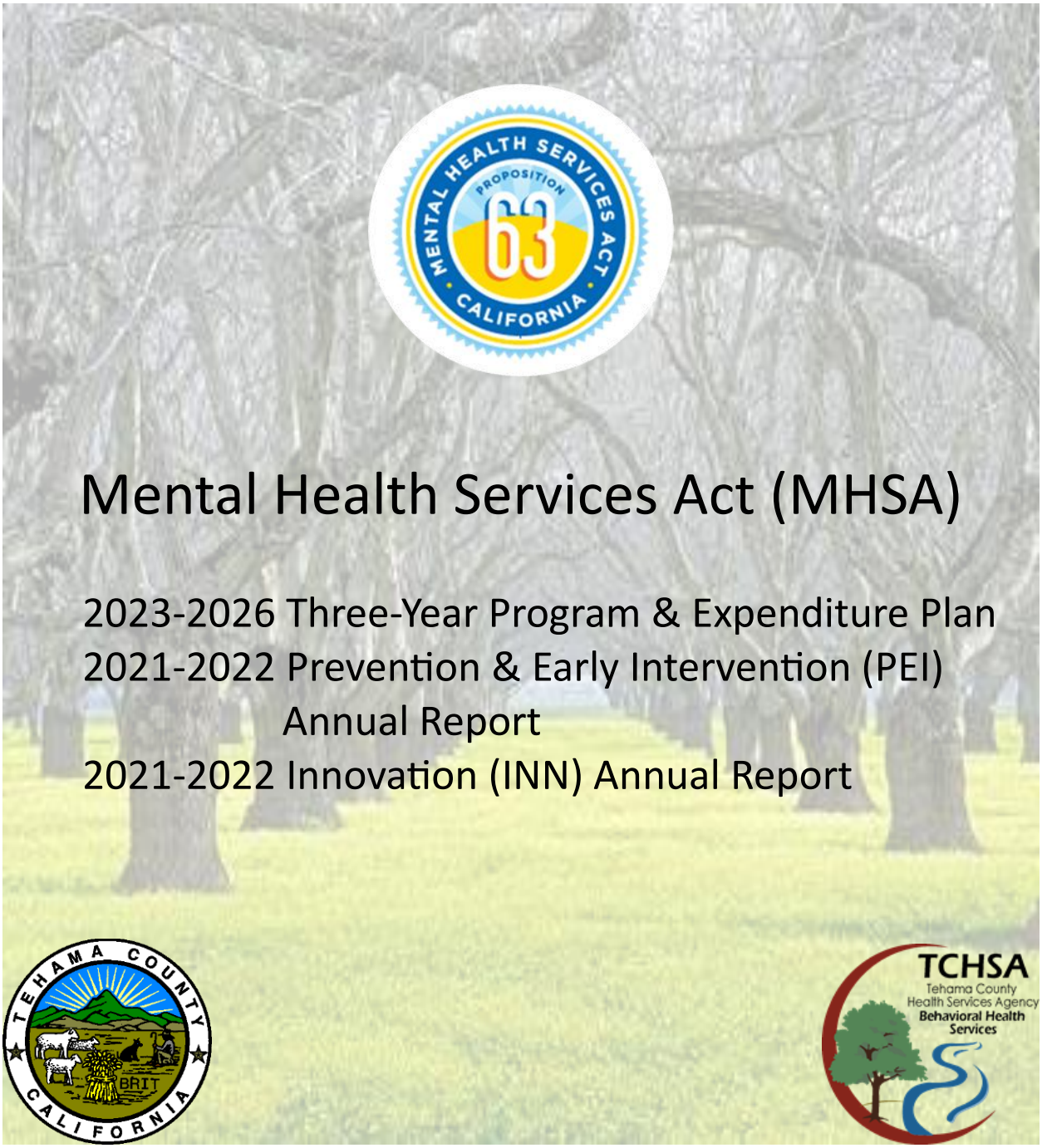
Tehama County



Mental Health Services Act (MHSA)

2023-2026 Three-Year Program & Expenditure Plan
2021-2022 Prevention & Early Intervention (PEI) Annual Report
2021-2022 Innovation (INN) Annual Report

This Three-Year Program & Expenditure Plan and Annual Update was available for public review and comment from May 11th through June 11th, 2023.

The County Mental Health Board held a public hearing at the close of the 30-day public comment period, on June 14th, 2023.

The County Mental Health Board recommended approval of this Three -Year & Expenditure Plan to the County Board of Supervisors.

Tehama County Board of Supervisors approved this Three-Year & Expenditure Plan on June 27th, 2023.

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CONTENTS

OVERVIEW

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

- Three-Year Program and Expenditure Plan for FY 2023/2024 through 2025/2026
- Prevention & Early Intervention (PEI) Annual Report for FY 2021/2022
- Innovation (INN) Annual Report for FY 2021/2022

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.

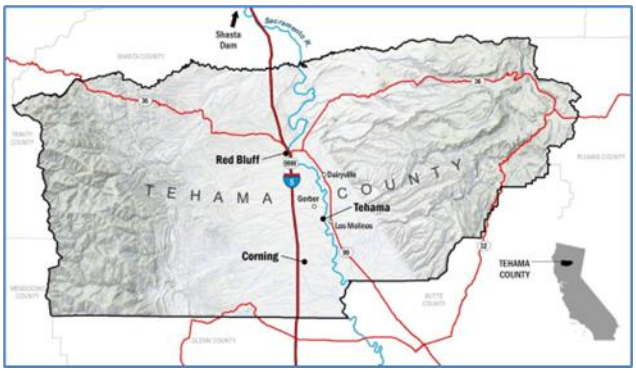
MHSA law stipulates different service components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Housing, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN). CSS, PEI, and INN are funded on an on-going basis, 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”.

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.

(https://www.census.gov/quickfacts/tehamacountycalifornia)
(https://www.census.gov/library/stories/state-by-state/california-population-change-between-census-decade.html)
(https://data.census.gov/profile?q=United+States&g=010XX00US)

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 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 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.
Tehama County, California - Census Bureau Profile

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%

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
	On-Call Clinicians	Crisis Intervention	Clinical Assessment, Interventions
	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
	Community Crisis Response Unit (CCRU)	24/ 7 Crisis Intervention Unit	Seeking Safety
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-Occuring 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 and others). Workforce Employees are often FSP clients. Peer Advocate is an additional level of employment: Peer Advocates are part of the support system (PEI) provided to individuals and groups at the STANS Wellness and Recovery 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)		
Community Engagement & Latino Outreach (CELO)		
	Community Outreach Activities and Programs	PEI: Community Engagement & Latino Outreach (CELO)
	Latino/Latina/Latinx Outreach	
Stigma Reduction		PEI: Stigma-Reduction
	Community Education & May is Mental Health Month	PEI: Stigma-Reduction
	Mental Health First Aid (MHFA) Training	PEI: Stigma-Reduction
	Crisis Intervention Training (CIT) - Law Enforcement, First Responders, and Civilian Staff	PEI: Stigma-Reduction
Suicide Prevention		
	Suicide Prevention Activities, Events, & Social Marketing	PEI: Suicide Prevention
	Applied Suicide Intervention Skills Training (ASIST)	PEI: Suicide Prevention
Parenting and Family Support		
	Nurturing Families	Parent/Caregiver Training Groups
	Support for Family Members and Caregivers & First Episode Psychosis (FEP)	Support Groups, First Episode Psychosis (FEP) and their Families/Caregivers
Evidence-Based Interventions		
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
	Cognitive Processing Therapy (CPT)	Cognitive Processing Therapy (CPT)
	Therapeutic Drumming	Therapeutic Drumming
Peer Advocate Program		
	TalkLINE Staffing, Phone Coverage Hours, & Community Outreach	PEI: Peer Advocate Program
	Peer Run Groups and Activities	
	Individual Support	

MHSA Component and Program	Program or Location	Report Section
Innovation (INN)		
	Help@Hand	Innovation: Help@Hand
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	Capital Facilities and Technological Needs (CFTN)
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	Housing

COMMUNITY SERVICES & SUPPORTS (CSS)

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

- Improve access to unserved and underserved populations.
- Provide Full-Service Partnerships (FSPs) – a "whatever it takes" level of service.
- Apply a recovery-focused approach to existing systems and services.

