

County of Del Norte, Department of Health and Human  
Services

# Behavioral Health Branch



## Mental Health Services Act

### Three Year Plan

Annual Update FY 2022-2023

Community Services and Supports

Prevention and Early Intervention

Innovations

Housing

WET

CAP/IT

POSTED:

## MHSA County Certification

County: Del Norte

<b>County Mental Health Director</b>	<b>Program Lead</b>
<p>Name: Ranell Brown, Director            Telephone Number: (707) 464-3191            E-mail: ranell.brown@co.del-norte.ca.us</p>	<p>Name: Shiann Hogan, Program Manager            Telephone Number: (707) 464-7224            E-mail: shogan@co.del-norte.ca.us</p>
<p>County Mental Health Mailing Address:            Department of Health and Human Services – Behavioral Health Branch            455 K St.            Crescent City, CA 95531</p>	

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, laws and statutes of the Mental Health Services Act in preparing and submitting this three year plan, including stakeholder participation and non-supplantation requirements.

This tri-annual plan 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 three year plan and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on **(DATE)**

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.

\_\_\_\_\_  
 Ranell Brown, Director

\_\_\_\_\_  
 Date

County: Del Norte

## MHSA County Fiscal Accountability Certification

<b>County: Del Norte</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Three-Year Program and Expenditure Plan</b> <b>Annual Update</b> <b>Annual Revenue and Expenditure Report</b>
<b>Local Mental Health Director</b> Name: Ranell Brown, Director Telephone Number: (707) 464-3191 E-mail: ranell.brown@co.del-norte.ca.us	<b>County Auditor-Controller</b> Name: Clinton Schaad Telephone Number: (707) 464-7202 E-mail: cschaad@co.del-norte.ca.us	
County Behavioral Health Mailing Address: <div style="text-align: center;">           Department of Health and Human Services            Behavioral Health Branch            455 K St., Crescent City, CA 95531         </div>		

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, OR Annual Review 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 specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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

\_\_\_\_\_  
Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that for the fiscal year ended June 30, 2020, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated year ended 2019/2020: I further certify that for the fiscal year ended 2019/2020 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County 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 the attached update/report is true and correct to the best of my knowledge.

\_\_\_\_\_  
County Auditor Controller (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CONTENTS

<b>OVERVIEW</b>	<b>5</b>
<b>MENTAL HEALTH SERVICES ACT (MHSA)</b>	<b>5</b>
<b>DEL NORTE COUNTY</b>	<b>7</b>
<b>COUNTY STATISTICS</b>	<b>8</b>
<b>COMMUNITY PROGRAM PLANNING</b>	<b>11</b>
<b>COMMUNITY SUPPORT &amp; SERVICES (CSS)</b>	<b>29</b>
<b>CSS-SECTION I: SERVICE CENTER</b>	<b>32</b>
<b>CSS-SECTION II: SAME DAY SERVICES</b>	<b>35</b>
<b>CSS-SECTION III: ARRCH TEAM</b>	<b>38</b>
<b>PREVENTION AND EARLY INTERVENTION (PEI)</b>	<b>41</b>
<b>PEI SECTION I: REACH FOR SUCCESS MENTORING PROGRAM (RFS)</b>	<b>43</b>
<b>PEI SECTION II: COASTAL CONNECTIONS (CC)</b>	<b>46</b>
<b>PEI SECTION III: STRENGTHENING FAMILIES (SFP)</b>	<b>50</b>
<b>PEI SECTION IV: COMMUNITY OUTREACH, PROVIDING EDUCATION (COPE)</b>	<b>53</b>
<b>PEI SECTION V: MENTAL HEALTH FIRST AID – CONNECTING THE DOTS</b>	<b>55</b>
<b>PEI SECTION VI: BOYS AND GIRLS CLUB OF THE YUOK TRIBE (BGCYT)</b>	<b>57</b>
<b>PEI SECTION VII: DEL NORTE COUNTY RECREATION DEPARTMENT</b>	<b>60</b>
<b>PEI SECTION VIII: DEL NORTE LGBTQ2+ RESOURCE PROJECT</b>	<b>63</b>
<b>PEI SECTION IX: FAMILY RESOURCE CENTER OF THE REDWOODS (FRC)</b>	<b>65</b>
<b>INNOVATIONS (INN)</b>	<b>68</b>
<b>AT THIS TIME WE HAVE NO PROJECTS UNDER THIS FUNDING.</b>	<b>69</b>
<b>WORKFORCE EDUCATION &amp; TRAINING (WET)</b>	<b>70</b>
<b>WET SECTION I: CONTINUED EDUCATION AND ASSISTANCE PROGRAM (CEAP)</b>	<b>72</b>
<b>CAPITAL IMPROVEMENT &amp; INFORMATION TECHNOLOGY (CAP/IT)</b>	<b>73</b>
<b>CAP/IT SECTION II: COMPUTER ON WHEELS, IMPROVED ACCESS/SERVICE COORDINATION</b>	<b>75</b>
<b>HOUSING</b>	<b>76</b>
<b>EXPENDITURE PLAN</b>	<b>77</b>

## Overview

---

This document provides community members and stakeholders with an overview of local programs funded by the Mental Health Services Act (MHSA), and reports on both program successes and – shaped by stakeholder input – program goals. In addition, this document fulfills MHSA regulatory requirements: California law requires that each county behavioral health agency prepare a three-year plan outlining planned use of MHSA funds (called a Three-Year Program and Expenditure Plan). Regulations require that MHSA plans be updated annually, reflect changes in funding or program adjustments (called an Annual Update). This document serves as the three-year program and expenditure plan for fiscal years 2020-2023 as well as the annual update for fiscal year 2022/23.

## Mental Health Services Act (MHSA)

---

Passed by California voters in 2004, the Mental Health Services Act (MHSA) provides funds to counties for mental health services and programs. Local agencies must spend MHSA funds to expand mental health services and cannot use them to replace existing state or county funding. Proposition 63 provided a significant opportunity to rebuild California's mental health systems after years of decline and growing negative consequences.

Funded by a 1% tax on individual taxable income over \$1 million, MHSA statewide revenue has grown to approximately \$2.2 billion in fiscal year 21/22. The state allocates funds to counties based on population, poverty level and prevalence of mental illness. The bulk of MHSA funds are allocated to counties to pay for local mental health services. A portion of MHSA funds are used at the state level for administration costs and to fund certain initiatives.

MHSA is a significant component of The County of Del Norte Department of Health and Human Services Behavioral Health Branch (DHHS BHB) funding: MHSA funds are approximately 37% of DHHS BHB's overall budget.

MHSA law stipulates different service components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Housing, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities and Technological (CFT). CSS, PEI and INN are funded on an on-going basis, with disbursement made monthly, while permanent housing, CFT and WET are on a different funding scheduled (receiving, for example, one-time funds or funds for a finite period).

MHSA spending is structured, requiring minimum percentages spent on each of several components: 76% must be spent on CSS (with 51% or more of on a level of care called Full Service Partnership (FSP, see page 44); 19% must be spent on PEI (51% or more must be spent on services for youth and transition-aged youth, or "TAY" ages 16 to 25); and innovation (INN) receives 5%. Counties must maintain a "prudent reserve" of MHSA funds to help mitigate funding fluctuation. MHSA does allow some cross over between components: For example, up to 20% of the average of the previous five years CSS annual funding can be spent on workforce training, capital facilities and technology and/or prudent reserve.

The DHHS BHB took a comprehensive planning approach for our Annual Update including the input from our diverse stakeholders through focus groups and surveys. With this information, DHHS BHB determined the unique needs of the community and developed a well-designed MHSA Program.

Stakeholder participation in program planning and implementation activities has been ongoing, and input has been regularly sought from key stakeholders including consumers and family members. DHHS BHB has developed a training to provide to community members to provide education on Mental Health Services Act as well as education on the stakeholder process. During this training DHHS BHB provides an overview of current MHSA programs including the challenges and successes of those programs.

After the community input process concluded the DHHS BHB Clinical Services Manager along with the Program Manager took the community input into consideration while creating the proposed MHSA Annual Update and Program Plan. The Administration Team is composed of the Director, Assistant Director, Fiscal Manager, Clinical Services Manager, Program Manager who also fills the roll at this time as the Cultural Competence Coordinator as well as the MHSA Coordinator, and our Staff Services Analyst who also fills the roll at this time as the Compliance Officer.

Each MHSA Component is listed below with the different services for that component listed below them and the MHSA funds allocated to the service for fiscal year 2022/23. Some of these programs have additional revenue streams in their overall budget. That detail can be found in the budget section of the plan. For the purposes of the Executive Summary, this is just identifying what MHSA funds have been allocated to each service. Due to COVID-19 and the uncertain future of MHSA funds at this time this plan has been developed with reductions considered. However, if funding comes in lower than expected this plan might require reductions to programs contained within the plan or flexibility to funding distributions between programs.

# Del Norte County

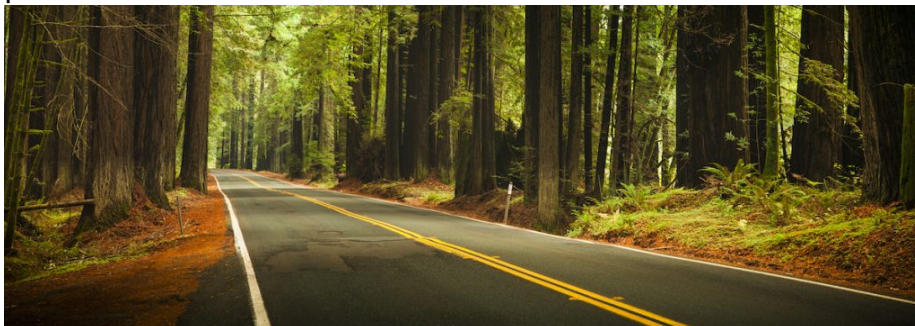


Del Norte County is located at the far northwest corner of the U.S. state of California, along the Pacific Ocean adjacent to the Oregon border. As of the 2020 census, the population was 27,495.[1] The county seat and only incorporated city is Crescent City[2]. Locals pronounce the county name as Del Nort, not Del Nor-teh as would be expected in Spanish. The identified threshold language is Spanish.

The rural county is notable for forests containing giant Coast Redwoods, with some attaining heights over 350 feet (110 m). This northernmost county on the California coast also has scores of unique plants and flowers, dozens of species of coastal birds and fish, rocky primitive beaches and sea stacks, pristine rivers, and historic lighthouses. Del Norte is also known among Bigfoot enthusiasts as the location of the famous Patterson-Gimlin film, as well as being the location of some of the forest scenes used in

Star Wars: Return of the Jedi and the Netflix movie Bird Box. The mountainous terrain associated with the coastal Range and the Klamath Mountains dominates Del Norte County's geography. Elevation ranges from sea level to over 6,400 feet. Although much of the county is made up of steep terrain, there are small patches of flat terrain along the coast and in isolated mountain valleys.

There are 37 miles of coastline in the county, forming a coastal zone that covers approximately 51,000 acres (80 square miles). A broad coastal plain can be found in the northwest portion of the county with the western edge of the Klamath Mountains as its easterly boundary. Rising abruptly from the coastal plain, the Klamath Mountains extend north into Oregon and are situated between the Cascade Range to the east and the Coast Range to the north. DHHS BHB is focused to provide services to our most underserved population that includes people of color, LGBTQ2+, low income, people experiencing homelessness, previously incarcerated individuals, and our Native American population.



