Mental Health Services Act (MHSA)

Annual Update FY 2025/2026

TCHSA
Tehama County Health Services Agency

CONTENTS

OVERVIEW

COMMUNITY SERVICES & SUPPORTS (CSS)

PREVENTION & EARLY INTERVENTION (PEI)

WORKFORCE EDUCATION and TRAINING (WET)

CAPITAL FACILITIES and TECHNOLOGICAL NEEDS (CFTN)

INNOVATION (INN)

PERMANENT SUPPORTIVE HOUSING (PSH)

APPENDIX

OVERVIEW

Mental Health Services Act (MHSA)

Proposition 63, the Mental Health Services Act (MHSA) was passed by California voters in 2004 to provide funds to counties for mental health services and programs. Local county agencies must spend MHSA funds to expand mental health services and cannot use them to replace existing state or county funding.

MHSA is funded through a 1% tax on individual annual taxable income exceeding $1 million and has grown to approximately $3 billion a year. The California Department of Health Care Services (DHCS) allocates funds to counties based on population, poverty level, and prevalence of mental illness.

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 Needs (CFTN). CSS, PEI, and INN are funded on an on-going basis, with disbursement made monthly, while permanent housing, CFTN and WET are on a different funding schedule (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 on a level of care called Full-Service Partnership (FSP); 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 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 WET, CFTN, and/or "prudent reserve".

Proposition 1: Behavioral Health Services Act (BHSA)

Proposition 1 was passed by California voters in March 2024. The two-bill package, Senate Bill (SB) 326 (Eggman, Chapter 790, Statutes of 2023) and Assembly Bill (AB) 531 (Irwin, Chapter 789, Statutes of 2023), proposed statewide efforts to reform and expand California's behavioral health system, and was put on the ballot by the California State Legislature and the Governor. DHCS refers to the implementation of these changes as Behavioral Health Transformation. Proposition 1 consists of two parts: The Behavioral Health Services Act and the Behavioral Health Bond.

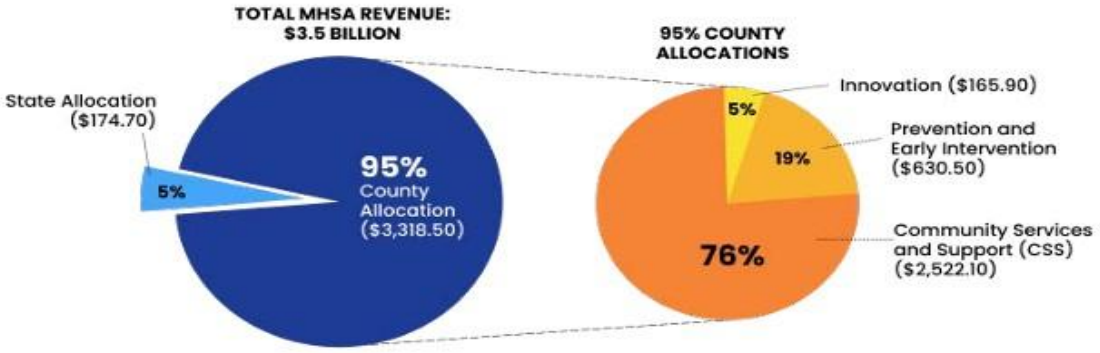
The Behavioral Health Services Act replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Additionally, the Behavioral Health Services Act creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs. It is one part of Proposition 1.

The Behavioral Health Bond authorizes $6.4 billion in bonds to finance behavioral health treatment beds, supportive housing, community sites, and funding for housing veterans with behavioral health needs:

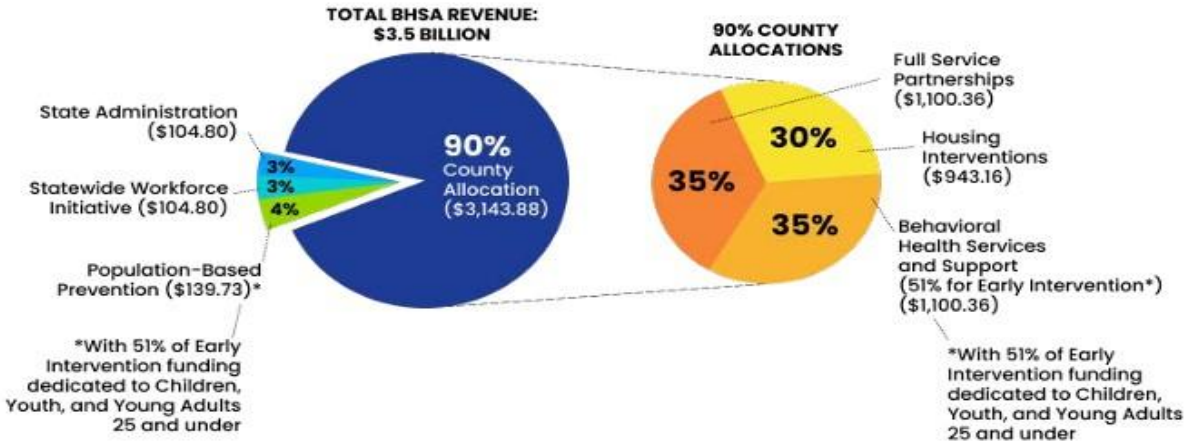
- $4.4 billion of these funds will be administered by DHCS for grants to public and private entities for behavioral health treatment and residential settings.
- $1.5 billion of the $4.4 billion will be awarded only to counties, cities, and tribal entities, with $30 million set aside for tribes.
- The remaining $1.972 billion will be administered by the California Department of Housing and Community Development (HCD) to support permanent supportive housing for individuals at risk of or experiencing homelessness and behavioral health challenges. Of that amount, $1.065 billion will be for veterans. All these efforts will leverage effective existing programs, including the Behavioral Health Continuum Infrastructure Program (BHCIP), Project Homekey, and Veterans Housing and Homeless Prevention Program (VHHP). *

*(https://www.dhcs.ca.gov/BHT/Pages/FAQ-Prop1.aspx)

MHSA vs BHSA Funding Allocations:



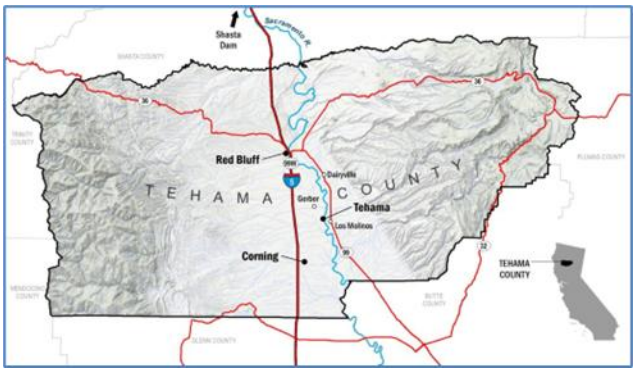
BHSA Funding Allocations:



Tehama County

Straddling the basin of California's Central Valley and framed by mountainous regions in both the east and west, the county benefits from tourism while maintaining an industrial base in agricultural and animal production. The county's cultural base has a strong Latino community as well as a significant Native American population. These cultural bases have led to long-established and tight-knit communities in a rugged rural setting.

As of the 2020 census, Tehama County has a population of 65,829**. At 27% (2020 census data), Tehama County's Latino population is larger than the national average of 19% and lower than the California average of 39%. Spanish is the county's only threshold language, and the remaining population is predominantly white (66%), with 1% of Black or African American, 3% American Indian and Alaskan Native, and 1.5% of Asian ancestry.



The 15.6% poverty rate of Tehama County is only slightly higher than the California average (12.3%) and the National average (12.8%), but it still poses a significant challenge in providing services. Many counties within the superior region (surrounding counties) have similar poverty levels, compounding the effects of rural poverty, considering that limited services are expected to provide for a high-needs population. In addition, the median household income in Tehama County is $52,901, which is 38% lower than the $84,907 California median income, and 25% lower than the $69,717 National median income.

Population age and static growth is another regional and local issue, with 20% of Tehama County residents being over the age of 65, significantly higher than the 15% throughout the state of California, but in line with the Superior Region's 21%.

An estimated 17% of county residents, ages 25+ have attained a bachelor's degree or higher, compared to California's 25%, and the national rate of 35%. In contrast, Tehama County has a high school completion rate of 86% compared to the state average of 34% combined with a lower population of adults, a higher population of older adults, and a static population growth might indicate that youth who leave the county to pursue jobs, higher education, and/or training may not be returning to Tehama County.

Geographic isolation is an additional contributor to the challenges surrounding the provision of services throughout the county. This is demonstrated by a population density of approximately 22 people per square mile (California average is 239 people per square mile) and a car travel time of two to three hours to reach the nearest major metropolitan area (Sacramento). Sixty

**(https://data.census.gov/table/DECENNIALPL2020.P1?q=Tehama%20County,%20California)

percent of Tehama County residents live in unincorporated areas (substantially more than the state average off 14%). With an area of nearly 3,000 square miles and sparse population density, individuals must travel significant distances within the county to reach services. Most of the county's services, including the only acute care hospital, are in the county seat of Red Bluff (population of 14,710 per the 2020 census).

Due to the county's size and sparse population, transportation is limited, and travel is private-vehicle dependent. Poverty, combined with limited public transportation and large distances may lead to transportation being a potential barrier to proper care.

With the national workforce shortage surrounding the behavioral health occupations, Tehama County struggles to find and retain qualified staff including psychiatrists, clinicians, nurses, and case managers.

The stigma surrounding mental health continues to result in residents being wary of accessing mental health services, especially in an interconnected community where maintaining anonymity and privacy is a complex issue.

"Stigma is particularly intense in rural communities, where anonymity and privacy are difficult to maintain."

www.nationalregister.org/pub/the-national-register-report-pub/fall-2012-issue/the-state-of-rural-mental-health-caring-and-the-community/

Unserved/Underserved Populations in Tehama County

Population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing and planning for the provision of appropriate and effective mental health services.

The following table is a summary of the most recent census data for Tehama County by the U.S. Census Bureau.

