



THE COMMUNITY

PROGRAM PLANNING

PROCESS

Colusa County Behavioral Health (CCBH) is committed to providing high quality consumer centered and family friendly, prevention, education and clinical services to residents of Colusa County. We promote recovery and wellness through independence, hope, personal empowerment and resilience. We strive to make behavioral health services more accessible and more effective so that out-of-home and institutional care will be reduced. Behavioral Health services are designed to enhance the well-being of community members with emphasis on those who are non-served or underserved. We offer prevention and early intervention services for individuals and children with their families.

CCBH's Adult Systems of Care (ASOC) provides mental health services for individuals, ages 18 and up and includes programs such as Workforce Education and Training (WET) and the Safe Haven Drop-in Center. CCBH works collaboratively with community partners to meet the emotional and mental health needs of non-served and underserved populations. Community partnerships include One-Stop who offer stipends for WET and AB109 which is a collaborative between Colusa County Sheriff's Department, Colusa County Probation and CCBH to serve individuals who have behavioral health concerns and are incarcerated or participate at the Daily Reporting Center.

CCBH's Children's Systems Of Care (CSOC) includes: The Direct Schools Program, the Wraparound Program, the Native-American Collaboration; Prevention Programs, serving Children, Youth and Transitional Age Youth ranging in age from 0 – 21 and their families who have emotional disorders, are homeless or at risk of homelessness, placed out-of-home and county, and children who have not received services due to being

under-insured. CSOC Community partnerships include Child Protective Services (CPS), Second Step/Colusa County of Education and the Native American Collaboration. These partnerships allow for an increase of services to underserved children within the community.

CCBH recognizes its responsibility to reduce racial/ethnic service disparities particularly related to language and cultural barriers. 56.6% of Colusa County residents are Hispanic, many of which speak only Spanish; therefore, CCBH increased the number of bi-lingual mental health therapists from 10% to 33% in this past year.

CCBH continues to emphasize wellness, recovery and resiliency as a focus of service delivery and has implemented Advancing Recovery Collaborative (ARC) as its model for recovery services under the guidance of the California Institute for Mental Health (CIMH).

Katie A. Services, resulting from a lawsuit filed against the State of California Department of Social Services requires mental health departments and child welfare services to collaborate in order that all children in child welfare have greater access to mental health services. CSOC established Katie A policies and procedures for Colusa County and began implementing Katie A. Services October 2013.

Mental Health Association of San Francisco (MHAOSF) came to Colusa and consulted regarding our Community Support Service (CSS) planning and outreach and engagement services. CSS is a community support service. The committee met with consumers and community members and partners on how to increase mental health involvement in the community. This provided an opportunity for our consumers to have a voice in the MHSA planning process. Feedback was positive regarding the current plan and goals.

CCBH continues to hold quarterly community CSS MHSA Program Planning meetings involving community members, consumers and partners. Input by consumers and family members into MHSA planning and implementation is continuously obtained via the MHSA staff and Workforce Education and Training Peer Support Specialist. The priority feedback has been to continue to provide children's services within the community and develop a solution for housing the homeless.

CCBH holds regular meetings with its Behavioral Health advisory Board as well as the County Board of Supervisors. Information from the CSS MHSA Program Planning meetings is shared with the Behavioral Health Board in its monthly meeting and with the Board of Supervisors in their bi-monthly meetings.

Stakeholder involvement in the Community Program Planning process includes the following:

- Colusa County Behavioral Health Board
- Colusa County Board of Supervisors
- Colusa County Office of Education
- Mental Health Alcohol and Drug Providers
- Peer Leadership Group
- Health and Human Services
- Employment Services
- Law Enforcement and the Courts
- Community Based Service Organizations
- Consumers and Family members from various cultural backgrounds including Native American and Hispanic/Latino, GLBTQ community and Transitional Aged Youth.

The circulation of the 2013-2014 MHSA Annual Update will begin with a press release in April of 2014. A copy of the MHSA CSS 13-14 Plan will be provided to all Behavioral Health Board and Board of Supervisors Members. A hard copy will also be given to the consumer groups Peers Helping Peers and Peer Advocacy Council. A copy of the Public Notice will be posted in the lobby of Colusa County Behavioral Health and at all of the Colusa County Free Library Branches. A hard copy of the plan will be available at each of these sites and an electronic copy will be posted on the Mental Health Network of Care website at the following link:

<http://colusa.networkofcare.org/mh/home/index.cfm>.

