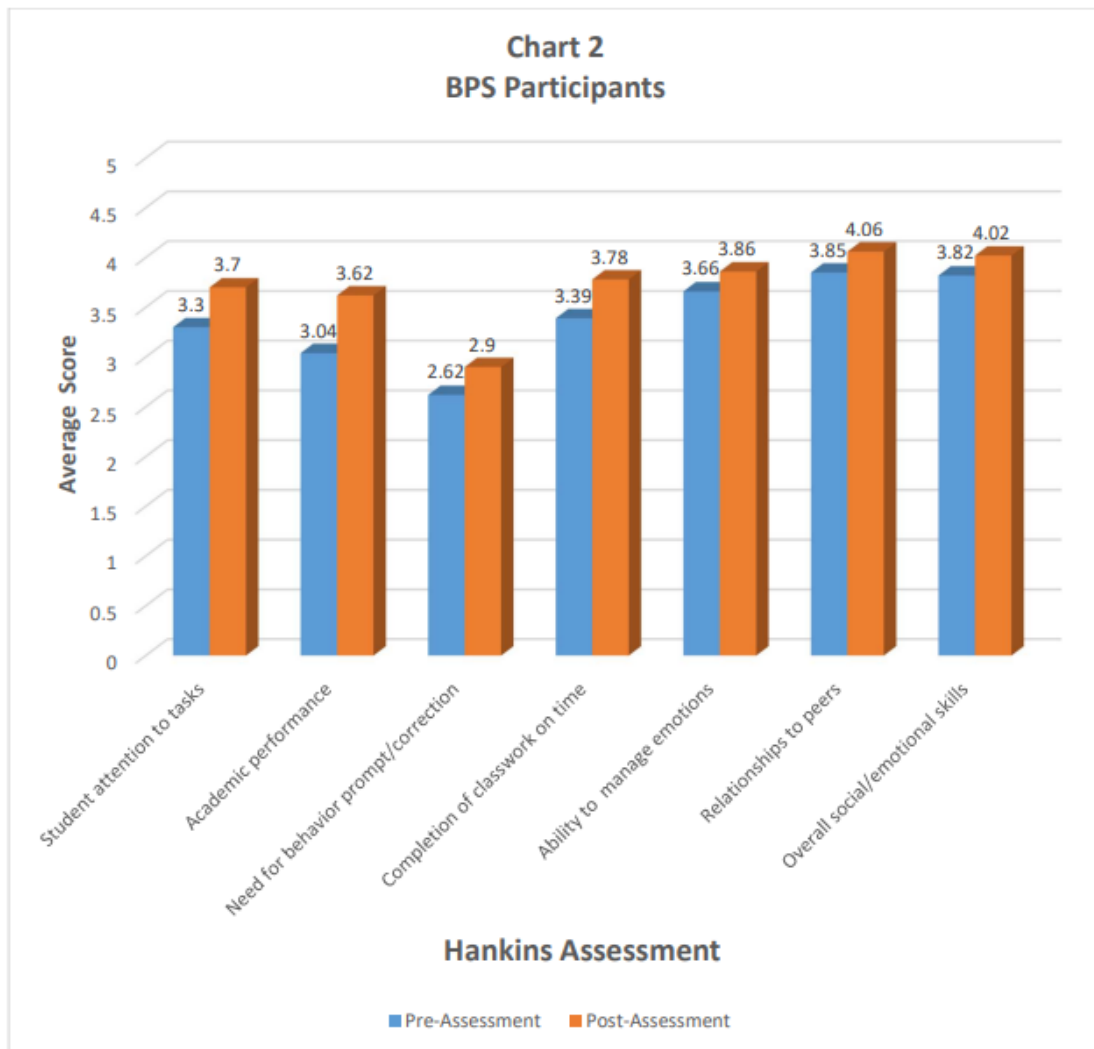


Chart 3
WLES Participants

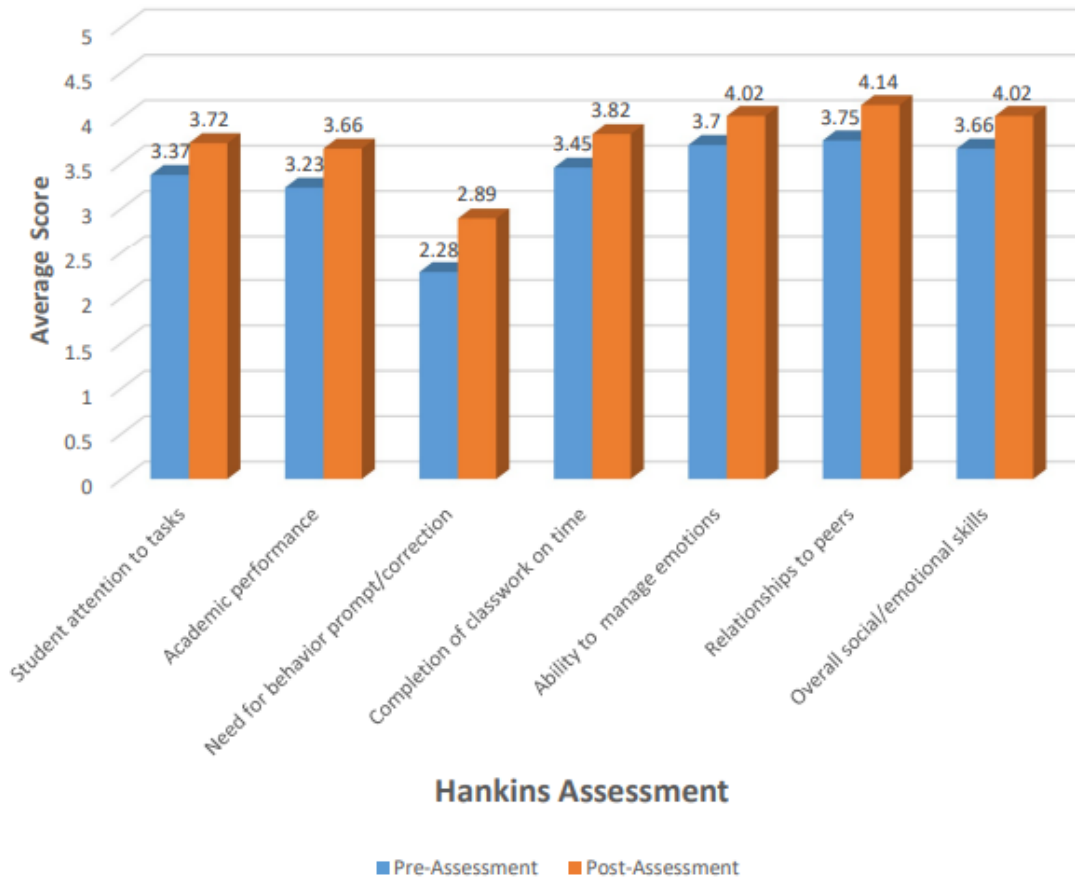


Chart 4
WUES Participants

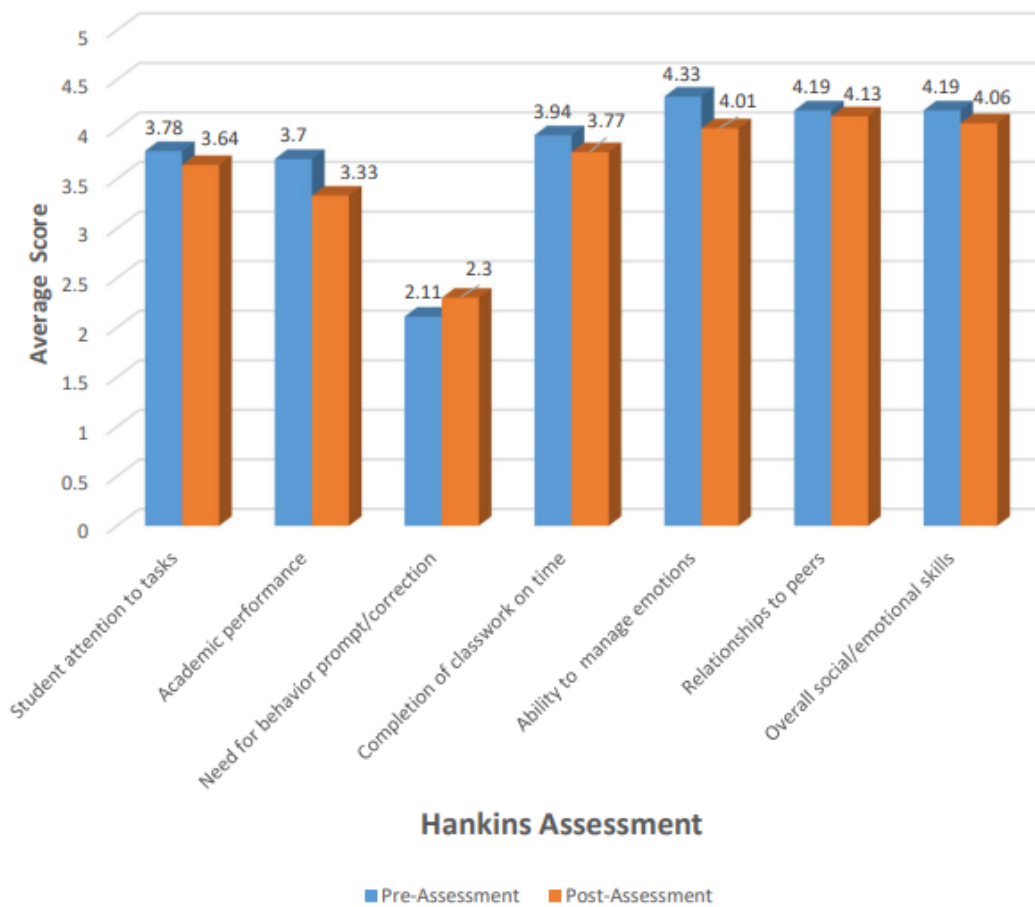


Chart 5
PJUSD Participants

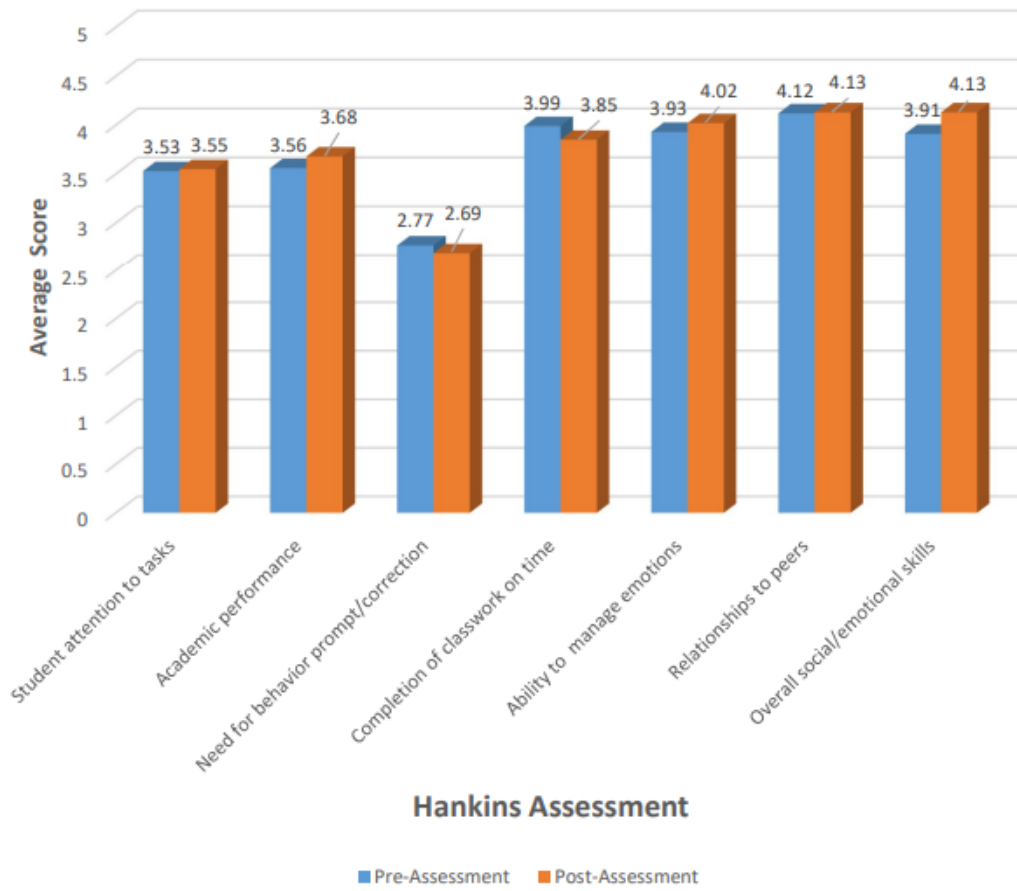


Chart 6
Local Participation by Grade Level

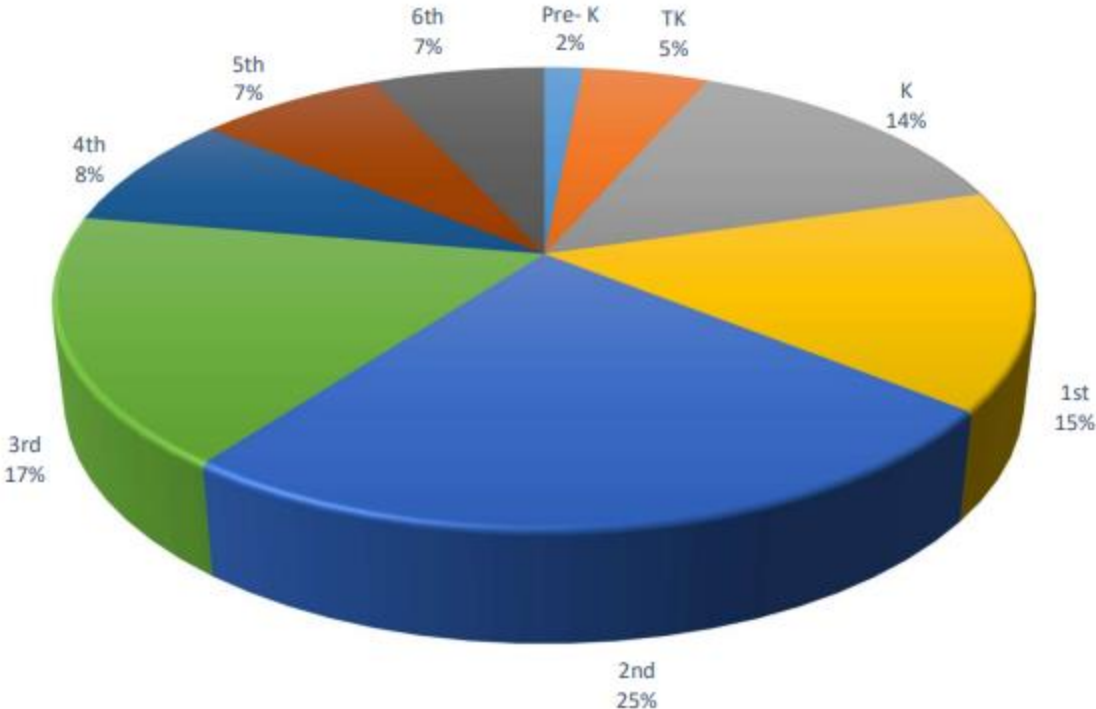


Chart 7
Local Participation By Gender

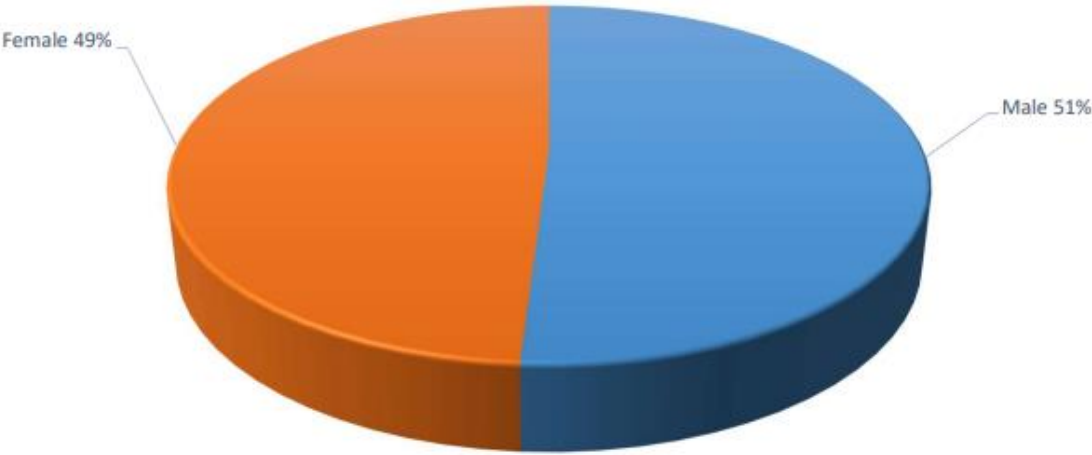


Chart 8
Local Participation by Race

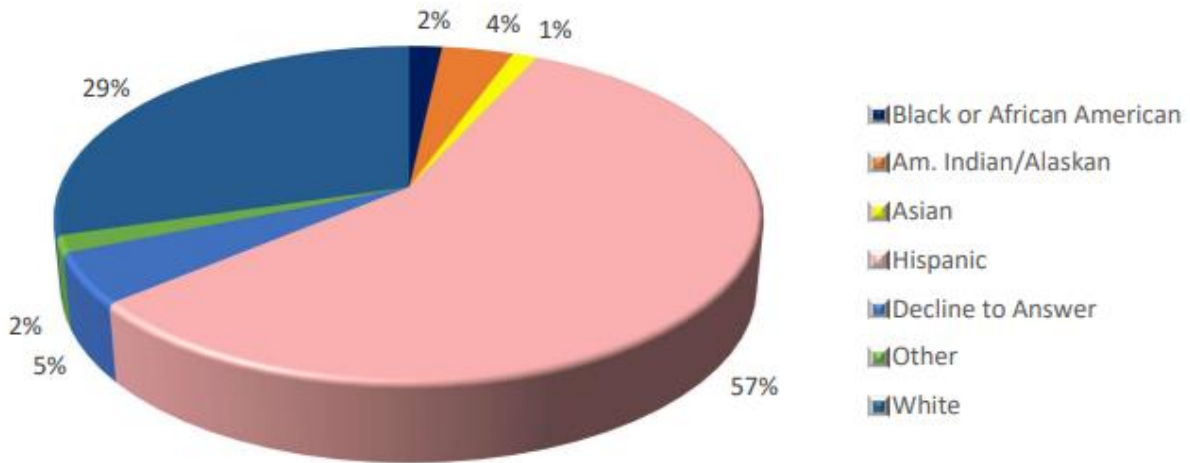