# County Statistics

## Census 2020 California Hard-to-Count Fact Sheet Del Norte County (CA Census 2020 Region 2)

Race and Hispanic Origin	
Total population	27,442
Hispanic or Latino of any race	19.2%
Hispanic Exclusive Race:	
White alone	62.8%
Black or African-American alone	1.8%
American Indian and Alaska Native alone	7.2%
Asian alone	2.7%
Native Hawaiian and Other Pacific Islander alone	0.1%
Some other race alone	0.5%

Top 3 Languages Spoken at Home	
Total Limited-English Population (Persons 5 years and older who do not speak English "very well")	1,144
Spanish	63.4%
Other Asian and Pacific Island languages	10.3%
Other Indo-European languages	7.4%

Hard-to-Count Characteristics	
The California Hard-to-Count (CA-HTC) Index is based on multiple demographic, housing and socioeconomic variables correlated with an area being difficult to enumerate. Census tracts with higher indexes are likely to be places that will pose significant challenges to enumerate in 2020.	
Percent of Total Housing Units:	
That are vacant (includes seasonal)	14.8%
With 3 or more units in a multi-unit structure	8.9%
Percent of Occupied Housing Units (or Households):	
That are renter-occupied	38.1%
That are overcrowded	1.5%
Without broadband Internet	26.7%
With limited-English speaking ability	1.7%
That are non-family	40.8%
Receiving public assistance income	6.1%
Percent of population:	
Under 5 years old	6.0%
That is foreign-born	6.3%
Who moved from outside county in past year	9.5%
With income below 150 percent of poverty level	33.1%
Age 16 or older that are unemployed	9.5%
Age 25 or older who are not high school graduates	18.4%

California Hard-to-Count Characteristics in County	
Median CA-HTC index all census tracts	56.0
Total Population in Census Tracts with above median CA-HTC	13,623
Leading HTC characteristics in those areas: Moved recently, Unemployed, Households without broadband subscription	

Top 5 CA-HTC Census Tracts in County	
<b>Census Tract 1.01:</b>	
Total Population	3,837
CA-HTC Index	77.0
Leading HTC Reasons in Census Tract 1.01: Moved recently Households without broadband subscription Vacant housing units	
<b>Census Tract 1.04:</b>	
Total Population	2,136
CA-HTC Index	76.0
Leading HTC Reasons in Census Tract 1.04: Children under 5 Below 150 percent of poverty level Households without broadband subscription	
<b>Census Tract 2.03:</b>	
Total Population	1,228
CA-HTC Index	70.0
Leading HTC Reasons in Census Tract 2.03: Households without broadband subscription Vacant housing units Unemployed	
<b>Census Tract 2.01:</b>	
Total Population	6,422
CA-HTC Index	61.0
Leading HTC Reasons in Census Tract 2.01: Unemployed Moved recently Households receiving public assistance	
<b>Census Tract 1.02:</b>	
Total Population	3,350
CA-HTC Index	51.0
Leading HTC Reasons in Census Tract 1.02: Unemployed Vacant housing units Below 150 percent of poverty level	



For a detailed map of all census tracts, go to [census.ca.gov/HTC-map](https://census.ca.gov/HTC-map)

Data Source: U.S. Census Bureau, American Community Survey, 2013-2017 (5-year).

Geography Note: Census tracts do not cross county boundaries but a tract may be divided by city, district, and other boundaries. Also, the same tract number may be used in more than one county.

To learn more about California's Census 2020 efforts, please visit [census.ca.gov](https://census.ca.gov)



## Community Supports and Services – CSS

---

<b>FSP</b>	<b>22/23</b>
ARRCH (Adults Returning/ Remaining in Community Home) Service Center	\$1,124,306 \$1,272,061
<b>Non-FSP</b>	
Same Day Services	\$943,959

## Prevention and Early Intervention – PEI

---

<b>Prevention</b>	<b>22/23</b>
Reach For Success (RFS)	\$206,668
Coastal Connections (CC)	\$441,372
Del Norte LGBTQ Resource Project	\$15,000
Boys and Girls Club of the Yurok Tribe (BGCYT)	\$76,586
Family Resource Center of the Redwoods (FRC)	\$100,000
<b>Early Intervention</b>	
Strengthening Families Program (SFP)	\$43,126
<b>Stigma &amp; Discrimination</b>	
Community Outreach, Providing Education (COPE)	\$42,987
Del Norte County Recreation Department	\$115,430
<b>Outreach</b>	
Connecting the Dots Del Norte	\$38,923
<b>Access and Linkage</b>	
Coastal Connection Tea Time & weekly support workshop	\$29,317

## Innovations - INN

---

**No plans at this time**

**22/23**

## Workforce Education & Training - WET

---

Continued Education & Assistance Program (CEAP) - **22/23**  
\$12,127

## Capital Improvement & Information Technology – CAP/IT

---

Computer on Wheels (COW), Improved Access/Service Capacity - **22/23**  
\$45,548

## Housing

---

The plan provides an overview of services in a narrative format. Some service descriptions are longer than others due to the scope of that service – each is different. The length of the description does not indicate anything more than a wider scope of service or more options of services within the scope.

# Community Program Planning

**Date of Public Hearing (Annual update only):** **DATE**

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

<b>Community Program Planning</b>
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the MHSA Three Year Plan for FY20/21, 21/22, 22/23. Include the methods used to obtain stakeholder input.</p> <p>The Community Planning Process for the Del Norte County annual update for FY 22/23 involved a number of different outreach efforts. Through the use of surveys, community forums, Community partner meetings, and stakeholder discussions, we developed a wealth of information with which to develop our plan.</p> <p>Our staff engaged in regular meetings with our community partners to engage in collaborative planning on the delivery of mental health services. The feedback provided by the survey was used to lead many of the discussions we have had with the various agencies we assist throughout the county.</p> <p>The Behavioral Health Branch held all meetings via Zoom due to the COVID-19 restrictions in place. Material was emailed out to participants prior to the Zoom sessions. The Behavioral Health Branch held 3 meetings at varying times of day in hopes to expand our community outreach.</p> <p>The Program Manager and the Clinical Services Manager provided an overview of MHSA funds, previous funded programs and goals for the future to help guide discussions and community feedback.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, consumer/family member affiliation, primary language spoken, etc.)</p> <ul style="list-style-type: none"> <li>• DHHS Behavioral Health Branch consumers               <ul style="list-style-type: none"> <li>○ Consumers</li> </ul> </li> </ul>

- Local Behavioral Health Board
  - Consumers, DHHS staff, city and county officials, community partners, consumer advocates
- Rural Human services
  - Consumers
- DHHS Social Services
- DHHS Public Assistance, Employment, and Training Branch
- DHHS Public Health
- Del Norte Child Care Council
  - Community partner and consumer advocate
- Open Door Health Clinic
  - Community partner
- Remi Vista
  - Community partner
- Mission Possible
  - Community partner
- Sutter Cost Hospital
  - Community Partner
- Crescent City Police Department
  - Community partner
- Yurok Tribe Education Department
  - Consumer advocates
- Yurok Tribal Court
  - Consumer advocates
- Del Norte County Sheriff's Department
  - Community partner
- Del Norte County Probation
  - Community partner
- County of Del Norte Recreation Department
  - Community partner
- Harrington House
  - Community partner
- Wild Rivers Community Foundation
  - Community partner
- Del Norte Unified School District
  - Community partner
- Yurok Tribe

<ul style="list-style-type: none"> <li>○ Tribal members and consumers</li> <li>● Resighini Rancheria <ul style="list-style-type: none"> <li>○ Tribal members and consumers</li> </ul> </li> <li>● Smith River Rancheria <ul style="list-style-type: none"> <li>○ Tribal members and consumers</li> </ul> </li> <li>● Elk Valley Rancheria <ul style="list-style-type: none"> <li>○ Tribal members and consumers</li> </ul> </li> <li>● Client advocate <ul style="list-style-type: none"> <li>○ Consumer</li> </ul> </li> </ul>
<p>3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</p>
<p>No programs are being fully eliminated, However in the wake of COVID-19 some programs may face reduced funding. In addition some programs are evolving to meet the increased need of behavioral health services.</p>
<p><b>Local Review Process</b></p>
<p>4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.</p>
<p>Information will be added upon conclusion of the public comment period</p> <p>The proposed Three Year Plan Annual Update for FY 2022-2023, was made available electronically on the Del Norte County Website at <a href="http://www.co.del-norte.ca.us">www.co.del-norte.ca.us</a> and posted from May 2<sup>nd</sup> to May 31<sup>st</sup>, 2022. Notices for public review and input were posted at commonly accessed local public buildings in the community and hard copies were available. Notices were posted at:</p> <ul style="list-style-type: none"> <li>● DHHS Behavioral Health Branch</li> <li>● DHHS Behavioral Health - Adult Services Center</li> <li>● County Flynn Administration Building</li> </ul> <p>Copies were distributed to the members of the County of Del Norte, Partnering Agencies, and the Local Behavioral Health Board, and made available upon request.</p>
<p>5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.</p> <p>Public Hearing Comments <b>Date</b></p> <ul style="list-style-type: none"> <li>●</li> </ul>

## **MHSA Annual Update Plan Community Stakeholder Meeting**

**Date January 19, 2022 Time 5:30pm-6:30pm**

### **Held via Zoom Web Conference**

- Public Comments on CSS
  - An attendee asked what the Full Service Partnership program was.
  
- Public Comments on PEI
  - An attendee asked how many families attend the Strengthening Families program?
  - An attendee discussed a project he is working on with a graduate student. They are trying to develop a resources guide and website for the LGBTQ community. They are partnering with an organization in Humboldt. He is asking for some MHSA funding to assist with materials, and for staffing to keep the resource website updated. The same attendee suggested that the MHSA program assist with a queer art show and a group at the Methodist Church.
  - An attendee stated that she loves the Dina Dinosaur program and she is glad that it is supported. The same attendee discussed how other counties support county resource programs. She stated that she thinks that it would be a good fit for the MHSA to assist the county program. The same attendee stated that she feels there is a gap for children aged 10-14. She would like to see a bullying or coastal connections type program for that age group.
  - An attendee discussed how the County Education Department could assist with a LGBTQ website. The same attendee discussed that she would like to see what metric we are using to determine what funding we support. She stated that we need to double down on our investment on children in 5<sup>th</sup> – 8<sup>th</sup> grade.
  
- Public Comments on WET
  - No comments given
  
- Public Comments on CAP/IT
  - No comments given

### **Zoom Chat Comments:**

- Thomas Kelem: The form MHSA Stakeholder Questionnaire is no longer accepting responses. Try contacting the owner of the form if you think this is a mistake.
- Shiann Hogan: Our current MHSA plan can be located here <https://drive.google.com/drive/folders/17U24orc-ReiGWls-wzIGETa3YYTO1j87>

- Samantha Reagen: MHSAs Stakeholder Questionnaire  
<https://forms.gle/N3fP6yMi6UEoPGKDA>
- Samantha Reagen: MHSAs Public Comment Form  
<https://forms.gle/Rx3NLJ8zaW6hraQm6>
- Valerie Starkey: What is the normal attendance number for this program?
  - Melody: 5 families per session over 7 weeks up to 10-15 families per year
  - Valerie: That's five families who get services so that is great!
- Amira: Melody- Sara Bareilles had a great Facebook post yesterday or Monday about ending the stigma of mental health!
  - Melody: Thank you, Amira, I will look it up!
- Samantha Reagen: Shared links to MHSAs Overview and MHSAs Fundamental Concepts handout
- Lisa Howard: Terrific! I look forward to reading the report
- Valerie Starkey: Thank you all, as always, for doing such a great job!

**MHSAs Annual Update Plan Community Stakeholder Meeting**

**Date February 10, 2022 Time 12:00pm-1:00pm**

**Held via Zoom Web Conference**

- Public Comments on CSS
  - An attendee said that the Behavioral Health Branch did not provide support for an individual that was released from prison and needed crisis services. The attendee states that the Behavioral Health Branch has not helped clients in crisis due to the time of day.
  - An attendee stated that the American Indian Community needs additional substance abuse services for clients. He also stated that clients in crisis at late night need additional support rather than just law enforcement to take them to the Hospital.
- Public Comments on PEI
  - An attendee asked how many kids go through Coastal Connections.
  - An attendee asked how to find more information to see if they should join existing programs or propose a new program.
  - An attendee stated that they wanted to continue the support for Klamath. He states that many people in outlying communities feel there is a lack of services. The issues with transportation prevent many people and children from participating in many programs. They are interested in continuing the partnership with the county on the boys and Girls Club and they are interested in starting a boys and girls club in Crescent City.
  - An attendee asked if they had looked at bolstering training for kids

on how to handle conflict.

- Public Comments on INN
  - No comments given
- Public Comments on WET
  - No comments given
- Public Comments on CFT
  - No comments given
- 

**MHSA Annual Update Plan Community Stakeholder Meeting**

**Date February 22, 2022 Time 2:00pm-3:00pm**

**Held via Zoom Web Conference**

- Public Comments on CSS
  - An attendee asked about how the beds that are part of the ARCH team are used.
- Public Comments on PEI
  - An attendee asked if any Building Healthy Communities is still at play in this arena. He asked if gateway education is offering anything this summer.
- Public Comments on INN
  - No comments given
- Public Comments on WET
  - No comments given
- Public Comments on CFT
  - An attendee stated that the link to the MHSA stakeholder meeting on the webpage was not working.
  - An attendee from Access California invited attendees to a stakeholder meeting.