Population	Tehama County Estimated Number	Percent	Statewide Percent
Total	65,829		
Under 5	3,836	5.8%	5.4%
5 to 19	13,491	20.5%	19.0%
20 to 64	35,427	53.8%	69.4%
65 and older	13,075	19.9%	16.2%
Female	33,147	50.4%	50.1%
Male	32,682	49.6%	49.9%
White	44,926	68.2%	38.5%
African American	420	0.6%	5.4%
American Indian / Alaska Native	1,881	2.9%	1.4%
Asian	1,027	1.6%	15.8%
Native Hawaiian / Pacific Islander	132	0.2%	0.4%
2 or more races	7,844	11.9%	19.0%

Other	9,599	14.6%	19.5%
Latino or Hispanic (of any race)	17,938	27.2%	40.4%
People with income below poverty level in last 12 months	9,150	13.9%	12.0%

Tehama County, California - Census Bureau Profile

Additionally, the most recent data available to TCHSA demonstrates that the 200% of poverty data for Tehama County exhibits similar numbers to that of the Medi-Cal population except that the percentage of Latino individuals is higher by approximately 5%, at 30.65%. The Caucasian population is 62.5%, with the remaining cultural groups having very small percentages. Youth make up 31.2% of the 200% poverty group, compared to 45.8% of the Medi-Cal population and 25% of the general population. The Serious Mental Illness (SMI) prevalence rates are at 8% for youth and 5.6% for adults in the overall population, and 9.2% for youth and 8.9% for those at the 200% of poverty level. The comparison for males and females is 6.9% females and 5.5% males for the general population, and 10.2% for females and 8.1% for males in the 200% of poverty level. Ethnicity percentages are as follows:

Ethnicity Group	**General Population SMI Prevalence Rate**	**200% of Poverty Level SMI Prevalence Rate**
White	5.6%	9.8%
African American	6.5%	7.9%
Asian	3.5%	5.3%
Pacific Islander	4.0%	0.0%
American Native	8.4%	10.8%
Multi	7.2%	9.5%
Hispanic	6.9%	8.2%

Much of the underserved population of Tehama County are found within two distinct ethnic groups: Latino and Native American populations. Within all ethnic groups, the significant disparities in care can be found among LGBTQ+ individuals and children/youth who are exposed to trauma, and/or are at risk of experiencing juvenile justice involvement. Some of these disparities stem from lack of transportation, stigma, and limited-service locations. Others are due to traditional mental health settings and services not meeting the demand. Additionally, there are limited bilingual providers as well as limited LGBTQ+ focused providers.

Target Population – Medi-Cal, CSS, WET, and PEI	**Disparity**
Latino	Underserved
Native American	Underserved
LGBTQ	Suspected to be significantly underserved

Target Population – PEI Priority Population	Disparity
Underserved cultural populations	Latino and Native American are significantly underserved.
Children/youth in stressed families	Traditionally, Tehama County has had an appropriate penetration rate but has not maintained services sufficiently.
Trauma-exposed youth	See above
Children/youth at risk or experiencing juvenile justice involvement	See above

Strategies to reduce disparities include fostering healthy behaviors, supporting healthy community environments, and supporting good health outcomes for the individual. The unserved and underserved communities are those who have low levels of access and/or use of mental health services and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care. The use of "Cultural Brokers" engaged in multiple Outreach and Engagement functions in outlying areas assists in bridging the gap between these communities and the service providers. Providing flexible service provisions to meet the needs of underserved and unserved communities, including flexible hours as well as alternative sites for the delivery of services will additionally reduce the challenges faced by target populations. The TCHSA Mobile Crisis Team can be deployed throughout Tehama County to address the needs of the members where they are most likely to accept services (i.e., in their homes, in a public space, in a private office, etc.).

MHSA Component and Program	Program / Location	Service Types / Modes	Evidence-Based Interventions
Community Services & Supports (CSS)			
Access		See CSS, Access	
	Behavioral Health Outpatient Clinic	Case Management, Rehabilitation, Individual Therapy, Group Therapy, Linkage to Other Services, Psychiatry and Tele-Psychiatry	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	STANS Wellness & Recovery Center		
	Corning Center, Los Molinos, and Rancho Tehama	Case Management, Rehabilitation, Individual Therapy, Group Therapy, and Linkage to Other Services	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Level 1 Co-Occurring Services	Primary Diagnosis is Substance Use Disorder (SUD) with Mild-to-Moderate Mental Illness	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model
Full-Service Partnership (FSP)		See CSS, Full Services Partnership (FSP)	
	Children (0-15 years) Transition-Aged Youth (TAY) (16-25 years)	Case Management, Rehabilitative Service, Individual Therapy, and Group Rehabilitative Therapy	Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Child & Family Team (CFT) Meetings
	Adults (26-59 years) Older Adults (60+ years)	Case Management, Rehabilitative Service, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Assisted Outpatient Treatment (AOT)	Court-Mandated FSP-Level Care, Including Case Management, Rehabilitation, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Co-Occurring Level Two	Co-Occurring Level Two is for Clients with Co-Occurring Disorders with Severe and Persistent Mental Illness who also Have a Substance Use Disorder (SUD) Diagnosis	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model (Behavioral Health Co-Occurring or Behavioral Health Court FSP)
Client Employment Programs		See CSS: Client Employment Programs	
	Rehabilitative training and employment as Workforce Employees, supporting services at the STANS Wellness & Recovery Center and/or participating in rehabilitative employment activities (landscaping, catering, and others). Workforce employees are often FSP clients. (Peer Advocate is an additional level of employment and they are part of the support system (PEI) provided to individuals and groups at the STANS Center.		
Transitional Housing		See Transitional Housing	
	Transitional Housing	Case Management, Rehabilitation, Individual Therapy, and Group Therapy	

MHSA Component and Program	Program or Location	Report Section
Prevention & Early Intervention (PEI)		
Early Intervention		
	Mobile Crisis Team	PEI: Early Intervention
	Community Engagement & Outreach	
Stigma Reduction		
	Mental Health First Aid (MHFA) Training	PEI: Stigma-Reduction
	Crisis Intervention Team (CIT) Training - Law Enforcement, First Responders, and Civilian Staff	
Suicide Prevention		
	Suicide Prevention Activities, Events, & Social Marketing	PEI: Suicide Prevention
	Applied Suicide Intervention Skills Training (ASIST)	
Parenting and Family Support		
	Nurturing Families	PEI: Parenting and Family Support
	Support for Family Members and Caregivers & First Episode Psychosis (FEP)	
Evidence-Based Interventions		
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	PEI: Evidence-Based Interventions
	Cognitive Processing Therapy (CPT)	
	Therapeutic Drumming	
Peer Advocate Program		
	TalkLINE Staffing & Community Outreach	PEI: Peer Advocate Program
	Peer Counseling, Groups, & Social Engagements	
Workforce Education and Training (WET)		
	Supports training and education for TCHSA staff that promotes efficacy, staff expansion, and best practices	Workforce Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)		
	Electronic Health Records (EHR) System; Technological Infrastructure	Capital Facilities and Technological Needs (CFTN)
Innovation (INN)		
Permanent Supportive Housing (PSH)		
	Supportive housing in which the County agrees to provide services to residents for the term of the loan, approximately 50 years.	Permanent Supportive Housing (PSH)

COMMUNITY SERVICES & SUPPORTS (CSS)

Community Services & Supports (CSS) are programs and strategies that:

- Provide and improve access to the unserved and underserved populations.
- Deliver Full-Service Partnerships (FSP's) (a "whatever it takes" level of service).
- Establish client employment programs.
- Assist clients with transitional housing.
- Focus on a recovery-based approach to existing systems and services.

CSS: Allocation

MHSA funds vary depending on economic conditions and other factors. Considering the recently adjusted budget from the State of California and the expected deficit over the next few years, Tehama County Health Services Agency (TCHSA) expects these revenue estimates may change. The focus of MHSA will be on the continuation and expansion of existing programs and services as we navigate this difficult adjustment. TCHSA will continue to comply with all spending guidance distributed from the Governor of California and the California Department of Health Care Services (DHCS) to provide service to your clients. Any stated budgets are merely current estimates and are not meant to be prescriptive in nature.

FY 2024-25	FY 2025-26
$3,257,752	$3,503,490

CSS: Focus

TCHSA focuses on wellness, resiliency, and recovery through our provision of services; including community collaboration, integrated and cultural competence, and striving to reach those who are unserved and/or underserved within our community.

CSS: Access

Services and service access is provided in two ways; first, through physical service locations, and second, through programs that grant access to mental health services.

Fiscal Year	# of Persons Served	Cost Per Person
2023-24	1,413	$489.92

The delivery of services focuses on wellness, resiliency, and recovery through community collaboration, integrated and cultural competence, and striving to reach those who are unserved and/or underserved within our community.

TCHSA's access centers provide members with case management, psychosocial rehabilitation, individual therapy, group therapy, linkage to other services, psychiatry, medication evaluation, tele-psychiatry, crisis intervention, assessment, referrals for needed services, and Peer-Run and consumer-directed services. In Red Bluff, these centers are the Behavioral Health Outpatient Clinic (BHOP) and the STANS Wellness & Recovery Center. In southern Tehama County in the city of Corning, TCHSA has an additional Outpatient Clinic where, at a minimum, there is at least one bi-lingual, Spanish-speaking staff available to members.

Access Centers Hours of Service

Fiscal Year	BHOP	Corning	Outlying
2023-24	20,182.85	90	327.88

Groups focus on psychosocial rehabilitation by helping people develop the social, emotional, and intellectual skills they need to live happily with the smallest amount of professional assistance possible. Broadly, rehabilitative groups focus on two areas (Coping Skills and Developing Healthy Resources) that help reduce the stresses experienced by members in recovery from mental illness. By learning coping skills and developing healthy resources (both internal and among peers, friends, and family), the members are better equipped to successfully navigate stressors, develop resiliency, attain life stability, and minimize crisis events. By decreasing crisis events, the chance of hospitalization, homelessness, and other negative outcomes that are disruptive to the member and the community are also decreased.

Groups enhance individual therapy and provide rehabilitative support with the goal of community integration and stability. Groups also provide structured opportunities for socialization and community building, decreasing the isolation often experienced by those facing mental health challenges.

Evidence-based interventions used at access centers include Wellness Recovery Action Plan (WRAP), Cognitive Processing Therapy (CPT), Trauma Focused Cognitive Behavioral Therapy (TF CBT), Seeking Safety, Moral Reconation Therapy (MRT), the Matrix Model, and Therapeutic Drumming.

CSS: Access: Behavioral Health Outpatient Clinic (BHOP)

Located on the Walnut Street Campus in Red Bluff, CA, the Outpatient Clinic is an entry point to services for behavioral health members, offering case management, rehabilitation, individual therapy, linkage to other services, psychiatry, tele-psychiatry, and Full-Service Partnership (FSP) levels of care. Services are available Monday through Friday from 8:00am – 5:00pm.

CSS: Access: STANS Wellness & Recovery Center

Additionally located on the Walnut Street Campus is the STANS Center, focusing primarily on the provision of Peer-Led groups, Monday through Friday, 8:00am – 5:00pm. STANS is an acronym for Strength, Treatment, Activities, Networking, and Service. Groups include Gardening, Food Security/Nutrition, Therapeutic Drumming, Social Interactions, Meditation, Physical Exercise, Anger Management, and World Celebrations (a study of cultures from around the world).

CSS: Access: Corning Center, Los Molinos, and Rancho Tehama

Services through the Corning Center are well-established and available to all residents with a focus on serving the Latino community. Behavioral Health staff at the Corning Center are, whenever possible, clinicians and staff who are bi-lingual Spanish.

It is the goal of TCHSA to continue expanding services to our more remote communities through the introduction of Prevention & Early Intervention (PEI) programs as we strengthen our ability to serve the unserved and underserved populations.