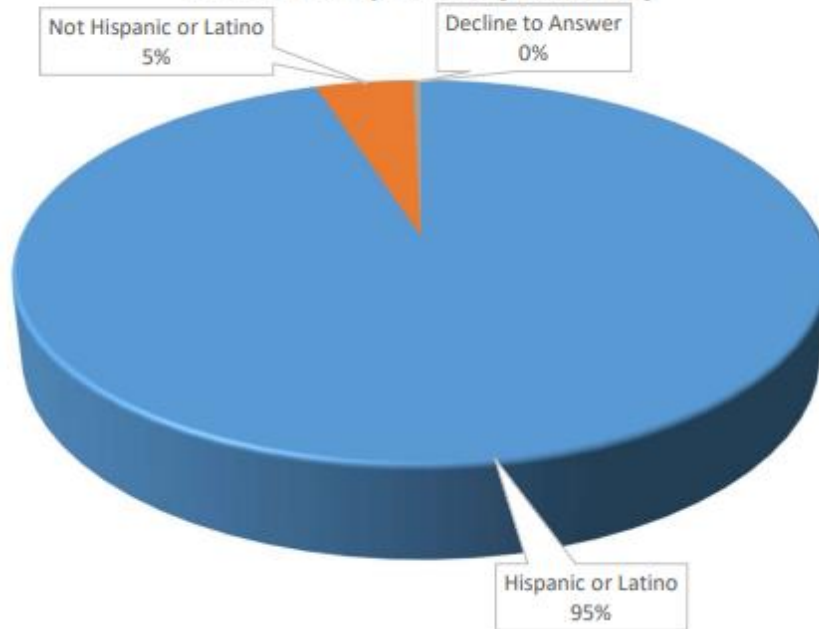
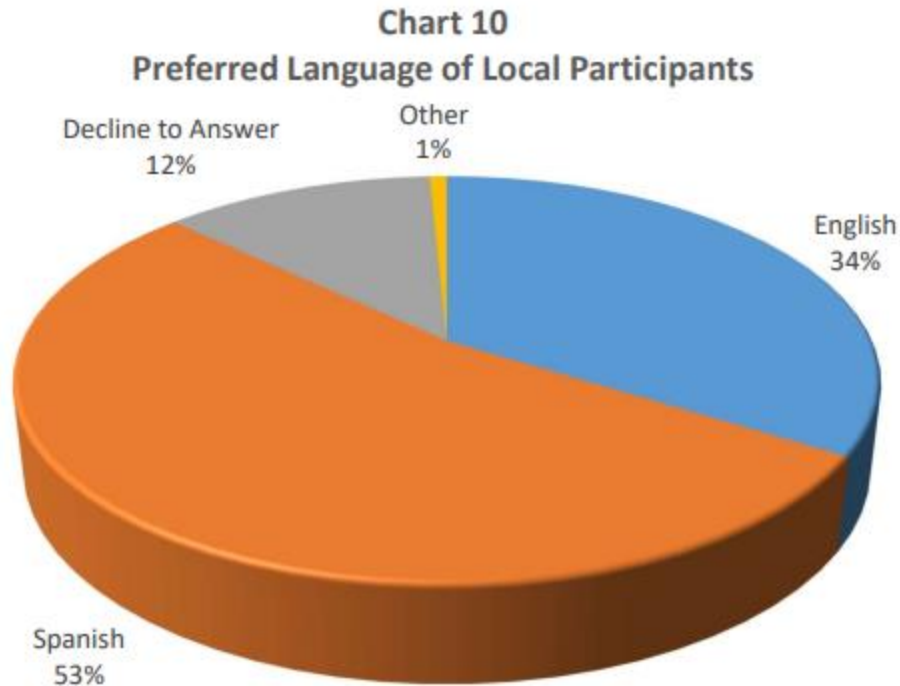


Chart 9
Local Participation by Ethnicity





Program Name: Prevention Program

Life and Leadership- A Circle of Solid Choices

Program Description: This program introduces 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 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 allows 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 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 25/26 by age group:

0-15 years old: 15

16-25 years old: 8

26-59 years old: 0

60+ years old: 0

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

Successes: Currently, the program is now operating at full capacity and has increased their number of participants due to the renewed enthusiasm for the program. One-on-one interactions have played a pivotal role in reconnecting with participants, which has created a sense of community, and support in the group.

