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Application ID	1480494
Submitted	Dec 5, 2024
Status	Approved
Applicant(s)	Natalie Shepard (natalie.shepard@tchsa.net)
Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	<a href="#">PATH JI Round 3 Implementation Plan</a>

Award and Payment Detail

Cash Award

Total Amount \$839,484.00	Payment	Payment ID	Payment number	Status
Payments 1	\$839,484.00 Payment date Jan 8, 2025	609364		Pending Jan 8, 2025

## Which agency type are you?\*

Behavioral Health Agency

## Instructions

County Behavioral Health Agencies seeking PATH Justice-Involved Round 3 funds must demonstrate in their Implementation Plan how they plan to use funds to support the planning for and implementation of the operational processes that must be met in order to be deemed ready to go-live for pre-release services.

The implementation plan is designed to evaluate your use of JI Round 3 funds and how they relate to your facility's operational readiness. As required in the initial Round 3 application, your behavioral health agency attested to completing this implementation plan within 180 days of award notification.

Please utilize the JI Round 3 Guidance Document and the Policy and Operations Guide when completing the [implementation plan](#).

For agencies filing a Joint Implementation Plan:

1. When selecting from the "Which agency are you?" dropdown please select "Both".
2. After selecting "Both", the Behavioral Health Implementation Plan and the Correctional Agency Implementation Plan forms will populate for your completion.
3. If you are filing for **2 correctional agencies (Sheriff and Probation)**, please indicate your response for each agency by utilizing the box provided and labeling responses CA #1 or CA #2.
4. You may indicate which agency represents CA #1 and CA#2 in your first response. Ensure you are consistent with those responses to align with that agency as you complete the narrative for each Focus Area.
5. On the "Correctional Agency Budget Request" tab, each agency will indicate their separate award amounts in the boxes provided and each agency must upload their own separate budget template.
6. **Please be advised that joint budget templates will not be accepted.** For multiple attestations and certifications, additional documents can be uploaded in the tab labeled "Correctional Agency Additional Documentation" tab.
7. **Which ever agency submits this joint implementation plan will be responsible for further reporting requirements.**
8. For additional questions regarding this process or the Implementation Plan, please contact us at [justice-involved@ca-path.com](mailto:justice-involved@ca-path.com).

## Eligibility Screen

## Organization Name

Tehama County Health Services Agency - Behavioral Health

## Type of Agency

County Behavioral Health agencies to support behavioral health linkages.

Name of Application Authorized Representative  
(First and Last)

Title of Application Authorized Representative  
Mental Health Director

Natalie Shepard

**Telephone Number of Application Authorized Representative**

5305278491 x 3026

**Mailing Address of Application Authorized Representative**

PO Box 400, Red Bluff, CA 96080

**Email of Application Authorized Representative**

natalie.shepard@tchsa.net

**County**

Tehama

**County Agency**

BH agency

## BHA Implementation Plan

**Planned Go-live Date\***

Oct 1, 2025

### Implementation Plan

The purpose of this section is to collect information on how behavioral health agencies intend to use PATH JI Round 3 funding to support planning and implementation of processes that are necessary to effectuate the provision of targeted pre-release Medi-Cal services to individuals in state prisons, county jails, and youth correctional facilities who meet the eligibility criteria as outlined in the CalAIM Section 1115 Demonstration approval.

#### Focus Area 1: Initial Data Sharing

**1a. Initial Data Sharing** – Defined process to (1) obtain medical records as appropriate for individuals with treatment history; and (2) notify MCP (if enrolled) that county behavioral health care coordination is occurring, as necessary. (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds, staffing/budget allocations, collaborative planning)

**PATH JI R3 IP BHA 1a \***  
**current plan**

Tehama County Health Services Agency (TCHSA) currently does not have a process in place or MOU with the Managed Care Plan (MCP).