CSS: Allocation by Fiscal Year

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 2023-24	FY 2024-25	FY 2025-26
$3,156,600	$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

CSS Cost per Person		
Fiscal Year	# of Persons Served	Cost Per Person
2021-22	328	$4,386.02

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

TCHSA's access centers provide clients with case management, psychosocial rehabilitation, individual therapy, group therapy, linkage to other services, psychiatry, tele-psychiatry, 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. Part of these services is to ensure that at a minimum there is at least one bi-lingual, Spanish-speaking staff member available to clients.

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 clients in recovery from mental illness. By learning coping skills and developing healthy resources (both internal and among peers, friends, and family), the clients 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 client and the community are also decreased.

MHSA states that services provided should focus on **recovery** & resilience.

What does "recovery" mean?

"Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person.
Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports."

Recovery is when people begin to experience themselves as a person in recovery rather than a person with a mental illness.

The 10 Fundamental Components of Recovery
As Amended by the CA Association of Social Rehabilitation Agencies. January 2008

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.

Described below, 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) and Therapeutic Drumming.

Wellness Recovery Action Plan (WRAP) involves clients in their own care. When WRAP was developed in 1997, this was an innovative concept that has become a cornerstone of mental health recovery. WRAP aligns with MHSA's focus on client-driven care.

WRAP's core concepts are:

- **Hope.** People who experience mental health difficulties can set and meet life dreams and goals.
- **Personal responsibility.** Clients are active partners in their own care.
- **Education.** Client learning about themselves and mental health—on an on-going basis—supports life decisions that, in turn, support recovery.
- **Self-advocacy.** People learn how to effectively reach out for what they need and want in support of their recovery.
- **Support.** Providing and receiving support increases life skills and improves quality of life. People identify and/or develop a support network of people who nurture their recovery and, in turn, provide support to others.

Clients develop a WRAP plan in collaboration with their providers and peers. WRAP groups support the on-going review and use of WRAP plans. WRAP groups are designed to be taken and passed on to deeper levels of care.

Rehabilitation
Psychosocial rehabilitation (rehabilitation) supports recovery, integration within the community (through work, school, and social involvement) and an optimal quality of life for someone living with serious mental illness.

Cognitive Processing Therapy (CPT) is a modality suited for treatment of trauma and PTSD. The American Psychological Association's website describes Cognitive Processing Therapy 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."

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.
www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy.aspx

Access Centers Hours of Service

Fiscal Year	BHOP	Corning	Outlying
2021-22	1,737.02	45.72	55.48

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 clients, offering case management, rehabilitation, individual therapy, linkage to other services, psychiatry, tele-psychiatry, and Full-Service Partnership (FSP) level 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: On-Call Clinicians

Providing mobile crisis or field crisis response has been a long-standing TCHSA goal. "Mobile crisis" is a broad term for services that can, in fact, range from clinicians being on call (to the hospital or first responders) to a program that provides a team in the field dedicated to psychiatric events.

As part of the Mobile Crisis unit, the on-call clinicians in collaboration with community partners including hospitals, clinics, emergency rooms, and first responders will be able to ensure that people experiencing a mental health crisis are evaluated as soon as possible and receive the necessary care in a timely and impactful manner.

CSS Access: Level 1 Co-Occurring Services

The goal of TCHSA's Co-Occurring programs is to help clients simultaneously address both mental illness and substance use. If a mental health client with substance use issues does not receive services that address both areas, the client 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 serves clients 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 specifies that clients have a primary diagnosis of substance use disorder and a secondary diagnosis (DSM 5) of a mild-to-moderate mental health issue. Level 1 clients 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, clients 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 clients receive services through the FSP program and, in addition to core FSP services, clients 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 clients may also receive individualized counseling with a TCHSA clinician (most commonly CPT).

Co-Occuring Level 1 Staff Hours

Fiscal Year	Staff Hours
2021-22	238.78

CSS Access: Community Crisis Response Unit (CCRU)

The Community Crisis Response Unit (CCRU) provides 24/7 crisis stabilization for up to 23 hours and is available to community members regardless of a client's ability to pay.

The CCRU serves dual purposes. First, the CCRU provides a safe environment for a client to work through a mental health crisis with a mental health professional. CCRU staff employ "Seeking Safety", an evidence-based practice for crisis-level mental health events. Described in more detail on page 15, Seeking Safety focuses on putting together an actionable crisis-recovery plan.

The CCRU's second function is as the designated facility for the evaluation of individuals related to "5150" processes for when people, as the result of a mental health issue, can be held for up to 72 hours due to being gravely ill or a danger to themselves or others. The CCRU's weekly 5150-related volume ranges from 10 to 20 clients. By providing a safe therapeutic setting, some individuals avoid being sent to a higher level of care and can return to the community with a Seeking Safety action plan in place.

CCRU, Unique Services	
Fiscal Year	Unique Individuals Served
2021-22	No Data

CSS: Full-Service Partnership (FSP)

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

Fiscal Year	Children (0-15)	TAY (16-25)	Adults (26-59)	Older Adults (60+)
2023/2024	10	12	60	20
2024/2025	10	13	65	25
2025/2026	12	15	70	28

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.

Using Los Angeles FSP client data, a 2018 RAND Corporation study re-affirmed FSP's efficacy: FSP-level services result in fewer hospitalizations and fewer encounters with law enforcement. By stabilization through FSP, negative disruption is reduced both for the client, family members, and the community.

Available to children, transition-aged youth (TAY), adults, and older adults with a major mental health diagnosis, the FSP client profile includes recent crisis unit (CCRU) and/or emergency room psychiatric events, being homeless or at risk of homelessness and/or recent incarceration or risk of incarceration.

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) Wellness Action Recovery Plan (WRAP). WRAP requires clients' 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 supports for housing, employment, and training/education. TCHSA connects FSP-level clients to services that stabilize their health benefits and finances. These evidenced-based practices are provided by TCHSA-BH and through TCHSA partnering with outside providers to serve consumers within Tehama County.

Within the FSP level of care, clients that have co-occurring issues (both mental health and substance use issues) receive services that address both areas: This specialized FSP program, where mental health is the lead diagnosis, is "co-occurring level two". Co-occurring level one is funded under CSS Access.

CSS FSP: Children (0-15 years)

Remi Vista, Inc. has been contracted by the County to provide 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.

CSS FSP: Transition-Aged Youth (TAY) (16-25 years)

The County has engaged a contract with Victor Community Support Services, Inc. for the provision of 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

FSP # of Clients (Age Group & Fiscal Year)

Fiscal Year	Children	Transition-aged Youth	Adult	Older Adult
2021-22	3	0	45	15

FSP Cost per Individual (Age Group & Fiscal Year)

Fiscal Year	Children	Transition-aged Youth	Adult	Older Adult
2021-22	$31,892.83	$31,892.83	$33,140.52	$33,140.52

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 and involves 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:

<table>
<tr><th>AREA</th><th>CRITERIA</th><th>TIMEFRAME</th><th>OCCURENCES</th></tr>
<tr><td>Age</td><td>18 years or older</td><td colspan="2" rowspan="5"></td></tr>
<tr><td>Residency</td><td>County resident</td></tr>
<tr><td>Diagnosis</td><td>Serious Mental Disorder (WIC 5600.3), can include co-occurring disorders.</td></tr>
<tr><td>Treatment</td><td>Has refused opportunities to participate in treatment.</td></tr>
<tr><td>Risk</td><td>Person is unlikely to survive safely in the community.</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="3">Court must find that non-compliance with mental health treatment has resulted in:</td><td>Hospitalization or incarceration</td><td>36 months</td><td>Two (2) or more</td></tr>
<tr><td colspan="3">and/or</td></tr>
<tr><td>Acts of serious, violent behavior towards self or others</td><td>48 months</td><td>One (1) or more</td></tr>
</table>

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 clients simultaneously address both mental illness and substance use. If a mental health client with substance use issues does not receive services that address both areas, the client does 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 are a primary diagnosis of severe and persistent mental illness (DSM 5) and a secondary moderate-to-severe substance use diagnosis. Level 2 clients receive services

through the FSP program and, in addition to core FSP services, clients 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, clients 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 clients, including the employment of Peer Advocates and Workforce Employees.