CSS: Access: Level 1 Co-Occurring Services

The goal of TCHSA's Co-Occurring programs is to help members simultaneously address both mental illness and substance use. If a mental health member with substance use issues does not receive services that address both areas, that individual does not receive the tools necessary for recovery.

Programs that address both mental health issues and substance use—not just one issue or the other—are often referred to as "Co-Occurring" services. By providing services that address both issues, the services provided for one issue is "Leveraged" and outcomes improve.

TCHSA offers Co-Occurring services that fall within two separate levels. Both Co-Occurring programs are provided jointly by Behavioral Health and Substance Use Recovery Services. National studies find that approximately half of those who experience mental illness will also experience substance use disorder and vice versa (National Institute on Drug Abuse). 18% of Americans ages 18 and up experience some form of mental illness (SAMHSA's 2014 National Survey on Drug Use and Health).

Co-Occurring Level 1 Staff Hours

Fiscal Year	Staff Hours
2023-24	2,358.78

Co-Occurring Level 1 serves members who would usually not receive mental health services because their primary diagnosis is a substance use disorder, leaving a significant gap in both stabilization and on-going care. To mitigate this gap in services, Level 1 services are funded under MHSA CSS Access. The criteria for Level 1 treatment specify that members have a primary diagnosis of substance use disorder and a secondary diagnosis (DSM 5) of a mild-to-moderate mental health issue. Level 1 members receive services through Substance Use Recovery Services (SURS) and, in addition to the core SURS program, receive a specialized curriculum of groups focusing on co-occurring issues co-led by SURS and Behavioral Health staff. Level 1 groups include Seeking Safety and Wellness Action Recovery Plan (WRAP). Where appropriate, members also receive individualized counseling from Behavioral Health clinicians, or treatment may include a trauma-based modality (most commonly CPT).

Co-occurring Level 2 is a specialized FSP program with a focus on Co-Occurring and is funded under CSS FSP (see also FSP). The criteria for Co-Occurring Level 2 is a primary diagnosis of severe and persistent mental illness (DSM 5) and a secondary moderate-to-severe substance use diagnosis. Level 2 members receive services through the FSP program and, in addition to core FSP services, members receive a specialized curriculum of groups (again, co-led by Behavioral Health and SURS) that includes WRAP, Seeking Safety and the Matrix model (an evidence-based intensive outpatient treatment program for alcohol and drugs, with proven efficacy in methamphetamine addiction. If appropriate members may also receive individualized counseling with a TCHSA clinician (most commonly CPT).

CSS: Full-Service Partnership (FSP)

Full-Service Partnership (FSP) is a high-intensity model of care focus designed to avoid the trauma, cost, and disruption of hospitalization, incarceration, homelessness, or other negative outcomes. FSP is defined and required by MHSA. FSP is a significant component of MHSA funding receiving a minimum of 51% of CSS spending or approximately 40% of annual MHSA funds.

FSP # of Clients Projected (Fiscal Year & Age Group)

Fiscal Year	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
2024/2025	5	25	70	20
2025/2026	5	30	75	25

FSP-level services result in fewer hospitalizations and fewer encounters with law enforcement. By stabilization through FSP, negative disruption is reduced both for the members, family, and the community.

Available to children, Transition-Age Youth (TAY), adults, and older adults with a major mental health diagnosis, the FSP member profile includes recent crisis and/or emergency room psychiatric events, being homeless or at risk of homelessness and/or recent incarceration or risk of incarceration.

"FSP clients experienced decreased rates of homelessness and justice system detention, as well as decreased utilization of inpatient hospitalization for mental health."

Evaluation of the Mental

FSP has unique low client-to-staff ratio and a "whatever it takes" approach to supporting recovery as efficiently and thoroughly as possible. TCHSA's FSP program follows the MHSA legal mandate of "client-driven" and includes adherence to evidence-based practices including (but not limited to) WRAP. WRAP requires members' active involvement in their own recovery and is a cornerstone of FSP and other TCHSA programs. In addition to mental health recovery services, FSP services include support for housing, employment, and training/education. TCHSA connects FSP-level members to services that stabilize their health benefits and finances. These evidence-based practices are provided by TCHSA-BH and through TCHSA partnering with outside providers to serve members within Tehama County.

FSP # of Clients by Fiscal Year and Age Group

Fiscal Year	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
2023/2024	1	21	68	18

FSP Cost per Individual by Fiscal Year and Age Group

Fiscal Year	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
2023/2024	$18,406.75	$18,406.75	$19,345.54	$19,345.54

Within the FSP level of care, members that have co-occurring mental health and substance use issues receive services that address both areas. In the FSP specialized program, mental health is the lead diagnosis, as a co-occurring level two. Co-occurring level one programs are funded under CSS Access.

CSS: FSP: Children (0-15 years); Transition-Aged Youth (TAY) (16-25 years)

The County has engaged with contracted entities to provide FSP-level care for this demographic.

Children (0-15 years)

Remi Vista, Inc. provides Assessment, Collateral, Group Therapy, Individual Therapy, Plan Development, Group and Individual Rehabilitation, Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Brokerage and Linkage, Crisis Intervention, and Medication Support Services for those aged 0-15 years.

Transition-Aged Youth (TAY) (16-25 years)

Victor Community Support Services, Inc. provides Assessment, Collateral, Group Therapy, Individual Therapy, Plan Development, Group and Individual Rehabilitation, Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Brokerage and Linkage, Crisis Intervention, and Medication Support Services for those aged 16-25 years.

CSS: FSP: Adults (26-59 years) and Older Adults (60+ years)

These services are provided through the Tehama County Health Services Agency-Behavioral Health (TCHSA-BH) Behavioral Health Outpatient Clinic (BHOP) and are delivered on-site by Therapists and Case Resource Specialists.

CSS: FSP: Assisted Outpatient Treatment (AOT)

Assisted Outpatient Treatment (AOT) is a modality used to implement “Laura’s Law”.

An AOT program involves other agencies including law enforcement and the court system, as well as the use of a court order when no other options are available. The mental health treatment portion of AOT is eligible for MHSA funding.

AOT services are community-based mental health services under specific circumstances in which an individual is not engaging in mental health services and presents a danger to themselves or others.

To become an AOT client, the court must find that non-compliance with mental health treatment has been a significant factor resulting in at least two hospitalizations within the immediately preceding 36 months, and/or mental illness resulted in one or more acts of serious and violent behavior towards self or others within the immediately preceding 48 months.

The table below summarizes basic criteria for AOT candidacy:

AREA	CRITERIA	TIMEFRAME	OCCURANCES
Age	18 years or older		
Residency	County resident		
Diagnosis	Serious Mental Disorder (WIC 5600.3), can include co-occurring disorders.		
Treatment	Has refused opportunities to participate in treatment.		
Risk	The person is unlikely to survive safely in the community.		
Court must find that non-compliance with mental health treatment has resulted in:	Hospitalization or incarceration	36 months	Two (2) or more
	and/or		
	Acts of serious, violent behavior towards self or others	48 months	One (1) or more

CSS: FSP: Co-Occurring Level Two

Programs that address both mental health issues and substance use—not just one issue or the other—are often referred to as "Co-Occurring" services. By providing services that address both issues, the services provided for one issue is "Leveraged" and outcomes improve.

The goal of TCHSA's Co-Occurring Services, with Severe and Persistent Mental Illness as a Lead Diagnosis program is to help members simultaneously address both mental illness and substance use. If a mental health member with substance use issues does not receive services that address both areas, they do not receive the tools necessary for recovery.

Co-occurring Level 2 is a specialized FSP program and is funded under CSS FSP. The criteria for Co-Occurring Level 2 is a primary diagnosis of severe and persistent mental illness (DSM 5) and a secondary moderate-to-severe substance use diagnosis. Level 2 members receive services through the FSP program and, in addition to core FSP services, will receive a specialized group curriculum (again, co-led by Behavioral Health and SURS) that includes WRAP, Seeking Safety and the Matrix model (an evidence-based intensive outpatient treatment program for alcohol and drugs, with proven efficacy in methamphetamine addiction). If appropriate, members may also receive individualized counseling with a TCHSA clinician (most commonly Cognitive Processing Therapy).

CSS: Client Employment Programs

Behavioral Health provides vocational training to adult and older adult members, including the employment of Workforce Employees. Formerly TCHSA "stipend" workers, in 2016 and 2017, TCHSA restructured and improved the client employment program including moving the program under a contract with North Valley Catholic Social Service (NVCSS). The employment program has fewer employees who receive more training and gain the experience of being full employees of a non-profit agency. As paid employees, these positions more fully mirror "real world" employment experience and therefore, better support the goals of growth and employment in the community.

As vocational trainees, Workforce Employees complete wellness and recovery-focused training provided by an NVCSS supervisor. After training, participants are assigned to work in several areas: STANS Wellness & Recovery Center, a landscaping program, and a food catering program where participants can earn their food handler certification. Workforce Employees are hired for a nine-month period (additional employment series are considered depending on circumstances), receive supportive employment, and develop marketable skills with the goal of finding work in the community.

Workforce Employees are often FSP clients who participate in rehabilitative training and employment, supporting services at the STANS Wellness & Recovery Center.

Workforce Employee Hours		
Fiscal Year	Hours Worked	# of Staff
2023-24	3,290	7

CSS: Transitional Housing

MHSA requires mental health services and programs designed to avoid homelessness, incarceration, hospitalization, and other negative outcomes. Related to housing, transitional housing provides housing while a member is being stabilized and is pending permanent support. Transitional housing participation includes bedrock services of case management, psychiatry and medication support, rehabilitation, and individual and group therapy. Members in transitional housing are almost always involved in services at the STANS Wellness & Recovery Center and are often involved in FSP-level services.

Transitional housing is a key tool in stabilization and rehabilitation. Existing transitional housing in Tehama County is insufficient to serve the needs of its severely mentally ill individuals. TCHSA has one transitional housing unit, Gentry House, which can accommodate five members and is typically full. The limited space within transitional housing creates issues for both members and Behavioral Health programs/staff.

Members who do apply for housing wait approximately three months after the application is submitted. Temporary housing is needed while permanent housing is found. Members may have bad credit and prior rental histories that complicate any rental process. If members are not in an identifiable and secure housing location, it is a challenge to maintain contact with that individual. If contact and services are not maintained, a member's situation is more likely to deteriorate, and this results in additional staff time and use of public resources.

Nights of Paid Housing	Fiscal Year 2021-22	Nights provided - 812

The Poor and the Homeless (P.A.T.H.) Tehama Plaza Navigation Center opened in late Spring 2024 and has a combined total of 64 single beds divided into men's and women's dormitories. Additionally, there is one family dormitory available. Day shelter services are available from 9 a.m. to 7 p.m. for those experiencing homelessness and low-income challenges. On-site case management is provided to assist those in need with transitioning to stable and permanent housing. As well as being a temporary shelter, the Navigation Center features a play area for the dogs accompanying the clients, smoking area, pet supplies, and a cafeteria that serves breakfast, lunch, and dinner daily.

