TEHAMA COUNTY HEALTH SERVICES AGENCY

BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA)

Three-Year Program & Expenditure Plan July 2020-June 2023
Annual Update, Fiscal Year 2020/2021 & 2021/2022
Prevention & Early Intervention (PEI) Annual Evaluation, Fiscal Year 2018/2019 & 2019/2020
Annual Innovation Project Report, Fiscal Year 2018/2019 &2019/2020

This Draft Three-Year Program & Expenditure Plan and Annual Update will be available for public review and comment from May 3rd through June 1, 2021.

The County Mental Health Board will hold a public hearing at the close of the 30-day public comment period, and it is planned to occur in June 2021.

At that meeting, the County Mental Health Board will determine its recommendation to the County Board of Supervisors concerning approval of this Three-Year Program & Expenditure Plan and Annual Update.

For information or questions regarding this report, contact:

Travis Lyon, MHSA Coordinator
Tehama County Health Services Agency, Behavioral Health
PO Box 400, Red Bluff, CA, 96080
Phone 530-527-8491 ext. 3179
Travis.Lyon@tchsa.net

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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	**County Auditor-Controller/City Financial Officer**
Name: Jayme Bottke	**Name:** LeRoy Anderson
Telephone: (530) 527-8491	**Telephone:** (530) 527-3474
E-mail: Jayme.Bottke@tchsa.net	**E-mail:** landerson@tehama.us
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral Health Services 1860 Walnut St. 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 A Bottke — Signature
6-22-21 — Date

"I hereby certify that for the fiscal year ended June 30, 2019, 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 March 9, 2020 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, 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."

LeRoy M Anderson — County Auditor Controller (PRINT)
Signature
6/24/21 — Date

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 x3179
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 St. 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 June 22, 2021.

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

All documents in the attached annual update are true and correct.

Jayme Bottke

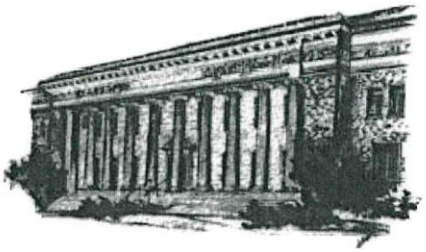
JAYME BOTTKE
Interim Mental Health Director

6-22-21

Date

COUNTY OF TEHAMA

Office of
JENNIFER VISE
County Clerk and Recorder
P.O. Box 250
Courthouse
633 Washington Street
Red Bluff, California 96080



Tehama County Courthouse

TELEPHONE (Area Code 530)

Clerk & Recorder	527-3350
Elections	527-8190
Clerk of the Board of Supervisors	527-3287
FAX	527-1745
WEB:	www.co.tehama.ca.us

Date: June 29, 2021

The following item(s) was approved at the Tehama County Board of Supervisors meeting on June 22, 2021:

30. HEALTH SERVICES AGENCY / MENTAL HEALTH - Assistant Executive Director, Program Jayme Bottke, and Mental Health Services Act Coordinator Travis Lyon
   a) INFORMATIONAL PRESENTATION - Update from Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan (Plan) 2020-2023; Annual Update (AU) FY 20/21 & 21/22; Prevention & Early Intervention (PEI) Annual Evaluation FY 18/19 & 19/20 and Annual Innovation Project Report FY 18/19 & 19/20

   b) Approved by the Board of Supervisors for the Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan (Plan) 2020-2023; Annual Update (AU) FY 20/21 & 21/22; Prevention & Early Intervention (PEI) Annual Evaluation FY 18/19 & 19/20 and Annual Innovation Project Report FY 18/19 & 19/20

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Steve Chamblin, Supervisor - District 1
SECONDER:	Candy Carlson, Supervisor - District 2
AYES:	Chamblin, Leach, Garton, Carlson
ABSENT:	Williams

JENNIFER VISE, Clerk of the Board of Supervisors

by _____ Deputy

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 2020/2021 through 2022/2023
- Annual Update for FY 2020/2021 & FY 2021/2022
- Prevention and Early Intervention (PEI) Annual Update for FY 2018/2019 & 2019/2020
- Annual Innovation Project Report FY 2018/2019 & 2019/2020

Mental Health Services Act (MHSA)

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

Funded by a 1% tax on individual taxable income over $1 million, MHSA statewide revenue has grown to approximately $1.5 billion a year. The state allocates funds to counties based on population, poverty level, and prevalence of mental illness. The bulk of MHSA funds are allocated to counties to pay for local mental health services. A portion of MHSA funds are used at the state level for administration costs and to fund certain initiatives.