Additional electronic copies of the plan will be distributed to all Behavioral Health and Substance Abuse Services Staff. The public hearing will be held on May 13th, 2014 at 4:00 at the Colusa County Behavioral Health building on 162 East Carson Street, Suite A, Colusa, California.

CHILDREN'S SYSTEM OF CARE, **ADULT SYSTEM OF CARE, CSS,** **WET, PEI and INN**

IMPLEMENTATION

The following provides a description and the implementation of Colusa County Behavioral Health MHSa programs:

Children System of Care:

Direct Schools Program

Learn to Earn

Prevention and Early Intervention (PEI)

Second Step

Friday Night Live

Club Live

Wraparound Program

The Native American Collaboration

Adult System of Care

AB 109

Workforce, Education and Training (WET)

Safe Haven

Innovation

CHILDREN'S SYSTEM OF CARE

Children's System of Care (CSOC) provides services to Children, Youth and Transitional Age Youth ranging in ages from 0-21 and their families. The target populations are those youths who have serious mental and emotional disorders. Special focus is on children and youth who are at risk of: out-of-home placement, psychiatric hospitalization, incarceration, homelessness and the risk of homelessness and have been identified as non-served or underserved.

The CSOC mental health staff collaborates with CPS, partnering monthly through the Children's Multi-Disciplinary Team (MDT) to discuss Children, Youth and Transitional Age Youth cases. Partners involved in the MDT include: Colusa County Office of Education, Child Protective Services, Colusa County Probation and Sheriff's Departments, Colusa County Department of Health and Human Services, Colusa Regional Medical Center, Colusa One Stop Job Services and representatives from the local school districts. CSOC has collaborated with CPS regarding new services such as Katie A designated services.

DIRECT SCHOOLS

The Direct Schools Program has been recognized as a beneficial service since it was first introduced in 2006. Each year has seen an increase in referrals from the schools for mental health services. Therapy is provided at the school sites and, when needed, in the children/youth's homes throughout the county. Services are provided to all children that have been identified by the school or by the parent as having behavioral or mental health concerns.

Children served through the Direct Schools Program range in ages 5 to 18 and up to age 21 if in special education. 53.4% of students are female and 50.6% male. Although the primary language in Colusa County is English, Spanish is a prominent language among parents of many students. For this reason, CCBH has increased the number of Spanish speaking therapist from 10% to 33%.

Through school referrals CCBH offers case management services to help students work on coping skills, social skills and communication skills. Therapists are available to address underlying mental health issues related to acting out behaviors and mental health symptoms. The Direct Schools Program provides services to 5 Elementary Sites, 4 Junior High/Middle Schools and 5 Senior High Schools within the county.

Learn To Earn

The Direct Schools program has developed a program called “Learn to Earn”. The student enters into an agreement with the parents, teacher and the therapist to increase their positive interaction, decrease their negative socialization and earn a stipend while learning a skill.

The Learn To Earn Program was designed to assist children that have the desire to become involved in extra-curricular activities, have the necessary grades, but don't have the financial means to pay the fees and cost for equipment. These children can talk to their case manager about the program to see if funding is available. The student, teacher and parents are all involved to support the student. If all of the criteria are met, then the student may receive a stipend to work on a deficiency that has been identified and the plan is in place. Whether the student is having difficulty at home or in the classroom, he/she will receive the financial support requested and academic support needed. In order to remain in the program, the student must maintain the positive that they have achieved and continue to add other issues that require their attention. The program increases the students' self-esteem, gives them a sense of responsibility and provides them with an opportunity to increase their self-worth and level of autonomy.

PREVENTION AND EARLY INTERVENTION

The Mental Health Services Act allows funding to counties for PEI in efforts to prevent mental illness from developing in severity and disabling the underserved populations. PEI programs are designed to prevent negative outcomes such as suicide, incarcerations, school failure or dropout, unemployment, homelessness and removal of children from their home all of which could result from an untreated mental illness. PEI creates partnerships with schools, justice systems and a wide range of social services to work towards a “help-first instead of a fail-first” strategy.

SECOND STEP

The Second Step program is for Kindergarten through Grade 5. It is a universal, classroom-based program designed to increase students’ school success and decrease problem behaviors by promoting social-emotional competence and self-regulation. It teaches skills that strengthen students’ ability to learn, have empathy, manage emotions, and solve problems. The Second Step program targets key risk and protective factors linked to a range of problem behaviors. Equipping students with Second Step skills helps a school create a safer, more respectful learning environment that promotes school success for all. The Second Step Program has been very beneficial to students. The following outlines skills learned by students:

Skills for Learning:

- Students who can self- regulate are better able to participate in and benefit from classroom instruction.
- The program promotes development of the students’ self-regulation skills. It provides practice through games for Kindergarten – Grade 3 and through instruction Skills for learning across all grades.

