



Mental Health Services Act (MHSA)  
Annual Innovation (INN)  
Report  
Fiscal Year 2023-2024

## INNOVATION (INN)

INN projects are novel, creative, and/or ingenious mental health practices and approaches that contribute to learning, and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals.

An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.

Fiscal Year	# of Persons Served*	Cost Per Person
2023-24	x	1,132.67

\*# of Persons Served less ≤ 10; Cost Per Person calculated at 10 individuals

### **INN: Help@Hand**

**Help@Hand is a three-year demonstration project funded and directed by counties, with the primary purpose of increasing access to mental health care and support, promoting early detection of mental health symptoms, and predicting the onset of mental illness.**

California Mental Health Services Authority (CalMHSA) administers Help@Hand on behalf of participating member counties. Through the utilization of multiform-factor devices — such as smart phones, tablets, and laptops — as a mode of connection and treatment to reach people who are likely to go either unserved or underserved by traditional mental health care, this project focuses on prevention, early intervention, family, and social support to decrease the need for psychiatric hospital and emergency care service.

The vision of Help@Hand is to save lives and improve the wellbeing of Californians by integrating promising technologies and lived experiences to open doors to mental health support and wellbeing.

## TEHAMA COUNTY HEALTH SERVICES AGENCY – BEHAVIORAL HEALTH (TCHSA-BH)

Population	Square Mileage	Population Density (Population/Square Mileage)	Percent who Speak Non-English Language at Home	Percent of Population in Urban Region	Percent of Population in Rural Region	Median Household Income
65,829	2,949	22.3	20%	43%	57%	\$59,029

*Source: U.S. Census Bureau. (n.d.). U.S. Department of Commerce. Retrieved February 11, 2024, from <https://data.census.gov/>*

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

**Priority issue related to mental illness or to an aspect of the mental health service system for which the County/City chose to design and test the Innovative Project**

<b>Priority Issue(s) Identified in County/City Proposal</b>	<p>Tehama County has a high proportion in geographic isolation and poverty. They also have high suicide rates among adult males.</p> <p>The use of mental health services are reduced due to lack of public transportation options, behavioral health workforce shortage, as well as limited knowledge of mental illness and mental health stigma.</p>
<b>Core Audience(s) Identified in County/City Proposal</b>	<ul style="list-style-type: none"> <li>• Individuals in remote, isolated areas have less access to social support and mental health services.</li> <li>• Youth and TAY</li> <li>• Men at risk of suicide willing to engage in private and confidential services</li> </ul>
<b>Project Approval/Start Date/ End Date</b>	September 2018/January 2019/ December 2023
<b>Project Budget</b>	\$118,088

### Project activities during the Innovative Project

Technology/Activity (Years Worked On)	Intended Core Audience(s)	Developed Technology	Explored Technology	Tested Technology	Planned Pilot	Completed Pilot	Planned Implementation	Completed Implementation	Planned Activity	Completed Activity
Happify (2020)	Core audience(s) not specified		X							
myStrength (2020-23)	<ul style="list-style-type: none"> <li>• Isolated individuals</li> <li>• Individuals experiencing homelessness</li> <li>• TCHSA-BH clients</li> </ul>		X		X	X				

Device Access (2022-23)	<ul style="list-style-type: none"> <li>Those in myStrength pilot</li> <li>Community members</li> </ul>								X	X
Digital Literacy Trainings (2022-23)	<ul style="list-style-type: none"> <li>Those in myStrength pilot</li> <li>TCHSA-BH clients</li> </ul>								X	X

**Description of any changes that the County/City made to the Innovative Project during its implementation and evaluation and the reasons for and impact of the changes, including any changes in the timeline.**

	<b>Change (Year Change Occurred)</b>	<b>Reason for Change</b>	<b>Impact of Change</b>
<b>Change in Core Audiences</b>	Pivoted from TAY and men at risk of suicide to individuals experiencing homelessness and TCHSA-BH clients as core audiences in myStrength pilot (2020)	Increased demand for mental health services for individuals experiencing homelessness and TCHSA-BH clients at the onset of COVID-19	Served core audiences needing services
<b>Change in Technologies</b>	Pivoted from virtual services and digital phenotyping to other technologies (2019)	Virtual services and digital phenotyping did not fit core audiences	Had to find technologies that better fit core audiences
<b>Change in Project Approach</b>	Pivoted from receiving feedback from a steering committee of clients and family members to receiving feedback from Peers (2021)	Limited resources to convene a large steering committee	Received rich Peer insights/feedback
	Pivoted to test/pilot technologies (2020)	Learned of the importance of such an approach	Delayed timeline, but allowed TCHSA-BH to improve fit and workflows on a smaller scale
	Broadened project to include digital literacy and device access efforts (2022)	Learned core audiences had limited access to devices and differing levels of digital literacy	Improved engagement in the project
<b>Change in Timeline</b>	Delayed timeline (2019-21)	<ul style="list-style-type: none"> <li>Pivot from virtual services and digital phenotyping (2019)</li> <li>Pivot to explore/pilot products (2020)</li> </ul>	Delay in technology selection and pilot