Formerly Peer Assistants, Workforce Employees are employed under a contract with Northern 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 NVCSS supervisors. After training, participants are assigned to work in one of several areas: STANS Wellness & Recovery Center, Behavioral Health Outpatient (BHOP) Clinic, and/or a landscaping program. Workforce Employees are hired for a nine-month period (additional employment series are considered depending on circumstances), receive supportive employment, 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
2021-22	9,568	8

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 client is being stabilized and is pending permanent supports. Transitional housing participation includes bedrock services of case management, psychiatry and medication support, rehabilitation, and individual and group therapy. Clients in transitional housing are almost always involved in services at the STANS Wellness & Recovery Center and are often FSP-level clients.

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 clients. TCHSA has one transitional housing unit, Gentry House, which can accommodate five clients and is typically full. The limited space within transitional housing creates issues for both clients and Behavioral Health programs/staff.

Clients who are not yet stabilized are often homeless, on the verge of homelessness, or are under-housed (staying in a series of temporary situations). Severely mentally ill clients often face repeated homelessness when they have been stable and housed but experience a crisis.

Clients who do apply for housing wait approximately three months after the application is submitted. Temporary housing is needed while permanent housing is found. Clients may have bad credit and prior rental histories that complicate any rental process. Staying in the county homeless shelter or remaining homeless presents obstacles to treatment and can result in increased time and effort: For example, if clients are not in an identifiable and secure housing location, it is a challenge to maintain contact with that client. If contact and services are not maintained, a client's situation is more likely to deteriorate, resulting in additional staff time and use of public resources.

Tehama County partnered with the Poor and the Homeless (PATH), a non-profit organization in Red Bluff, as well as the Cities of Red Bluff and Corning, their respective City Councils, and the Tehama County Board of Supervisors for the planning and implementation of a Navigation Center within the City of Red Bluff. The ground-breaking for PATH Plaza (the name chosen for the Navigation Center) took place in December 2022, and construction is expected to be completed by December 2023.

Once completed, this one-stop hub will utilize a low-barrier, housing-first approach; including the provision of meals, showers, laundry, and mail services. The facility will contain 64 single beds for transitional use, and with the introduction of bunk beds should be able to accommodate closer to 80 individuals. The center will provide 24 hours of service for 365 days a year. Supplementary services will be provided by partner agencies.

Nights of Paid Housing	Fiscal Year 2021-22	Nights provided - 383

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 Cost per Person		
Fiscal Year	# of Persons Served	Cost Per Person
2021-22	3391	$223.20

PEI: Allocation by Fiscal Year

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 clients. Any stated budgets are merely current estimates and are not meant to be prescriptive in nature.

FY 2023-24	FY 2024-25	FY 2025-26
$923,263	$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(e) 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 2019/20	FY 2020/21	FY 2021/22
0-15 (children/youth)	1	1	188
16-25 (transition age youth)	25	10	1,684
26-59 (adult)	160	80	748
ages 60+ (older adults)	31	9	96
Declined to answer	34	68	675

Race by category			
American Indian or Alaska Native	13	3	118
Asian	1	1	24
Black or African American	2	4	44
Native Hawaiian or Pacific Islander	4	1	34
White	133	69	1,594
Other	59	9	492
More than one race	5	5	85
Declined to answer	34	76	1,000
Ethnicity by category			
Hispanic or Latino/x			
Caribbean	1		7
Central American	3	2	34
Mexican/Mexican American/Chicano	59	26	714
Puerto Rican		1	8
South American			
Other	4	3	56
Non-Hispanic or Non-Latino/x			
African	1	2	24
Asian Indian/South Asian			
Cambodian			
Chinese			
Eastern European	10	5	119
European	31	19	390
Filipino	1	1	15
Japanese	1		7
Korean			
Middle Eastern			
Vietnamese			
Other	25	8	254
More than one ethnicity	3	5	68
Declined to answer	109	95	1695
Primary Language			
English	187	93	2,204
Spanish	30	10	305
Decline to answer	34	65	882

Sexual Orientation				
Gay or Lesbian		2	1	12
Heterosexual or Straight		178	100	2,221
Bisexual		9	4	15
Questioning or unsure of orientation		2		7
Queer			1	5
Another Sexual Orientation		2		7
Declined to answer		58	62	1,134
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		38	9	67
	Communication			
	Difficulty seeing	8		12
	Difficulty hearing, or being understood	9	1	14
	Other	2		5
	Mental domain not including a mental illness			
	(Including, but not limited to a learning disability,			
	developmental disability, dementia)	13	6	20
	Physical/mobility domain	10		25
	Chronic health condition (including, but not			
	limited to, chronic pain)	14	3	23
	Other			
No		152	89	1,071
Declined to answer		61	70	2,253
Veteran Status				
Yes		5	10	135
No		145	94	1,003
Declined to answer		101	64	2,253
Gender				
	Assigned sex at birth			
	Male	31	19	407
	Female	188	88	2,153
	Declined to answer	32	61	831
	Current Gender Identity			
	Male	31	20	408
	Female	187	78	2,142
	Transgender			
	Genderqueer			

	Questioning/Unsure			
	Another gender identity		1	2
	Declined to answer	33	69	839

PEI: Community Engagement & Latino Outreach (CELO)

Community Engagement and Latino Outreach (CELO) 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 & Latino Outreach (CELO)
PEI Component Type: Prevention
Unduplicated Number of Individuals Served in FY 2021/2022:

MHSA PEI CELO provides prevention to large groups of people, so we do not have a count of unique individuals.

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: Stigma Reduction

Stigma has been ranked 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: Community Education & May is Mental Health Month

Stigma reduction programs provide education to the community and to TCHSA staff about mental illness to reduce the stigma and discrimination surrounding mental illness. Stigma reduction increases the likelihood of people accessing care and reduces negative experiences and outcomes associated with negative stereotypes of mental illness. Stigma reduction methods include direct training, social marketing campaigns ("Each Mind Matters") and May is Mental Health Month activities. Activities during May is Mental Health Month educate community members about mental health issues and mental health wellness and recovery.

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

Program Name: Community Education & May is Mental Health Month
PEI Component Type: Stigma Reduction
Unduplicated Number of Individuals Served in FY 2021/2022:

MHSA PEI Community Education & May is Mental Health Month provides stigma reduction to large groups of people, so we do not have a count of unique individuals.

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 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 trainings 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

Youth Mental Health Opinions Quiz

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 2021/2022: 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 Stigma Reduction: Crisis Intervention Training (CIT) – Law Enforcement, First Responders, & 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. Recently added is 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. 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

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

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
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   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

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
   d. All the above

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

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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.

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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?

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

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 2021/2022: 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

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

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.

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.

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 2021/2022: MHSA PEI Suicide Prevention Activities, Events, & Social Marketing provides suicide prevention awareness to large groups of people, so we do not have a count of unique individuals.
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: Applied Suicide Intervention Skills Training (ASIST)

ASIST, developed by Living Works Education, is a standardized 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 persons 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 2021/2022: 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

PEI Parenting and Family Support: Nurturing Families (NF)

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 on 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 2021/2022: 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 a 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 patient 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. Clients 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 clients 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 clients 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 clients and their family members/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 2021/2022: 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

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.
TF-CBT is an effective evidence-based intervention. With the goal of the continual utilization of TF-CBT, TCHSA will be creating a plan to increase the use of TF-CBT for children and families/caregivers. TCHSA will be reviewing ways to include ongoing training most efficiently in clinicians' schedules.