**PATH JI R3 IP BHA 1a \***  
**future plan**

Continue to collaborate with MCP to develop an effective MOU which includes a process for data sharing and coordinating quality of

**Expected go-live date**

**PATH JI R3 IP BHA 1a \***  
**expected date**

Oct 1, 2025

**PATH Funds Used to Meet Requirement**

**PATH JI R3 IP BHA 1a permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring, onboarding, and supporting staff salaries

care for members in Tehama County. The Assistant Executive Director and Mental Health (MH) Director will work with County Counsel, Contract Processing Department, Board of Supervisors and the MCP to develop strong working relationship between the MCP and TCHSA. TCHSA will work closely with the MCP to ensure compliance with the closed loops referrals between the MCP and the Mental Health Plan (MHP), to coordinate transition of care, and improve current practices and processes. Health Assistant 0.12 FTE will be responsible for all initial data sharing and processing.

## Focus Area 2: Data Sharing

**2a. Data Sharing** – Defined process to (1) receive correctional facility medical record information and ensure that it is incorporated into post-release medical record; and (2) identify any individuals who may benefit from professional-to-professional clinical handoff. (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds, staffing/budget allocations, collaborative planning)

### **PATH JI R3 IP BHA 2a \*** **current plan**

Tehama County currently does not have a process in place or MOU with the Tehama County Juvenile Detention Facility (TCJDF) or Tehama County Sheriff's Office (TCSO).

### **PATH JI R3 IP BHA 2a \*** **future plan**

TCHSA will need to start collaboration meetings with TCSO and TCJDF. We will work towards developing an MOU to receive medical records

### **Expected go-live date**

### **PATH JI R3 IP BHA 2a \*** **expected date**

Dec 1, 2025

### **PATH Funds Used to Meet Requirement**

### **PATH JI R3 IP BHA 2a permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring, onboarding, and supporting staff salaries



and information from the Jail and Rural Medical Clinic for continuity of care. TCHSA will need to allocate Health Assistant staff to ensure data is appropriately gathered, uploaded, and maintained into the electronic health record. The MH Director, Asst. MH Director, Quality Assurance Manager (QAM), and Admin Asst. will develop, in partnership with the TCSO and TCJDF, the MOU's necessary for continuity of care. Ongoing Health Assistant 0.12 FTE will be responsible to receive correctional facility medical record information and ensure that it is incorporated into TCHSA-BH Electronic Health Record (EHR). The Licensed Clinical Supervisor-Bilingual 0.25 FTE will review records and will determine assignment for Professional-to-Professional clinical handoff assignments to team members.

### Focus Area 3: Release Planning

**3a. Follow-Up Appointments** – Defined process to provide follow-up appointment date/time/location within clinically appropriate window (e.g., for someone on MAT, recommended follow-up would be next day post-release). (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds,

**PATH JI R3 IP BHA 3a \***  
**current plan**

TCHSA currently follows Department of Health Care Services (DHCS) and CalAIM guidelines for timeliness access to services and has practice guidelines in place to meet minimum

**Expected go-live date**

**PATH JI R3 IP BHA 3a \***  
**expected date**

Oct 1, 2025

**PATH Funds Used to Meet Requirement**

**PATH JI R3 IP BHA 3a permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring,

staffing/budget allocations,  
collaborative planning)

standards. Currently, TCHSA works with both the TCSO Jail and Juvenile Detention Facility (JDF) where our Rural Health Clinic Staff and Institutional Nurses are assigned rotation and coverage in these facilities. Our BH Institutional Crisis Nurses coordinate care and planning when inmates have identified the need for medical or behavioral services upon release. Staff within the facilities coordinate with psychiatry and behavioral health to schedule follow-up and ongoing care in the Behavioral Health Department. Behavioral Health Assessments are scheduled within 10 days of initial contact for Specialty Mental Health Services. Follow-up or new psychiatry appointments are scheduled within 7 days for follow-up care and within 30 days for establishing new ongoing care. TCHSA Behavioral Health Psychiatric services are currently embedded within in our County ran Rural Health Clinic and colocated on the same campus as our Behavioral Health Outpatient, Substance Use Recovery, Rural Medical Clinic and Public Health divisions.