Projected cost per person per year: \$5,182

Changes to 2025-2026 Annual Update: There are no fiscal changes for Life and Leadership – A Circle of Solid Choices.

Data (FY 2023-2024):

Total Youth Served: 35

Gender

Female: 17

Male: 18

Gender Identity

Declined to Answer

Age Group

0-15: 22

16-25: 13

Ethnicity

Declined to Answer

Race

American Indian: 35

Sexual Orientation

Declined to Answer

Veteran Status

Not Applicable

Disability

Difficulty Seeing: 6
Learning Disability: 6
Physical Mobility: 0

Primary Threshold Language
English: 35

Program Name: Stigma and Discrimination Reduction Program

Cultural Competency Committee (CCC)

Program Descriptions: The Cultural Competency Committee (CCC) is made up of Colusa County residents and agency staff from departments such as Behavioral Health, Health and Human Services, Colusa County Office of Education, Probation, and individual school districts. These individuals meet monthly to address cultural humility efforts. 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 25/26 by age group:

0-15 years old: 2

16-25 years old: 4

26-59 years old: 40

60+ years old: 5

Challenges: CCDBH continues to struggle with finding active participants for CCC. Outreach to the community can be improved to help increase participation and attendance of community members and to improve awareness of the committee and its goals.

Successes: The collaboration that occurs at these meetings provides more cultural awareness for members and elicits learning to occur. Training topics are discussed and the committee decides which topics will be presented on to allow for additional learning based upon on community needs. Staff and other agency participation has increased which provides a variety of perspectives. Lastly, the Dia de los Muertos/Day of the Dead cultural event was a success.

Projected cost per person per year: \$1,115

Changes to 2025-2026 Annual Update: Additional funds will be dedicated to this program for staff training and meetings. This will also include related training materials.

Data (FY 2023-2024): 12 meetings in total were held with an average of 12 individuals attending the meetings. Staff participation from the following agencies are represented: Behavioral Health, Child Protective Services, Probation, Office of Education, Safe Haven, and Behavioral Health Advisory Board.

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. 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 can provide these workshops. Bright Vista Youth Center is staffed by two permanent Part-Time Peer Support Specialists. A Peer Support Specialist Supervisor was hired in January 2025 to manage the team's tasks and ensure the offering of groups and activities. The program is overseen by the MHSA Coordinator and MHSA Clinical Program Manager. Bright Vista gathers participant data to evaluate the efficacy of the youth center and provides

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. Peer Support Specialists who are also Peer Certified can provide a billable Medi-Cal service to those members that are also client of Behavioral Health.

Projected numbers to be served in FY 25/26 by age group:

0-15 years old: 25

16-25 years old: 10

26-59 years old: 0

60+ years old: 0

Challenges: The building that houses this program is an older infrastructure that has seen many maintenance issues. This has caused the program to close during the times maintenance was needed, which in turn decreased student motivation to attend once reopened. Bright Vista has encountered staffing issues and has not received an applicant pool that meets requirement to fill our vacant positions.

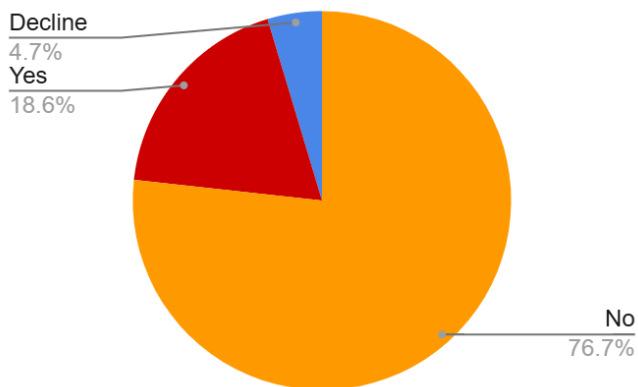
Successes: CCDBH was able to hire a Peer Support Specialist Supervisor in January 2025 who is Peer Certified.

Projected cost per person per year: \$20,824

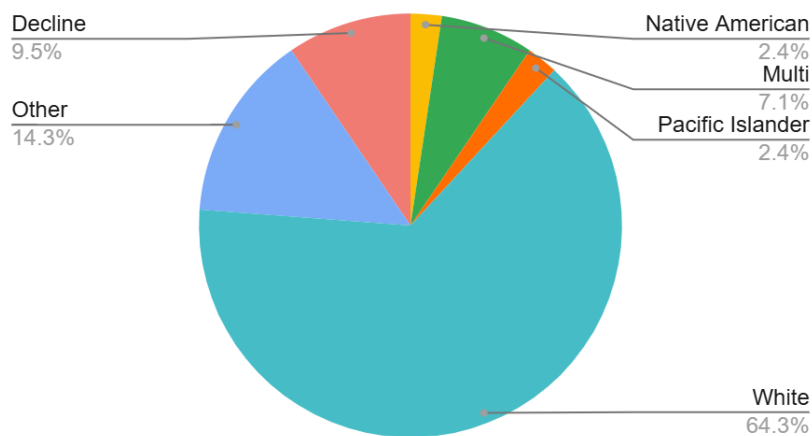
Changes to 2025-2026 Annual Update: Bright Vista will not see any fiscal changes.

Data (FY 2023-2024):