PREVENTION & EARLY INTERVENTION (PEI)

The Prevention and Early Intervention (PEI) portion of MHSA "is intended to reduce the long-term, adverse impacts of untreated mental illness by reducing barriers to care prior to first onset of a mental illness or before that illness becomes severe and disabling." ("Finding Solutions." MHSOAC. November 2016). Services include those that prevent mental illness from becoming more severe and those that reduce the duration of untreated severe mental illness. Specifically, PEI seeks to reduce negative outcomes that may result from untreated mental illness including suicide, incarcerations, prolonged suffering, hospitalization, and homelessness.

PEI: Allocation

PEI Cost per Person		
Fiscal Year	# of Persons Served	Cost Per Person
2023-24	3805	$546.82

MHSA funds vary depending on economic conditions and other factors. Considering the volatility of this funding source, Tehama County Health Services Agency (TCHSA) expects revenue estimates may change. The focus of MHSA will be on the continuation/expansion of existing programs and services. TCHSA will continue to comply with all the spending guidance distributed by the Governor of California and the California Department of Health Care Services

(DHCS) to provide services to our members. Any stated budgets are merely current estimates and are not meant to be prescriptive in nature.

FY 2024-25	FY 2025-26
$928,035	$933,157

PEI: Demographics

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA-Article 5 Reporting Requirements, Section 3560.010, 8€ and will report demographics for the county's entire Prevention and Early Intervention Component instead of by each program or strategy.

Demographics:			
With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA - Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.			
Age Groups	FY 2021/22	FY 2022/23	FY 2023/24
0-15 (children/youth)	188	223	216
16-25 (transition age youth)	1,684	1,844	1,864
26-59 (adult)	748	886	878
ages 60+ (older adults)	96	172	223
Declined to answer	675	635	624
Race by category			
American Indian or Alaska Native	118	122	125
Asian	24	27	32
Black or African American	44	53	51
Native Hawaiian or Pacific Islander	34	33	35
White	1,594	2,223	2,313
Other	492	524	498
More than one race	85	107	104
Declined to answer	1,000	671	647
Ethnicity by category			
Hispanic or Latino/x			
Caribbean	7	6	7
Central American	34	35	36

	Mexican/Mexican American/Chicano	714	881	902
	Puerto Rican	8	15	17
	South American			
	Other	56	79	77
	Non-Hispanic or Non-Latino/x			
	African	24	25	27
	Asian Indian/South Asian		5	6
	Cambodian			
	Chinese			
	Eastern European	119	154	157
	European	390	581	885
	Filipino	15	22	24
	Japanese	7	13	14
	Korean			
	Middle Eastern			
	Vietnamese			
	Other	254	356	426
	More than one ethnicity	68	77	114
	Declined to answer	1,695	1,511	1,113
Primary Language				
English		2,204	2,626	2,758
Spanish		305	413	442
Decline to answer		882	721	605
Sexual Orientation				
Gay or Lesbian		12	27	36
Heterosexual or Straight		2,221	2,781	2,891
Bisexual		15	17	18
Questioning or unsure of orientation		7	12	13
Queer		5	7	7
Another Sexual Orientation		7	13	12
Declined to answer		1,134	903	828
Disability (Physical or Mental Impairment or Medical Condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.				
Yes		67	77	78

	Communication			
	Difficulty seeing	12	22	21
	Difficulty hearing, or being understood	14	18	16
	Other	5	8	9
	Mental domain not including a mental illness			
	(Including, but not limited to a learning disability,			
	developmental disability, dementia)	20	23	22
	Physical/mobility domain	25	27	26
	Chronic health condition (including, but not			
	limited to, chronic pain)	23	26	28
	Other			
No		1,071	2,657	2,548
Declined to answer		2,253	1,026	1,101
	Veteran Status			
Yes		135	155	167
No		1,003	1,549	2,265
Declined to answer		2,253	2,056	1,373
	Gender			
	Assigned sex at birth			
	Male	407	735	853
	Female	2,153	2,553	2,635
	Declined to answer	831	472	317
	Current Gender Identity			
	Male	408	733	848
	Female	2,142	2,544	2,625
	Transgender			
	Genderqueer			
	Questioning/Unsure			
	Another gender identity	2	3	5
	Declined to answer	839	480	327

PEI: Early Intervention

MHSA Early Intervention programs focus on providing services to those in need prior to an event leading to a severe and persistent condition.

PEI: Early Intervention: Mobile Crisis Team

In response to the California Department of Healthcare Services (DHCS) Behavioral Health Information Notice (BHIN) 23-025, TCHSA implemented Mobile Crisis Services across the County beginning January 18, 2024. Services are available 24 hours a day, 7 days a week, 365 days a year and are designed to provide intervention, de-escalation, and relief to people wherever they are, including at home, work, schools, or on the street. Anyone can call, for themselves or for someone else in crisis in Tehama County. Services may be provided via telephone, telehealth or in person, and include crisis intervention and assessment, referrals for other mental health services such as therapy, and linkage to other healthcare services and/or substance use treatment.

Mobile Crisis Services help ensure that everyone has year-long access to crisis services and creates meaningful interactions with community members. Crisis interventions and wraparound services begin while the individual is in a community-based setting. Delivering services in community-based settings assists with streamlining the delivery of services, increasing access to behavioral health services, and promptly connecting individuals to a wide array of services through earlier intervention.

Mobile crisis services can be accessed by calling the Tehama County Health Services Behavioral Health Hotline at **1-800-240-3208** or the Suicide and Crisis Lifeline at **988**.

This change in how and where services are delivered means that the Community Crisis Response Unit (CCRU) at 1850 Walnut Street, Red Bluff was closed on January 17, 2024. Instead of needing to come to TCHSA, the Mobile Crisis Team can come to you when appropriate!

Mobile Crisis Team

Fiscal Year	# Calls Received	# Deployed
2023-24	Data not available	

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Mobile Crisis Team
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

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PEI: Early Intervention: Community Engagement & Outreach

Community Engagement & Outreach encompasses a variety of activities such as expanding services for the Latino community including bilingual Spanish clinicians, provision of cultural sensitivity training to service providers, Latino community outreach activities, and general community education activities. Corning (south county) and Los Molinos (east county) are key communities that need bilingual Spanish services and Latino outreach.

Tehama is geographically large, and a barrier to accessing care is lack of affordable transportation and/or not being able to travel into Red Bluff or another regional center for services. Providing services in Manton, Payne's Creek, and other areas of the county remain strong goals of TCHSA.

TCHSA continues to partner with Latino Outreach of Tehama County, a local non-profit, to provide events and services. Major outreach events include a Cinco de Mayo family event and a county multi-cultural health fair in collaboration with multiple community partners. In addition to partnership events, TCHSA staff actively network with the Latino community through CPPP outreach events in Corning with bilingual Spanish support.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Community Engagement & Outreach
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

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Demographics:

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PEI: Stigma Reduction

Stigma has been ranked as the lowest barrier in accessing mental health care; however, being too sick to engage in services, not having insurance or reliable transportation are significant barriers to the rural residents of Tehama County.

PEI: Stigma Reduction: Mental Health First Aid (MHFA) Training

Mental Health First Aid (MHFA) is an international evidence-based program and is comparable to medical first aid training by the Red Cross: Instead of physical first aid, MHFA focuses on mental health. The first outcome of the MHFA program is training individuals in basic intervention techniques. MHFA teaches ways to identify signs and symptoms of mental illness and provides insight on how to advocate that an individual seeks proper care. A second outcome of MHFA is stigma reduction. By increasing knowledge and familiarity around mental health issues, MHFA training reduces fear and stigma around mental illness.

Surveys are provided to the participants before and after training in accordance with the California Code of Regulations, Title 9 §§ 3750(d); 3755(f)(3), and are provided below:

Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Adult Mental Health First Aid

Opinions Quiz

Please circle your reaction to each of the following statements.

1. **It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
2. **Schizophrenia is one of the most common mental disorders.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
3. **If someone has a traumatic experience, it is best to make them talk about it as soon as possible.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
4. **Males complete suicide four times more frequently than females.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
5. **Antidepressant medication works right away.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
6. **It is best to get someone having a panic attack to breathe into a paper bag.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
7. **A first-aider can distinguish a panic attack from a heart attack.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
8. **Exercise can help relieve depressive and anxiety disorders.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW
9. **People with psychosis usually come from dysfunctional families.**
   a. AGREE
   b. DISAGREE
   c. DON'T KNOW

10. **It is best not to try to reason with people having delusions.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW
11. **People who talk about suicide don't attempt suicide.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW
12. **Psychosis is a lifelong illness.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW
13. **People with psychosis are more at risk of being victims of violent crime.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW
14. **Smoking is much more common among people with mental health problems.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW
15. **People with mental health problems tend to have a better outcome if family members are not critical of them.**
    a. AGREE
    b. DISAGREE
    c. DON'T KNOW

Please indicate whether you agree, disagree, or are unsure of the statements below.

Q1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea into his or her head.
AGREE DISAGREE DON'T KNOW

Q2. Depression tends to show up earlier in a young person's life than anxiety.
AGREE DISAGREE DON'T KNOW

Q3. If a young person experiences a trauma, it is best to make him or her talk about it as soon as possible.
AGREE DISAGREE DON'T KNOW

Q4. They may not need it right away, but eventually everyone with a mental health problem needs professional treatment.
AGREE DISAGREE DON'T KNOW

Q5. Knowledge about the impact of medication for youth is limited compared to what we know about adults.
AGREE DISAGREE DON'T KNOW

Q6. It is best to get a person having a panic attack to breathe into a paper bag.
AGREE DISAGREE DON'T KNOW

Q7. A first-aider can distinguish a panic attack from a heart attack.
AGREE DISAGREE DON'T KNOW

Q8. Exercise can help relieve depressive and anxiety disorders.
AGREE DISAGREE DON'T KNOW

Q9. Schizophrenia is a relatively common diagnosis for youth under the age of 18.
AGREE DISAGREE DON'T KNOW

Q10. It is best not to try to reason with people having delusions.
AGREE DISAGREE DON'T KNOW

Q11. People who talk about suicide don't complete suicide.
AGREE DISAGREE DON'T KNOW

Q12. When talking to someone about suicide, it is best to be indirect and not use the word "kill" so that you don't upset the person.
AGREE DISAGREE DON'T KNOW

Q13. Trauma is a risk factor in almost every type of mental illness.
AGREE DISAGREE DON'T KNOW

Q14. Spirituality can be a protective factor --- keeping a young person from developing a mental illness or minimizing the impact of the illness.
AGREE DISAGREE DON'T KNOW

Q15. People with mental health problems tend to have a better outcome if family members are not critical of them.
AGREE DISAGREE DON'T KNOW