MHSA is a significant component of Tehama County Health Services Agency (TCHSA) funding: MHSA funds are approximately 18% of TCHSA's overall budget and 33% of the Behavioral Health budget. Figure 1 (page 2) shows that Tehama County receives between $2.9 million and $4.0 million annually in MHSA funding based on fiscal years 2015-16 through 2019-20. Figure 1 also shows how much funding varies from year to year—by up to 30%. Because funding levels vary, TCHSA manages MHSA funds conservatively to avoid disruption that would accompany opening and closing programs.

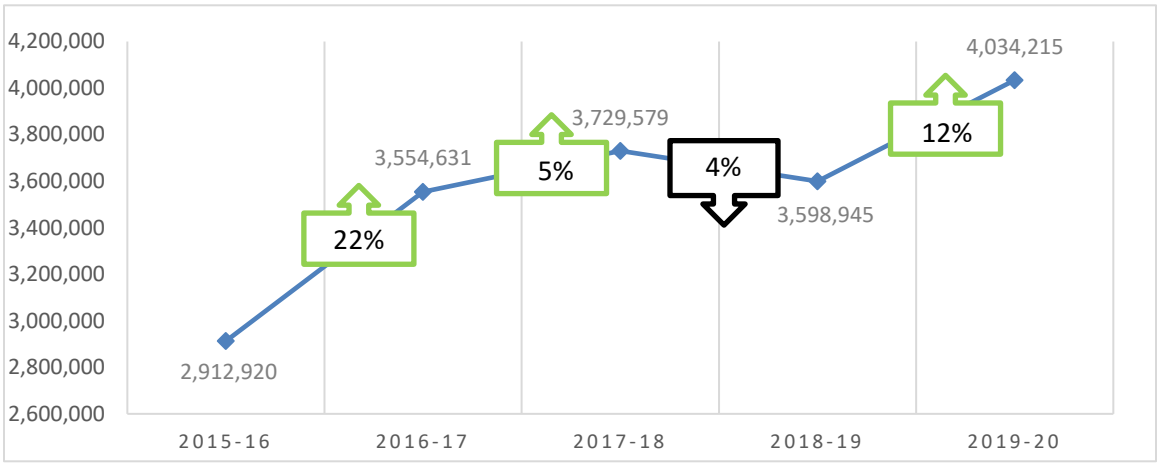
MHSA law stipulates different service components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Housing, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN). CSS, PEI, and INN are funded on an on-going basis, 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, see page 32); 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".

Figure 1

MHSA funds, Tehama County. Fiscal year totals and % fluctuation
Fiscal years 2015-16 through 2019-20