- Skills for Learning are necessary for having empathy, managing emotions and solving problems. The skills for learning are woven into all units.

Empathy:

- Being able to feel or understand what another person is feeling prepares students to manage their own strong emotions and solve interpersonal problems with others.
- The program teaches student skills for identifying emotions in themselves and others, labeling these emotions and considering the perspectives of others.
- These skills are the basis for helpful and socially responsible behavior. Having empathy is also related to academic success.

Emotion management:

- Students, who can recognize strong emotions and calm down, cope better and are less prone to aggressive behavior.
- The program teaches students proactive strategies that help prevent strong emotions from escalating into negative behaviors.
- Calm students are better able to use other skills such as problem solving to help them get along better with others and make good choices.

Problem Solving:

- Students who can problem solve conflicts with peers are less likely to engage in impulsive or aggressive behaviors.

PEI							
Information on the total number of individuals served through PEI							
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	2350	White	2000	English	1265	LGBTQ	29
Transition Age Youth (16-21)	150	African American	30	Spanish	850	Veteran	Unknown
Adult (18-59)		Asian		Vietnamese	Unknown	Other	Unknown
Older Adult (60+)		Pacific Islander		Cantonese	Unknown		
		Native American	170	Mandarin	Unknown		
		Hispanic	990	Tagalog	Unknown		
		Multi	Unknown	Cambodian	Unknown		
		Unknown		Hmong	Unknown		

0 – 5 Programs

CCBH collaborates with the Office of Education 0-5 programs by providing bi-annual classroom observations and evaluations for every Head-Start, Infant and Toddler Day-Care program and Pre-school in Colusa County to help staff identify children who may need preventive mental health services and/or a referral to mental health services. CCBH provides training in efforts to help staff develop prevention skills and be more able to identify mental health concerns early.

FRIDAY NITE LIVE/CLUB LIVE

The Friday Nite Live provides services to youth in outlying areas of the county where services would not be available because of their isolative location. These programs have been able to engage a large number of students to help teach positive socialization and other life skills. The Friday Nite Live and Club Live groups are having a great deal of success in providing students with the opportunity to interact in a positive manner with their peers within a safe and supervised environment.

WRAPAROUND

The Wraparound program provides services to children and youth ranging in age from 0-18 and Transitional Age Youth (TAY) ranging in age from 16-21 (and their families) who have serious emotional disorders who are not currently being served or are underserved. Priority populations include children and their families who are homeless or at risk of homelessness, children and youth in foster care placed out of county or at risk of being placed out-of-county.

Wraparound services are community-based interventions that emphasize the strengths of the child and family and include the delivery of coordinated, individualized services to encourage and achieve positive outcomes in the family's life. Sharing responsibilities and risks as a team ensures that the child and the family involved in Wraparound will have a voice and a choice in the decision-making process.

THE NATIVE AMERICAN COLLABORATION

The Native American Collaboration provides services to Native Americans across the age ranges from children to older adults. The target populations identified are adults, older adults, children, youth and transitional age youth (TAY) with serious mental illness or serious emotional disabilities who are members of the Cachil De He Wintun Tribe.

The Native American Collaboration program was developed to provide services to address the unmet mental health needs of Native Americans. Through a Memorandum of Understanding (MOU), CCBH provides funding for a Marriage Family Therapist (MFT) to provide mental health services on the reservation to Native American families and cultural competency training. CCBH also supports funding for a psychiatrist who provides medication evaluation support to tribal members.

The MFT provides individual therapy to children and adults and facilitates an Elderly Women's group and Young Women's group once a week. These groups are talking circles where everyone is equally heard and respected. They focus on establishing skills and coping mechanisms for dealing with life's stressors. Creating a foundation of self-esteem and self-love is very important and is a consistent theme in these groups. Treatment modalities consist of: cognitive behavioral therapy, play therapy and family dynamics. The therapist assist the clients in changing negative thought patterns and helps to establish an understanding as to how generational trauma can be passed down, impacting every facet of an individual's life. Through therapy, clients are provided with tools to break the cycle of trauma and conquer addictions.

For 2013 Colusa Indian Community Council (CICC) worked on developing a GONA, which is a Gathering of Native Americans. This gathering is designed to provide culturally appropriate and sensitive support to Native American families. Topics such as effective parenting, positive communication, acceptance, substance abuse, domestic violence etc., are discussed from an inter-generational point of view. Tribal Star will also be facilitating an Indian Women and Children Association (ICWA) Summit in October. This Summit offers background on IWCA, and any changes to the law. Participants will include tribal members from the local tribe and surrounding areas, CICC staff and local agencies involved in child and family services.