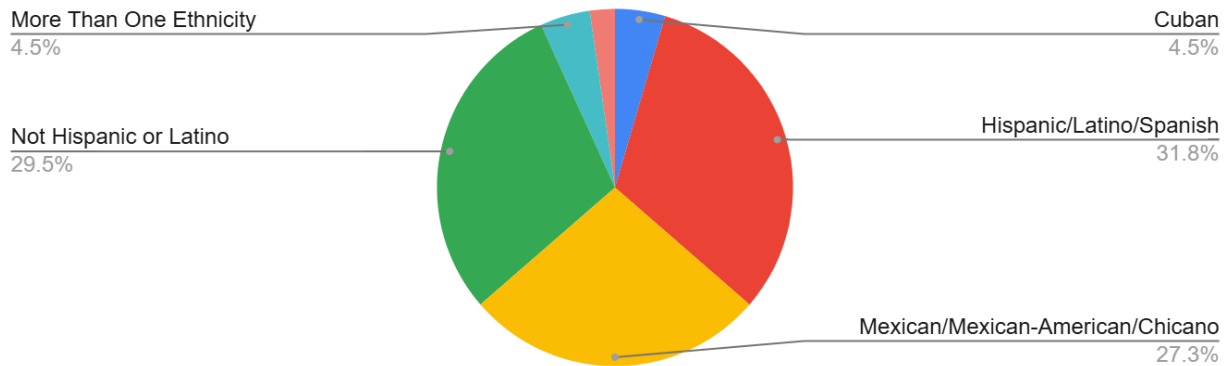
BH Client



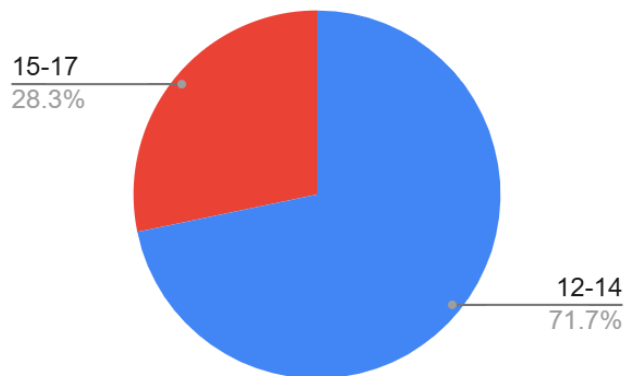
Race



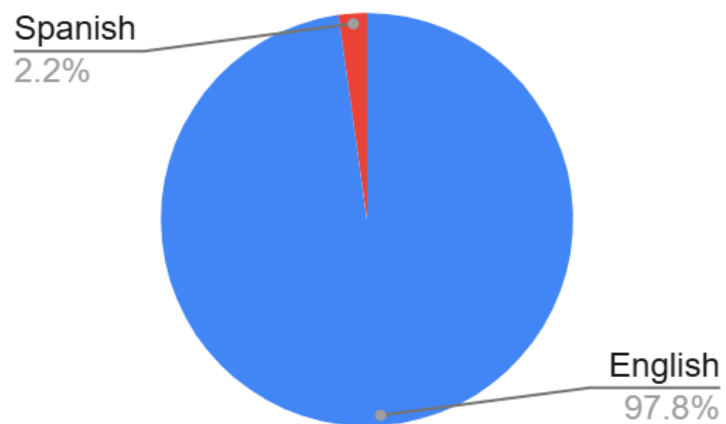
Ethnicity



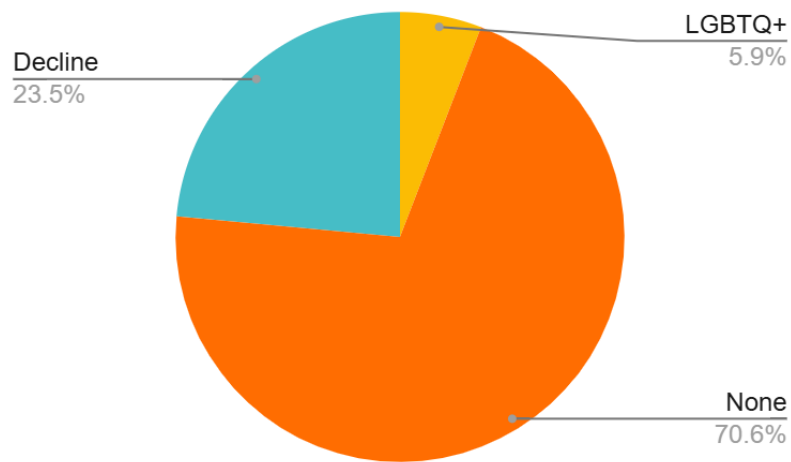
Age Range



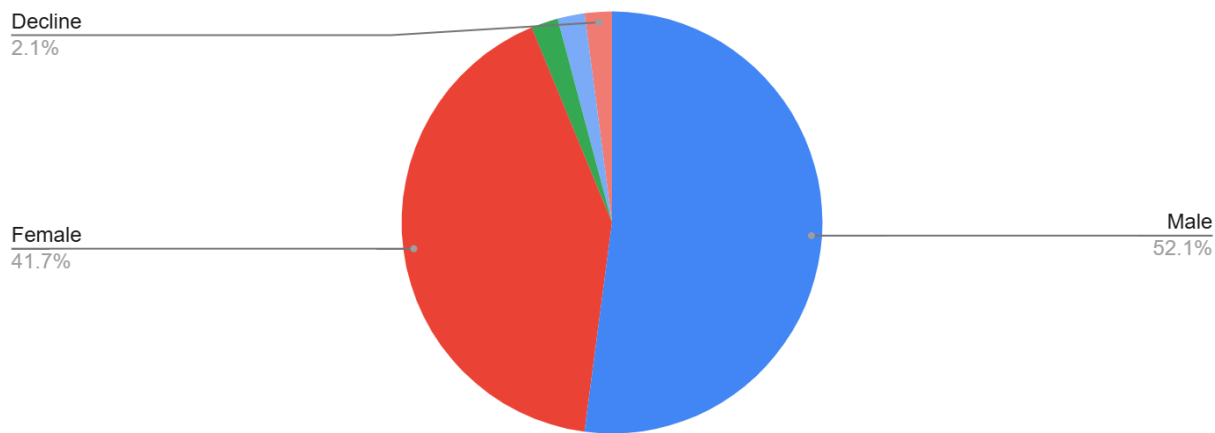
Preferred Language



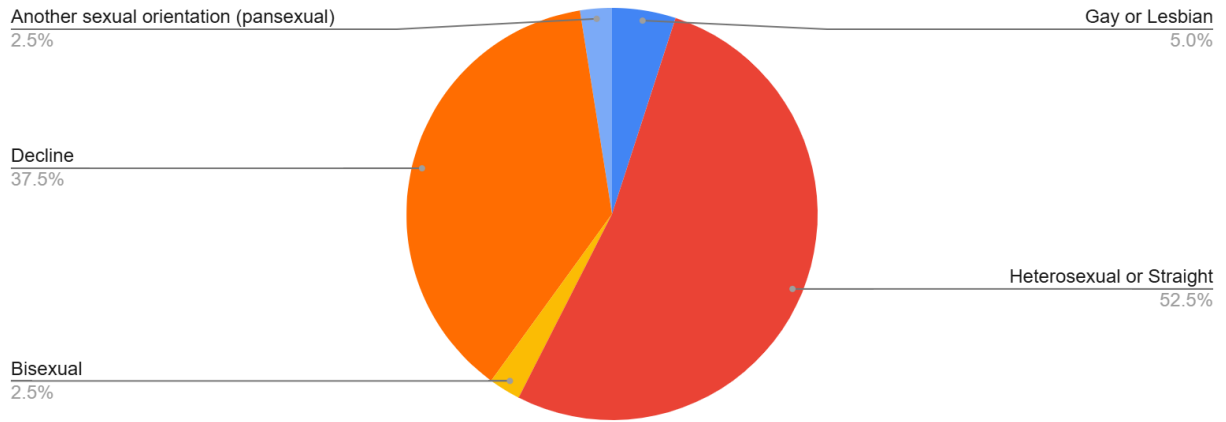
Other Cultural Group



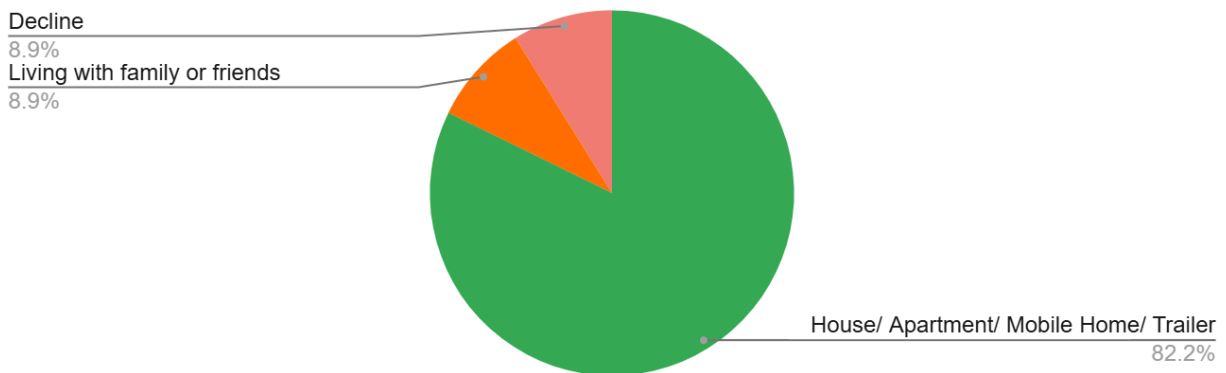
Gender



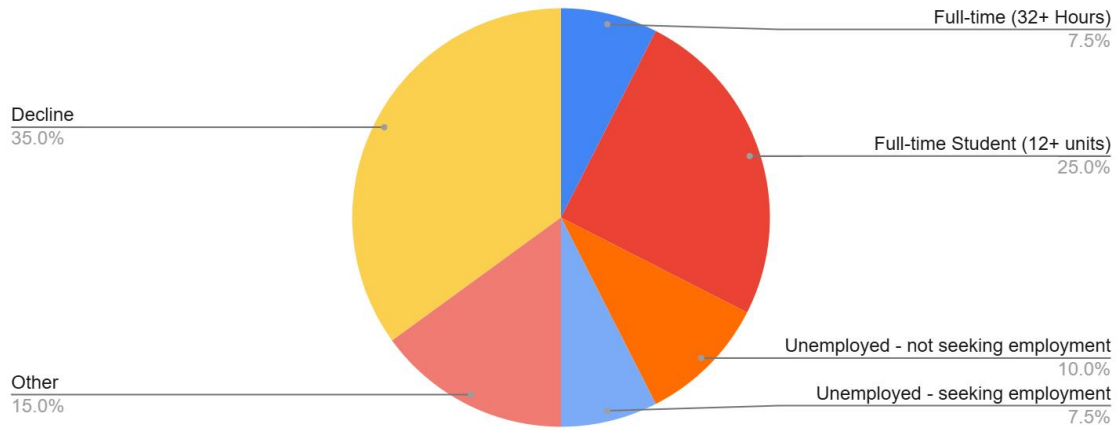
Sexual Orientation



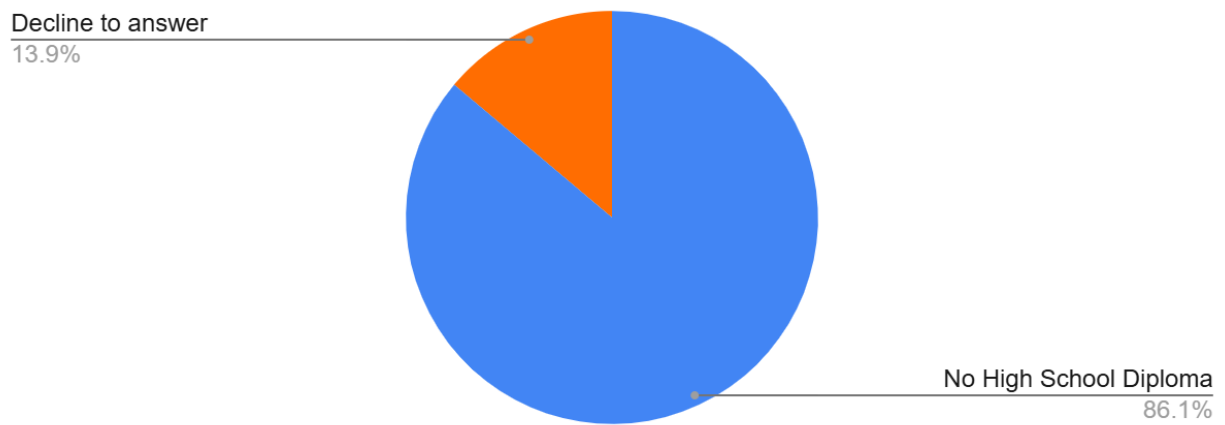
Living Arrangements



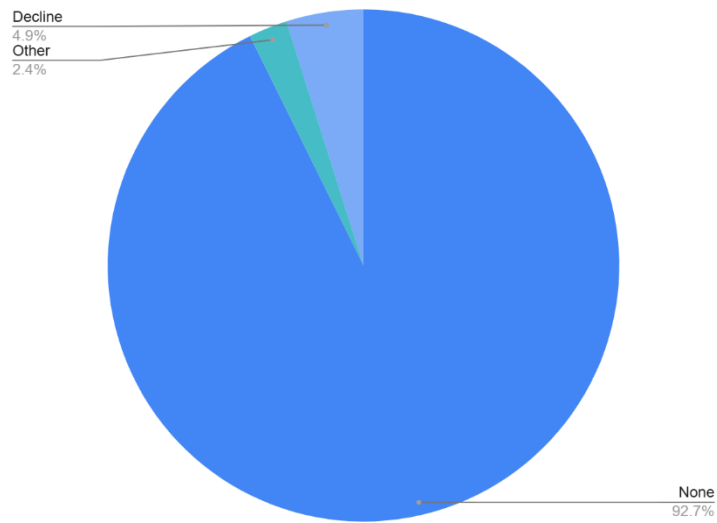
Employment



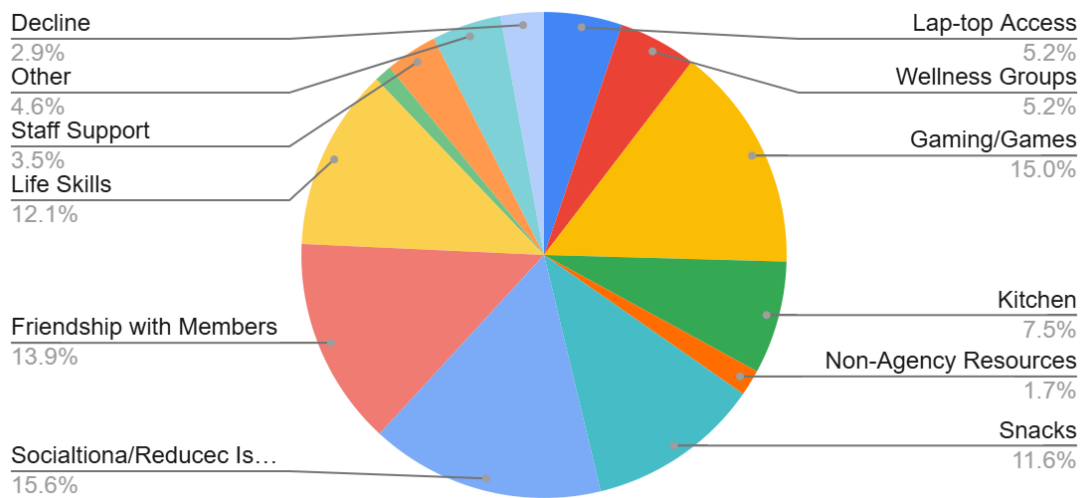
Education



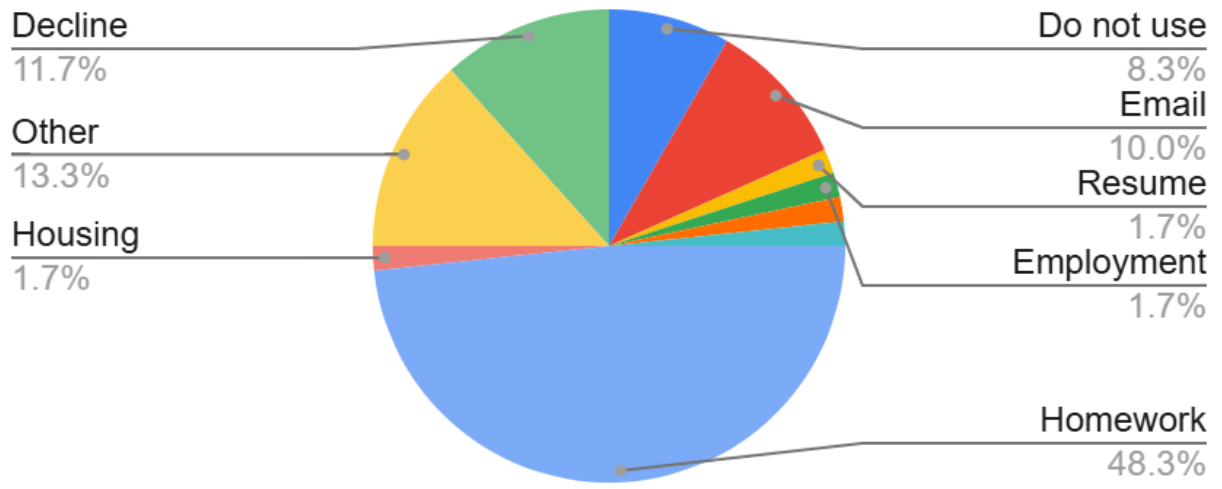
Legal Involvement



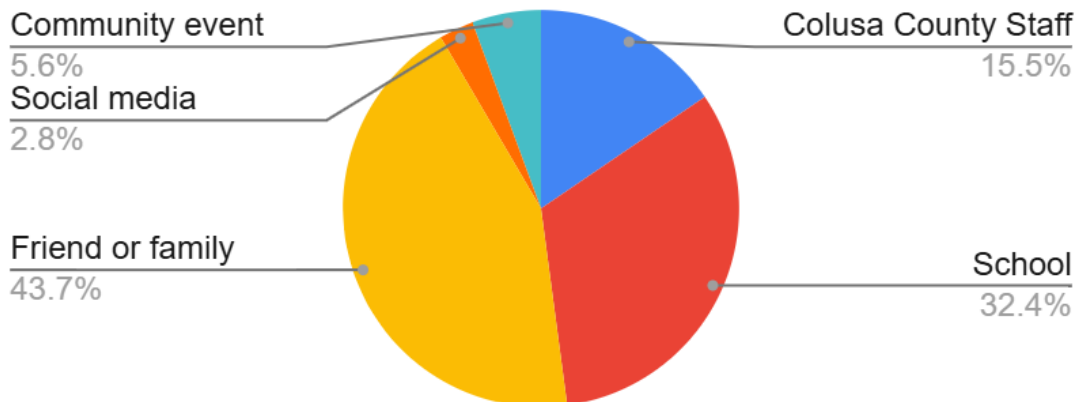
Reasons for Visiting BV



Reasons for Laptop/Computer Use



How Did You Hear About BV?



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.
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- 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 25/26 by age group:

0-15 years old: 5

16-25 years old: 5

26-59 years old: 0