**PATH JI R3 IP BHA 3a \*  
future plan**

TCHSA will continue to expand on current practice guidelines to determine the standards to meet the needs of our Justice Involved members who will need

onboarding, and  
supporting staff salaries

coordination of care and services prior to release. TCHSA will need to hire a Community Health Worker (CHW), 1.0 FTE, who can provide the linkage to services and coordinating care with Behavioral Health, Substance Use Recovery, Rural Medical Clinic and Psychiatry. The CHW will ultimately be responsible for coordinating follow-up appointments for care. TCHSA will need to utilize the QAM, 0.5 FTE, to develop Practice Guidelines, and Policies and Procedures for adherence to program standards and DHCS guidance.

**3b. Transportation** – Defined process to ensure transportation to appointment has been arranged. (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds, staffing/budget allocations, collaborative planning)

**PATH JI R3 IP BHA 3b \***  
**current plan**

Currently TCHSA supports members, to the best of our abilities, by connecting members to Partnership HealthPlan for transportation needs, and when not available, TCHSA-Behavioral Health (TCHSA-BH) uses Case Resource Specialists (CRS) to support members in getting to appointments and accessing services.

**PATH JI R3 IP BHA 3b \***  
**future plan**

The CHW will ultimately be responsible for coordinating follow-up appointments, linking members to the MCP for transportation, and

**Expected go-live date**

**PATH JI R3 IP BHA 3b \***  
**expected date**

Oct 1, 2025

**PATH Funds Used to Meet Requirement**

**PATH JI R3 IP BHA 3b permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring, onboarding, and supporting staff salaries



transporting members as needed when MCP is not a viable option.

#### Focus Area 4: Professional-to-Professional Clinical Handoff

**4a. Reentry Professional-to-Professional Clinical Handoff** - Established process to provide in-person/telehealth professional-to[1]professional clinical handoff between correctional provider and county behavioral health provider, as necessary, and defined processes in place to ensure county behavioral health agency is able to participate in care transitions meeting for any client that has been identified by correctional staff, care manager, or clinical consultants as needing additional team coordination (e.g., clients identified to have high/complex needs).

Current State Assessment (including identified gaps and documentation to demonstrate current capacity):	PATH JI R3 IP BHA 4a * current plan	Expected go-live date	PATH Funds Used to Meet Requirement
Future Activities Planned to be Ready for Go-Live (including IT builds, staffing/budget allocations, collaborative planning)	TCHSA-BH currently provides its members with comprehensive assessments, diagnosis, and targeted case management care plan with a problem list that is reviewed as needed. TCHSA-BH provides individual therapy, psychiatry, rehab (both individual and groups), case management, and linkage to its Specialty Mental Health Services (SMHS) members. TCHSA-BH is currently down 4.0 FTEs in the Clinician role and will need to hire additional staff. We had two clinicians promote to Clinical Supervisor and Quality Assurance Manager roles within our center. We also had 2.0 FTE telehealth locums who recently moved positions. THCSA-BH has contract providers to help support SMHS. TCHSA-BH offers both in-person and telehealth services. TCHSA-BH currently provides daily Suicide Watch services in the TCJDF and weekly support in the jail.	PATH JI R3 IP BHA 4a * expected date  Jul 1, 2025	PATH JI R3 IP BHA 4a permissible funds  No answer

**PATH JI R3 IP BHA 4a \***  
**future plan**

TCHSA-BH will need to hire and train two Behavioral Health Clinicians for a combined 0.4 FTE. One Clinician will need to be bilingual, due to the number of Spanish speaking members in the community. These clinicians will provide Professional-to Professional clinical handoff for members in the Justice Involved system, assessment, diagnosis, care planning, individual therapy, individual and group rehab, case management, and clinical oversight/guidance to the rest of the treatment team (Drug and Alcohol Counselor (DAC), 0.2 FTE, and C RS, 0.25 FTE).The DAC will work with the Clinician and CRS to provide wraparound services to members with co-occurring behavioral health needs. The CRS will work with the Clinician and DAC to provide skill building in activities of daily living and case management services.