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Mental Health First Aid (MHFA) Training
PEI Component Type: Stigma Reduction
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
Demographics:

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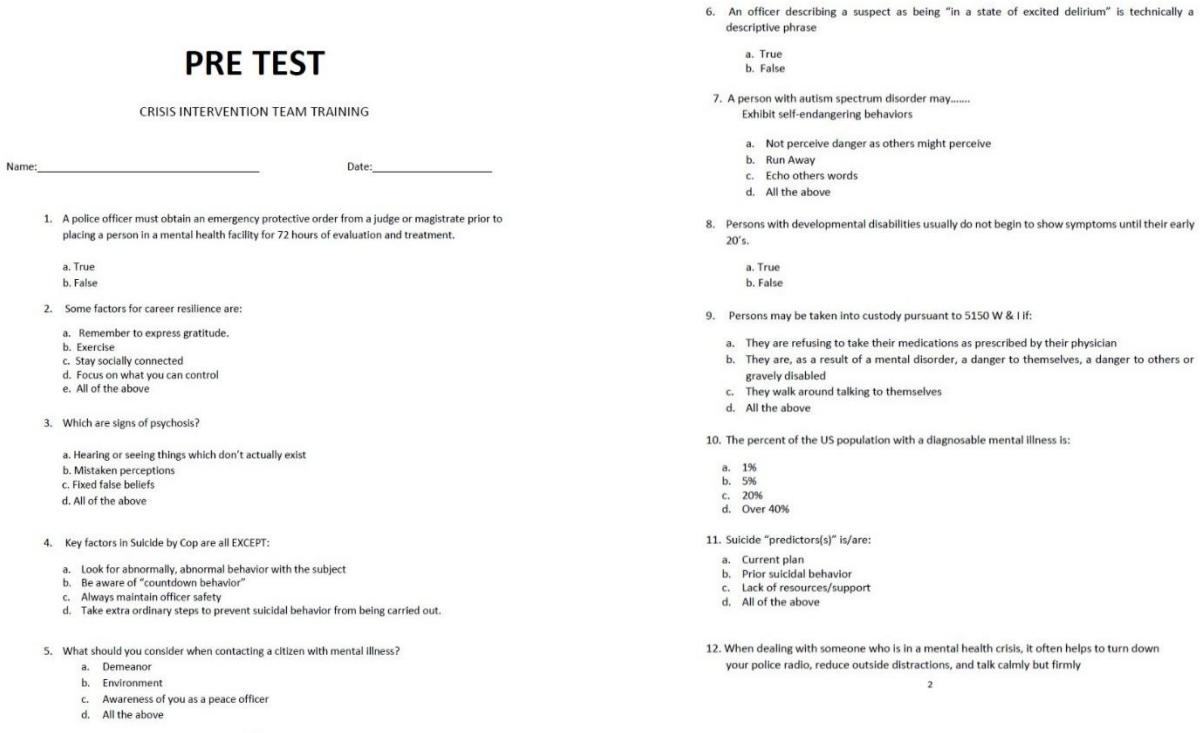
PEI: Stigma Reduction: Crisis Intervention Team (CIT) Training – Law Enforcement, First Responders, and Civilian Staff

CIT is designed to help law-enforcement, and first responders (via a two-day training seminar) manage events and encounters that involve individuals suffering from mental illness. Additionally, TCHSA hosts a one-day session geared towards the education of civilian staff members in the areas of the dynamics of homelessness, de-escalation techniques, an overview of mental illness signs and symptoms, returning veterans, suicide awareness, and problem customers.

Surveys are provided to the participants before and after training in accordance with the California Code of Regulations, Title 9 §§ 3750(d); 3755(f)(3), and are provided below:



PRE TEST

CRISIS INTERVENTION TEAM TRAINING

Name:_____ Date:_____

1. A police officer must obtain an emergency protective order from a judge or magistrate prior to placing a person in a mental health facility for 72 hours of evaluation and treatment.

   a. True
   b. False

2. Some factors for career resilience are:

   a. Remember to express gratitude.
   b. Exercise
   c. Stay socially connected
   d. Focus on what you can control
   e. All of the above

3. Which are signs of psychosis?

   a. Hearing or seeing things which don't actually exist
   b. Mistaken perceptions
   c. Fixed false beliefs
   d. All of the above

4. Key factors in Suicide by Cop are all EXCEPT:

   a. Look for abnormally, abnormal behavior with the subject
   b. Be aware of "countdown behavior"
   c. Always maintain officer safety
   d. Take extra ordinary steps to prevent suicidal behavior from being carried out.

5. What should you consider when contacting a citizen with mental illness?
   a. Demeanor
   b. Environment
   c. Awareness of you as a peace officer
   d. All the above

1

6. An officer describing a suspect as being "in a state of excited delirium" is technically a descriptive phrase

   a. True
   b. False

7. A person with autism spectrum disorder may.....
   Exhibit self-endangering behaviors

   a. Not perceive danger as others might perceive
   b. Run Away
   c. Echo others words
   d. All the above

8. Persons with developmental disabilities usually do not begin to show symptoms until their early 20's.

   a. True
   b. False

9. Persons may be taken into custody pursuant to 5150 W & I if:

   a. They are refusing to take their medications as prescribed by their physician
   b. They are, as a result of a mental disorder, a danger to themselves, a danger to others or gravely disabled
   c. They walk around talking to themselves
   d. All the above

10. The percent of the US population with a diagnosable mental illness is:

    a. 1%
    b. 5%
    c. 20%
    d. Over 40%

11. Suicide "predictors(s)" is/are:
    a. Current plan
    b. Prior suicidal behavior
    c. Lack of resources/support
    d. All of the above

12. When dealing with someone who is in a mental health crisis, it often helps to turn down your police radio, reduce outside distractions, and talk calmly but firmly

2

a. True
b. False

13. A developmental disability is a disability resulting from cognitive impairment such as cerebral palsy, autism, epilepsy, or other disabling conditions, has its onset before the age of 18 and has the probability of continuing throughout the life of the individual.

a. True
b. False

14. Section 8102 W & I authorize a police officer to confiscate the following firearms from an individual detained pursuant to 5150 W & I.

a. Any firearm in his/her possession
b. Any firearm under his/her control
c. Any firearm he/she is found to own
d. All the above

15. Which of the following can contribute to an Agitate Chaotic Event (ACE)?

a. Alcohol withdrawal
b. Energy drinks
c. Traumatic Brain Injury
d. Drug addiction
e. All the above

16. According to **HIPPA** regulations, what information can police officers expect when they contact mental health?

a. Most recent therapy notes
b. Detailed client history
c. Number of psychiatric hospitalizations
d. "Minimal necessary" to perform job function

17. Which of the following are common symptoms of major depression?

a. Decreased sleep, decreased appetite, sad mood
b. Increased sleep, increased appetite, feeling numb
c. Agitation, irritability, poor concentration
d. All the above

18. Schizophrenia is a psychotic disorder that describes an individual who has difficulty distinguishing fantasy from reality.

a. True
b. False

19. A person with an intellectual or developmental disability

a. May not communicate at age level
b. May not behave at age level
c. Will completely understand consequences of the situation
d. All the above
e. A and B only

20. Which is **NOT** true?

a. Schizophrenia has a genetic component related to it
b. Schizophrenia may possibly have environmental factors related to it
c. Schizophrenia can be induced by illicit drugs, such as marijuana
d. Schizophrenia is somewhat manageable with proper medication compliance
e. Schizophrenics should always be placed on a "5150" hold if found wandering the streets at 0300 hours.

21. In Bipolar Disorder, symptoms of mania may include

f. Increased energy and activity
g. Pressured speech
h. Grandiosity
i. Racing thoughts
j. All the above

22. Which of the following is not included in the directions as stated in the case of Glenn vs Washington County

a. Slow it down
b. Do not increase the subjects level of anxiety or excitement
c. Remember your duty to prevent harm
d. Attempt to develop rapport
e. Time is on your side

23. Instantaneous death is defined by the World Health Organization as death that Occurs within 5 minutes after the onset of symptoms.

a. True
b. False

24. An example of a "critical incident" that can personally affect a first responder is:

a. Death of the family pet
b. Divorce
c. Officer involved shooting
d. Witnessing a terrible accident
e. The loss of a fellow employee
k. Any, or all the above

25. Mental illness is

a. A medical condition
b. A sign of weakness
c. Volitional (a choice)

26. Which of these factors can contribute to mental illness?

a. Nature (Genetics)
b. Nurture (Family environment, other illnesses, substance use)
c. Trauma exposure including Adult and Adverse Childhood Experiences (ACE)
d. All the above

POST TEST

CRISIS INTERVENTION TEAM TRAINING

Name:_____ Date:_____

WOULD YOU RECOMMEND THIS CLASS TO OTHERS *(circle one)*

YES NO

1. A police officer must obtain an emergency protective order from a judge or magistrate prior to placing a person in a mental health facility for 72 hours of evaluation and treatment.

   a. True
   b. False

2. Some factors for career resilience are:

   a. Remember to express gratitude.
   b. Exercise
   c. Stay socially connected
   d. Focus on what you can control
   e. All of the above

3. Which are signs of psychosis?

   a. Hearing or seeing things which don't actually exist
   b. Mistaken perceptions
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   a. Look for abnormally, abnormal behavior with the subject
   b. Be aware of "countdown behavior"
   c. Always maintain officer safety
   d. Take extra ordinary steps to prevent suicidal behavior from being carried out.

5. What should you consider when contacting a citizen with mental illness?
   a. Demeanor
   b. Environment
   c. Awareness of you as a peace officer
   d. All the above

6. An officer is prohibited from using the term "excited delirium" to categorize the behavior of an individual, but may describe the actual behavior that is observed.

   a. True
   b. False

7. A person with autism spectrum disorder may.....
   Exhibit self-endangering behaviors

   a. Not perceive danger as others might perceive
   b. Run Away
   c. Echo others words
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a. Any firearm in his/her possession
b. Any firearm under his/her control
c. Any firearm he/she is found to own
d. All the above

15. Which of the following can contribute to an erratic behavior and risk of sudden in custody death?

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b. Energy drinks
c. Traumatic Brain Injury
d. Drug addiction
e. All the above

16. According to **HIPPA** regulations, what information can police officers expect when they contact mental health?

a. Most recent therapy notes
b. Detailed client history
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b. Increased sleep, increased appetite, feeling numb
c. Agitation, irritability, poor concentration
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g. Pressured speech
h. Grandiosity
i. Racing thoughts
j. All the above

22. Which of the following is not included in the directions as stated in the case of Glenn vs Washington County

a. Slow it down
b. Do not increase the subjects level of anxiety or excitement
c. Remember your duty to prevent harm
d. Attempt to develop rapport
e. Time is on your side

23. Instantaneous death is defined by the World Health Organization as death that Occurs within 5 minutes after the onset of symptoms.

a. True
b. False

24. An example of a "critical incident" that can personally affect a first responder is:
    a. Death of the family pet
    b. Divorce
    c. Officer involved shooting
    d. Witnessing a terrible accident
    e. The loss of a fellow employee
    k. Any, or all the above

25. Mental illness is

    a. A medical condition
    b. A sign of weakness
    c. Volitional (a choice)

26. Which of these factors can contribute to mental illness?

    a. Nature (Genetics)
    b. Nurture (Family environment, other illnesses, substance use)
    c. Trauma exposure including Adult and Adverse Childhood Experiences (ACE)
    d. All the above

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Crisis Intervention Training (CIT)
PEI Component Type: Stigma Reduction
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

PEI: Suicide Prevention

The goal of Behavioral Health's suicide prevention activities is to educate community members to be familiar with the signs and symptoms of suicide through training, information campaigns, events, and suicide screening. Additionally, the overall objective of suicide prevention training is for community members to become proficient in identifying the signs of suicidality and become comfortable in helping individuals reach out for help when needed.