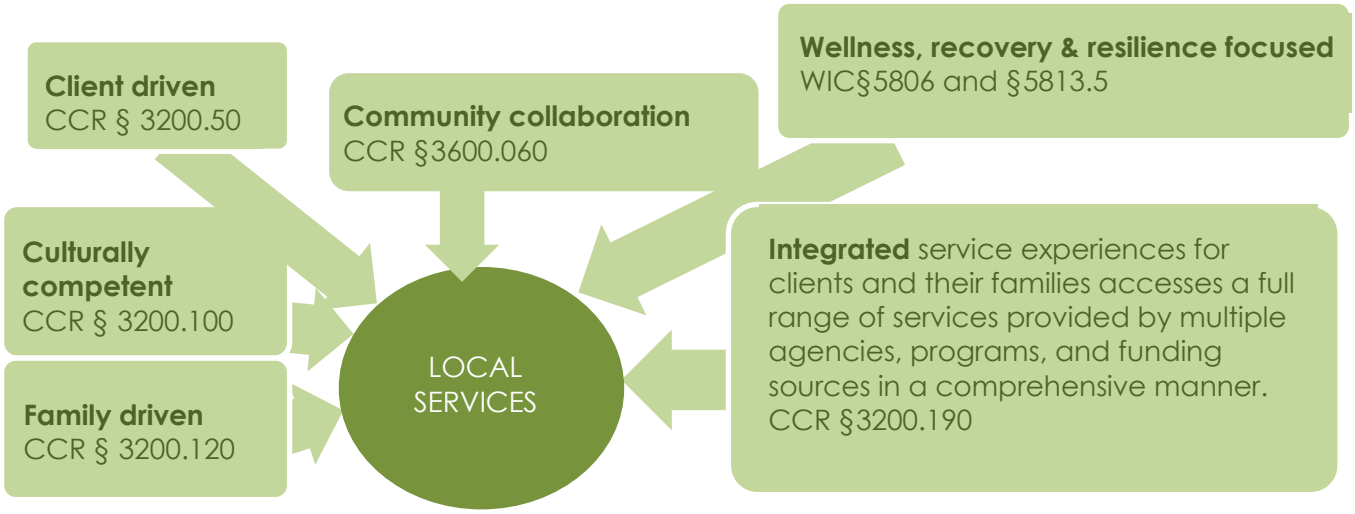


https://www.dhcs.ca.gov/formsandpubs/Pages/2019-BH-Information-Notices.aspx 19-043 / Enclosure 11 – Planning Estimates

Figure 2 illustrates that MHSA codifies an approach to services that include services being client and family driven, designed with collaboration from the community, culturally competent, integrated, comprehensive, and focused on wellness, recovery, and resilience. Within the mandate that programs are client and stakeholder driven, services are planned and designed with extensive local stakeholder input: This process,

Figure 2

MHSA-mandated approach to services, examples



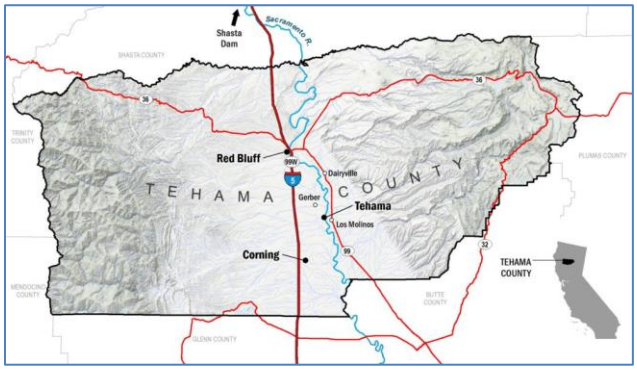
the Community Program Planning Process (CPPP), is documented and included—in its form as of March 2020—as Appendix A.

MHSA law requires emphasis on serving people historically unserved or under-served by traditional mental health services. Finally, MHSA stipulates that a percentage of funding be used for programs that test innovative, "out of the box" ways to provide services in ways tailored to the needs of the community. Depending on the outcome of an innovation project, the program may be integrated into on-going services or outcomes may be used to inform the design of future projects.

Multiple budgeting concerns and uncertainties, including proposed changes to the Mental Health Services Act (MHSA) structure and program functions by the California Governor and State Legislature, have led Tehama County Health Services Agency – Behavioral Health (TCHSA – BH) recommending that we maintain our focus on employing programs and initiating current plans that have not yet been implemented, while not developing new programs. Our focus will be on the continuation and expansion of existing programs and services in accordance with the input obtained from the Community Program Planning Process (CPPP). Additionally, 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.

Tehama County

Tehama County has a strong local culture based on long-established, tight-knit communities in a striking rural setting. The county's cultural base includes an important Native American presence and a substantial Latino community. 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.



As of the 2010 census, Tehama County has a population of 63,463. Recent population growth in the county has been close to level according to California Department of Finance ("County Population Estimates and Components of Change by Year — July 1, 2010–2018"), increasing by 0.8% between fiscal years 2010-11 and 2017-18, a growth rate that is significantly lower than the statewide total (6.1%) as well as the national total population increase (6.3% as of 2018 and per the US Census website).

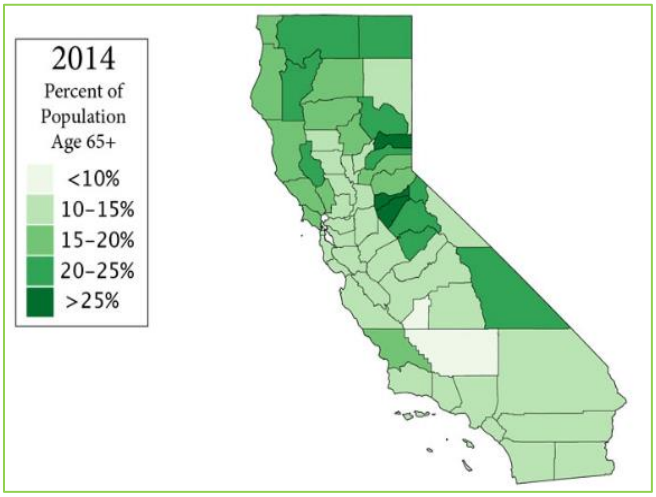
At 22% (2010 census data), Tehama County's Latino population is larger than the national average of 16% and lower than the California average (38%). Spanish is the county's single threshold language, and the remaining population is predominantly white, with 1% Black or African American, 5% American Indian, and Alaska Native and 1.6% Asian.