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 2021/2022: Some staff trained.
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: cibhs.org*
*** Source: www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy.aspx*

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient 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 2021/2022: Some staff trained.
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 Evidenced-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 is ended 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. Providing 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 2021/2022: Therapeutic Drumming provides prevention to groups of people, so we do not have a count of unique individuals.

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: Peer Advocate Program

PEI Peer Advocate Program: TalkLINE Staffing, Phone Coverage Hours, & 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 the 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 Advocate staff also have an outreach booth at the Wednesday night Farmer's Market.

Beginning in November 2016 and expanded in 2018, TCHSA Peer Advocates work as operators for "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.

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

Program Name: TalkLINE Staffing, Phone Coverage Hours, & Community Outreach
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2021/2022: 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.

TalkLine

Fiscal Year	Staff Hours	# of Calls
2021-22	1290	1970

PEI Peer Advocate Program: Peer Run Groups and Activities

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 clients.

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*.

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

Program Name: Peer Run Groups and Activities
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2021/2022: Peer Run Groups and Activities provide prevention to groups of people, so we do not have a count of unique individuals.
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 Peer Advocate Program: Individual Support

Peer advocates receive on-going training and supervision, providing services to clients at the STANS Wellness & Recovery Center. Through Peer Advocates, clients 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.

*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: Individual Support
PEI Component Type: Early Intervention
Unduplicated Number of Individuals Served in FY 2021/2022: 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.

INNOVATION (INN)

INN: Help@Hand

This document in its original format was available for public review and comment from April 5, 2018, through May 7, 2018.

This document in its original format was approved by the Tehama County Board of Supervisors on June 19, 2018.

Our current planning process has been directly impacted by the Covid-19 pandemic; posing a significant challenge with respect to the upcoming MHSA budget allocations due to the economic influence exerted across the United States by this medical emergency. Tehama County will continue to comply with all spending guidance distributed from the Governor and the California Department of Health Care Services (DHCS); striving to provide quality services to our clients in a respectful and compassionate manner throughout and after this crisis.

Fiscal Year	# of Persons Served*	Cost Per Person
2021-22	x	2,150.50

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

INN: Project Introduction

INN projects are novel, creative and/or ingenious mental health practices/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.

Primary Problem Being Addressed

Tehama County is a large, rural county that spans the California Central Valley and is bordered by mountains on the east and west. Along with other superior region counties, Tehama has a significant population living both in poverty and in geographic isolation. Tehama County has, in addition, significant rates of suicide among adult males. Tehama also has a large and stressed migrant worker population whose needs may be un- or under-served.

Project Purpose

The purpose of the Help@Hand innovation project in Tehama County is to address unmet mental health needs of County residents, including residents who are socio-economically and / or geographically isolated (including isolated youth and TAY, migrant workers, and adult males at risk of suicide) and as identified by stakeholder participation.

Project Need

Tehama's population of 63,500 is spread over 2,950 square miles. 70% of Tehama County residents live in unincorporated areas, and many of these areas are significantly geographically isolated. Tehama County's largest town, Red Bluff, has a population of 14,000.
Tehama County has a large Latino population, and Spanish is the County's threshold language. The County has a substantial migrant worker population.

Tehama County has five significant issues that, in combination, create unique needs in providing care:

1. Poverty: The poverty level in Tehama County is twice that of state and national averages (2010 census data). The poverty rate for young people is substantially higher than the poverty rate of people 65 and older (2010 census). As of the 2010 census, 34% of

Tehama County residents are below the age of 24 and 16% of residents are 65 and older. The rate of children in foster care is more than twice the state average (Lucille Packard foundation's "Kid Facts" website).

2. Geographic isolation: Most major services, including the county's single acute care hospital, are in the town of Red Bluff, in neighboring counties or beyond. Geographic distances in Tehama County are significant: From the rural community of Manton to the town of Red Bluff is 37 miles on an isolated road; Rancho Tehama is another isolated community, 25 miles from Red Bluff; another community, Los Molinos, is 22 miles from Red Bluff. Because of the county's size and sparse population, public transportation is limited. When communities are served by bus service, it can be limited or cumbersome: The community of Rancho Tehama receives bus service to Red Bluff one day a week. Tehama County has a significant migrant worker population that faces myriad challenges, including geographic and logistical isolation (significant amounts of time spent working away from home), in accessing services.
3. Limited transportation options: Because of the County's size and lack of public transportation, travel is private-vehicle dependent. As noted, the County has a significant poverty rate. Poverty, geographic barriers, lack of public transportation and large distances result in transportation becoming an economic challenge and a barrier to care.
4. Workforce shortage: Tehama has significant behavioral health workforce shortage. As a behavioral health employer, the County struggles to find and retain qualified behavioral health staff (psychiatrists, clinicians, nurses, and case managers).
5. Stigma discourages individuals from seeking services: Stigma and a lack of understanding about of mental illness symptoms are challenges for Tehama County. Individuals can be wary of using services in a small, deeply interconnected county wherein maintaining anonymity and/or privacy may seem difficult.

Tehama County Health Services Agency, Behavioral Health (TCHSA-BH) recognized a need for identification of the onset of mental illness in youth and transition-aged youth. As mentioned above, as of the 2010 census 34% of Tehama County residents are below the age of 24. TCHSA-BH has received ongoing input from the County Mental Health Board, juvenile probation staff, social services staff, and Tehama Department of Education regarding greater services for youth and TAY. There have been repeated community member and stakeholder requests to make services more youth friendly and accessible, including requests to use technology to engage youth.

During the Community Program Planning Process (CPPP), the Technology-based innovation project was presented. There was an enthusiastic response to joining other California counties in a technology-based Innovation project. The County's Mental Health Board is excited about the prospect and offered its express support to pursue the project to help reduce isolation, provide individuals with a private place to increase their knowledge of mental health symptoms, increase access to services for all community members including youth and TAY, and to identify onset of mental illness as early as possible.

Primary Problem Being Addressed: Target Population

TCHSA-BH and the County's Mental Health Board propose targeting specific populations with this Innovation plan:

1. Individuals in remote, isolated areas of the county who have less access to social support and mental health services including isolated seniors and isolated youth and transition-aged youth.
2. Youth and TAY, including youth who may be in school (attending local high schools, who may be commuting to nearby California State University, Chico, and / or attending Shasta College at its main site or at the Shasta College Tehama Site), who are in the local workforce or who are not engaged in school or work.
3. Men at risk of suicide who may be more willing to engage in private and confidential services.

TCHSA-BH estimates that the number of individuals served by this Innovation project will be approximately 350 "intensive" users per year for a total of 700 such users. The expectation is a significant higher number of users using the platform/ suite for one-time or time-limited information and / or referral.

An important note: Tehama County sees the Help@Hand platform as a valid service—because new consumers who may not be willing to access services through traditional methods may use the Help@Hand services—to identify and providing insight to users that have not previously accessed or approached services. In other words, Tehama hopes that Help@Hand will identify people who we do not yet know have a service need because they have never accessed services (unserved). Of interest now are adult males at risk for suicide and the county's migrant worker population; however, the county is eager to review user trends for further insight related to populations who continue to be un- or under-served.

As the Help@Hand project evolves at the state-wide level, Tehama County will continue to engage with project leads at CalMHSA to advocate for Tehama's unique county needs.

Proposed Project

This project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early

detection of mental illness and signs of decompensation, stopping the progression of mental illness, and preventing mental illness all together.
In Tehama County specifically, TCHSA-BH envisions accessing the components of Help@Hand that meet the needs of the two target populations described above. The TCHSA-BH Director, MHSA Coordinator, with input from peer advocates, the County Mental Health Board, as well as the MHSA Stakeholder Subcommittee of the County Mental Health Board will be engaged in the development of the project and technology products to ensure that the applications created will improve social support/engagement, improve access to care, and identify early onset of mental illness among users in small rural communities. Additionally, the TCHSA Information Technology team will be consulted on the project.