**Submitted written comments for community meeting period**

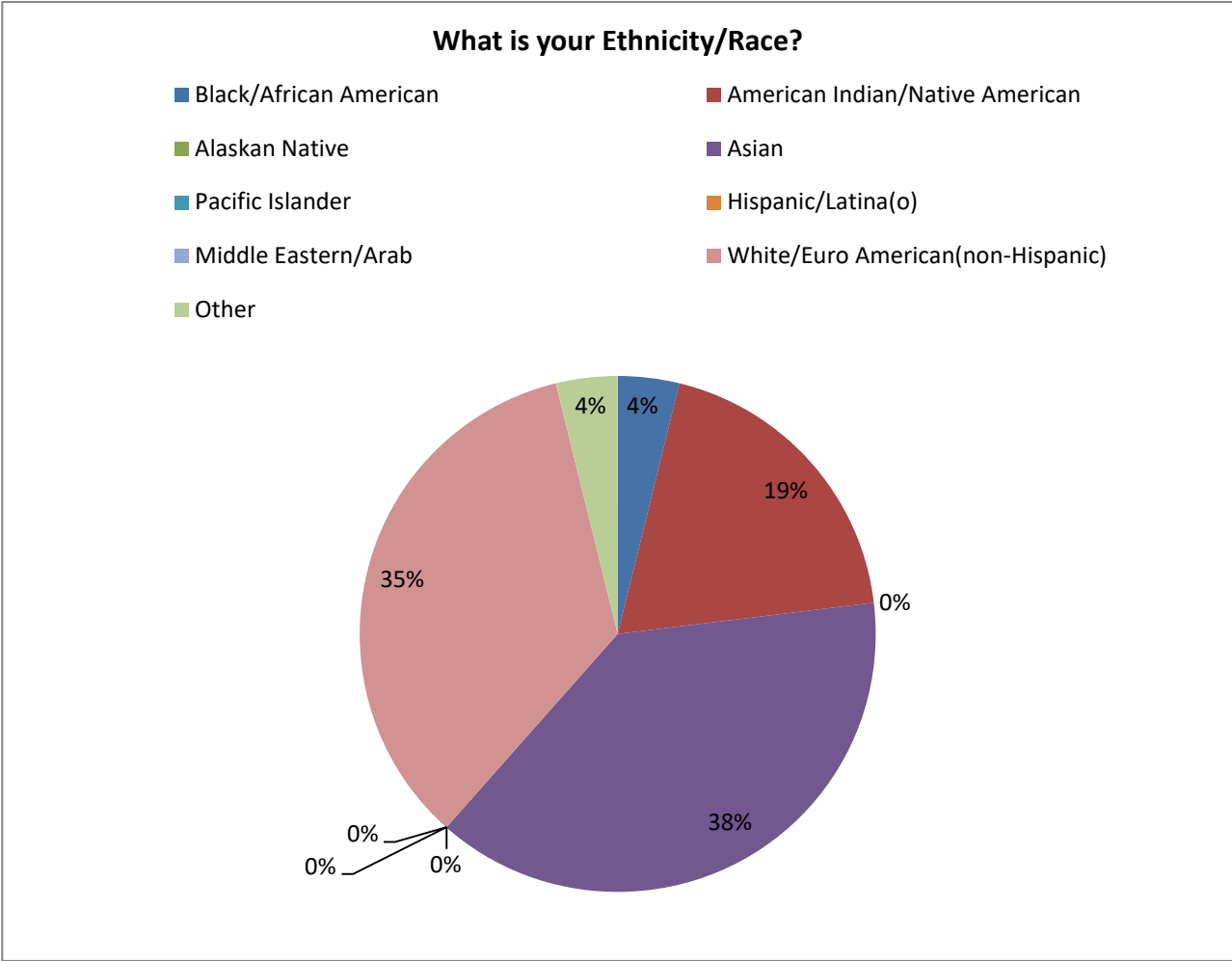
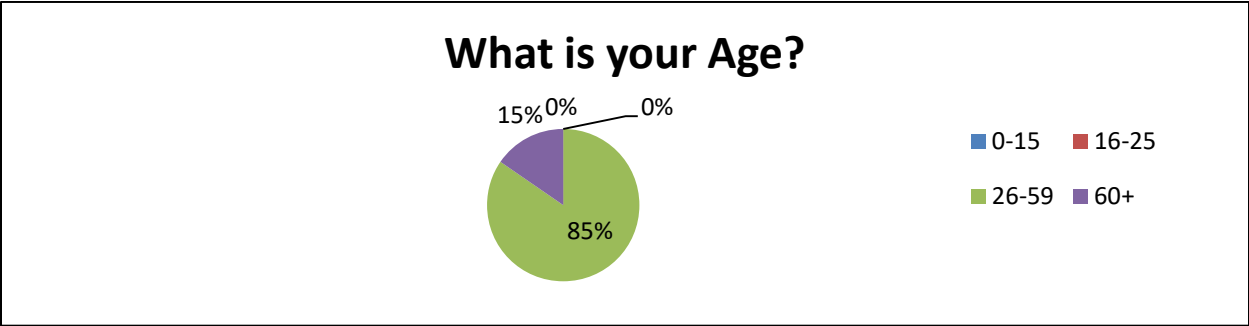
- No written comment received



**Written comments submitted via the online google doc**

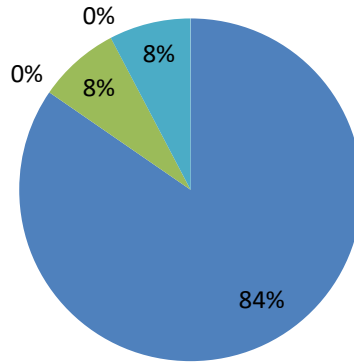
- Thomas Kelem provided a written proposal for Del Norte LGBTQ Resource Project
- I would like to see more services for maternal and paternal mental health. With nearly 50% of the births in Del Norte county presenting with a need for mental health services I believe there is much to be done. Mental health counseling shouldn't be only for the most severe cases, prevent child abuse and substance abuse by creating some more programs or funding outside programs to be of services for more families. The earlier we can support these families the less "emergency" cases the county will have to try to see. I would love to see a program that connects each family with services if needed and support groups and activities so to connect them with peers and support.

# Demographics Reported at Stakeholder Meetings



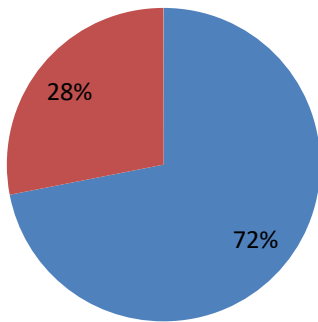
### What is your Sexual Orientation?

■ Straight ■ Bisexual ■ Gay ■ Lesbian ■ Queer



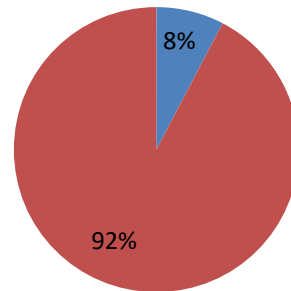
### Have you ever served in the Military?

■ Yes ■ No



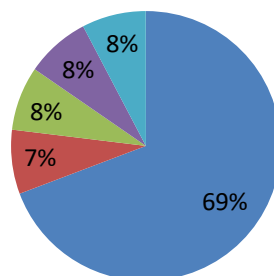
### Are you an employee of Del Norte County Health and Human Services?

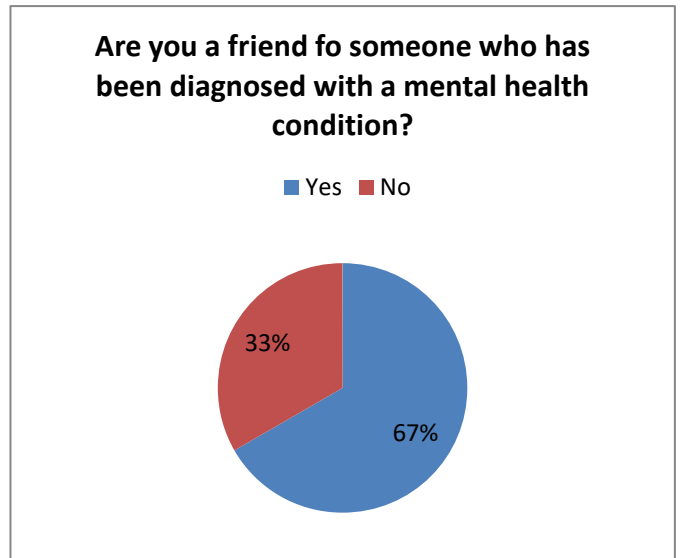
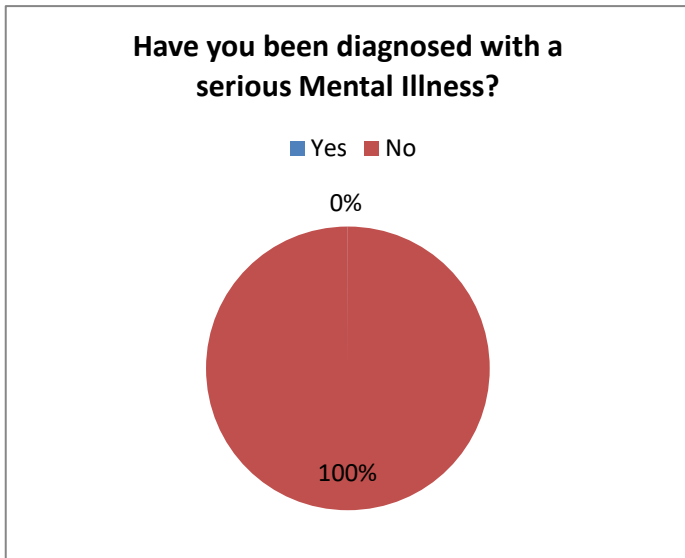
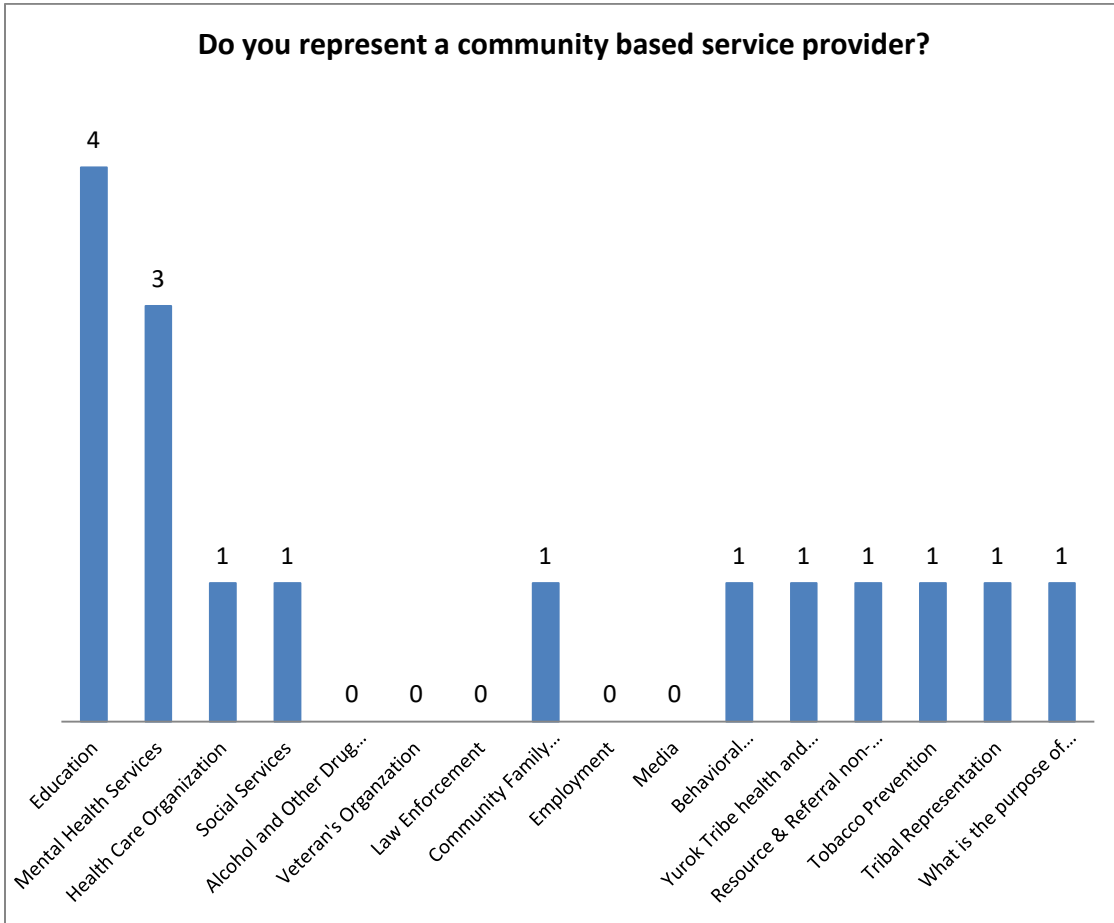
■ Yes ■ No