The CICC Community Services Department and CICC Hand and Hand Early Learning Center along with Colusa County Behavioral Health continue to actively make efforts to create a positive collaboration. Scheduled monthly events are planned by Community Services for tribal families to attend. These events provide the family with time to participate in healthy and fun activities together. Community Services put on the 6th Annual Summer Camp for the youth of the tribal community. By doing this the tribe is able to continue to strengthen the family unit and provide positive outlets for these families.

A Teen Youth Enrichment Program was created in 2010 and has completed its fourth year running. It has been a positive resource for Tribal teens and their pursuit of higher education and trade school opportunities. CICC Community Services Department, CICC Hand and Hand and CICC health Clinic continue to conduct monthly Child Protective Team meetings. These meetings are scheduled in order to ensure that we are providing effective services to the tribal community. To date, this alliance continues to be effective.

ADULT SYSTEM OF CARE

The Adult System of Care (ASOC) provides services to adults and older adults ages 18 and up and their families who have a serious mental illness and are identified as non-served and underserved. ASOC works with individuals who are reluctant to seek clinic based services due to the stigma associated with mental health services. Due to this reluctance some individuals end up homeless or “at risk” of homelessness, needing psychiatric hospitalization or incarceration. Behavioral Health is trying to engage these individuals so that they receive the services they need for basic needs in order to lessen the risk of homelessness, hospitalization or incarceration. The ASOC provides linkages to and coordination of the services needed. Interventions occur in a timely manner to reduce the risk of higher level care services.

The ASOC holds monthly Adult Multi-Disciplinary Team (MDT) meetings to make sure gaps in services are filled for at-risk individuals. Community partners involved in the MDT include: Colusa County Probation and Sheriff Departments, Colusa County Health and Human Services, Colusa County Regional Medical Center, Colusa One-Stop Job Services, Adult Protective Services, Faith Based Organizations and other representative staff from Mental Health and Substance Abuse Services.

AB109

In 2011, Governor Brown signed into law Assembly Bill (AB) 109, historic legislation that has helped California to close the revolving door of low-level inmates cycling in and out of state prisons. It is the cornerstone of California's solution for reducing the number of inmates in the state's 33 prisons to 137.5 percent of design capacity by June 27, 2013.

CCBH has an assigned therapist who works with AB109 clients (early release) who present with mental health issues and are in need of discharge planning as well as direction upon release from jail. These individuals are unable to be offered mental health services due to lack of insurance. A mental health therapist will evaluate the client upon release to see if they are at risk of homelessness or hospitalization. Colusa County uses MHSA funds to evaluate, treat and provide support as needed.

WORKFORCE EDUCATION AND TRAINING (WET)

The WET program has touched the lives of many individuals (youth and adults) who would not have had the means to deal effectively with going to school and learning job skills to enhance their ability to seek employment. Participants have developed job skills including proper communication with peers and adults. WET allows youth and adults to interact with others who have experienced similar difficulties in their own lives. WET has provided parents with tools such as parenting classes in both English and Spanish.

The intended outcome of this program is to:

- Enhance the social and emotional development of the youth and adults being served in Colusa County
- Increase the likelihood that they will succeed in school and seek employment
- Lessen the need for more intensive and costly services as youth become adults

- Provide outreach and education to children and youths, families, school staff and communities to increase their awareness of early intervention of mental health

All funding allocated for this program is utilized for the purpose of delivering services to the mental health population of Colusa County.

CCBH continues to provide outreach services via Adult System of Care and the Safe Haven Drop-In-Center for individuals who are homeless or at-risk of being homeless. The ASOC serves on multiple committees whose goal is to end homelessness. The ASOC also helps educate clients in efforts to assist in the outreach to the homeless population who are in need of services. The Drop-In-Center has given us an avenue to create a safe environment where new individuals can come to identify with one another and decide whether or not they are ready to receive services.

SAFE HAVEN

DROP-IN-CENTER

The Safe Haven Drop-In Center first opened to the community on March 3, 2008 at the Behavioral Health Building located at 162 East Carson Street in Colusa. The primary purpose of the Drop-In center is to empower mental health consumers through education and peer support. The Drop-In Center provides a safe social environment for people with mental illness. It is a place where people can obtain information about services and participate in social, educational and vocational activities. The Center also provides the opportunity for individuals to explore their capabilities and interests through the use of resource materials including books and videos and through volunteer and leadership experience.