Following the development of the applications, TCHSA-BH plans to work with staff members and community partners (education, faith-based organizations, non-profit, law enforcement and social services) to implement the products locally. In addition to participating in the broader multi-county evaluation, TCHSA-BH intends to add some locally specific learning goals and evaluation questions (see below)

> Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This project introduces a practice or approach that is new to the overall mental health system.

> Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

TCHSA-BH has determined that this approach is appropriate because it directly addresses the need for decreased isolation, increased social engagement, a private way of accessing services which would be easily accessible for those who feel stigma when accessing traditional services, and increased access to services in remote, rural Tehama County. It also directly addresses the need for identification of early onset of mental illness.

How Tehama's Use of Help@Hand is Unique

How will Help@Hand in Tehama County be different than Help@Hand in other counties? First: Tehama County Behavioral Health uses no on-line system or virtual tools to provide care and has a limited web presence. As a result, in many ways Help@Hand will begin the County's entry into an on-line presence, virtual tools, and a platform or platforms that will work with a variety of devices (phones, tablets and PCs).

Unique Needs

The Help@Hand platform may also be a sea change for Tehama County in ways that are unique and significant to rural counties with large geographic areas.

Tehama's population is stressed by a geographic isolation, poverty, a lack of affordable and/or public transportation, a health care provider shortage, and stigma and privacy concerns that may be heightened in small counties. Virtual support, information and / or care is likely to be a significant additional tool in addressing issues of geographic and socio-economic isolation.

Along with addressing isolation, Help@Hand in Tehama may also address how best to reach out to and support youth and TAY in a method that is most comfortable. Community feedback indicates that youth and TAY are most likely to be comfortable getting information online, texting for peer or referral support, and using an on-line platform for other modalities and components of care.
Youth and TAY in foster care or with a foster care history are an at-risk population in Tehama County, and Tehama and neighbor counties have rates of children in foster care that are more than twice the state average.

Tehama County has a large Latino population: Because Help@Hand is being developed to provide linguistically and culturally competent content, this provides another level of Latino support within the County's system of care.

Unique to the superior region, Tehama County has a significant migrant worker population. In addition, as part of the Interstate 5 agriculture corridor Tehama County is along the major migration of workers who follow agricultural and / or seasonal work from southern California to Oregon and Washington. Migrant workers – either Tehama-based or working in the area seasonally or temporarily – are a difficult population to serve. Further, there may be some cultural stigma around mental health, and services need to be presented in a culturally competent way and in collaboration with trusted cultural brokers.

It is the County's hope that—for mono- or bilingual migrant workers—Help@Hand may be a format that is both logistically accessible to people who cannot miss a day of work to access care, who spend significant amounts of work time outside in the county and are bilingual or mono-lingual. A sub-goal of Help@Hand for Tehama is whether the new platform can engage this population in services and provide on-going services to a mobile population.

The rate of suicide in Tehama and neighboring counties are more than twice the state average. The driver of Tehama's high suicide rate is the rate among adult males.

The rural male population is a difficult population to approach around self-care and mental health.

Help@Hand may be a format, that in its level of privacy and/or ease of private access, will draw this at-risk population in either prior to crisis or during crisis: A sub-goal of the Help@Hand Project for Tehama is an evaluation of whether this new platform and approach can be used to increase service engagement of rural adult men experiencing depression or other pr-suicide risks.

Evaluation of Bandwidth Needed to Access Help@Hand Platforms

Comparing levels of wireline broadband service, and using the State's data, Tehama County's coverage appears reasonable. Tehama County feels that there is adequate coverage for residents to access the Help@Hand platform. The State – specifically the California Public Utilities Commission (CPUC) Broadband, Policy, and Analysis Division– estimates that 61.2% of Tehama County households are served by wireline providers that provide highspeed internet. With fixed wireless coverage added, 99% of the households are served by at least 6 Megabits per second (Mbps) download and 1 Mbps upload. With mobile coverage added in, the CPUC estimates the coverage to be 99.6% of households in Tehama County. This relatively robust coverage is due in part to the county being bisected by Interstate 5 (whose coverage spreads into the county) and the county's geography.

Components of Help@Hand

Accessible from a computer, cell phone or tablet utilizing customized applications to address the needs of the un- and underserved populations within the county.

Overall Goals

1. Detect mental illness earlier, including depression, psychosis, and bipolar disorder. - In Tehama County, detect mental illness earlier particularly among youth and transition-aged youth (TAY).
2. Intervene earlier to prevent mental illness and improve client outcomes. - In Tehama County, intervene earlier particularly among youth and transition-aged youth (TAY).
3. Provide alternate modes of engagement, support, and intervention. - In Tehama County, provide alternate modes of engagement, support, and intervention among individuals living in remote, isolated areas and those who feel stigma in accessing traditionally presented mental health services (for example, in person, at County mental health outpatient services).

Learning Goals

Please note: the following list of learning questions has been adapted from the list of learning questions proposed by other partners participating in this multi-county Innovation plan. TCHSA-BH has added verbiage to make these learning questions more specific to its own local climate. This verbiage is noted in [brackets].

1. Will [rural/ isolated youth and transition-aged youth (TAY) and] individuals [living in remote, isolated areas] either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
2. Will [rural/ isolated youth and transition-aged youth (TAY) and] individuals [living in remote, isolated areas] who have accessed virtual peer chatting services be compelled to engage in manualized virtual therapeutic interventions?
3. Will the use of virtual peer chatting, and peer-based interventions result in users [from both target populations] reporting greater social connectedness, reduced symptoms and increases in well-being?
4. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support [among both target populations]?
5. Can passive data from mobile devices accurately detect changes in mental status and effectively prompt behavioral change in users [youth/ TAY and individuals living in isolated areas]?
6. How can digital data inform the need for mental health intervention and coordination of care [youth/ TAY and individuals living in isolated areas]?
7. What are effective strategies to reduce time from detection of a mental health problem to linkage to treatment [among both target populations, but especially among rural/ isolated youth and transition-aged youth (TAY)]?
8. Can we learn the most effective engagement and treatment strategies for patients from passive mobile device data to improve outcomes and reduce readmissions?
9. Can mental health clinics effectively use early indicators of mental illness risk or of relapse to enhance clinical assessment and treatment [especially among rural/ isolated youth and transition-aged youth (TAY)]?
    a. [Can TCHSA-BH effectively use data from the rural/ isolated youth and transition-aged youth (TAY) population to design and implement PEI programs for K-12 educators, staff, and family/ caregivers?]
10. Is early intervention effective in reducing relapse, reducing resource utilization, and improving outcomes and does it vary by demographic, ethnographic, condition, intervention strategy and delays in receiving intervention [especially among rural/isolated youth and transition-aged youth (TAY)]?
11. Can online social engagement effectively mitigate the severity of mental health symptoms [especially among individuals living in remote, isolated areas]?
12. What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

Evaluation

This project will be evaluated by tracking and analyzing passive data, reach of users, level of user engagement, changes in access to care and clinical outcomes. Furthermore, data from mobile devices would be analyzed to detect changes in mental status and responses to online peer support, digital therapeutics, and virtual care. Continuous assessment and feedback would drive the interventions. Specific outcomes are listed below.

Please note that as with the learning questions, the following list of evaluation outcomes has been adapted from the list of evaluation outcomes proposed by other partners participating in this multi-county Innovation plan. TCHSA-BH has added verbiage to make these evaluation outcomes more specific to its own local climate. This verbiage is noted in [brackets].

1. Increased purpose, belonging and social connectedness for users [especially for individuals living in remote, isolated areas].
2. Increased ability for users to identify cognitive, emotional, and behavioral changes and act to address them [among both target populations].
3. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.) [among both target populations].
4. For high utilizers of inpatient or emergency services, decreases in utilization for those services.
5. Reduced stigma of mental illness as reported by user [among both target populations].
6. Comparative analyses of population level utilization data [in Tehama County] over the life of the project to determine impact on various types of service utilization. a. [Reach of technology products (number of users, demographics of users) in Tehama County.]
7. For clients with biomarkers (characteristics identified either through history or digital phenotyping analysis), how many clients respond well to treatment options identified through this project?
8. What is the role of this technology as a source of information that can help guide the interventions provided by mental health clinicians [at TCHSA-BH]?
9. Examine penetration or other unmet need metrics to understand how the technology suite has impacted [TCHSA-BH's] ability to serve those in need.