PEI : Suicide Prevention : Suicide Prevention Activities, Events, & Social Marketing

A key resource in suicide prevention is information and social marketing campaigns. A state-wide California Mental Health Services Authority (CalMHSA) Campaign, "Know the Signs", focuses on recognizing the warning signs of suicide, finding the words to use with someone in crisis and finding professional help and resources. TCHSA "Know the Signs" materials are used heavily during May is Mental Health Month. The core refrain of "Know the Signs" is know the

signs, find the words, and reach out. Behavioral Health integrates suicide prevention materials into May is Mental Health Month to leverage this set period of intense community outreach.

Additionally, TCHSA has joined with various community members, non-profits, tribal health organizations, tribal social services, educators, and the Tehama County Arts Council to form a collective of Native American and Alaskan Native Culture Bearers. This collaboration has resulted in an annual Native American Cultural Celebration which takes place every September and seeks to encourage the appreciation of area cultures while fostering intergenerational learning and bringing resources to an under-served population.

This year, the Culture Bearers of Tehama County (the originators of the event) have altered the event slightly to an inclusive, Multicultural Celebration, as it will highlight all the various cultures within and around Tehama County.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Suicide Prevention Activities, Events, & Social Marketing
PEI Component Type: Suicide Prevention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

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PEI: Suicide Prevention: Applied Suicide Intervention Skills Training (ASIST)

ASIST, developed by Living Works Education, is a standardized, evidence-based, and customizable two-day, two-trainer workshop designed for members of all care-giving groups. The emphasis is on teaching suicide first-aid to help an at-risk person stay safe and seek help. Participants learn how to identify people with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safety plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Applied Suicide Intervention Skills Training (ASIST)
PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

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PEI: Parenting and Family Support

These programs are designed to assist parents, family members, and caregivers in providing the support and care necessary to loved ones experiencing mental health challenges.

PEI: Parenting and Family Support: Nurturing Families

TCHSA offers the Nurturing Families (NF) program: NF is a family-centered, trauma-informed, and evidence-based modality. NF provides weekly group activities for up to fifteen weeks. Parents/caregivers participate in a parenting group while school age children (ages 5 to 11) participate in a separate group. Participants learn, practice, and apply core values that teach healthy interactions to support appropriate childhood development. Both parents/caregivers and youth share a healthy snack break together in each weekly group meeting.

Classes are designed to build nurturing skills, and the parent/caregiver is shown how to identify, use, and expand alternatives to abusive or neglectful parenting. Behavioral Health (BH) collaborates with Substance Use Recovery Services (SURS) to provide NF, which supports parents and caregivers in developmentally appropriate ways to parent, and building strong, healthy families by learning and reinforcing core values. These core values include positive self-worth, empathy, empowerment, the development of a strong will, structure, discipline, laughter, humor, and play.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Nurturing Families (NF)
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical

Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

PEI: Parenting and Family Support: Support for Family Members and Caregivers & First Episode Psychosis (FEP)

There are two key areas in TCHSA's service delivery system that need family support to maximize effectiveness and to ensure outcomes: 1) providing support for family members and care givers; and 2) support for First Episode Psychosis (FEP) for youth and TAY, and their family members/caregivers. TCHSA is committed to providing support for family members and care givers.

The FEP program serves individuals aged 15-30 who have been experiencing psychotic symptoms for less than 5 years. These individuals will receive specialized screening and will be connected to specialized case management, therapy, medication, and support in education and employment. Additional support for family and support networks is also available in the form of groups and communication with service providers. Individuals can inquire about the program through contact with any TCHSA Behavioral Health service provider and request a referral for screening.

Psychosis can be treated**,** and early treatment increases the chance of a successful recovery. Research indicates that if people who are experiencing psychotic symptoms (such as hallucinations and/or delusions) for the first time in their life are connected to case management, therapy, medication and support in education/employment, long-term outcomes are significantly more favorable.

Psychosis symptoms can be confusing, scary, and overwhelming and this can lead to individuals not reporting their symptoms: TCHSA encourages people experiencing psychotic symptoms to reach out for support in navigating a new path to life goals. Studies show that it is common for a person to have psychotic symptoms for more than a year before receiving treatment. Reducing the duration of untreated psychosis is important because early treatment often means a better recovery. Research supports a variety of treatments for first episode psychosis, especially coordinated specialty care (CSC). CSC includes the following components:

- Individual or group psychotherapy is typically based on cognitive behavior therapy (CBT) principles. CBT helps people solve their current problems. The CBT therapist helps the member learn how to identify distorted or unhelpful thinking patterns, recognize, and

change inaccurate beliefs, relate to others in more positive ways and change problematic behaviors.

- Family support and education teaches family members about psychosis, coping, communication, and problem-solving skills. Family members who are informed and involved are more prepared to help loved ones through the recovery process.
- Medications (also called pharmacotherapy) help reduce psychosis symptoms. Like all medications, antipsychotic drugs have risks and benefits. Members should talk with their health care providers about side effects, medication costs and dosage preferences (daily pill or monthly injection, for example).

- Supported Employment/Education (SEE) services help members return to work or school and achieve personal life goals. Emphasis is on rapid placement in a work or school setting combined with coaching and support to ensure success.
- Case management helps members with problem solving. The case manager collaborates on solutions to practical problems and coordinates social services across multiple areas of need.

The goal of the TCHSA FEP program is to identify those experiencing symptoms of psychosis as early as possible. Individuals having their first experiences with psychotic symptoms will be able to access coordinated specialty care, so these symptoms are addressed early and effectively enabling these individuals to experience an uninterrupted trajectory towards success in schooling, employment, and in their support network.

As a small rural county, Tehama is leveraging both MHSA and SAMHSA block grant funding to implement a full array of services for FEP. Currently, MHSA funding is provided to start the family support and education component associated with this program. TCHSA understands the importance of FEP services and is moving forward with program implementation, serving appropriate members and their family/caregivers.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Support for Family Members and Caregivers & First Episode Psychosis (FEP)
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2022/2023:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section

3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

PEI: Evidence-Based Interventions

These programs employ an approach to treatment that is based on the best available scientific evidence, involving interventions that have been shown to be effective through research and clinical trials.

PEI: Evidence-Based Interventions: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a therapy model used for children ages 3 to 18 who have experienced one or more significant traumatic life events, resulting in PTSD symptoms or functional impairments* TF-CBT provides a comprehensive model of therapy which assesses anxiety, PTSD (post-traumatic stress disorder), depression, and other trauma-related symptoms while developing an individual flexible treatment plan for children and youth who have experienced trauma. TF-CBT recognizes the significance of varied family systems and is a culturally diverse application which values the impact of cultural differences experienced when traumatized. TF-CBT encourages parents, children, and adolescents to work collaboratively to build skills to address mood regulation and safety.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

PEI: Evidence-Based Interventions: Cognitive Processing Therapy (CPT)

CPT is a specific type of Cognitive Behavioral Therapy (CBT) and is typically 12 sessions in length. CPT teaches the individual how to identify, evaluate, and alter negative thoughts/perceptions. By altering your thoughts, you can affect how you feel.

CPT is a modality suited for treatment of trauma and PTSD. The American Psychological Association's website describes CPT as "a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events*."

** Source : www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy.aspx*

CPT is generally delivered over 12 sessions and helps members learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the individual creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Cognitive Processing Therapy (CPT)
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

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PEI: Evidence-Based Interventions: Therapeutic Drumming

Therapeutic drumming is an evidence-based strategy for wellness at TCHSA that has proven to be effective, efficient, and flexible. Drumming participants report an immediate calming and grounding effect (efficacy). Its relatively low overhead (efficiency) and mobility can utilize a variety of locations (flexibility).

A key factor in the drumming protocol allows the process to be adapted to situations, environments, participant demographics, and participants' cultural norms. A portion of the protocol for drumming ends with a period of guided imagery and a wellness exercise. By combining the psycho-physical activity of drumming with time dedicated to guided mediation and wellness, participants receive a "dose" of therapy at the end of each drumming session.

Drumming is also a community outreach tool. Delivering drumming classes is a fun and effective way to introduce the community to TCHSA. Drumming is widely accessible: The drumming program was designed to have cross-cultural linkages. Drumming is appropriate for all ages, and some participants may find that a physical focus (drumming) is a helpful therapeutic communication prompt. Drumming is accessible to people with physical and/or cognitive challenges.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Therapeutic Drumming
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
Demographics:

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PEI: Peer Advocate Program

Our Peer Advocates are individuals who share the experience of living with mental health challenges and are trained to provide recovery-oriented, culturally appropriate services; promoting socialization, self-sufficiency, advocacy, engagement, and supports that are trauma aware.

PEI: Peer Advocate Program: TalkLINE Staffing & Community Outreach

Open 365 days a year, TalkLINE is a sub-crisis "warm line" available from 4:30 PM to 9:30 PM. When life gets challenging, anyone can call and receive confidential, peer-to-peer support.

The TalkLINE originated through Butte County's MHSA programs and a partnership with TCHSA. In collaboration with Butte County, TCHSA is increasing the capacity of TalkLINE and providing an important service to Tehama County. TalkLINE staff participated in outreach events through: Shasta College, the community's "LIFT" event, and resource fairs throughout the community. Peer Advocates also staff an outreach booth at the local Farmer's Market.

TCHSA Peer Advocates work as operators for the "TalkLINE". A Peer Advocate Team Lead oversees 1 to 2 Peer Advocate Operators with the result of 2 to 3 Peers working the TalkLINE hours.

TalkLine		
Fiscal Year	Staff Hours	# of Calls
2023-24	1095	1115

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: TalkLINE Staffing & Community Outreach
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

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PEI: Peer Advocate Program: Groups & Social Engagements

Applying the values and principles of wellness and recovery, Peer Advocates have been and continue to advocate on behalf of STANS clients. Advocacy includes conducting groups and various activities listed on the monthly events calendar. Peer advocates provide a bridge between case resource specialists (case managers) and members.