Safe Haven teaches empowerment in times of crisis and social alienation due to the stigma attached to mental health. No referral is required and no fees are charged to the guest. The center is run by mental health professionals that focus on client centered empowerment and client driven recovery. The center provides its guests with person to person support, problem solving assistance and resource information.

Many consumers have nowhere to go and would remain isolated in their homes if it were not for the accepting and friendly atmosphere provided by the Drop-In Center. The center usually engages between 23-28 clients visiting at any given time, although many more individuals are impacted during outreach events, educational seminars and routine drop-in's. On average more than 30 guests visit the center daily. Interest in the center continues to grow. Clients, staff and client families have worked very hard to make it a place where it is not only comfortable, but also provides activities and programs which continue to help them on their way to wellness and recovery.

The Drop-In Center empowers people with mental illness to lead active lives in the community by providing a safe, supportive environment with opportunities for personal growth through meaningful activities and interactions with others. It is different from other self-help support groups in that it functions as a community center, with opportunities for social and recreational activity as part of the supportive atmosphere. The Drop-In Center meets the need that professional mental health services are unable to provide. Empathy, camaraderie and acceptance are formally and informally offered by consumers in groups, meetings and daily social activities. The members help one another to integrate back into the community and increase their involvement in outings and other community events. The staff at CCBH comes to the Drop-In-Center to teach the client how to deal with their depression, anxiety and alienation. The staff teaches the clients the value of self-worth and self-esteem and how important it is to their development and their pride.

We think that it is vitally important for the Safe Haven Drop-In Center to engage with community partners to make this project successful. We have been doing fundraising for this project since its conception in 2008. We have been successful in developing this relationship and we want to expand on the partnerships that we have developed. If we are to all live in this community, we have to be able to support the activities that are going to bring about positive change. The support from our community partners is imperative, because it means that the client's recovery and wellness is not just important to clients, but also to the members of the community. We have made many changes in the way Behavioral Health Services are delivered and will continue to support and encourage the creation of innovative projects at Behavioral Health like Safe Haven. We are trying to decrease the stigma of mental illness within the community by

continually educating clients and the community. CCBH would like to especially educate them so that they can be productive citizens and have the ability to independently manage their lives and have positive interactions with the members of the community that they live in and feel like they belong.

Early on in 2013 the consumers and community stakeholders decided to create a program that would assist Safe Haven Drop-In Center with their donations, since Safe Haven relies completely on donations. The Program was called “The Pay It Forward Initiative” and it serves to develop the relationships between the Drop-In Center and the members of the community.

Colusa County consumers that are involved in the Workforce, Education and Training (WET) provide assistance and support to our community partners by sweeping leaves from in front of businesses, picking up garbage along the Sacramento River or cleaning up the movie theater after the patrons. It is important for the community to know that the clients of Behavioral Health are willing to share in the responsibility of making the community a welcoming and clean place where they feel comfortable to bring family and friends. The Pay It Forward Initiative has helped Safe Haven develop positive relationships with the members of the community.

INNOVATION

The County of Colusa has three corridors leading into the county, Interstate 5, Highway 20 and Highway 45. CCBH has been trying to broaden our scope of practice and deliver services to those individuals who are not Colusa County residents but have experienced some type of emotional crisis during their travels through the county. There are homeless individuals that travel through the county and become ill, requiring medication or other services. It is the county’s desire to be able to assist people from out of our area and help them return to a baseline behavior in order to diminish their anxiety, revive their sense of responsibility and get them to a comfortable surrounding were they are able to manage independently. These individuals have been identified as non-served and in need of assistance. MHSA funding has given the county the opportunity to provide help to these individuals that have previously been unable to receive any type of help.

CCBH's search for better ways to engage and interact with our client population is ongoing. We are always looking for new methods for the engagement process. Because our county is rural and spread out, it is important for our staff to be able to develop new techniques that will increase our ability to reach the non-served within a rural community. It is our hope that as we increase our ability to engage clients within this community, we will also increase the level of trust that our client have with us and show them that we truly want to make a difference in their lives.

Fiscal

As a result of the Fiscal Year budget review we have decided to revise our original MHSA IT/Capital Facilities plan. At the time the original plan was submitted, the county arbitrarily split the combined allocation between IT and Capital Facilities based on our estimated needs. By the end of fiscal year 13-14 the county will have spent the entire IT portion and very little of the Capital Facilities portion. We are therefore interested in moving some of the remaining Capital Facilities funds into IT, were we have a need. We would like to amend our plan so that this can be accomplished.