User outcomes will be measured by analyzing retrospective and prospective utilization of hospital resources from claims data and medical records data. The analysis will incorporate disease risk stratification, digital phenotype and digital biomarker measurement, type of intervention and delay in receiving care. Quality of life impact will include school grades, graduation rates, job retention, absenteeism and presenteeism.

TCHSA-BH will participate in the Innovation plan evaluation primarily by contributing data to the evaluation experts who will be leading this evaluation. The TCHSA-BH MHSA Coordinator will ensure that Tehama County's evaluation needs are articulated in the multi-county evaluation plan that is developed, and that TCHSA-BH is able to access county-level data on the target populations served.

Additional Information for Regulatory Requirements

Contracting

Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products. Specifically, in Tehama County,

TCHSA-BH's MHSA Coordinator and Fiscal Services Officer will coordinate with CalMHSA to ensure regulatory compliance. The TCHSA-BH Director and MHSA Coordinator will participate as a partner in selecting tools and components. Tehama County will continue to engage with project lead at CalMHSA to advocate for Tehama's unique county needs.

Certification

Original documentation published in the County's Innovation Plan.

Community Program Planning Process (CPPP)

Tehama County Health Services Agency, Behavioral Health (TCHSA-BH) conducted a substantial MHSA Community Program Planning Process (CPPP) from January through April 2018.
In addition, this plan was posted for public comment on TCHSA's main website from April 5 to May 7, 2018. No comments were received.

Tehama County's Spring 2018 MHSA stakeholder outreach process was a multi-pronged / multi-platform approach, including:

1. Re-invigorating the County's MHSA Stakeholder Committee, a standing subcommittee of the County's Mental Health Board. Restructuring of the subcommittee included increasing and deepening the committee's membership, and membership includes adult consumers; families of consumers; seniors; law enforcement; local NAMI; director-level staff of public medical, substance abuse and child protective services; Latino; LGBTQ+; K-12 educators and administrators; health care; social services; faith-based organizations; local non-profit service providers; advocates. The subcommittee met and recommended a draft Community Participation Plan for Mental Health Board approval.
2. A series of four widely publicized public community stakeholder meetings in diverse county locations, two with bilingual Spanish support. Each meeting lasted 1.5 hours. TCHSA-BH staff recorded significant community input.
3. A series of targeted meetings including LGBTQ+, transition age youth consumers and adult consumers. Each meeting lasted 1.5 hours. TCHSA-BH staff recorded significant input.

Stakeholder input contained multiple trends, including:

- The need for information on available to be increased, consistent and readily available in a variety of formats appropriate for all consumers and in a way that demystifies and de-stigmatizes the process of accessing services. Help@Hand was discussed as a solution and platform for one-stop public information.
- Increasing youth and TAY appropriate services including on-line and tech-based solutions.
- Support for TAY parents "meeting them where they are" including on-line and tech-based solutions.

- Addressing needs of the migrant worker population in a way that is logistically and culturally appropriate (smart phone usage was specifically discussed as a unique opportunity.
- Increasing training options—for example, parenting classes—including remote (on-line or app based) training options.
- Increased support for geographic and logistically isolated populations in a way that covers all of Tehama County's large geography.
-

Tehama County continues to identify a need for linguistically and culturally appropriate support for youth in the Latino community and has identified a need for appropriate and accessible outreach to the LGBTQ+ community. Stakeholder input also includes concerns about isolated seniors facing depression and other mental health risks.

For this Innovation Plan, TCHSA-BH decided to join counties across California in implementing technology-based strategies that will meet the needs identified by community members (isolation, social engagement, access to services).

- The Tehama County Mental Health Board first discussed this plan on March 29, 2018, and approved the plan on March 30, 2018.
- The public comment period for this Innovation plan took place from April 5, 2018, to May 7, 2018.
- The plan was taken before the Tehama County Board of Supervisors on June 5, 2018.

Primary Purpose

Select one of the following as the primary purpose of your project.

a) Increase access to mental health services to underserved groups
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency collaboration related to mental health services, supports, or outcomes
d) Increase access to mental health services

MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population, or community.
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

MHSA General Standards

The services that will result from this Innovation project will reflect and be consistent with all the MHSA General Standards. All services will be culturally and linguistically competent. TCHSA-BH will advocate for all tools in the suite to include Spanish (Tehama County's only threshold language).

In addition, TCHSA-BH will advocate for the tools to provide culturally sensitive services to all clients to support optimal outcomes: Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery-oriented and promote consumer choice, self-determination, flexibility, and community integration, and services will support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across diverse populations.

Continuity of Care for Individuals with Serious Mental Illness

It is TCHSA-BH's hypothesis that individuals with serious mental illness (SMI) will receive enhanced services as a direct result of the proposed project. At the end of this Innovation project, TCHSA-BH will ensure that if the project is successful in the county that individuals will have continued access to the applications developed through this project. TCHSA-BH foresees funding the program through a combination of CSS and PEI dollars.

Cultural Competence and Stakeholder Involvement in Evaluation

TCHSA-BH will be working with evaluation experts from much larger counties to ensure that the project evaluation is culturally competent and includes meaningful stakeholder participation. In Tehama County, the process of involving stakeholders will start with the County's Mental Health Board and move out into wider circles from that point.

Innovation Project Sustainability

Analytics associated with the suite of technology services, coupled with a comprehensive evaluation, will inform actions taken by TCHSA-BH at the conclusion the project. Factors to be considered will include user satisfaction and outcomes, the state of technology after the project and the overall effectiveness of these tools for specific populations. As mentioned above, TCHSA-BH plans to transition the program to CSS and PEI funding sources.

If the Help@Hand collaborative is not "successful"—is not being used for whatever reason with no way to adjust the platform to improve usage—TCHSA-BH has a transition plan for any existing users. The plan would depend on the demographic, and would consist of—at minimum—the following:

1. A culturally and linguistically accessible content warning that the platform is being discontinued. This announcement would be connected to a description of existing services that equate as closely as possible to what the platform was providing (as one example, if the user accessed peer advocacy via the platform TCHSA-BH would recommend peer advocacy via Tehama's similar programs a MHSA-funded "warmline" that is staffed by peer advocates and/or peer advocates available in person at both the adult and TAY recovery centers). Engagement in services would be encouraged in as many ways possible, and in ways most effective for each user demographic.
2. For any users who may be known or accessible via chat, email, or other platform mechanisms, TCHSA-BH would reach out directly to those users to make every effort to engage the user in continuing services.
3. Finally, for any portion of the platform that could be continued in whole or in part, within TCHSA-BH capacity, TCHSA-BH would plan for that transition. One example could be if Help@Hand provided an on-line or app-based one-stop-shop for mental health services information, TCHSA-BH would plan to transition to other options (for example, maintaining any existing service information and transitioning it to a robust and well-branded web presence).

Communication and Dissemination Plan

TCHSA-BH, as part of a multi-county effort, will share learning as it is occurring internally within TCHSA-BH and the County, and externally throughout California. TCHSA-BH will also participate in cross-county learning opportunities supported by the Mental Health Services Oversight and Accountability Commission or its partner organizations. Impact, reach, implementation status and outcomes will be documented in *Annual Updates* and MHSA *Three-Year Program and Expenditure Plans*. In addition, TCHSA-BH and its partner counties will seek to present the project and its outcomes throughout the project at statewide conferences, meetings and perhaps at relevant national conferences. Finally, there may be opportunity to partner on articles submitted to peer-reviewed journals.