The Peer-led groups include (but are not limited to):

- **Arts & Crafts**: Find your muse! Fun Arts and Crafts activities. Supplies provided.
- **Book Club**: Time to exercise our minds! We will read together and discuss a book! Books provided.
- **CalFresh Healthy Living**: Discussions on health topics with cooking and nutrition tips to live a healthy life!
- **Computer Lab**: Need access to a computer? Visit the computer lab! Laptops available.
- **Discovery Group**: Do you like variety? Do you enjoy learning about different things? Take a dive into diverse topics to promote wellness.

- **Drumming**: Let's make some noise! Drums are provided, or you can bring your own.
- **Game Day**: Shall we play a game? Have some fun playing a game of your choice!
- **Gardening**: Come join us in our community garden! Get your hands dirty and learn about plants!
- **Let's Go!**: Time for a little gentle exercise. Walks, Qigong, Tai Chi, and gentle stretching are just some of the things we will explore! No experience necessary.
- **Meditation**: Join us for a brief check-in and 20-30 minutes of meditation to promote wellness.
- **Member's Meeting**: Meet to discuss the goings on at your Wellness Center and make suggestions for improvements. A snack will be provided.
- **Mindful Meals**: Let's get cooking! Learn basic culinary skills to create healthy meals. Registration required.
- **Movie Day**: Let's socialize and watch a movie or a documentary! There may even be popcorn.
- **Outing**: Various adventures around Red Bluff and the surrounding area!

Support by trained peers is a proven benefit and is considered best practice. The California Mental Health Planning Council describes the role and impact of peer workers:

- Peer Specialists are empathetic guides and coaches who understand and model the process of recovery and healing while offering moral support and encouragement to people who need it. Moral support and encouragement have proven to result in greater compliance with treatment/services, better health function, lower usage of emergency departments, fewer medications and prescriptions, and a higher sense of purpose and connectedness on the part of the consumer. *

*Source : www.dhcs.ca.gov/services/MH/Documents/CMHPCPeerCertPaper.pdf

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Groups & Social Engagements
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Peer Advocate Program: Peer Counseling

Peer advocates receive on-going training and supervision, providing services to members at the STANS Wellness & Recovery Center. Through Peer Advocates, members receive more "one on one" support and individualized support from someone who has been through, or is still in recovery from, major mental illness. Peer Advocates demonstrate resilience and paths to recovery. For the Peer Advocate, employment can lead to future opportunities.

Peer Advocates are contracted for services through Northern Valley Catholic Social Service on an annual basis, as is the Peer Supervisor.

Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Peer Counseling
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2023/2024:

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Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

WORKFORCE EDUCATION and TRAINING (WET)

WET: Allocation

MHSA law and regulations allow counties to allocate up to 20% of CSS funds to WET, CFTN or both. The table below represents the amount that may be spent on WET if transfers from CSS are deemed necessary and appropriate, balancing the needs of WET and CFTN.

FY 2024-25	FY 2025-26
$651,550	$700,698

WET: Description

WET provides training for existing employees, recruitment of new employees, and financial incentives to recruit or retain employees within the public mental health system.

TCHSA works closely with staff to identify funds for additional training, certifications, and/or clinical degrees. TCHSA provides internship supervision and learning opportunities for clinical mental health students and actively seeks to hire participants.

Another component of WET is providing evidence-based training to staff and consumers, allowing for the development of new and effective skills. As new services are introduced in our MHSA components, there is often a need for staff training. WET funding is utilized to provide that training for new programs and to ensure that new staff are fully trained to existing standards and programs.

Beginning in 2016, and supported by MHSA WET funds, TCHSA uses a web-based educational platform, Relias, as one of its staff training tools. Relias provides evidence-based mental health training and includes topics about recovery. TCHSA can assign Relias content to all levels of staff, including consumer staff.

- TCHSA used WET funding with a continued goal of training all TCHSA employees in MHFA and ASIST.
- TCHSA will continue to explore and review evidence-based therapeutic modalities that will improve outcomes. Priority will be placed on modalities that are trauma-focused and are congruent with mental health wellness and recovery principles. When modalities are chosen, TCHSA will develop an implementation plan that will include any required initial and ongoing training (i.e., Parent Child Interaction Therapy (PCIT) and Brainspotting).
- Continue to integrate Wellness Recovery Action Plan (WRAP) in all areas of mental health and train all levels of staff and include local community partners including law enforcement and First Responders in using this method.
- TCHSA has connected employees to the state and federal stipend programs and loan repayment programs. This has helped alleviate staff shortages. Staff members participated in distance learning programs established by the Superior Region MHSA WET Committee. Other staff members have taken part in loan repayment programs through the California Department of Health Care Access and Information (HCAI).
- TCHSA continues to grow and evolve its client work program of peer advocates and peer assistants.
- TCHSA is in the process of acquiring EMDR and Flash technique trainings for its clinicians, to further expand the tools available to our members.

CAPITAL FACILITIES and TECHNOLOGICAL NEEDS (CFTN)

CFTN provides additional infrastructure needed for increased services, such as clinics and facilities. CFTN also develops technological infrastructure for the mental health system, such as electronic health records (EHR) for mental health services.

CFTN: Allocation

MHSA law and regulations allow counties to allocate up to 20% of CSS funds to WET, CFTN or both. The table below represents the amount that may be spent on CFTN if transfers from CSS are deemed necessary and appropriate, balancing the needs of the component areas involved.

FY 2024-25	FY 2025-26
$651,550	$700,698

CFTN: Description

TCHSA has focused its use of CFTN funds on the purchase and implementation of an EHR system. The go-live date of MyAVATAR occurred in early 2023.

As noted above, TCHSA may elect to use CSS funds for CFTN projects including, but not limited to, improvements to the EHR system that support efficiency, accuracy, regulatory compliance, required reporting, best practices, or functional requirements.

- TCHSA completed a major upgrade to its IT infrastructure to the level required necessary for an electronic health records system.

- EHR, MyAVATAR went live in early 2023.

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

Priority Issue(s) Identified in County/City Proposal	Tehama County has a high proportion in geographic isolation and poverty. They also have high suicide rates among adult males. 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.
Core Audience(s) Identified in County/City Proposal	• Individuals in remote, isolated areas have less access to social support and mental health services. • Youth and TAY • Men at risk of suicide willing to engage in private and confidential services
Project Approval/Start Date/ End Date	September 2018/January 2019/ December 2023
Project Budget	$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)	• Isolated individuals • Individuals experiencing homelessness • TCHSA-BH clients		X		X	X				
Device Access (2022-23)	• Those in myStrength pilot • Community members								X	X
Digital Literacy Trainings (2022-23)	• Those in myStrength pilot • TCHSA-BH clients								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.

	Change (Year Change Occurred)	Reason for Change	Impact of Change
Change in Core Audiences	Pivoted from TAY and men at risk of suicide to individuals experiencing homelessness and TCHSA-	Increased demand for mental health services for individuals experiencing homelessness and TCHSA-	Served core audiences needing services

	BH clients as core audiences in myStrength pilot (2020)	BH clients at the onset of COVID-19	
Change in Technologies	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
Change in Project Approach	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
Change in Timeline	Delayed timeline (2019-21)	• Pivot from virtual services and digital phenotyping (2019) • Pivot to explore/pilot products (2020) • Need to review data sharing agreements (2021)	Delay in technology selection and pilot
Other County/City Specific Changes	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

Completed Technology/Activity	Status	Primary Reason for Decision	Stakeholder Engagement in Decision	Funding Source to Sustain Technology/Activity
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	Community members attend training courses Had key staff and technology to support trainings	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.

PERMANENT SUPPORTIVE HOUSING (PSH)

PSH: Housing - FY 2023/2024

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is affordable, long-term multifamily housing that is linked with supportive services for homeless people with disabilities. The supportive services assist the tenant to retain housing, improve his or her health, and increase his or her self-sufficiency. Supportive services will be provided on-site and off-site by the Tehama County Health Services Agency, Behavioral Health (TCHSA-BH), and other community-based service providers.

Permanent Supportive Housing Funds

MHSA Local Government Special Needs Housing Program (SNHP)

TCHSA-BH received an allocation of housing development funds from Proposition 63, the Mental Health Services Act. By 2017, these MHSA funds were rolled into the Local Government Special Needs Housing Program (SNHP), administered by the State's California Housing Finance

Agency (CalHFA). The eligible use of the funds is the construction of permanent supportive rental housing linked with supportive services.

Target Population:

The SNHP units are restricted for occupancy by individuals 18 years or older living with a diagnosed Serious Mental Health Illness who are homeless or at risk of homelessness.

In 2019, the MHSA Housing Committee reviewed and recommended a permanent supportive rental housing project to utilize this funding. In January 2020, CalHFA approved and issued an SNHP initial commitment letter for $877,773 to TCHSA-BH for its PSH project, Olive Grove Apartments.

No Place Like Home (NPLH)

The California Department of Housing and Community Development, HCD, administers these affordable housing funds. There are three categories of NPLH funds:

- Technical Assistance
- Noncompetitive (allocated through a formula)
- Competitive funds (four rounds issued through Notice of Funding Availability by HCD)

Tehama County previously accepted technical assistance funds from HCD's NPLH program, which were used to meet the program's requirements. For example, technical assistance funds were used to create the Tehama County Homeless Continuum of Care's 10-Year Plan to End Homelessness. This plan incorporates HCD's NPLH key elements and is a threshold item for receiving funding for the NPLH program.

In 2019, Tehama County fulfilled the requirements to accept HCD's allocation of Noncompetitive No Place Like Home (NPLH) funds for $500,000. The NPLH Noncompetitive and Competitive funds are to finance capital costs and capitalized operating subsidy reserves for the development of Permanent Supportive Housing (PSH). PSH is housing without any limits to the length of stay, must be occupied by an eligible NPLH target population, and must be linked with on-site and off-site supportive services to assist the tenant in maintaining housing and increase the tenant's self-sufficiency.

Target Population:

Adults, 18 years or older, living with a diagnosed Serious Mental Health Illness who are either:

- Chronically Homeless
- Homeless
- At-Risk of Chronic Homelessness

TCHSA-BH will be the lead supportive services provider. Services will be provided both on-site and off-site. Behavioral health will also be partnered with other community-based partners. The types of services provided to the supportive housing tenants will be, but are not limited to:

- Mental Health
- Substance use recovery services
- Case Management
- Budgeting
- Linkage to Physical Health Care
- Basic housing retention skills

The Tehama County Continuum of Care-Homeless Management Information System (HMIS) and Coordinated Entry System (CES)

The MHSA Coordinator, Housing Consultant, and Tehama County Continuum of Care's HMIS Coordinator worked all of 2021 to incorporate the NPLH program into the CoC's system of care. The HMIS and CES policy was updated to include the NPLH program, and the HMIS software, Apricot, was updated to capture NPLH target population universal data. A new Permanent Housing Community Queue has been established.