### What is your Zip Code?

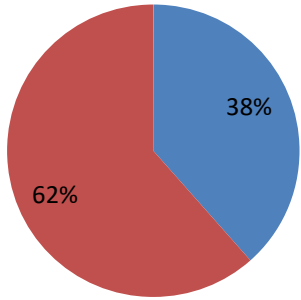
■ 95531 ■ 95548 ■ 95567 ■ 95825 ■ 97415





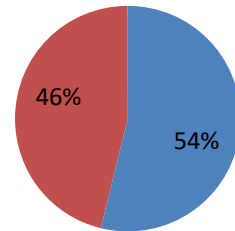
**Have you or your family ever been involved in the child welfare system?**

■ Yes ■ No



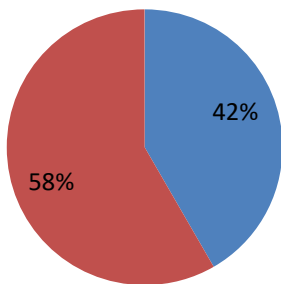
**Has someone in your family been diagnosed with a serious Mental Illness or serious Emotional Disturbance?**

■ Yes ■ No



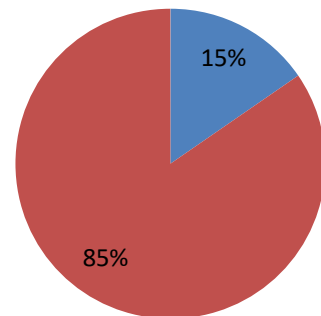
**Have you or your family ever been involved in the juvenile or adult justice system?**

■ Yes ■ No



**Have you ever experienced homelessness?**

■ Yes ■ No



**Attachment 1**  
**Stakeholder Meeting**

**Attachment 1**

**MHSA Annual Update 2022-2023 and Three Year Plan 2020-2023**

**Stakeholder Meeting**

<b>Date</b>	<b>Group</b>	<b>Location</b>	<b>Time</b>	<b># attending</b>
<b>January 19, 2022</b>	<b>All of Del Norte County</b>	<b>Via Zoom Link</b> Join Zoom Meeting Meeting ID: 412 480 1206 Passcode: 752253	<b>5:30pm-6:30pm</b>	<b>7 community members</b> <b>8 BHB Staff</b>
<b>February 10, 2022</b>	<b>All of Del Norte County</b>	<b>Via Zoom Link</b> Join Zoom Meeting Meeting ID: 412 480 1206 Passcode: 752253	<b>12:00pm-1:00pm</b>	<b>5 community members</b> <b>7 BHB Staff</b>
<b>February 22, 2022</b>	<b>All of Del Norte County</b>	<b>Via Zoom Link</b> Join Zoom Meeting Meeting ID: 412 480 1206 Passcode: 752253	<b>2:00pm-3:00pm</b>	<b>4 community members</b> <b>6 BHB Staff</b>

**Attachment 2**  
**Meeting Materials**



**Attachment 2**  
**MHSA Annual Update 2022-2023 and Three Year Plan 2020-2023**  
**Meeting Material**



**County of Del Norte**  
**Department of Health and Human Services**



Behavioral Health Branch

## **Mental Health Service Act**

The Mental Health Services Act (MHSA) was approved by voters in 2004 and enacted into law on January 1, 2005. It places a 1% tax on Californians with a personal income above 1 million dollars.

The MHSA is intended to:

- Expand best-practices and recovery-focused mental health programs that demonstrate their effectiveness for people with serious mental illness
- Reduce the long-term negative impacts on individuals, families, and state and local budgets resulting from untreated mental illness
- Prevent mental illness from becoming severe and disabling.

DHHS Behavioral Health Branch provides recovery focused, integrated services to the community through programs and service settings. These services are funded through many different funding sources. Services and supports that are funded by the MHSA are those presented in the Three Year Plan and Annual Update, and include:

- Older and Dependent Adults
- Full Service Partnership
- Adult Residential Treatment Services
- Regional Services
- Hope Wellness Center
- Suicide Prevention
- Workforce Education and Training
- Transition Age Youth Advocacy and Peer Support
- Local Implementation Agreements
- Parent Partners
- School Climate Curriculum Plan

MHSA comment email: [mpadilla@co.del-norte.ca.us](mailto:mpadilla@co.del-norte.ca.us) MHSA comment phone numbers: (707) 464-7224 ext 2917, or toll free 1(888) 446-4408 to leave a message.

# Mental Health Services Act

## Fundamental Concepts



**Community collaboration:** the process by which various stakeholders, including groups of individuals or families, citizens, agencies, organizations, and businesses work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility. The goal of community collaboration is to bring members of the community together in an atmosphere of support to systematically solve existing and emerging problems that could not easily be solved by one group alone.

**Cultural competence:** a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumer providers, and family member providers to work effectively in cross-cultural situations. Cultural competence includes language competence and views cultural and language competent programs and services as methods for elimination of racial and ethnic mental health disparities.

**Client and family driven:** Adult clients and families of children and youth identify their needs and preferences which lead to the services and supports that will be most effective for them. Their needs and preferences drive the policy and financing decisions that affect them. Adult services are client- centered and child and youth services are family driven; with providers working in full partnership with the clients and families they serve to develop individualized, comprehensive service plans.

**Wellness focus, which includes the concepts of recovery and resilience:** Recovery refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope. Resilience refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence.

**Integrated service experiences for clients and their families throughout their interactions with the mental health system:** This means that services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults. Integrated service experiences include attention to people of all ages who have a mental illness and who also have co-occurring disorders, including substance use problems and other chronic health conditions or disabilities. With a full range of integrated services to treat the whole person, the goals of self-sufficiency for older adults and adults and safe family living for children and youth can be reached for those who may have otherwise faced homelessness, frequent and avoidable emergency medical care or hospitalization, incarceration, out-of-home placement, or dependence on the state for years to come



**COUNTY OF DEL NORTE**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BEHAVIORAL HEALTH BRANCH  
455 K St.  
Crescent City, CA 95531



## Mental Health Services Act Comment Form

**You do not need to include your name to provide a comment!**

Please complete the MHS Act Comment Form. You can:

- 1) Mail it to Marcus Padilla at DHHS Behavioral Health Branch, 455 K St., Crescent City, CA 95531
- 2) Call 707-464-7224 ext 2917, or toll free 1-888-446-4408 to leave a comment
- 3) Send an email to [mpadilla@co.del-norte.ca.us](mailto:mpadilla@co.del-norte.ca.us)

Thank You!



County of Del Norte  
 Department of Health and  
 Human Services  
 Behavioral Health Branch

**Mental Health Services Act**  
 This stakeholder questionnaire is voluntary and confidential! The purpose is to gather the demographic information of the people who are participating in our stakeholder process to ensure we are reaching people from different backgrounds and all regions of Del Norte County.



**What is your age?**

- 0-15       26-59  
 16-25       60+

**What is your Ethnicity/Race?**

(Please check one or more)

- Black/ African American  
 American Indian/ Native American  
 Tribe(s)  
 Alaskan Native  
 Asian  
 Pacific Islander  
 Hispanic/Latina(o)  
 Middle Eastern/Arab  
 White/ Euro American (non-Hispanic)  
 Other \_\_\_\_\_

**What is your Primary Language?**

- English  
 Spanish  
 Hmong  
 Other \_\_\_\_\_

**What is your gender identity?**

- Female  
 Male  
 Transgender  
 Other \_\_\_\_\_

**What is your sexual orientation?**

- Straight       Bisexual  
 Lesbian       Queer  
 Gay       Other \_\_\_\_\_

**What is your zip code?** \_\_\_\_\_

**Have you ever served in the military?**

- Yes       No

**Are you an employee of Del Norte  
 County Health and Human Services?**

- Yes  No

**Do you represent a community based service provider?**

- Education  
 Mental health services  
 Health care organization  
 Social services  
 Alcohol and other drugs services  
 Veteran's organization  
 Law enforcement  
 Community family resource center  
 Employment  
 Media  
 Other (explain) \_\_\_\_\_

**Have you been diagnosed with a serious mental illness?**

- Yes       No

**Has someone in your family been diagnosed with a serious mental illness or serious emotional disturbance?**

- Yes       No

**Are you a friend of someone who has been diagnosed with a mental health condition?**

- Yes       No

**Have you ever experienced homelessness?**

- Yes       No

**Have you or your family ever been involved in the juvenile or adult justice system?**

- Yes       No

**Have you or your family ever been involved in the child welfare system?**

- Yes       No

If you have any feedback, please use the  
 MHSA Comment Form or send an email to  
 mpadilla@co.del-norte.ca.us  
 We appreciate your feedback.  
**Thank You**

## COMMUNITY SUPPORT & SERVICES (CSS)

---

The CSS component is the largest of all five MHSA components. Funding is used to provide direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

The CSS component has the following service categories:

- **Full Service Partnership (FSP) Services**
- **Outreach and Engagement (O&E) Services**
- **General System Development (GSD)**

The MHSA mandates that the majority of Community Services & Supports (CSS) funds must be used to provide intensive services to a relatively small group of consumers who will be offered Full Service Partnerships (FSP). As the phrase suggests, the FSP approach is to “wrap services around” an individual or family, thereby offering comprehensive care. With a “whatever it takes” commitment, FSP emphasizes customized care that enables each individual to recover within his or her potential. This intensive approach has been shown to foster sustained improvement for consumers while attaining cost savings (such as reduction in hospitalization, police response, and emergency room visits) for the behavioral health system and other community services.

DHHS BHB provides Full Service Partnerships (FSP) which offers a range of services and supports to persons impacted by severe mental illness. FSP services provide a “whatever it takes” level of services, also referred to as “wraparound” services, to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, crisis intervention, medication management, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, education and treatment for co-occurring disorders, as well as socialization and recreational activities, based upon the individual’s needs and goals to obtain successful treatment outcomes. It also provides for non-behavioral health services such as food and housing. The term “Full Service Partnership” refers to the commitment on the part of the client, the family, and their service providers to determine the needs of the client and family and to work together to support the client in their recovery. FSP addresses the priorities of the Community Program Planning Process to increase support for the seriously mentally ill.

Within the scope of this intensive program, Partners are provided 24 hour, seven days a week crisis response offered through the Same Day Services Team. When a partner is

in acute crisis they can access services through traditional business hour crisis service or afterhours through our crisis hotline and or the local emergency room, where we still will respond to address their urgent needs. Partners are served through a variety of DHHS BHB programs including the ARRCH Team, and Service Center programs. Services are geared to assist client in their personal recovery. In fiscal year 21/22 we have seen a slight reduction in our Full Service Partnership members, this is likely the result of the impacts of COVID-19 our thought is that as the restrictions of COVID-19 are lifted we will see these numbers rise. The approximate cost for additional support and care per FSP is \$1,875.

<b>FY 20/21 FSP Data</b>				
<b>Child</b>	<b>TAY</b>	<b>Adult</b>	<b>Older Adult</b>	<b>Total</b>
2	4	46	8	60

<b>FY 21/22 FSP Data (July 2021-April 2022)</b>				
<b>Child</b>	<b>TAY</b>	<b>Adult</b>	<b>Older Adult</b>	<b>Total</b>
0	2	35	5	42

## *Community Support & Services (CSS)*

---

- I. Service Center*
- II. Same Day Service*
- III. Adults Returning/Remaining in Community Home (ARRCH)*

## CSS-Section I Service Center

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

### Program Description and Update

The Adult Service Center program provides a therapeutic and rehabilitative atmosphere for Seriously Mentally Ill adults. The primary delivery of services follows a group model with flexibility for individual treatment for symptom reduction. The clients create a mutually supportive community and use the Service Center, and the many skills groups, as a way of working through issues. This also helps to develop social skills. The Adult Service Center had several FSP participants meet their goals of finding affordable permanent housing, employment, and continuing education. In FY 2020/21 the Adult Service Center served 115 unique clients an increase of 29.21% from the prior fiscal year.