**Focus Area 5: Follow-Up Post-Release**

**5a. Post-Release Scheduling**– Established process to schedule individual for appointments on an ongoing basis as needed, within clinically appropriate time frame, ensuring they have adequate transportation to appointment. (Minimum Requirement)

Current State Assessment (including identified gaps and documentation to demonstrate current capacity):	PATH JI R3 IP BHA 5a * current plan	Expected go-live date	PATH Funds Used to Meet Requirement
	TCHSA-BH currently does not have a process to schedule members	PATH JI R3 IP BHA 5a * expected date Oct 1, 2025	PATH JI R3 IP BHA 5a permissible funds

<p><b>Future Activities Planned to be Ready for Go-Live</b> (including IT builds, staffing/budget allocations, collaborative planning)</p>	<p>with appointments post-release. If a member discharges from TCJDF or jail, and they present on their own accord for SMHS, they are given an appointment for an assessment. TCHS-BH team works with MCP to support members with arranging transportation. In the event transportation through the MCP is not available TCHSA-BH CRS will help with transporting members.</p> <p><b>PATH JI R3 IP BHA 5a *</b> <b>future plan</b></p> <p>TCHSA-BH will need to hire a CHW, 1.0 FTE, who will provide the linkage to services and coordinating care with Behavioral Health, Substance Use Recovery, Rural Medical Clinica and Psychiatry. The CHW will ultimately be responsible for coordinating follow-up appointments and linking members to the MCP for transportation, and transporting members as needed when MCP is not a viable option.</p>	<p>Training, technical assistance, and planning efforts Recruitment, hiring, onboarding, and supporting staff salaries</p>
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<p><b>5b. Post-Release Follow-Up</b>– Established process to provide follow-up to individual if they miss an appointment in the community. DHCS supports the best practice of deploying a community health worker to work with the ECM provider to reschedule missed appointments as soon as possible. (Minimum Requirement)</p>			
<p><b>Current State Assessment</b> (including identified gaps and documentation to demonstrate current capacity):</p> <p><b>Future Activities Planned to be Ready for Go-Live</b> (including IT builds,</p>	<p><b>PATH JI R3 IP BHA 5b *</b> <b>current plan</b></p> <p>Currently, TCHSA-BH staff provide case management and follow-up to individuals on their caseloads to check in with members when they miss their appointments.</p>	<p><b>Expected go-live date</b></p> <p><b>PATH JI R3 IP BHA 5b *</b> <b>expected date</b></p> <p>Oct 1, 2025</p>	<p><b>PATH Funds Used to Meet Requirement</b></p> <p><b>PATH JI R3 IP BHA 5b permissible funds</b></p> <p>Training, technical assistance, and planning efforts Recruitment, hiring,</p>



staffing/budget allocations, collaborative planning)

TCHSA-BH will need to hire a CHW.

onboarding, and supporting staff salaries

**PATH JI R3 IP BHA 5b \***  
**future plan**

TCHSA-BH will need to hire a CHW, 1.0 FTE, who will provide ongoing follow-up and check ins with members who miss their appointments. This may include telephone calls and going out into the community to locate members who are unhoused, or unable to be reached by telephone.

**Focus Area 6: Oversight and Project Management**

**6a. Staffing Structure and Plan** – Clear staffing and/or contractor structure to support each readiness element and compliance with DHCS requirements for Behavioral Health Links , including identification of county-operated and/or county-contracted providers that will (1) fulfill the required processes described above and (2) receive referrals for follow-up visits in the community for continued behavioral health care. (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds, staffing/budget allocations, collaborative planning)

**PATH JI R3 IP BHA 6a \***  
**current plan**

TCHSA-BH has historically operated with a 60% vacancy rate and struggled to recover from COVID. In the past six months we have been able to hire staff putting us at approximately a 25% vacancy rate. TCHSA-BH used staffing agencies, Locums, and contracted providers to help offset the historical deficit. TCHSA is in the process of beginning Behavioral Health Transformation (BHT) to integrate the Behavioral Health Center with the Substance Use Recovery Center. This has afforded us the opportunity to cross train staff and focus on recruitment. Currently,

**Expected go-live date**

**PATH JI R3 IP BHA 6a \***  
**expected date**

Jul 1, 2025

**PATH Funds Used to Meet Requirement**

**PATH JI R3 IP BHA 6a permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring, onboarding, and supporting staff salaries



the MH Director oversees the staffing plan and all contracted service providers.