Project Budget and Source of Expenditures

Tehama County will contribute a total of $118,088 to the Help@Hand project over the course of two fiscal years. Of the budget total, $53,667 will be drawn from fiscal year 2008-09 innovation funds with the remainder 2017-18 innovation funds. As described in the budget table, the funds will be divided vendors, an evaluator and marketing and outreach.

Tehama County's total budget is $118,088 for fiscal years 2018/19 and 2019/20. The fiscal year 2018/19 budget is $82,906 and the fiscal year 2019/20 budget is $35,182. MHSOAC granted Tehama County an extension through 12/31/2023 for the Help@Hand Innovation collaborative on March 4, 2020. Should the proposed budget amount change, Tehama will follow all Innovation rules and regulations to update the plan and receive approval.

If project goals and objectives are met, Tehama will—in collaboration with CalMHSA—establish a process to continue the Help@Hand project as an on-going service once the pilot and selection process is completed. At this point, continuation will be paid for under Tehama's CSS allocation unless further use of innovation funds is appropriate. If Help@Hand does not meet project goals and objectives, the project will be stopped, reviewed, and reported on, and (as described above) any users will be migrated to other Tehama County services.

WORKFORCE EDUCATION AND TRAINING (WET)

WET: Allocation by Fiscal Year

Workforce Education and Training (WET) supports development of the mental health workforce. Both the WET and Capital Facilities and Technological Needs are components of MHSA that received one-time allocations early in the history of MHSA funding.

TCHSA has spent its original 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 2023-24	FY 2024-25	FY 2025-26
$52,849	$53,381	$54,027

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. Previous MHSA funds dedicated to workforce increases are no longer available. 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 evidenced-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.

- TCHSA continues to grow and evolve its client work program of peer advocates and peer assistants.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Capital Facility and Technological Needs (CFTN) funds provide resources to update the outdated facilities and technology that were identified in most County Mental Health programs.

MHSA law and regulations allow counties to allocate up to 20% of CSS funds to WET, CFTN or both. TCHSA spent its original CFTN allocation. 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 2023-24	FY 2024-25	FY 2025-26
$340,000	$360,000	$380,000

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.

TCHSA has focused its use of CFTN funds on the purchase and implementation of an EHR system. Multiple delays have pushed back the go-live date of the EHR system and vendor selection (MyAVATAR). One delay allowed for necessary upgrades to TCHSA servers. Remaining delays stemmed from vendor staff turnover and lack of adequate vendor support. Development of the EHR remains in process. The go-live date of MyAVATAR occurred in June 2022.

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.

- Using CFTN funds TCHSA completed a remodel of the Community Crisis Response Unit (CCRU), improving client and staff safety.

- EHR, MyAVATAR went live in early 2023.

PERMANENT SUPPORTIVE HOUSING (PSH)

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, Mental Health Services Act. By 2017, these MHSA funds were rolled over 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 that is linked with supportive services.

Target Population:
The SNHP units are restricted for occupancy by individuals with serious mental 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 in the amount of $877,773 to TCHSA-BH for its 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 requirements of the program. For example, the 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 to receive 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 in the amount of $500,000. The NPLH Noncompetitive and Competitive funds are to be used 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 housing that is linked with on-site and off-site supportive services to assist the tenant maintain housing and increase the tenant's self-sufficiency.

Target Population:

Adults, 18 years or older, living with a diagnosed Serious Mental Health Disability 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 partner with other community-based partners. The types of services provided to the supportive housing tenants will be:

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

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 policies were updated to incorporate the NPLH program and the HMIS software, Apricot, was updated to capture NPLH target population universal data, and a new Permanent Housing Community Queue was established.
NPLH Tenant Referrals from CES Permanent Housing Queue:

- The project partners will utilize the CES Permanent Housing Queue for all its NPLH tenant referrals. The property management will notify the TCHSA-BH case managers when NPLH units become available.
- The TCHSA-BH case managers will access the CES Permanent Housing Queue, select three or more of the highest-ranked NPLH eligible individuals, verify their homeless status and their serious mental illness disability, and refer them to the property management.
- The property management will process applicants for a tenancy using a Housing First, low-barrier tenant screening and selection process.

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
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. Lease-up started in March and completed 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 were awarded NPLH funds on June 28, 2022. In addition, both projects were awarded Project-Based Vouchers by the Plumas County Housing Authority. 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 be submitting additional project applications to other affordable housing grant programs in 2023 and early 2024. Estimate start of construction in 2024 and lease-up of the units in 2025.

Name: **The Bluffs Community Housing, Red Bluff**
Developer: Pacific West Communities
Units: 41 total, 25 low-income homeless households, 15 NPLH, and 1 resident manager unit
Status: The project partner will be submitting additional project applications to other affordable housing grant programs in 2023 and early 2024. Estimate start of construction in 2024 and lease-up of the units in 2025.

Goals for the next three years (FY 23-25)

- Continue developing best practices in using Tehama County's Continuum of Care Homeless Management Information System (HMIS) and Coordinated Entry System (CES) for NPLH projects
- 100% lease-up of Olive Grove Apartments (NPLH-Round 2) permanent supportive housing project
- 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 (Palm Villas at Red Bluff and the Bluffs Community Housing)
- Start and complete construction on the two NPLH-Round 4 projects
- 100% lease-up of the two NPLH-Round 4 projects

APPENDIX

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Component Summary Worksheet

County:	TEHAMA	**Date:**	3/30/2023

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$82,239.55	$21,930.54	$5,482.63	$0.00	$0.00	$109,652.72
2	Joint Powers Authority Interest Earned						$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			$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	-$119,720.18	$0.00	$32,943.09	$86,777.09	$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 Funds	$2,514,064.06	$694,441.94	$64,095.11	$32,943.09	$86,777.09	$3,392,321.29
10	Medi-Cal FFP	$479,387.00	$0.00	$0.00	$0.00	$0.00	$479,387.00
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**	**$2,993,451.06**	**$694,441.94**	**$64,095.11**	**$32,943.09**	**$86,777.09**	**$3,871,708.29**

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Component Summary Worksheet

County:	TEHAMA

Date:	3/30/2023

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	**Total Annual Planning Costs**	$5,882.47
16	**Total Evaluation Costs**	$10,927.46
17	**Total Administration**	$125,946.56
18	**Total WET RP**	
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	$0.00
21	**Total Mental Health Services For Veterans**	$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Community Services and Supports (CSS) Summary Worksheet

County:	TEHAMA	Date:	3/30/2023

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	$4,411.86					$4,411.86
2	CSS Evaluation Costs	$8,195.60					$8,195.60
3	CSS Administration Costs	$47,125.19					$47,125.19
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	$32,943.09					$32,943.09
9	CSS Funds Transferred to CFTN	$86,777.09					$86,777.09
10	CSS Funds Transferred to PR						$0.00
11	CSS Program Expenditures	$2,454,331.41	$479,387.00	$0.00	$0.00	$0.00	$2,933,718.41
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$2,633,784.24**	**$479,387.00**	**$0.00**	**$0.00**	**$0.00**	**$3,113,171.24**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)**	**$2,514,064.06**	**$479,387.00**	**$0.00**	**$0.00**	**$0.00**	**$2,993,451.06**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Community Services and Supports (CSS) Summary Worksheet

County:	TEHAMA	Date:	3/30/2023

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	52	ACCESS	ACCESS	Non-FSP	$1,112,799.73	$65,628.00				$1,178,427.73
15	52	FULL SERVICE PARTNERSHIP	FULL SERVICE PARTNERSHIP	FSP	$1,285,911.35	$413,759.00				$1,699,670.35
16	52	CLIENT EMPLOYMENT PROGRAMS	EMPLOYMENT: REHABILITATIVE & PEER ADVOCATES	Non-FSP	$46,518.39					$46,518.39
17	52	TRANSITIONAL HOUSING	HOUSING, TRANSITIONAL	Non-FSP	$9,101.94					$9,101.94

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Prevention and Early Intervention (PEI) Summary Worksheet