The Service Center offers individual and group counseling services. Community Workers are utilized in leading peer facilitated support groups. The Nutrition and Independent Living Skills Group has been revised, focusing on activities of daily living, nutrition education and training, as well as planning for healthy living. We continue to have a Dual Diagnosis group led by a certified/registered drug and alcohol counselor that meets with clients twice a week and individually as needed. We have also added an additional Dual Diagnosis group that meets once per week as a step down program after graduating and completing the twice weekly group to help maintain client recovery. Illness Management and Recovery group has been added to the list of evidence based services offered to help target clients who are returning from long care placement and those engaged in services as part of a Diversion Program.

The Adult Service Center provides consumers with a safe environment to learn daily living, social skills, as well as integrating peer support and stabilization. The Consumer Council provides feedback and guidance to the professional staff for the purpose of improving services. The feedback is reviewed at the weekly Supervisors meetings.

We have made a strong push for our clients to attend outings in the community including hiking and sports related activities, field trips to shopping venues such as the



Mall in Eureka and downtown Brookings, Oregon, some of these activities might continue to be impacted by the restrictions set forth by COVID-19 protocols. We are continually looking for additional community based activities to support the client's integration into natural supports.

Our Adult Service Center Client Services Specialist staff will increase outreach activities by working with our community partners in coordinating care and offering a "no wrong door" approach to services.

The following is a list of groups currently offered at the Adult Service Center:

- Photography Group
- Interactive Exercise
- Expressive Art
- ICAN Group (Independent living skills, Communication, Acts of daily life, Nutrition)
- Arts and Crafts Group
- Mindfulness and Meditation Group
- Dialectical Behavior Group (DBT)
- Illness Management and Recovery (IMR)
- Dual Diagnosis Group I and II
- Stress Management
- Scrapbooking
- Sewing Group
- Peer led support and socialization groups
- Behavioral Health Staff and Peers are continually looking for new groups to address the needs of the clients

## **Goals and Objectives**

- Continually provide an environment consistent with a treatment centered wellness approach.
- Increase enrollment and access to FSP services that utilize a "whatever it takes" approach to keep clients in the community.
- Encourage participation to those clients that will benefit from individual therapy in conjunction with the group services to promote optimal treatment outcomes.

- Increase the number of referrals that are generated from the Same Day Service Team, which manages our clients who are beginning to access services at the County Behavioral Health Branch.
- Work to find more community based programming to increase client's accessing natural support and promote socialization in the community.
- Provide Dual Diagnosis Support to ensure those with Co-Occurring disorders receive whole person care.
- Increase community knowledge of our services and service access.
- Invest in hiring and training of our Peer Support Specialists program to provide appropriate supports to consumers based on their level of need.
- Reduce stigma by promoting mental health awareness.

## Outcomes

- Clients reporting increased mental health/well being
- Decrease need for higher levels of care for population
- Reduce isolation
- Provide support, education, and tools to integrate into the community
- Reduce the number of psychiatric hospitalizations
- Reduction in overall hospitalization rates, for those conserved clients in our community.
- Increase consumer quality of life and well-being.

## Achievements

Our Service Center despite the impacts of COVID-19 grew the number of clients served by almost 30% last year. Last year additional groups were added based on client feedback and needs, such as a group to teach basic life skills such as cooking and healthy activities through the new interactive exercise group. In addition over the last fiscal year we have been able to add to our Peer Support Specialist staff and allow those working on educational internships to assist within the facility as a way to continue to grow our workforce.

## CSS-Section II Same Day Services

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

### Program Description and Update

The Same Day Service team is led by one of our Supervising Behavioral Health Specialist and continues to serve as a gap between traditional mental health services and the Rehabilitative Model which includes identifying and supporting the needs of the consumer and community. It provides short term counseling and linkage to appropriate community based services, which is designed to reduce the need for crisis intervention services. Same Day Services collaborates with family members, other consumer supports and resources to create a “safety net” to improve consumer outcomes. We utilize family and local community support in lieu of out-of-the-area hospitalization, keeping them close to their home and family members. The Adult Service Center, working with the Same Day Service Team, is instrumental in consumer success in thriving independently in the community. Staff are easily accessible, able to closely monitor consumer needs, and are available for immediate response should a crisis situation arise. FSP funding helps participants meet their goals of working on their Mental Health and staying in the community. The Same Day Services Team is also able to refer clients who stabilize their crisis to our ARRCH team through the extra support of the ARRCH Team they are able to find affordable permanent housing, employment, and establish ongoing medical and medication support. Same Day Services is working to develop the Family Urgent Response System (FURS) that will provide crisis support to current and former foster youth, and will be key players in evaluating the agency needs for Crisis Care Mobile Unit.

Same Day Services provides services to clients who are in an acute crisis in order to divert psychiatric hospitalization. All services focus on the immediate needs of clients are intensive in nature and utilize our psychiatrists (both in person and telepsychiatry), Behavioral Health Clinicians, Behavioral Health Specialists, Client Services Specialists, and Peer Support Specialists to alleviate the need for a higher level of care.

## Goals and Objectives

- Immediate connection for risk assessments for individuals in crisis through our Officer of the Day program
- Intensive Case Management services to link client's to community resources including temporary and permanent housing
- Streamlined enrollment into FSP to access funds for clients to meet basic needs of food, clothing, and shelter
- Linkage to Dual Diagnosis treatment with a certified or registered SUD counselor
- Screening Assessment to assist with level of care determination.
- Access to mental health therapists within Del Norte County Behavioral Health or in the community
- Linkage to medical appointments at our Community Wellness Center
- Linkage with psychiatrist within 15 days of crisis
- Outreach and engagement performed with homeless, at Our Daily Bread Ministry as well as Del Norte Mission Possible, which are local community based homeless outreach and support groups. A Behavioral Health employee outreaches and speaks to prospective clients about our services. In addition, behavioral health partners with the Public Assistance Branch for the Point in Time survey, to speak with homeless individuals about our services
- Outreach and engagement in field based response with our local law enforcement when requested.
- The team will also work toward the development of a Crisis Intervention Team (CIT) to help first responders manage events and encounters that involve mental illness.
- This team will work toward the development of an Action Plan under our Crisis Care Mobile Unit grant with a hope to bring a mobile crisis team to Del Norte County.

## Outcomes

- Provide support, education, and tools to integrate into the community
- Reduce the number of psychiatric hospitalizations
- Improve timely access to Specialty Mental Health Services
- Increase access for consumers
- Identify underserved populations and enroll in services
- Increase capacity for crisis response

- Reduction in overall hospitalization rates, for those conserved clients in our community.
- Reduce time from the point at which a conserved client is returned to the county to the time they access Behavioral Health treatment including psychiatry appointments.
- Increase consumer quality of life and well-being.

## **Achievements**

Our Same Day Services team partnered with local law enforcement to create the start of a mobile team, we continue to work together to build this partnership. Between July 2021 and March 2022 our Same Day Services were able to screen 87 clients for mental health services, which works to improve timely access and connection to treatment. The Same Day Services Team has also helped to improve collaboration with Sutter Coast Hospital by creating a consistent team and responsiveness to crisis calls.



## CSS-Section III ARRCH Team

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

### Program Description and Update

The ARRCH Team stands for Adults Returning/ Remaining in Community Homes. The purpose of the ARRCH Team is to work with our conserved clients who are living outside of the county to further increase our capacity to bring these clients back to the community and provide intensive services to make this transition successful. As well as with working as a step up program to our Same Day Services team by helping clients remain crisis free and reduce the risk of hospitalization. Currently the Behavioral Health Branch leases 4 total units with a bed count of 7 these houses are used to assist our conserved client population stabilize their mental health and create transition plans to other long term housing options. Behavioral Health also has the ability to access beds in a local transitional housing program, through the use of FSP funding.

The ARRCH team is comprised of Peer Support Specialists, Client Services Specialists and Behavioral Health Specialists and is overseen by 2 Supervising Behavioral Health Specialists this team is able to provide assistance in monitoring clients on the weekends with the promotion of independence and stabilization of consumers. In addition to this team of staff we have been able to utilize independent care givers using FSP funding when necessary. We continued to utilize Full Service Partnerships (FSP) to “do whatever it takes” to help consumers maintain independence in varying degrees within the community.

The ARRCH Team successfully collaborates with mental health and physical health professionals, as well as the Public Guardian’s office, to bring long-term residents back to the community and assist with maintaining clients within our local community. The ARRCH team works with these consumers, providing stable housing and intensive supports including but not limited to linking these clients to the FSP program.

We support consumers in obtaining and maintaining independent living skills. Based on individual need, we work with consumers to learn and practice skills such as personal hygiene, maintaining a clean and safe living environment, shopping, cooking skills,

managing their medications, finances, and keeping medical appointments. They also learn to locate and utilize resources within the community, and work on improving interpersonal skills so they can establish and maintain an appropriate support systems consisting of peers/family. We continue to utilize Peer Support Specialists for our daily monitoring and skill training with these consumers. The ARRCH Team monitors clients who are in long term placements and utilizes FSP funding to provide necessary treatment and supports to individuals in these placement facilities.

## **Goals and Objectives**

- Collaboration with IMD's, Board and Care facilities, and Transitional Houses out of county to monitor our conserved clients, provide support to them, and work on transitioning them into the community.
- Find housing within the community that can support conserved and non-conserved clients and give them close access to Behavioral Health services.
- Utilize Peer Support Specialists for supported living services for conserved and non-conserved clients in the community
- Streamline Behavioral Health services for clients to access traditional services, enrollment in the FSP program, Same Day Services Team program, and accessing the Adult Service Center.
- Having additional psychiatry services to address the immediate needs of Conserved and non-conserved clients to prevent them from needing higher levels of care.

## **Outcomes**

- Clients reporting increased mental health/well being
- Decrease need for higher levels of care for population
- Reduce isolation
- Provide support, education, and tools to integrate into the community
- Reduce the number of psychiatric hospitalizations
- Improve timely access to Specialty Mental Health Services
- Increase access for consumers
- Identify underserved populations and enroll in services
- Increase of discharge to community resources
- Increase capacity for conserved clients who are doing well in out of county placement and return them to Del Norte County.

- Reduce time from the point at which a conserved client is returned to the county to the time they access Behavioral Health treatment including psychiatry appointments.
- Increase consumer quality of life and well-being.
- Ensure long term care is available when necessary to ensure the health and safety of clients.





## Prevention and Early Intervention (PEI)

---

The intent of Prevention and Early Intervention (PEI) programs is to move to a “help first” system in order to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health struggles. Potential multiple negative outcomes can be dramatically reduced for all age groups.

What is Prevention?

- Prevention in mental health involves building protective factors and skills, increasing support, and reducing risk factors or stressors
- Prevention efforts occur prior to a diagnosis for mental illness
- Generally there are no time limits on prevention programs

What is Early Intervention?

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration (usually less than one year)
- Has the goal of supporting wellbeing in major life domains and avoiding the need for more extensive mental health services

May include individual screening for confirmation of potential mental health needs  
PEI programs are provided in places where behavioral health services are not traditionally given, such as schools, community centers, and faith-based organizations.

## ***PREVENTION & EARLY INTERVENTION (PEI)***

---

- I. Reach for Success Mentoring Program (RFS)*
- II. Coastal Connections (CC)*
- III. Strengthening Families (SFP)*
- IV. Community Outreach, Providing Education (COPE)*
- V. Mental Health First Aid – Connecting the Dots*
- VI. Boys and Girls Club of the Yurok Tribe (BGCYT)*
- VII. Del Norte County Recreation Department*
- VIII. Del Norte LGBTQ2+ Resource Project*
- IX. Family Resource Center of the Redwoods (FRC)*

## PEI Section I Reach for Success Mentoring Program (RFS)

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input type="checkbox"/>	Early Intervention		
	<input checked="" type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

Reach for Success (RFS) provides a peer mentoring program at 5 elementary schools. RFS trains and instructs high school students to become mentors and to work with vulnerable individuals in our local elementary schools. RFS uses the 2nd Step Curriculum, an evidence based curriculum for building social-emotional skills, which elements include, but are not limited to: dealing with anxiety, peer pressure, and gossip; recognizing bullying; methods for calming down; handling situations in a positive and healthy way; empathy; and other coping and/or social skills.