**PATH JI R3 IP BHA 6a \*  
future plan**

TCHSA-BH will need to hire a MH Assistant Director to support and oversee the staffing plan for this program. The MH Assistant Director, 0.0478 FTE, will oversee the staffing structure and plan. The MH Director, 0.2382 FTE will work closely with the Clinical Supervisor, CRS Supervisor, QAM, and Business Operation Supervisors (BOS) to monitor program outcomes and data, ensuring TCHSA-BH is providing services in line with DHCS guidance. The DAC Supervisor, 0.2 FTE, will provide oversight of the DAC assigned to the members. They are responsible for the staffing structure and plan to ensure members are provided with services and working on treatment needs. They will participate in the coordination of Child and Family Teams (CFT) or Multidisciplinary Teams (MDT) for appropriate care coordination for the members. The CRS Supervisor, 0.1 FTE, will provide oversight of the CRS assigned to the members. They are responsible for the staffing structure and plan to ensure members are provided with services and working on treatment needs. They will participate in the coordination of CFTs or MDTs for appropriate

care coordination for the members.

**6b. Governance Structure for Partnerships** – Defined governance structure for coordinating with key partners (e.g., correctional facilities, care management organizations, providers, MCPs).

<b>Current State Assessment</b> (including identified gaps and documentation to demonstrate current capacity):	<b>PATH JI R3 IP BHA 6b * current plan</b>	<b>Expected go-live date</b>	<b>PATH Funds Used to Meet Requirement</b>
<b>Future Activities Planned to be Ready for Go-Live</b> (including IT builds, staffing/budget allocations, collaborative planning)	<p>The MH Director currently works closely with the Assistant Executive Director of Program to support partnerships in the community for members.</p> <p><b>PATH JI R3 IP BHA 6b * future plan</b></p> <p>MH Director, 0.2382 FTE will work closely with the Clinical Supervisor, CRS Supervisor, QAM, and BOS to implement and develop partnerships within the community to support access to services. The MH Director will work with the MCP, TCJDF, and TCSO to develop an MOU to transition members through the system of care. The Clinic Director will work collaboratively with the Behavioral Health Center to ensure continuity of care. The Clinic Director will ensure access to physical health care and provide space within the Rural Health Clinic for CHW and behavioral health psychiatric medication appointments. The Administrative Assistant will coordinate, schedule, take minutes, create agendas, prepare all contracts and reports, and distribute materials as directed for all</p>	<p><b>PATH JI R3 IP BHA 6b * expected date</b></p> <p>Jul 1, 2025</p>	<p><b>PATH JI R3 IP BHA 6b permissible funds</b></p> <p>Training, technical assistance, and planning efforts Recruitment, hiring, onboarding, and supporting staff salaries</p>

meetings both for the Leadership Team and the staff.

**6c. Reporting and Oversight Processes**— Established process to collect, monitor, and report on DHCS required measures, including corrective action processes to address operational challenges. (Minimum Requirement)

**Current State Assessment**  
(including identified gaps and documentation to demonstrate current capacity):

**Future Activities Planned to be Ready for Go-Live**  
(including IT builds, staffing/budget allocations, collaborative planning)

**PATH JI R3 IP BHA 6c \* current plan**

TCHSA-BH BOS is out on an unexpected Leave of Absence, without an estimated date of return. TCHSA-BH has an active eligibility list and is looking to fill this position in the next month.