60+ years old: 0

Challenges: Few referrals have been made to this program. Currently the program is limited to one group that is facilitated by one staff. This staff also has other job duties that at times conflict with the group schedule and can make group participation difficult. There is an interest from pre-teens to participate but it is difficult to obtain parental consent from pre-teens individuals.

Successes: Participants reported that it is the only safe space to be authentically themselves and to be respected in the community. They feel like they do not need to hide who they are. This program serves a vulnerable population and has expanded the participant's support systems to help them be empowered and advocate for themselves.

Projected cost per person per year: \$5,673

Changes to 2025-2026 Annual Update: No fiscal changes are needed so the budget will remain the same.

Data: Due to the small number of participants in this program, 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 saw 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 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 25/26 by age group:

0 – 15 years old: 0

16-60+ years old: 26

Challenges: An additional bilingual staff is needed to support this program. There are less individuals enrolling in PATH due to Jail In-reach. There is a lack of resources in the county to be able to address social determinants of health for participants such as housing and clothing.

Successes: PATH acts as a bridge for individuals to be able to transition from jail based services to individual Specialty Mental Health Services. Relationship with the Probation Department and jail staff have improved. The collaboration between both agencies has made addressing mutual barriers more effective. The PATH team has also been able to participate in five outreach events this year to bring awareness of the program. The amount of services and supports provided to PATH individual has also increased.

Projected cost per person per year: \$22,770

Changes to 2025-2026 Annual Update: No budget changes were necessary for PATH.

Data (FY 2023-2024):