RFS continues to provide opportunities for young people to participate in ongoing, mutually beneficial relationships, including relationships built with a trusted adult, which promotes resiliency in a young person's lifelong trajectory. RFS continues to improve school attendance and academic performance with a commitment to a healthy lifestyle free of alcohol, tobacco and other substance use, and gang activity, while stressing self-accountability. The program uses both pre and post surveys, with previous years' results showing 100% participants reporting that they felt more connected and engaged in their schools after participating in the program. We continue to reach out to youth at a younger age as drug and alcohol experimentation and other risky behaviors begin at younger ages. Generally, when we reach a child at a younger age as a protégé, we retain them in our programs consistently and even throughout high school.

We currently utilize an electronic questionnaire developed by the program to track early signs of mental health symptoms as well as produce outcome measurements to monitor the effectiveness of the program. We will utilize a referral form when referring youth to mental health services when the need is identified.

## **Goals and Objectives**

- Connect youth with mental health symptoms to referrals with appropriate mental health services in the Del Norte mental health community. Utilize a written referral form.
- We will be working with mentors and protégés on recognizing the signs and symptoms of depression and suicidal thinking, as well as education and resources for those who may be experiencing depression and/or suicidal thoughts or ideation.
- RFS works with staff, protégés, and mentors and their families on recognizing the early signs of mental illness.
- Expand the program to include more school to reach youth at younger ages.

## **Outcomes**

- Improved school attendance
- Improved academic success
- Prosocial skills, school activity engagement and participation
- Improved relationships with and support from school educators
- Improved rates of high school graduation
- Improved communication skills

## **Achievements**

The COVID-19 pandemic impacted this and other youth and afterschool programs during FY 20-21. Reach for Success is offered two sessions per year, during the fall and spring semesters. Most of the activities occur in school sites. We generally start the first session of the year in September and then again after winter break. Starting in July 2020, Del Norte County was in the midst of a large COVID-19 breakout. Visitors were not allowed on school campuses, and schools delayed the return to school in August. The Reach for Success Program is built upon healthy relationship building. These interactions were held in a face to face, in safe environments where youth can be monitored. Lessons are held in a group setting. This does not translate well into a virtual setting.

Staff was redirected to serve families in new ways. Our parent agency, Del Norte County Department of Health and Human Services obtained temporary housing units that serve youth and their families during this crisis. Families with youth were assisted with shelter to isolate from contracting COVID-19, especially if youth had a pre-existing chronic health condition, lost their housing for reasons out of their control, or if the family became COVID-19 positive. They were screened for needed referrals to primary and behavioral health care. They gained access to public assistance programs and other services provided by community partners. We also served youth in foster care. Although we were not able to provide the standard Reach for Success program during FY 20-21, we did reach youth in crisis.

**Plans for 22-23:**

- Recruit new staff lost due attrition during the pandemic (in progress)
- Re-engage with afterschool programs (in progress)
- Recruit school site coordinators
- Recruit Mentors and Protégés
- Develop curriculum
- Develop outreach and engagement campaign, include social media platforms.
- Develop new afterschool program schedule
- Screen youth for needed services
- Provide training for staff and Mentors
- Initiate services with a target date of September 2022.

## PEI Section II Coastal Connections (CC)

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input type="checkbox"/>	Early Intervention		
	<input checked="" type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/>	Stigma and Discrimination Reduction		
	<input checked="" type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

Coastal Connections is a youth drop-in and resource center which targets and serves the Transitional Age Youth (TAY) of Del Norte County, aged 14-25 years, who are at risk for mental illness, suicide, homelessness, substance use disorders, and school failure. 77 TAY enrolled in the program in fiscal year 19/20. Due to the pandemic, the number has decreased for TAY enrolled who can access services at their leisure. Prevention Programs staff will conduct extensive recruitment once the center is cleared to be fully open and functional again. There were seventy seven (77) youth served on-site in the drop-in center for the previous fiscal year, although through outreach and other programs run through the center, a total of five hundred eighty (580) youth were served, along with their families.

Coastal Connections provides the following programs:

- Internet & computer access
- Document printing
- Snacks and kitchen use
- Recording studio
- Media room
- Referrals to community resources
- Hygiene screening, education, & assistance
- A place to hold meetings for youth and young adults
- Assistance with job search (resume building, application assistance)

- Help with homework/schoolwork
- Access to a Mental Health Specialist
- Mental health screening
- ACEs screening
- Seamless summer meal pick-up spot
- Social connection activities
- Art studio & supplies
- Housing search assistance
- Basic life skills education and encouragement
- Outreach for recognizing early signs of mental illness
- Open gym with shower access
- Water safety education
- Cooking class
- Food Smarts classes
- A safe place to be/Board Game night
- SOS class/group
- Music lessons

Coastal Connections collaborates with other community programs and organizations as well. Some of these collaborations include: Sources of Strength (SOS), a suicide prevention program training youth and young adults to change their surrounding peer culture and climates to focus on resiliency and build protective factors; the Family Assistance Network (FAN); and Food Smarts, an evidence-based nutrition curriculum that is targeted for low-income/underserved populations, available in five languages, and in collaboration with SNAP-Ed. Through the development of a referral form Coastal Connections will help to ensure timely access to treatment for those in need and will promote awareness to community partners on referral processes.

New for FY 22-23:

- Re-engage with youth in the community (in progress)
- Recruit staff lost due to attrition during the pandemic (in progress)
- Begin new art and healthy cooking classes (in progress)
- Community outreach through social media
- Establish on-site individual and group counseling
- Re-establish Lifeskills education (Health education, job skills, resumes, budgeting, hygiene, housing applications, etc.)
- Another youth and community outreach and engagement event is planned for July 2022.

## **Goals and Objectives**

- Empower youth and young adults to make positive and future oriented decisions for their lives.
- Help youth with limited or no access to basic hygiene understanding, skills, materials, and practices, as a matter of personal and public health.
- Identify early signs of mental illness and provide access to a mental health specialist or referral to appropriate care.
- Improve nutrition education and healthy eating habits.
- Introduce Food Smarts, an evidence-based curriculum.
- Working with the youth on accountability for behavior of the participants.
- Expanding and contracting services at the center, based on youth participation and community need.
- Educate youth on resiliency and empower them to recognize and practice resiliency skills.
- Reduce risks of substance use, suicidal ideation, mental illness, and other risk factors by encouraging social connections and healthy physical activities.
- Provide youth with water safety education opportunities, given that Del Norte County has ocean beaches, lakes, rivers, and creeks in its landscape that the youth are living in.
- Provide resources to youth for transitioning into independent living
- Reduce stigma and discrimination through media campaign
- Increase community awareness of recognizing the early signs of mental health through media campaign

## **Achievements**

The COVID-19 pandemic impacted our Coastal Connections Youth Center specifically during FY 20-21 Starting in July 2020, Del Norte County was in the midst of a large Covid-19 breakout. Visitors were not allowed in the Youth Center for a large portion of the fiscal year. Most of our programs are held face to face. Many of the youth who utilize Coastal Connection did not have reliable access to virtual platforms, however, when learning opportunities became available they were shared via social media. Gardening and healthy food preparation is examples of learning opportunities that were held during this period. We remained available by phone and email for youth in need of referral to community services.

Staff was redirected to serve families in new ways. We held a biweekly lunch programs throughout the summer. Our parent agency, Del Norte County Department of Health and Human Services obtained temporary housing units that serve youth and their families during this crisis. Families with youth were assisted with shelter to isolate from



contacting COVID-19, especially if youth had a pre-existing chronic health condition, lost their housing for reasons out of their control, or if the family became Covid-19 positive. They were screened for needed referrals to primary and behavioral health care. They gained access to public assistance programs and other services provided by community partners. We also served youth in foster care. Although we were not able to provide standard Coastal Connections programs during FY 20-21, we did reach youth in crisis. We held a community back to school event in late July 2021 to keep our connection with the youth in our community. This was well attended by Coastal Connections youth.

The Coastal Connections Youth Center was closed during much of the FY 20-21 year. All county offices were closed from March 2020 through February 2021, and then only partially open until June 2021. We had no in person visits from youth from July 1, 2020 through January 2021. Visits to the center began in mid- February 2021 and slowly increased weekly until June 20, 2021 after the offices were re-opened. We provided 60 in- person youth contacts in the center after the county offices reopened. The services requested by the youth were computer and internet access, a place to complete their homework, healthy foods demonstrations, access to a mental health counselor, assistance with completion of housing applications and to print off needed documents. 16 youth and their families were assisted with housing referrals and supportive services such as food and clothing shopping while they were in isolation or quarantine during the pandemic. In preparation of the youth event that was held July 30, 2021, we mailed 180 applications out to the addresses of youth on file to re-initiate contact and invite them back to our center.



## PEI Section III Strengthening Families (SFP)

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input checked="" type="checkbox"/>	Early Intervention		
	<input type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. It is easily culturally adaptable to meet the diverse needs of families from a variety of backgrounds, which is crucial in Del Norte County. Parents and youth attend weekly SFP classes together, learning parenting skills and youth life and refusal skills, with a full meal provided for families at each session. The sessions are now available virtually as well as in person.

In the past, the SFP Klamath area participants provided insight regarding the impact of poverty, multi-generational dysfunction and cultural realities. The families attending SFP were experiencing significant hunger and food insecurity, and adverse experience with the legal system, including the youth. Full meals were offered at each session. (The Klamath area, a typically underserved population, is the location of the Yurok Tribe reservation and the Resighini Rancheria, which are two of the four federally recognized Sovereign Nation reservations that exist in Del Norte County.) In addition to being held in Klamath, SFP will conduct two (2) trainings per year in Crescent City with referrals received by child welfare, social services, behavioral health, primary care providers, school district or other community partners as well as through self-referral. Once staff is working with families, needs may be identified. SFP staff provides referrals to those local resources to the families or to local resources on behalf of the families if they need help, such as mental health or other DHHS services.

Training in the SFP will be provided to community partners to facilitate coordinated programs serving diverse populations within Crescent City and in outlying communities. This cross training approach will allow for customization of programs culturally and can be provided in the communities where at-risk families reside.

### **New for FY 22-23:**

- Recruit staff lost due to attrition during the pandemic. This is in progress, and we are having good response to our recruitment efforts.
- Re-engage with community partners who collaborate with us in the program
- Expand the program to include the **new** Birth to Three Years Curriculum and serve teen parents. We have a new population of teen parents in our County. Collaborate with internal and external partners to serve this population.
- Receive referrals from community partners and welcome self- referrals from the community.

## **Goals and Objectives**

It is the goal to reintroduce the SFP to the Del Norte community and reach the outcomes as described on the official SFP website and more, for all SFP participant families. (<https://strengtheningfamiliesprogram.org/>)

- Increased family bonding
- Increased parental involvement
- Increased positive parenting skills
- Increase positive communication
- Increased family organization
- Decreased family conflict
- Decreased youth depression
- Decreased youth aggression
- Prevent mental illnesses from becoming severe & disabling
- Increased youth cooperation
- Increased number of prosocial friends
- Increased youth social competencies
- Increased youth school attendance and grades
- Increased family and youth resiliency and mental health wellness
- Provide access and linkage to treatment when appropriate
- Outreach to established community partners and organizations
- Help families to build protective factors

## **Outcomes**

- Reduced rates of alcohol, tobacco and marijuana use by youth

- Reduced conduct problems at school
- Parents show increase in positive feelings toward their child
- Parents gain general child management skills including setting rules and following through on consequences
- Parent gain skills in effectively monitoring youth and have appropriate and consistent discipline

## **Achievements**

The COVID-19 pandemic impacted our Coastal Connections Youth Center specifically during FY 20-21. Starting in July 2020, Del Norte County was in the midst of a large COVID-19 breakout. Visitors were not allowed in the Youth Center for a large portion of the fiscal year, and sites held with community partners were closed as well. Our Strengthening Families Program is built upon healthy relationship building. These interactions were held in a face to face, in safe environments where youth and parents can be monitored and supported. Lessons are held in a group setting. This does not translate well into a virtual setting, and most of our families do not have access to virtual platforms, however, when learning opportunities became available they were shared via social media.