**PATH JI R3 IP BHA 6c \* future plan**

BOS, 0.3 FTE, will participate in planning, provide oversight and supervision to the Health Assistants in receiving and sharing data, coordinating follow-up appointments for Justice Involved members, and coordinating referrals as needed for members. The BOS will be responsible for initial and ongoing training of all Justice Involved staff in documentation standards, process flow, following policies and procedures, and oversight of the EHR. The QAM, 0.5 FTE, will also support this task as the overseer of reporting to DHCS as well as and monitoring and producing all Corrective Action Plans in collaboration with the MH Director.

**Expected go-live date**

**PATH JI R3 IP BHA 6c \* expected date**

Aug 1, 2025

**PATH Funds Used to Meet Requirement**

**PATH JI R3 IP BHA 6c permissible funds**

Training, technical assistance, and planning efforts  
Recruitment, hiring, onboarding, and supporting staff salaries

## BHA Budget Request

### Budget Request

Your Behavioral Health Agency facility has been allocated

**Report field**

\$839,484.00

Please download the budget template to complete your budget request. From the table below, choose the permissible funding uses requested to support your implementation plan.

[PATH JI Round 3 BHA Budget Template](#)

#### Upload completed budget template

See PATH JI Round 3 CBH Budget Tehama revised 10.27.25.xlsx, PATH JI Round 3 CBH Budget Tehama revised 09.14.2025.xlsx, PATH JI Round 3 CBH Budget Tehama 06.30.25.xlsx

## BHA Additional Documentation

In this section, please upload any additional documentation to support your application. This could include a workplan, timelines, milestones, and supporting documentation for budget items.

#### PATH JI R3 IP BHA additional upload

See Additional Budget Justification Round 3 Justice Involved.docx, Additional Implementation Information.docx

## Attestation and Certification

### Attestation and Certification

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.
- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this initiative within one business day of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:



- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

**name\***

(Name)

Natalie Shepard

**PATH JI R3 IP BHA attest date\***

(Date)

Sep 14, 2025

*Natalie Shepard*

Signed by Natalie Shepard on Jun 30, 2025

Focus Area	Permissible Use Category	Item Description	Justification	Funding requested
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Building renovation and rebuild	TCHSA-BH has the opportunity to remodel a wing in the Rural Health Clinic to allow a centralized location for the CRS/DAC, CHWs, and psychiatry services for pre-release Justice Involved members to coordinate treatment in a centralized location and provide access to all of our divisions for whole person care.	\$20,000.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Furniture	Desks, chairs, file cabinets, tables, couches, décor for remodel of three offices. These three offices will be dedicated to the pre-release Justice Involved population for coordination prior to release. There would need to be a minimum of three desks purchased, three couches for member to be seated when served in the offices, three office chairs, three locked filing cabinets to secure records.	\$10,000.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Flyers, brochure, marketing materials	Marketing materials for job fairs and flyers for community partnership meetings promoting the recruitment of staff to work with pre-released populations, and education/informing materials focusing on pre-released populations.	\$3,914.67
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	2 laptops	Laptops to access EHR pre and post documents and concurrent documentation.	\$6,000.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Software and Licenses	Software and licenses for laptops	\$5,000.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Printer and Sanners	Printer and scanners for CHW and CRS/DAC offices	\$3,900.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Travel for training and conferences	Reimbursement of staff costs, expenses and fees to attend meetings and conferences related to the re-entry initiative.	\$12,000.00
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	Transportation and Fuel	Fuel for vehicles when staff are attending trainings, conferences and meetings.	\$500.00



6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts		Vehicle Purchases	Two vehicles(Ford Explorer or like vehicles) for TCHSA-BH staff to commute between worksite locations, the jail, and juvenile detention facilities for pre-release JI-related purposes. The acquisition of two vehicles is essential to ensure the effective delivery of behavioral health and reentry support services to justice-involved individuals. These vehicles will directly support outreach, transportation, and case management functions critical to reducing recidivism and promoting successful reintegration. Due to the rural area and terrain, it is recommended that the vehicles purchased be able to navigate off road and unstable terrain.	\$149,550.92
<b>Total</b>					<b>\$210,865.59</b>