County:	TEHAMA	TEHAMA	Date:	3/30/2023

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	$1,176.49					$1,176.49
2	PEI Evaluation Costs	$2,185.49					$2,185.49
3	PEI Administration Costs	$13,798.93					$13,798.93
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	$677,281.03	$0.00	$0.00	$0.00	$0.00	$677,281.03
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$694,441.94**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$694,441.94**

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	55.58%	

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Prevention and Early Intervention (PEI) Summary Worksheet

County:	TEHAMA	TEHAMA	Date:	3/30/2023

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#	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)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	52	COMMUNITY EDUCATION & LATINO OUTREACH	COMMUNITY EDUCATION & LATINO OUTREACH	Standalone	Prevention		100%	11%	11.4%	$29,383.11					$29,383.11
11	52	STIGMA REDUCTION	STIGMA REDUCTION	Standalone	Stigma & Discrimination Reduction		100%	75%	75.0%	$242,372.97					$242,372.97
12	52	SUICIDE PREVENTION INCLUDING ASIST AND SAFE TALK	SUICIDE PREVENTION	Standalone	Suicide Prevention		100%	75%	75.0%	$209,036.72					$209,036.72
13	52	PARENTING AND FAMILY SUPPORT	PARENTING TRAINING & SUPPORT (NURTURING PARENTING & GROUP)	Standalone	Prevention		100%	100%	100.0%	$44,109.46					$44,109.46
14	52	PEER ADVOCATE PROGRAMS	PEER ADVOCATES IN PEI PROGRAMS	Standalone	Early Intervention		100%	0%	0.0%	$152,378.77					$152,378.77
15	52	EVIDENCE-BASED INTERVENTIONS	EVIDENCE-BASED INTERVENTIONS	Standalone	Early Intervention		100%	0%	0.0%	$0.00					$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Innovation (INN) Summary Worksheet

County:	TEHAMA	Date:	3/30/2023

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**	$294.12					$294.12
2	**INN Indirect Administration**	$2,014.04					$2,014.04
3	**INN Funds Transferred to JPA**	$0.00					$0.00
4	**INN Expenditures Incurred by JPA**	$0.00					$0.00
5	**INN Project Administration**	$61,240.58	$0.00	$0.00	$0.00	$0.00	$61,240.58
6	**INN Project Evaluation**	$546.37	$0.00	$0.00	$0.00	$0.00	$546.37
7	**INN Project Direct**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8	**INN Project Subtotal**	$61,786.95	$0.00	$0.00	$0.00	$0.00	$61,786.95
9	**Total Innovation Expenditures (Excluding Transfers to JPA)**	**$64,095.11**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$64,095.11**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Innovation (INN) Summary Worksheet

County:	TEHAMA	Date:	3/30/2023

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		**County Code**	**Project Name**	**Prior Project Name**	**Project MHSOAC Approval Date**	**Project Start Date**	**MHSOAC-Authorized MHSA INN Project Budget**	**Amended MHSOAC-Authorized MHSA INN Project Budget**	**Project Expenditure Type**	**Total MHSA Funds (Including Interest)**	**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 Administratio	$61,240.58					$61,240.58
10	B	52	Help@Hand	The Tech Suite	9/27/2018	1/1/2019	$118,088.00	$118,088.00	Project Evaluation	$546.37					$546.37
10	C	52	Help@Hand	The Tech Suite	9/27/2018	1/1/2019	$118,088.00	$118,088.00	Project Direct						$0.00
10	**D**	**52**	**Help@Hand**	**The Tech Suite**	**9/27/2018**	**1/1/2019**	**$118,088.00**	**$118,088.00**	**Project Subtotal**	**$61,786.95**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$61,786.95**

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Workforce Education and Training (WET) Summary Worksheet

County:	TEHAMA	**Date:**	3/30/2023

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					$0.00
2	**WET Evaluation Costs**	$0.00					$0.00
3	**WET Administration Costs**	$74.79					$74.79
4	**WET Funds Transferred to JPA**	$0.00					$0.00
5	**WET Expenditures Incurred by JPA**	$0.00					$0.00
6	**WET Program Expenditures**	$32,868.30	$0.00	$0.00	$0.00	$0.00	$32,868.30
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$32,943.09**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$32,943.09**

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	$32,868.30					$32,868.30
10		Mental Health Career Pathways						$0.00
11		Residency/Internship						$0.00
12		Financial Incentive						$0.00

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-2021
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	TEHAMA	Date:	3/30/2023

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 CFTN	$0.00					$0.00
2	Evaluation Costs CFTN	$0.00					$0.00
3	Administration Costs	$1,693.03					$1,693.03
4							
5	CFTN Funds Transferred to JPA CFTN						
6	Expenditures Incurred by JPA CFTN	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Total CFTN Expenditures (Excluding Transfers to JPA)	**$86,777.09**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$86,777.09**

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	$85,084.06					$85,084.06

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Tehama	☒ Three-Year Program and Expenditure Plan
	☐ Annual Update
	☐ Annual Revenue and Expenditure Report
Interim Mental Health Director **Name:** Jayme Bottke **Telephone:** (530) 527-8491 **E-mail:** Jayme.Bottke@tchsa.net	**County Auditor-Controller/City Financial Officer** **Name:** Krista Peterson **Telephone:** (530) 527-3474 **E-mail:** kpeterson@co.tehama.ca.us
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral 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.

Jayme Bottke — Interim Mental Health Director (PRINT)

Jayme Bottke — Signature

6-27-23 — Date

"I hereby certify that for the fiscal year ended June 30, 2022, 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 3-14-23 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, 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)

Krista Peterson — Signature

6-29-23 — Date

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

MHSA COUNTY CERTIFICATION

County: Tehama

Interim Mental Health Director	**Project Lead**
Name: Jayme Bottke	**Name:** Travis Lyon
Telephone: (530) 527-8491	**Telephone:** (530) 527-8491 x3048
E-mail: Jayme.Bottke@tchsa.net	**E-mail:** Travis.Lyon@tchsa.net
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral Health Services 1860 Walnut Street Red Bluff, CA 96080	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act in preparing and submitting this plan and annual update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 6-27-23.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code, section 5891, and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three-Year Program and Expenditure Plan are true and correct.

Jayme S Bottke

JAYME BOTTKE
Interim Mental Health Director

6-27-23

Date

MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

REGULAR AGENDA

26. HEALTH SERVICES AGENCY / MENTAL HEALTH

a) INFORMATIONAL PRESENTATION - Update from Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan (Plan) 2023-2026; Prevention & Early Intervention (PEI) Annual Report 2021-2022 and Innovation (INN) Annual Report 2021-2022.

Health Services Agency Executive Director reviewed the process for the Mental Health Services Act program and plan.

Mental Health Services Act Coordinator Travis Lyon presented the three-year program and expenditure plan including the following slides: Proposition 63; MHSA Programs; MHSA Allocation; Relevant MHSA Guidance; and Discussion and input.

In response to Supervisor Leach, Mr. Lyon stated we have 15 families in No Place Like Home housing and 3 additional families in low-income housing. We provide case management at the site and are currently working on having additional groups and services available at the site.

In response to Chairman Moule, Mrs. Bottke stated transitional housing is currently in place.

Michael Kain stated we need to give a hand up not a hand out. Mr. Kain added there are several residents that need mental health services.

b) Approval by the Board of Supervisors for the Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan (Plan) 2023-2026; Prevention & Early Intervention (PEI) Annual Report 2021-2022 and Innovation (INN) Annual Report 2021-2022.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Candy Carlson, Supervisor - District 2
SECONDER:	Pati Nolen, Supervisor - District 3
AYES:	Moule, Hansen, Leach, Nolen, Carlson

STATE OF CALIFORNIA)
) ss
COUNTY OF TEHAMA)

I, JENNIFER VISE, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 27th day of June, 2023.

DATED: July 12, 2023

JENNIFER A. VISE, County Clerk and
Ex-officio Clerk of the Board of Supervisors
of the County of Tehama, State of California

Deputy