Staff was redirected to serve families in new ways. Our parent agency, Del Norte County Department of Health and Human Services obtained temporary housing units that serve youth and their families during this crisis. Families with youth were assisted with shelter to isolate from contacting COVID-19, especially if youth had a pre-existing chronic health condition, lost their housing for reasons out of their control, or if the family became COVID-19 positive. They were screened for needed referrals to primary and behavioral health care. They gained access to public assistance programs and other services provided by community partners. We also served youth in foster care. Although we were not able to provide the standard Strengthening Families program during FY 20-21, we did reach youth and families in crisis.

## PEI Section IV Community Outreach, Providing Education (COPE)

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input type="checkbox"/>	Early Intervention		
	<input type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input checked="" type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

Stigma Reduction & Outreach focuses on reducing public and self-stigmas associated with mental health issues. Utilizing cultural competency, this program will seek to educate the greater Del Norte community on recognizing the early signs and symptoms of mental illnesses, and improve mental health literacy for community members.

- Create and maintain Stigma Reduction Advisory Group (SRAG)
- Create/maintain webpage for mental health stigma reduction and resources
- Social media and radio campaigns for recognizing early signs and symptoms of mental health issues

SRAG will be composed of, and collaborate with, a diverse group of community organizations and individuals. The diversity of participants may include but not be limited to members of the following cultural subpopulations: Asian American and Pacific Islanders (AAPI); American Indians; Latino/Hispanic Americans; Black Americans; LGBTQ; youth; elders; professionals; laymen; non-profits; government agencies; local businesses; law enforcement and first responders, school personnel, primary healthcare providers and others.

## New for FY 22-23

- Recruit staff lost in attrition during the pandemic (in progress with good results)
- Initiate Stigma Reduction Advisory group
- Create and release radio ads for stigma reduction, suicide prevention and access to services

## Goals and Objectives

- Empower Del Norte County community members with mental health literacy as a means to reduce stigma
- Educate the community on resiliency and empower them to recognize and practice resiliency skills.
- Reduce risks of suicidal ideation, mental illness, and other risk factors by educating community members
- Provide opportunities to hear personal stories of mental illness, hope and recovery
- Correct negative language that can cause stigma by sharing accurate information
- Promote Mental Health Awareness Month

## Achievements

The COVID-19 pandemic impacted our Prevention and Early Intervention programs specifically during FY 20-21 Starting in July 2020, Del Norte County was in the midst of a large COVID-19 breakout. Visitors were not allowed in the Youth Center and other county buildings for a large portion of the fiscal year.

Our plans to develop a Stigma Reduction Advisory Group did not materialize, and we were not able to provide Mental Health First Aid training to community members as planned.



## PEI Section V Mental Health First Aid – Connecting the Dots

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input type="checkbox"/>	Early Intervention		
	<input type="checkbox"/>	Prevention		
	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

Connecting the Dots focuses on increasing mental health literacy and community collaboration to identify, assess and assist those community members who are in crisis with mental health or substance abuse concerns. Utilizing cultural competency, this program will seek to educate the greater Del Norte community on recognizing the early signs and symptoms of mental illnesses, and improve community partner collaboration in a streamlined referral process for additional services.

### Goals and Objectives

- Identify early signs of mental illness and provide resource information to services
- Educate the community on resiliency and empower them to recognize and practice resiliency skills.
- Reduce risks of suicidal ideation, mental illness, and other risk factors by educating community members.
- Provide community members with MHFA trainings.
- Create a referral process that will assist community members to provide a “warm hand off” to another community partner who can provide additional and ongoing services.

### New for FY 22-23

- Recruit staff lost in attrition during the pandemic (in progress with good results)
- Provide community partner and teen trainings for MHFA
- Create a streamlined referral process for community partners trained in MHFA to assist the community in accessing services.





## PEI Section VI Boys and Girls Club of the Yurok Tribe (BGCYT)

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

COMPONENTS	<input type="checkbox"/>	Early Intervention		
	<input checked="" type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

The Boys and Girls Club of the Yurok Tribe (BGCYT) will provide a variety of weekly group sessions and quarterly community events for youth, adults, and elders to develop partnerships that bring consumers, families, community members and mental health professionals together and builds a community that reflects the history and values of Yurok people in Del Norte County. This project will provide youth wellness groups (including suicide prevention and violence prevention activities), cultural activities (basket making, canoe making, beading, arts & crafts), and quarterly events tied to the seasons. BGCYT will provide services for students who need extra support in school activities at Margaret Keating Elementary school. The project will fund 2 part time youth workers at the Boys and Girls Clubs that focus on youth prevention and wellness services in coordination with the Education Department, Health and Human Services, and Del Norte County Behavioral Health Branch. The staff will be trained in focus areas to support students in preventing and early identification of mental health challenges at the Boys and Girls Club of the Yurok Tribe primarily and additionally will support students at Margaret Keating Elementary in group and individual settings for 3 days per week for in school student support.

The project will include a referral and tracking system that will allow staff and students to access higher levels of Mental Health services when needed, as well as any other services that may prevent Mental Health; such as access to food, housing, and Healthcare Services.

Expected results from these activities include increased mental health services access to the Native American Community members of Del Norte County.

## **Goals and Objectives**

- Increase communications skills
- Increase positive healthy outlets for social interactions with residents in our county.
- Engage youth into cultural activities with elders and families in the Klamath community
- Promote Healthy lifestyle choices and other resiliency factors for our residents
- Empower youth and young adults to make positive and future-oriented decisions for their lives.
- Identify early signs of mental illness and provide access to a mental health specialist or referral to appropriate care.
- Working with the youth on accountability for behavior of the participants.
- Educate youth on resiliency and empower them to recognize and practice resiliency skills.
- Reduce risks of substance use, suicidal ideation, mental illness, and other risk factors by encouraging social connections and healthy physical activities.
- Provide suicide prevention resources to youth and families

## **Achievements**

### BGCYT Highlights 2021

- BGCYT has 2-3 staff per day on site at Margaret Keating School in Klamath Monday through Friday. Staff record student logs of time spent and activities participated in with the youth.
- BGCYT has collaborated with many local Yurok residents to hold weekly Yurok language classes, beading groups, eel hook crafting, and wood carving classes for our youth.
- BGCYT holds open gym in the community twice a week at Margaret Keating school where we play basketball, dodgeball, and volleyball with the youth and their families.
- BGCYT has had IFBB body building pro Erin Numora conduct weekly fitness classes for our youth in Klamath. They do a variety of aerobics, boxing, and cross fit activities.
- BGCYT conducts weekly SMART (Skills Mastery and Resilience Training) Moves programs from BGCA for the youth conducted by staff. SMART Moves is to engage in discussion and role-playing, practicing resilience and refusal skills,

developing assertiveness, strengthening decision-making skills and analyzing media and peer influence. The ultimate goal is to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.

- BGCYT incentivizes youth to participate in our programs with weekly field trips in the community and outside of the community. We take field trips to Bear River Family Fun Center for laser tag, Jet Boat Tours, Movie Theaters, Swimming Pool, and weekly wellness walks.
- BGCYT promotes physical activity by scheduling two wellness walks per week to local national parks trails in the area.
- BGCYT provided virtual mentoring classes twice a week for youth. The classes would start out with an ice breaker and check in on the participants well-being, then the class would participate in games like jeopardy, painting, and word games.



## PEI Section VII Del Norte County Recreation Department

<b>STATUS</b>	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
<b>AGE GROUP</b>	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

<b>COMPONENTS</b>	<input type="checkbox"/>	Early Intervention		
	<input type="checkbox"/>	Prevention		
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input checked="" type="checkbox"/>	Stigma and Discrimination Reduction		
	<input type="checkbox"/>	Access and Linkage to Treatment Programs		

### Program Description and Update

The primary focus of the Del Norte County Recreation Department is to enrich individuals, families, and the community through the provision of services, facilities, and programs that will improve the quality of life in Del Norte County. Del Norte County Recreation Department provides a plethora of enrichment programs throughout the year for youth, adults and seniors that improve the intellectual, mental, physical, and emotional growth of its participants. Youth Basketball, Teen League and K.I.D.S Camp program focuses on the overall physical and mental wellbeing of its participants and serves more than 800 local youth each year. These youth programs embed mentorship, guidance, social skill building and direct mental health services to both children and families. The prevailing thought is that by having every youth play a sport or be involved in an activity, they are protected against using drugs and alcohol and build resiliency against the negative effects of trauma. Sports and physical activities are critical to developing healthy bodies and minds and are associated with many other benefits including school success and the development of positive self-esteem. By offering a wide range of programs, we are investing in the physical, mental health and well-being of our local youth which in turn will create a stronger community.

To measure outcomes Youth Basketball, Teen League and K.I.D.S Camp programs gauge the overall mental health of its participants by having the children between the ages 7 and 13 take a survey that will help create a baseline of their overall mental

wellbeing. Throughout the program, coaches and counselors will implement strategies to cope with anger, frustration and how to positively manage stress into their practices and games. In addition, flyers and banners will be posted throughout the facility during the programs about mental health stigmas and resource pamphlets will be made available for individuals seeking help for themselves, friends, and/or family members. Toward the end of the season, program participants will take the same survey. The data collected from both surveys will help Del Norte Recreation Department act towards improving our programs and changes that should be made to the program to positively impact the mental and physical health of our program participants.

## **Goals and Objectives**

- Increase Services and activities for our community including children, transition age youth, adults, and older adults.
- Increase Community education on Behavioral Health resources, for a wider array of county residents.
- Increase positive healthy outlets for social interactions with residents in our county.
- Promote Healthy lifestyle choices and other resiliency factors for our residents.
- Increase Del Norte County DHHS- Behavioral Health Branch's prevention efforts to a multitude of county residents who we would otherwise have minimal contact with thorough traditional venues.

## **Achievements**

In 2021, at the height of COVID-19, Del Norte County Recreation Department was not able to have youth basketball or teen league, however, K.I.D.S Camp was a huge hit. Last year, Del Norte County Recreation Department reached its annual goal of reaching 50 at-risked youth each week during the six week Summer K.I.D.S Camp program. Each week, 50 youth were paired up with 8 dedicated Camp Counselors who were trained in creating a safe, and fun social environment where they were able to freely express themselves. Each week consisted of sports games, stem activities, arts and crafts, field trips, guest speakers, social activities and discussions with Cal Fresh and Tobacco Use Prevention Program. Embedded in these programs were educational materials on making healthy food choices, the dangers of tobacco, the importance of being physically active, how to cope with strong emotions, building friendships while setting and achieving goals. The goal is to educate and teach valuable skills at an early age that can be used throughout their childhood and into adulthood. At the end of the six week program, the participants leave with an abundance of knowledge that will help youth to better help navigate through life.

Additionally, the recreation department promotes well-being by providing an abundance of programs and services for people of all ages. As part of our services, we provide the tools and resources for access to mental health services. Throughout our facilities, brochures, flyers and banners display with mental health messaging to signify the importance of self-care.



## PEI Section VIII Del Norte LGBTQ2+ Resource Project

<b>STATUS</b>	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
<b>AGE GROUP</b>	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input checked="" type="checkbox"/>	Adult (26-59)		
	<input checked="" type="checkbox"/>	Older Adult (60+)		

<b>COMPONENTS</b>	<input type="checkbox"/>	Early Intervention
	<input type="checkbox"/>	Prevention
	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Stigma and Discrimination Reduction
	<input type="checkbox"/>	Access and Linkage to Treatment Programs

### Program Description and Update

To provide a comprehensive data base of resources for the LGBTQ2+ community with a focus on improving the mental health and quality of life of LGBTQ2+ individuals in Del Norte County. Creating accessibility and awareness of resources helps create community, reduces isolation and provides education. It is shown that isolation and lack of a visible community has a negative impact on the mental health and contributes to suicide of LGBTQ2+ individuals especially youth who have far less access to the greater world outside our county. By creating a real and virtual LGBTQ2+ community in Del Norte County our aim will be to create a safer community that fosters better mental health.

The main activities will be researching, collating information and resources, production of digital and print access, distribution of both digital and print formats to as many agencies, organizations, places of social congress, educational entities, and health care providers etc. as possible. In addition radio stations ads, collaboration with high school support groups will spread awareness and work to build a strong community network.