Focus Area	Permissible Use Category	Description of Activities	Position Title	Anticipated Expenditure Date	Annual Salary	Time Charge Eligible for Grant (%)	Fringe Benefit Cost	Salary and Benefits Eligible	
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	The Case Resource Specialist (CRS) Supervisor will provide oversight of the CRS assigned to the members. They are responsible for the staffing structure and plan to ensure members are provided with services and working on treatment needs. They will participate in the coordination of CFTs or MDTs for appropriate care coordination for the members.	CRS Supervisor	6/30/2026	\$80,039.71	10.00%	\$8,003.97	\$5,442.70	\$13,446.67
		The Case Resource Specialist will work with the Clinician and Drug and Alcohol Counselor (DAC) to provide skill building in activities of daily living and case management services.	CRS II-Bilingual	6/30/2026	\$49,355.00	25.00%	\$12,338.75	\$10,611.33	\$22,950.08
		Clinicians will provide Professional-to-Professional clinical handoff for members in the Justice Involved system, assessment, diagnosis, care planning, individual therapy, and clinical oversight/guidance to the rest of the treatment team (DAC and CRS).	Behavioral Health Clinician-Bilingual	6/30/2026	\$75,486.47	25.00%	\$18,871.62	\$13,021.42	\$31,893.03
5a: Post-Release Scheduling	Recruitment, hiring, onboarding, and supporting staff salaries*	5a: Post-Release Scheduling and 5b: Post-Release Follow-up. Community Health Worker (CHW) will provide the linkage to services and coordinating care with Behavioral Health, Substance Use Recovery, Rural Medical Clinic and Psychiatry. The CHW will ultimately be responsible for coordinating follow-up appointments and linking members to the MCP for transportation, and transporting members as needed when MCP is not a viable option.	CHW	6/30/2026	\$41,605.41	100.00%	\$41,605.41	\$39,525.14	\$81,130.55
6b: Governance Structure for Partnerships	Training, technical assistance, and planning efforts	MH Director will work closely with the Clinical Supervisor, CRS Supervisor, Quality Assurance Manager (QAM), and Business Operation Supervisors (BOS) to implement and develop partnerships within the community to support access to services. The MH Director will work with the MCP, TCIDF, and TCSO to develop an MOU to transition members through the system of care.	MH Director	6/30/2026	\$141,676.91	23.82%	\$33,747.44	\$15,186.35	\$48,933.79
		Clinicians will provide Professional-to-Professional clinical handoff for members in the Justice Involved system, assessment, diagnosis, care planning, individual therapy, and clinical oversight/guidance to the rest of the treatment team (DAC and CRS).	Behavioral Health Clinician	6/30/2026	\$84,924.74	15.00%	\$12,738.71	\$8,280.16	\$21,018.87