2023

0-15 Years old:0

16-25 Years old:3

26-59 Years old: 29

60+ Years old : 5

2024

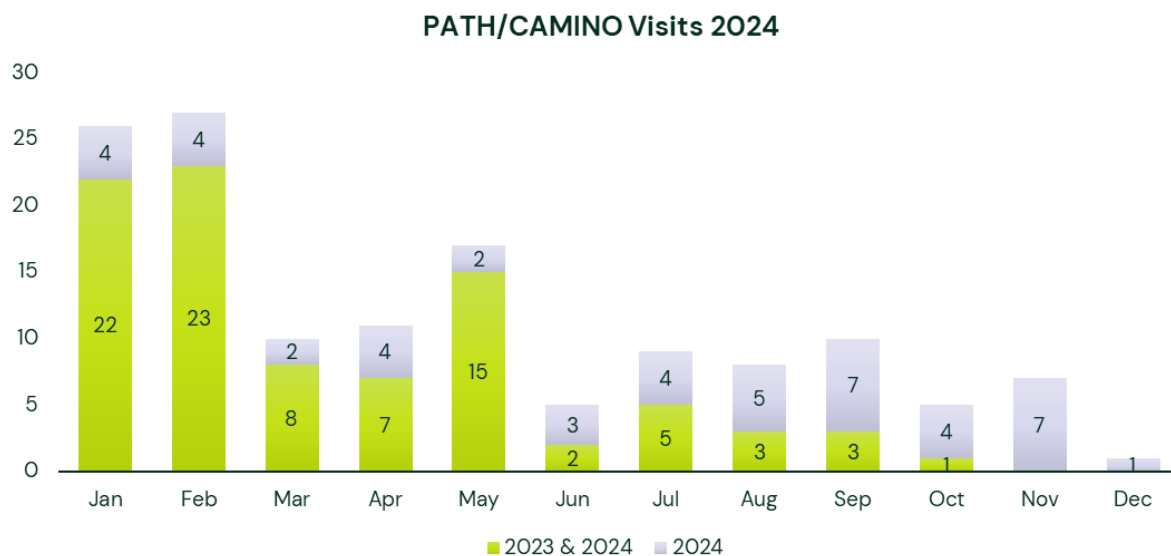
0-15 Years old: 0

16-25 Years old: 7

26-59 Years old: 15

60+ Years old : 5

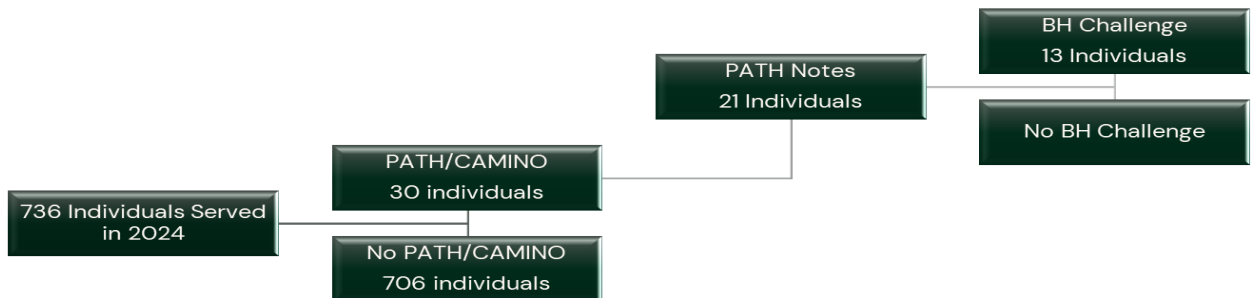
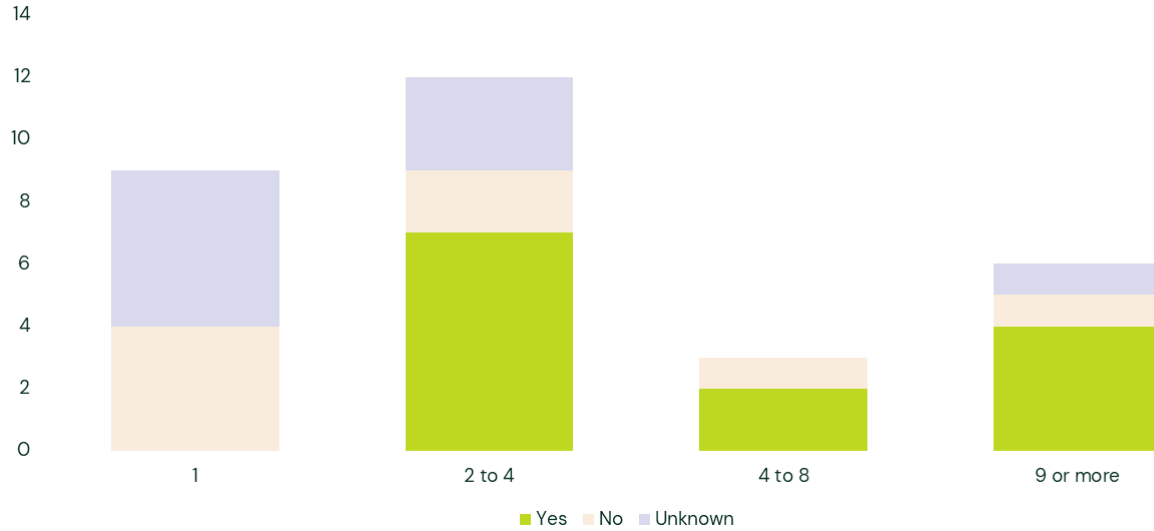
- 30 individuals served by PATH/CAMINO program during 2024. 15 of these individuals were also served during 2023.
- There were 136 registered PATH/CAMINO visits. 46% occurred during the first trimester of 2024. 65% of the visits were from individuals who were also served during 2023.



- 17% (5) had a formal service after their first PATH service, an average of 60 days after their first PATH date of service.
- 17 individuals had a previous formal enrollment date (Average 16 months since first formal enrollment). Six of them with continued services during 2024.
- Of the individuals served by PATH/CAMINO, 70% (21) had PATH Note(s).
- 62% of the individuals who got a PATH Note in 2024 had an identified BH Challenge (43% of the total individuals served by PATH during 2024).

- In relation to the number of visits, 70% of the individuals served by the program had 2 or more PATH visits. 4 individuals with 2 or more visits didn't have a PATH note.

2024 & 2023 PATH/CAMINO
Number of Visits and BH Challenges



Capital Facilities and Technological Needs (CFTN)

The dollars that are currently located in this fund are earmarked for a variety of electronic items. This includes installation of a security system for the Westside Wellness Center, an update to the department's security system, updated laptops, maintenance of the building and updating office furniture.

Changes to 2025-2026 Annual Update: A transfer of CSS funds to CFTN will contribute to an increase of funds. The increase of funds will be due to upgrades to the department's security system, laptops, maintenance of the building, and office furniture, as well as a new security system at the Westside Wellness Center. Funds will be transferred in to this program from CSS in the amount of \$100, 000.

Workforce Education and Training (WET) Programs

Program Name: Retention Activities

Program Description: Due to clinical staffing shortages throughout the State of California, CCDBH will operate a Retention Activities program out of their WET funding 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 2025-2026 Annual Update: Funds will increase due to staff training and activities. These funds will end June 30, 2026.

Data: All teams have participated in a retention activity to promote wellness and combat burnout.

Program Name: Integrated Care

Program Description: With the transition from Mental Health Services Act (MHSA) to Behavioral Health Services Act (BHSA) occurring July 2026, Colusa County Department of Behavioral Health (CCDBH) will expand programs and services to include individuals who are only experiencing symptoms of a Substance Use Disorder (SUD). According to SAMHSA (2024), it was estimated in 2023 that more than 1 in 10 U.S. adults felt that they have or have had a substance use problem. The 2022 National Survey on Drug Use and Health reported that about 21.5 million adults in the U.S. have a co-occurring disorder (SAMHSA, 2024). With this data in mind, we will likely see an increase in demand for treatment as we transition to BHSA and expand the availability of services. In turn, staff will need to be prepared to serve these individuals and meet their needs, regardless of whether an individual's primary diagnosis is a mental health disorder or a substance use disorder. Thus, CCDBH will dedicate funds to enroll our staff into SUD trainings such as counselor certification course(s), ASAM assessment trainings, Matrix Model trainings, and additional appropriate SUD trainings to ensure their ability to assess and treat a range of disorders. CCDBH will then have a fully integrated Behavioral Health system where we can treat any person during walk-in intakes, whether it be for Mental Health or Substance Use services.

Changes to 2025-2026 Annual Update: This is a new program for FY25-26.

Data: This is a new program for FY25-26 thus there is no current data to report.

Discontinued Programs from MHSA Annual Plan FY25-26

The discontinued programs from FY24-25 to FY25-26:

- Cypress House Adult Residential Facility due to building being used for community-based organizations such as Health and Human Services to provide reunification services. The infrastructure will house the Westside Wellness Center.
- Rancho Colus due to all costs associated with this project being complete.
- Adult MDT & Children's MDT due to being merged into the operating programs of FSP and Wraparound, respectively.
- Club Live/Friday Night Live due to being fully funded through another funding source.
- Learning Wellness at the Libraries due to term of commitment being over.
- MHSA Infant to 5 due to resources being provided via another community agency to offer this service.
- CalMHSA due to bringing marketing and outreach efforts in-house at CCDBH.
- Loan Repayment/Peer Certification due to dollars being allocated for full spend down.
- CalMHSA WET Incentive (Palo Alto) due to program being paid out in full and students working their service agreement.

Colusa County
FY 2025/2026
Mental Health Services Act Expenditure Plan
Funding Summary

	FY 2025/2026 Estimated Program Budget
Community Services and Supports	
Estimated Annual Funding	\$ 2,543,300
Programs	
Integrated CSS General System Development-Full Service Partnership	\$ 1,776,009
Integrated CSS Outreach and Engagement- Westside Wellness Center	51,521
Integrated CSS Outreach and Engagement-Safe Haven Wellness and Recovery Center	768,733
Integrated CSS General System Development-Community Crisis Support	1,798,981
Transfer to Capital Facilities and Information Technology Fund	250,000
Transfer to Workforce & Education Fund	250,000
Total CSS Exp	<u>\$ 4,895,244</u>
Prevention and Early Intervention	
Estimated Annual Funding	\$ 440,825
Programs	
Early Intervention-2nd Step	\$ 200,228
Prevention Program-Life and Leadership-A Circle of Solid Choices	115,283
Stigma and Discrimination Reduction Program-Cultural Competency Committee	55,003
Access and Linkage to Treatment Program-Bright Vista Youth Center	696,829
Stigma and Discrimination Reduction Program-Authentic Self: Acceptance & Advocacy	54,871
Total PEI Exp	<u>\$ 1,122,214</u>
Innovation	
Estimated Annual Funding	\$ 122,849
Programs	
Practical Actions Towards Health	\$ 592,012
Total INN Exp	<u>\$ 592,012</u>
Capital Facilities and technological Needs	
Estimated Annual Funding-Transfer from CSS	\$ 250,000
Programs	
Facility Upgrades	\$ 76,000
Information Technology	165,331

Total CFTN Exp	\$	241,331
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Workforce Education & Training

Estimated Annual Funding-Transfer from CSS	\$	250,000
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Programs

Integrated Care	\$	58,650
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Retention Activities		66,000
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Total WET Exp	\$	124,650
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