According to the Williams Institute approximately 5.3% of California's population

identify as LGBTQ2+. This percentage means that approximately 2 million residents of California are in the LGBTQ community. While we do not have an exact number of those living in Del Norte County this project aims to reach approx. 1,500+ individuals per year. This project will address unique needs of the rural LGBTQ2+ community through surveys and organized events.

This project will partner with Queer Humboldt, an anti-racist, anti-colonialist resource center serving queer individuals and groups in Humboldt County and the surrounding areas.

## Goals and Objectives

- **Provide direct access** – create flyers/brochures/guides to information and services locally and beyond.
- **Create a visible presence-** help those living in Del Norte County to not feel isolated by building a community, which also serves to educate and create awareness to those outside the LGBTQ community.
- **Access to services** – Create online resources that will help individuals access and link to services.
- **Educational Material** – help individuals find information about needs, services and education, for example exploring gender affirming surgeries or educating providers.
- **Resources** – create an online platform that will provide educational information and resources.





## PEI Section IX Family Resource Center of the Redwoods (FRC)

<b>STATUS</b>	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
<b>AGE GROUP</b>	<input checked="" type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth <input type="checkbox"/> (16-25)		
	<input type="checkbox"/>	Adult (26-59)		
	<input type="checkbox"/>	Older Adult (60+)		

<b>COMPONENTS</b>	<input type="checkbox"/>	Early Intervention
	<input checked="" type="checkbox"/>	Prevention
	<input type="checkbox"/>	Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input type="checkbox"/>	Stigma and Discrimination Reduction
	<input type="checkbox"/>	Access and Linkage to Treatment Programs

### Program Description and Update

Using the Strengthening Families approach, we design all of our programs with the Five Protective Factors as a guide. The Five Protective Factors include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. These protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child development.

The Family Resource Center of the Redwoods runs many Prevention and Early Intervention programs. One of these programs is our Parent Café program. Parent Café’s engage parents in facilitated meaningful conversations about what matters most – their family and how to strengthen that family by building protective factors. Our Parent Cafés are focused on building the five research based protective factors that mitigate the negative impacts of trauma.

Besides building protective factors, Parent Cafes address trauma in another way. Dr. Bruce Perry, an internationally recognized authority on children in crisis and Senior Fellow for the Child Trauma Academy, asserts that empathy, the ability to connect and share others’ feelings, is an intervention found instrumental in combating the impact of trauma. Additionally, the manifestation of relationship building (social and emotional

connections) combined with empathy are powerful strategies in mitigating the impact of trauma. Relationship building amongst parents is the heart of the Parent Café and positive social connections is one of the Protective Factors that's explicitly taught through the Parent Café. Each Parent Café program is evaluated using the Protective Factors Survey developed by Strengthening Families.

The FRC of the Redwoods also hosts' Awaiting Arrivals and Breastfeeding Support groups. Facilitated by nurses and licensed lactation specialists, these groups help new parents build their confidence around labor and birth, with a higher likelihood of successful breastfeeding journeys, improved communication between childbearing women and their maternity care providers, pain management options, as well as healthy lifestyle/healthy eating tips and options while pregnant or breastfeeding. Additionally, taking part in prenatal classes and/or Breastfeeding Support gives the new parents another avenue for support and education around struggles with perinatal mood disorders/postpartum depression. Taking part in Prenatal Classes or Breastfeeding Support groups is also a healthy way for new parents to meet other new parents in the community, building stronger social connections and fighting against isolation.

The Family Resource Center of the Redwoods is also a safe, neutral environment for youth to hang out after school. We would like to begin a Safe Place Space program for the youth that are too young for Coastal Connections, but not a part of traditional after school programming, or are middle school students. This funding will purchase new computers in the lobby for the kids to use, space for homework, as well as snacks and peer-to-peer support around community engagement and community service projects, healthy eating, gardening, or learning new skills.

## **Goals and Objectives**

- **Foster growth of Social Connections for parents and caregivers.** Families are connected to the community, receiving the supports they need to have healthy and successful personal and family relationships. Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships to counteract isolation, and thus help alleviate some risk factor for abuse and neglect.
- **Build Parental Resilience-** Help parents find new ways to deal with stresses in order to build resilience and constructively cope with and bounce back from all

types of challenges. Finding creative problem solving strategies by building trusting relationships, maintaining a positive attitude and seeking help when needed.

- **Increase Concrete Support in times of need**- Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. The FRC will help ensure the basic needs of a family, such as food, clothing, and shelter, are met by referring and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis. Through the bullying prevention program, youth will be provided with a concrete support (safe space) in times of need.
- **Increase Knowledge of Parenting and Child Development**- Having accurate information about childbirth, babies and infants, raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building skills that will enable them to parent with healthy boundaries and developmentally appropriate expectations.
- **Increase Social and Emotional Competence of Children**- A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship, as well as the child's development into adolescence and adulthood. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.



## Innovations (INN)

---

The Mental Health Services Act's Innovation component provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow's best practices. The primary purpose of Innovation Projects is to achieve one of the following:

- Increase access to mental health services to underserved groups, including permanent supportive housing.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services, including permanent supportive housing.

Innovation projects may address issues faced by children, transition-age youth, adults, older adults, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, or regions. The project may initiate, support and expand collaboration and linkages, especially connections between systems, organizations and other practitioners not traditionally defined as a part of mental health care. The project may influence individuals across all life stages and all age groups, including multi-generational practices/approaches.

*Innovations (INN)*

---

**At this time we have no projects under this funding.**

## Workforce Education & Training (WET)

---

The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes, they are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

## ***Workforce Education & Training (WET)***

---

### *I. Continued Education and Assistance Program (CEAP)*

## WET Section I Continued Education and Assistance Program (CEAP)

---

### Program Description and Update

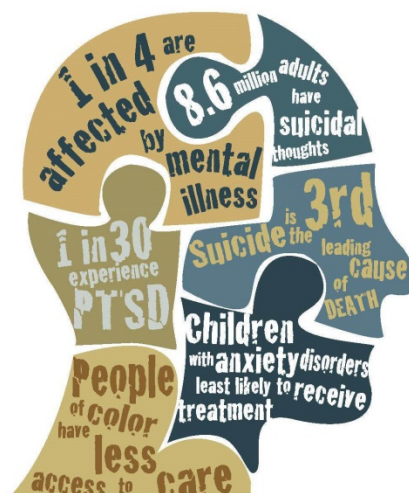
By bringing trainings to our area we will work to address areas of compassion fatigue, addiction, trauma, cultural humility, health equity, and suicide prevention. Our future training plans include topics, such as Motivational Interviewing, Professional Resiliency, and Bridges out of Poverty.

### Goals and Objectives

- Educate our staff and community on best practices.
- Increase interest in community mental health careers.
- Determine rate and type of reimbursement.
- Improve recovery oriented treatment skills for providers.
- Create retention strategies.
- Foster creating a consumer-centered, culturally competent workforce.

### Outcomes

- Recruit and retain qualified individuals.
- Promote staff development from within.
- Increased community partnerships
- Increased utilization of evidence based treatment for all individuals working in the behavioral health field.





## Capital Improvement & Information Technology (CAP/IT)

---

The Capital Facilities & Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

## *Capital Improvement & Information Technology (CAP/IT)*

---

- I. Computer of Wheels (COW) and Improved Access/Service Capacity*

## CAP/IT Section II Computer on Wheels, Improved Access/Service Coordination

---

### **Program Description and Update**

DHHS BHB is committed to expanding our Same Day Services team to meet the increasing need of crisis services. In FY 2019/20 the DHHS BHB saw crisis services increase as much as 192% over the previous fiscal year in 2021/22 we continue to see an increase in crisis services as compared to prepandemic times. In an effort to meet this rising need we will use a computer of wheels that will be stationed at Sutter Coast Emergency Room so that staff will have real time access to client records and be able to record services delivery timely MHA law and regulations allow counties to allocate up to 20% of CSS funds to WET, CAP/IT, or both. Currently DHSS BHB is working with a consultant to evaluate the need for mobile crisis and expand our ability to provide timely access to mental health care. The funds under CAP/IT will be evaluated for the use to support the goals on the Crisis Care Mobile Unit Action Plan which is slated to be completed in February 2023. DHHS BHB provides services to a significant population of individuals suffering from Dual Diagnosis, a restroom in the facility needs to be updated in order to provide for onsite urine collection that can be sent for analysis to aid in treatment compliance and monitoring clients progress. In addition there is an every growing need for behavioral health services in the jail, funds could be used to create dedicated space for behavioral health workforce to evaluate and provide re-entry services to those seeking services.

## Housing

---

DHHS BHB continues to seek opportunities to use the housing allocation to meet the housing needs of our community. A new role was developed into the Department of Health and Human Services known as the Housing Services Manager. The person filling this role will assist DHHS BHB in finding ways to utilize these funds along with community stakeholder input.

# Expenditure Plan

FY 2022/23 Mental Health Services Act Annual Update						
Funding Summary						
County:	Del Norte					Date: 4/25/22
	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2021/22 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	3,219,241	1,107,884	661,460	86,802	785,734	
2. Estimated New FY2021/22 Funding	2,861,506	715,377	188,257			
3. Transfer in FY2021/22 <sup>9/</sup>						
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2021/22	6,080,747	1,823,261	849,717	86,802	785,734	
<b>B. Estimated FY2021/22 MHSA Expenditures</b>	2,830,871	1,109,410	500	12,127	45,548	
<b>H. Estimated Local Prudent Reserve Balance</b>						
1. Estimated Local Prudent Reserve Balance on June 30, 2020		614,386				
2. Contributions to the Local Prudent Reserve in FY 2020/21		0				
3. Distributions from the Local Prudent Reserve in FY 2020/21		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2021		614,386				

**FY 2022/23 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Component Worksheet**

County: Del Norte Date: 4/25/22

		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>							
1.	Adults Returning to Community Home(ARCH)	1,124,306	460,027	59,376			604,903
2.	Service Center	1,272,061	1,153,310	118,752			
3.		0					
4.		0					
5.		0					
<b>Non FSP Programs</b>		0					
1.	Same Day Services	943,959	854,895	89,064			
2.		0					
3.		0					
4.		0					
5.		0					
<b>CSS Administration</b>		371,147	362,640	8,507			
<b>CSS MHA Housing Program Assigned Funds</b>		0					
<b>Total CSS Program Estimated Expenditures</b>		3,711,473	2,830,871	275,698	0	0	604,903
<b>FSP Programs as Percent of Total</b>		64.6%					

**FY 2022/23 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Del Norte Date: 4/25/22

		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>							
1.	Reach for Success	206,668	206,668				0
2.	Coastal Connection/TAY Programs	441,372	441,372				0
3.	Community Program LGBTG	15,000	15,000				
4.	Community Program Yurok Boys and Girls club	76,586	76,586				
5.	Community Program Fisrt 5	100,000	100,000				
<b>PEI Programs - Early Intervention</b>							
6	Strengthening Families	43,126	43,126				
<b>PEI Program - Stigma &amp; Discrimination</b>							
7.	COPE Community Outreach, Education and Engagement Prog	42,987	42,987				
8.	Community programs - Recreation department	115,430	115,430				
<b>PEI Program - Outreach</b>							
9.	Connecting the Dots Del Norte	38,923	38,923				
<b>PEI Program - Access &amp; Linkage to Treatment</b>							
10.	Coastal Connection Tea Time & weekly Support Workshops	29,317	29,317				
<b>PEI Administration</b>		0	0				
<b>PEI Assigned Funds</b>		0					
<b>Total PEI Program Estimated Expenditures</b>		1,109,410	1,109,410	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update  
Innovations (INN) Component Worksheet**

County: Del Norte Date: 4/25/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Start up program	500	500				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0	0				
<b>Total INN Program Estimated Expenditures</b>	<b>500</b>	<b>500</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**FY 2022/23 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Component Worksheet**

County: Del Norte Date: 4/25/22

	<b>Fiscal Year 2022/23</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Continued Education & Assistance Program (CEAP)	12,127	12,127				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0	0				
<b>Total WET Program Estimated Expenditures</b>	12,127	12,127	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Del Norte Date: 4/25/22

	<b>Fiscal Year 2022/23</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Jail Improvements	38,548	38,548				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. C.O.W	7,000	7,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0	0				
<b>Total CFTN Program Estimated Expenditures</b>	45,548	45,548	0	0	0	0