2a: Data Sharing for Release	Training, technical assistance, and planning efforts	Health Assistants will be responsible for tracking members release dates, scanning and uploading all Justice involved member' medical records and reports into the EHR. Opening members charts in the EHR and providing the clinical team information to engage members.	Health Assistant	6/30/2026	\$48,159.26	12.00%	\$5,779.11	84.00%	\$4,854.45	\$10,633.56
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	The Clinic Director will work collaboratively with the Behavioral Health Department to ensure continuity of care. The Clinic Director will ensure access to physical health care and provide space within the Rural Health Clinic for CHW and behavioral health psychiatric medication appointments. The DAC will work with the Clinician and CRS to provide wraparound services to member with co-occurring behavioral health needs.	Clinic Director	6/30/2026	\$124,825.15	20.00%	\$24,965.03	53.00%	\$13,231.47	\$38,196.50
4a: Reentry Professional-to-Professional Clinical Handoff	Recruitment, hiring, onboarding, and supporting staff salaries*		DAC	6/30/2026	\$63,856.53	20.00%	\$12,771.31	86.00%	\$10,983.32	\$23,754.63
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	The DAC Supervisor will provide oversight of the DAC assigned to the members. They are responsible for the staffing structure and plan to ensure members are provided with services and working on treatment needs. They will participate in the coordination of CFTs or MDTs for appropriate care coordination for the members.	DAC Supervisor	6/30/2026	\$85,644.74	20.00%	\$17,128.95	76.00%	\$13,018.00	\$30,146.95
3a: Follow-Up Appointments	Training, technical assistance, and planning efforts	QAM will be responsible for developing policies, procedures, and practice guidelines for programing, adherence to DHCS program implementation, and operational guidelines.	QAM	6/30/2026	\$94,689.28	50.00%	\$47,344.64	62.00%	\$29,353.68	\$76,698.32
6a: Staffing Structure and Plan	Training, technical assistance, and planning efforts	The MH Assistant Director will oversee the staffing structure and plan. They will work closely with the Clinical Supervisor, CRS Supervisor, QAM, and BOS to monitor program outcomes and data, ensuring TCHSA-BH is providing services in line with DHCS guidance.	MH Asst Dir	6/30/2026	\$111,687.61	4.78%	\$5,338.67	59.00%	\$3,149.81	\$8,488.48
2a: Data Sharing for Release	Recruitment, hiring, onboarding, and supporting staff salaries*	Clinical Supervisor will participate in planning and be responsible for clinical review of records, assignment of Professional-to-Professional handoff, and clinical supervision of the clinical staff.	Lic Clin Supv Bilingual	6/30/2026	\$101,016.97	25.00%	\$25,254.24	62.00%	\$15,657.63	\$40,911.87

6c: Reporting and Oversight Processes	Training, technical assistance, and planning efforts	BOS will participate in planning, provide oversight and supervision to the Health Assistants in receiving and sharing data, coordinating follow-up appointments for Justice involved members, and coordinating referrals as needed for members. The BOS will be responsible for initial and ongoing training of all Justice involved staff in documentation standards, process flow, following policies and procedures, and oversight of the EHR.	BOS		6/30/2026	\$59,753.83	30.00%	\$17,926.15	74.00%	\$13,265.35	\$31,191.50
6b: Governance Structure for Partnerships	Training, technical assistance, and planning efforts	The Administrative Assistant will coordinate, schedule, take minutes, create agendas, prepare all contracts and reports, and distribute materials as directed for all meetings both for the Leadership Team and the staff.	Admin Asst		6/30/2026	\$50,691.13	30.00%	\$15,207.34	81.00%	\$12,317.94	\$27,525.28
3b: Transportation	Recruitment, hiring, onboarding, and supporting staff salaries*	3a Follow-up appointments and 3b: Transportation. CHW will provide the linkage to services and coordinating care with Behavioral Health, Substance Use Recovery, Rural Medical Clinic and Psychiatry. The CHW will ultimately be responsible for coordinating follow up appointments and linking members to the MCP for transportation, and transporting members as needed when MCP is not a viable option.	CHW		6/30/2026	\$41,605.41	100.00%	\$41,605.41	95.00%	\$39,525.14	\$81,130.55
1a: Initial Data Sharing	Training, technical assistance, and planning efforts	Health Assistants will process and receive all initial data, reports, and records related to justice involved members who are referred or released to Tehama County.	Health Assistant		6/30/2026	\$48,159.26	12.00%	\$5,779.11	84.00%	\$4,854.45	\$10,633.56
								\$0.00		\$0.00	\$0.00
								\$0.00		\$0.00	\$0.00
		Additional Admin Costs up to 5 %	Administration overhead		6/30/2026	\$29,934.21	100.00%	\$29,934.21		\$0.00	\$29,934.21
								\$0.00		\$0.00	\$0.00
								\$0.00		\$0.00	\$0.00
								\$0.00		\$0.00	\$0.00
								\$0.00		\$0.00	\$0.00
								\$0.00		\$0.00	\$0.00
Total								\$0.00		\$0.00	\$628,618.41

Total Budget	
Line Item Budget	\$210,865.59
Salary Detail	\$628,618.41
<b>TOTAL</b>	<b>\$839,484.00</b>