		<ul style="list-style-type: none"> <li>Need to review data sharing agreements (2021)</li> </ul>	
<b>Other County/City Specific Changes</b>	Change in contracting staff	Staff turnover	Delayed timeline

**Whether and how the County/City will continue the Innovative Project, the reason for the decision, how the County/City involved stakeholders in the decision, and the source of ongoing funding, if applicable**

<b>Completed Technology/Activity</b>	<b>Status</b>	<b>Primary Reason for Decision</b>	<b>Stakeholder Engagement in Decision</b>	<b>Funding Source to Sustain Technology/Activity</b>
myStrength	Will not continue	Poor fit for core audiences	Involved staff and Peers in decision	Does not apply
Device Access	Incorporated in County operations	Had key staff and technology to support effort	Peers expressed enthusiasm to continue	Operational funds
Digital Literacy Trainings	Will sustain until June 2024	<p>Community members attend training courses</p> <p>Had key staff and technology to support trainings</p>	Peers expressed enthusiasm to continue	Operational funds

**Description of how the County/City disseminated the results of the Innovative Project to stakeholders, and if applicable to other Counties/Cities**

Report	x
Website	
Social media	x
Meetings	
Presentations	
Community Events	
Academic Journal Article	

**The beginning of the report will include a timeline of milestones from all Counties/Cities. Below are the key dates for your County/City. Please let us know if you have any edits and/or would like to add any other milestones.**

Year 1 (2018-19)

- Sept 2018: Tehama Help@Hand project approved by OAC.
- Jan 2019: Tehama Help@Hand project started.

Year 2 (2020)

- February 2020: Tehama explored Happify.
- May 2020: Happify left the project due to COVID-19.
- May 2020: Tehama explored myStrength and began planning myStrength pilot.

Year 3 (2021)

- Jan-Feb 2021: Tehama executed contract with myStrength.
- Mar-Apr 2021: Tehama launched myStrength pilot and paused.
- Dec 2021: Tehama began planning for device access.

Year 4 (2022)

Year 5 (2023)

- Mar 2023: Tehama began planning digital literacy trainings.
- May 2023: Tehama resumed planning myStrength pilot.
- Oct 2023: Tehama began hosting digital literacy trainings (e.g., Computer Club).
- Oct 2023: Tehama began allowing access to devices.
- Nov-Dec 2023: Tehama launched and completed myStrength pilot.
- Dec 2023: Tehama Help@Hand participation ended.

Due to minimal usage of the app, Tehama County will not be continuing to employ myStrength within the County Behavioral Health setting.

With the approaching Behavioral Health Transformation (BHT) in the coming Fiscal Year, Tehama County Behavioral Health will not be pursuing any Innovation projects at this time, but will focus on maintaining and enhancing those services currently available to our members.

## APPENDIX

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 A (12/24)

### Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

**Fiscal Year: 2023-24**

#### Information Worksheet

1	Date:	3/7/2025
2	ARER Fiscal Year (20YY-YY):	2023-24
3	County:	Tehama
4	County Code:	52
5	Address:	P.O.Box 400
6	City:	RED BLUFF
7	Zip:	96080
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	ROSA CUMPSTON
10	Title of Preparer:	FISCAL DATA SUPERVISOR
11	Preparer Contact Email:	ROSA.CUMPSTON@TCHSA.NET
12	Preparer Contact Telephone:	(530) 528-3208

DHCS 1822 E (12/24)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2023-24  
Innovation (INN) Summary Worksheet

County: Tehama Date: 3/7/2025

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$377.86				\$377.86
2	INN Indirect Administration	\$248.10				\$248.10
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditures Incurred by JPA					\$0.00
5	INN Project Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	INN Project Evaluation	\$755.72	\$0.00	\$0.00	\$0.00	\$755.72
7	INN Project Direct	\$9,945.08	\$0.00	\$0.00	\$0.00	\$9,945.08
8	INN Project Subtotal	\$10,700.80	\$0.00	\$0.00	\$0.00	\$10,700.80
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$11,326.76	\$0.00	\$0.00	\$0.00	\$11,326.76

SECTION TWO

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#	County Code	Project Name	Prior Project Name	Project MHSOAC Approval	Project Start Date	MHSOAC-Authorized MHSA INN Project	Amended MHSOAC-Authorized MHSA	Project Expenditure Type	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	52 Help@Hand	The Tech Suite	9/27/2018	1/1/2019	\$118,088.00	\$118,088.00	Project Administration							\$0.00
10	B	52 Help@Hand	The Tech Suite	9/27/2018	1/1/2019	\$118,088.00	\$118,088.00	Project Evaluation	\$755.72						\$755.72
10	C	52 Help@Hand	The Tech Suite	9/27/2018	1/1/2019	\$118,088.00	\$118,088.00	Project Direct	\$9,945.08						\$9,945.08
10	D	52 Help@Hand	The Tech Suite	9/27/2018	1/1/2019	\$118,088.00	\$118,088.00	Project Subtotal	\$10,700.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,700.80