NPLH Tenant Referrals from CES Permanent Housing Queue:

- The project partners will utilize the CES Permanent Housing Queue for all NPLH tenant referrals.
- The CES utilizes a standard assessment tool, prioritizing individuals with the highest need for permanent supportive housing and the most barriers to housing retention.
- The property management will notify the TCHSA-BH when NPLH units become available.
- TCHSA-BH will access the CES Permanent Housing Queue, select three or more of the highest-ranked NPLH eligible individuals, verify their homeless status and Serious Mental Health Illness, and refer them to property management.
- The property management will process applicants for tenancy using Housing First, low-barrier tenant screening and selection process.

In 2023, the HMIS Coordinator transitioned the software for the Coordinated Entry System. The MHSA Coordinator worked to update the PSH CES Queue to align with the new software.

TCHSA-BH Permanent Supportive Housing Projects

NPLH-Round 2

In January 2020, TCHSA-BH and the project partner submitted an NPLH Round 2 Noncompetitive and Competitive application to HCD for the project. HCD awarded NPLH funds to the project on June 25, 2020. Below is a brief description of the project.

Name: **Olive Grove Apartments, Corning**
Developer: Rural Communities Housing Development Corporation (RCHDC)
Units: 32 total units, 16 low-income households, 15 NPLH/SNHP, and 1 resident manager unit
Status: In February 2023, RCHDC completed the construction of the apartment complex. The lease-up started in March and finished in April 2023.

NPLH-Round 4

In 2021, TCHSA-BH staff and Housing Consultant worked with two separate affordable housing developer partners to submit NPLH Competitive applications to HCD. Both projects are in the City of Red Bluff and received NPLH funds on June 28, 2022. In addition, the Plumas County Housing Authority awarded both projects Section 8 Project-Based Vouchers. Below is a brief description of the projects.

Name: **Palm Villas at Red Bluff**
Developers: Northern Valley Catholic Social Service and Palm Communities
Units: 61 total units, 50 low-income households, 10 NPLH units, and 1 resident manager unit
Status: The project partners will submit additional applications to other affordable housing grant programs in 2023 through 2025. Construction is estimated to start in 2025, and the units will be leased in 2027.

Name: **The Bluffs Community Housing, Red Bluff**
Developer: Pacific West Communities
Units: 27 total, 13 Homekey Plus, 13 NPLH/Homekey Plus, and 1 resident manager unit
Status: The project partner will submit additional applications to other affordable housing grant programs in 2023 through 2025. Construction is estimated to start in 2025, and the units will be leased in 2027 (subject to Homekey Plus funding award).

Goals for the next year (FY 25-26)

- Continue developing best practices using Tehama County's Continuum of Care Homeless Management Information System (HMIS) and Coordinated Entry System (CES) for NPLH projects
- Utilize HMIS to collect PSH tenant data for the Olive Grove affordable housing annual reports to State lenders.
- TCHSA-BH will provide ongoing on-site and off-site supportive services to the 15 NPLH tenants at Olive Grove Apartments
- NPLH-Round 4 project partners will apply for other affordable housing funds.
- Start construction on the two NPLH-Round 4 projects (Palm Villas at Red Bluff and The Bluffs Community Housing).
- Meet with Plumas County Housing Authority staff to organize the process for PSH Project-Based Voucher referrals.

APPENDIX

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Tehama 2025/2026 Annual Update

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Natalie Shepard	**Name:** Krista Peterson
Telephone:(530) 527-8491	**Telephone:** (530) 527-3474
E-mail: Natalie.Shepard@tchsa.net	**E-mail:** kpeterson@co.tehama.ca.us
Local Mental Health Mailing Address: Tehama County Health Services Agency, Behavior Health Services, P.O. Box 400, Red Bluff, CA 96080	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for 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.

Natalie Shepard — Local Mental Health Director (PRINT) | Signature | 7/30/25 — Date

"I hereby certify that for the fiscal year ended June 30, 2024, the County/City has maintained an interest- bearing local Mental health Services (MHS) Fund (WIC 5892(f); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated Feb 25, 2025 for the fiscal year ended June 30, 2024. I further certify that for the fiscal year ended June 30, 2024, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfer out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge."

Krista Peterson — County Auditor Controller (PRINT) | Signature | 8/1/2025 — Date

1Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

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 B (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Component Summary Worksheet

County:	Tehama	Date:	3/7/2025

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$277,589.19	$74,023.79	$18,505.95			$370,118.93
2	Joint Powers Authority Interest Earned	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$550,618.00
4	Transfer from Local Prudent Reserve to CSS or PEI	$0.00	$0.00	$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$550,618.00

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		**CSS**	**PEI**	**WET**	**CFTN**	**PR**	**TOTAL**
8	Transfers	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA	$2,668,406.83	$1,956,771.06	$11,326.76	$55,905.81	$255,868.04	$4,948,278.50
10	Medi-Cal FFP	$530,731.48	$123,890.53	$0.00	$0.00	$0.00	$654,622.01
11	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13	Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
14	**TOTAL**	**$3,199,138.31**	**$2,080,661.59**	**$11,326.76**	**$55,905.81**	**$255,868.04**	**$5,602,900.51**

		A
SECTION 5: Miscellaneous MHSA Costs, Expenditures, and Transfers		**TOTAL**
15	**Total Annual Planning Costs**	$7,557.15
16	**Total Evaluation Costs**	$15,114.31
17	**Total Administration**	$62,970.16
18	**Total WET RP**	$0.00
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	$0.00
21	**Total Mental Health Services For Veterans**	$0.00
22	**Total MHSA IGT Transfer**	$0.00

DHCS 1822 C (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Community Services and Supports (CSS) Summary Worksheet

County:	Tehama	Date:	3/7/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CSS Annual Planning Costs	$5,667.86					$5,667.86
2	CSS Evaluation Costs	$11,335.73					$11,335.73
3	CSS Administration Costs	$30,888.65					$30,888.65
4	CSS Funds Transferred to JPA						$0.00
5	CSS Expenditures Incurred by JPA						$0.00
6	CSS Funds Transferred to CalHFA						$0.00
7	CSS Funds Transferred to PEI						$0.00
8	CSS Funds Transferred to WET						$0.00
9	CSS Funds Transferred to CFTN						$0.00
10	CSS Funds Transferred to PR						$0.00
11	CSS Program Expenditures	$2,620,514.59	$530,731.48	$0.00	$0.00	$0.00	$3,151,246.07
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	**$2,668,406.83**	**$530,731.48**	**$0.00**	**$0.00**	**$0.00**	**$3,199,138.31**
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN, and PR)	**$2,668,406.83**	**$530,731.48**	**$0.00**	**$0.00**	**$0.00**	**$3,199,138.31**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J	K
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	52	ACCESS	ACCESS	Non-FSP	$683,136.64		$295,570.98				$978,707.62
15	52	FULL SERVICE PARTNERSHIP	FULL SERVICE PARTNERSHIP	FSP	$1,752,769.06		$235,160.50				$1,987,929.56
16	52	CLIENT EMPLOYMENT PROGRAMS	EMPLOYMENT: REHABILITATIVE & PEER ADVOCATES	FSP	$80,735.95						$80,735.95
17	52	TRANSITIONAL HOUSING	HOUSING, TRANSITIONAL	Non-FSP	$103,872.94						$103,872.94

DHCS 1822 D (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Tehama	Date:	3/7/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	$1,511.43					$1,511.43
2	PEI Evaluation Costs	$3,022.86					$3,022.86
3	PEI Administration Costs	$31,073.63					$31,073.63
4	PEI Funds Expended by CalMHSA for PEI Statewide						$0.00
5	PEI Funds Transferred to JPA						$0.00
6	PEI Expenditures Incurred by JPA						$0.00
7	PEI Program Expenditures	$1,921,157.08	$123,890.53	$0.00	$0.00	$0.00	$2,045,047.61
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$1,956,771.06**	**$123,890.53**	**$0.00**	**$0.00**	**$0.00**	**$2,080,661.53**

SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	71.17%	

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	52	COMMUNITY EDUCATION & LATINO OUTREACH	COMMUNITY EDUCATION & LATINO OUTREACH	Standalone	Prevention		100%	67%	67.4%	$155,676.94						$155,676.94
11	52	STIGMA REDUCTION	STIGMA REDUCTION	Standalone	Stigma & Discrimination Reduction		100%	86%	85.5%	$81,875.14						$81,875.14
12	52	SUICIDE PREVENTION INCLUDING ASIST AND SAFE TALK	SUICIDE PREVENTION	Standalone	Suicide Prevention		100%	71%	71.2%	$1,026,318.52						$1,026,318.52
13	52	PARENTING AND FAMILY SUPPORT	PARENTING TRAINING & SUPPORT (NURTURING PARENTING & GROUP)	Standalone	Prevention		100%	100%	100.0%	$54,434.89						$54,434.89
14	52	PEER ADVOCATE PROGRAMS	PEER ADVOCATES IN PEI PROGRAMS	Standalone	Early Intervention		100%	0%	0.0%	$170,197.30						$170,197.30
15	52	EVIDENCE-BASED INTERVENTIONS	EVIDENCE-BASED INTERVENTIONS	Standalone	Early Intervention		100%	100%	100.0%	$432,054.29		$123,890.53				$555,944.82

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	$0.00
6	INN Project Evaluation	$755.72	$0.00	$0.00	$0.00	$0.00	$755.72
7	INN Project Direct	$9,945.08	$0.00	$0.00	$0.00	$0.00	$9,945.08
8	INN Project Subtotal	$10,700.80	$0.00	$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	$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 Sui	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

DHCS 1822 F (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Workforce Education and Training (WET) Summary Worksheet

County:	Tehama	Date:	3/7/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs						$0.00
2	WET Evaluation Costs						$0.00
3	WET Administration Costs	$722.79					$722.79
4	WET Funds Transferred to JPA						$0.00
5	WET Expenditures Incurred by JPA						$0.00
6	WET Program Expenditures	$55,183.02	$0.00	$0.00	$0.00	$0.00	$55,183.02
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$55,905.81**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$55,905.81**

SECTION TWO

	A	B	C	D	E	F	G	H
#	County Code	Funding Category	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8		Workforce Staffing						$0.00
9	52	Training/Technical Assistance	$55,183.02					$55,183.02
10		Mental Health Career Pathways						$0.00
11		Residency/Internship						$0.00
12		Financial Incentive						$0.00

DHCS 1822 G (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Tehama	Date:	3/7/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs						$0.00
2	CFTN Evaluation Costs						$0.00
3	CFTN Administration Costs	$30.93					$30.93
4	CFTN Funds Transferred to JPA						$0.00
5	CFTN Expenditures Incurred by JPA						$0.00
6	CFTN Project Expenditures	$255,837.11	$0.00	$0.00	$0.00	$0.00	$255,837.11
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$255,868.04**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$255,868.04**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	52	CAPITAL FACILITIES AND TECHNOLOGY NEEDS	CAPITAL FACILITIES AND TECHNOLOGY	Technological Need	$255,837.11					$255,837.11