While Tehama County maintains a strong and diverse local culture, it faces unique challenges in service provision. A significant issue within the county and region is poverty: 2016 American Community Survey (ACS) data shows that—at 21.5%—Tehama County's poverty rate is significantly higher than both state (16%) and national averages (15%). Because most counties in the superior region have similar poverty levels, this may compound the effects of rural poverty including, and for example, a regional service level that may be relatively low, static, or limited but that is serving a high needs region.

Figure 3

California counties, population age 65 +

2014 census data via seniorcare.com



Also based on federal 2016 ACS data, the median household income in Tehama County is $40,687: This is 36% less than the California median income of $63,783 and 26% less than the national median income of $55,322. Conversely, while income is significantly lower than average, the price of a home is not lower: Home prices in Tehama County are about the same as the national median, approximately $180,000. The combination of average lower incomes in conjunction with the average cost of a home not being lower may result in a sharper climb to home ownership (and the attendant life stability and benefits of home ownership).

Another regional and local issue is an aging population and static population growth. Figure 3 (above) and Table 1 (below) show that, by age group, Tehama County and the superior region have more older adults than the state-wide average. Specifically, 19% of Tehama County residents are over the age of 65, a rate significantly higher than the 14% state average but in line with the high rate in the superior region (21%).

Table 1

Population by age group, compared to state regions and state average. 2017 CA Dept of Finance Projection www.dof.ca.gov/Forecasting/De ojections/mographics/pr

	Age: 0-5 (2017)	Age: 6-17 (2017)	Age: 18-64 (2017)	Age: 65+ (2017)
Tehama county	8%	16%	57%	19%
Superior	6%	14%	58%	21%
Central	7%	16%	60%	17%
Bay Area	6%	15%	62%	17%
Southern	8%	16%	62%	15%
Tri Cities	8%	16%	63%	14%
California avg	8%	16%	63%	14%

At 7.5%, Tehama's veteran population is significantly higher than the state average (4.4%) and higher than the national average (6.0%). Based on federal census ACS data for 2017, Tehama County—at 15.3%—has more than twice the population of people under age 65 who have a disability (the California state average is 6.8% and the national average is 8.6%).

Based on federal ACS data, the percent of Tehama County residents who have a bachelor's degree or higher is 14%, less than half of the rate for California (34%) and the national average (30%). Figure 7 shows the County's high school completion rate is better than the state average: This statistic—combined with a lower population of adults, a higher population of older adults and a population that has not grown/is static—may indicate that youth who leave to pursue jobs, higher education and/or training may not return to Tehama County as adults. Overall Tehama's population is aging, a demographic that may be augmented by retirees from other California regions seeking Tehama's lower cost of living and high quality of life.

Figure 6 shows above-average substantiated rates of child abuse or neglect, rates of children entering foster care (with higher rates within the white population when compared to Latino). Recent county Social Services data shows improvement in Child Protective Services involvement: Specifically, families receiving services towards reunification show 44% fewer cases from April 2018 compared to April 2017.

Figure 4

First entries into foster care by race/ ethnicity Caucasian. 2013-15. kidsdata.org

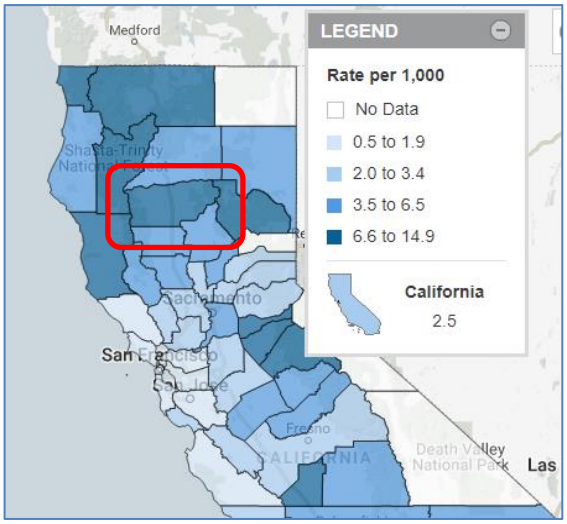


Figure 5

First entries into foster care by race/ ethnicity Latino. 2013-15. kidsdata.org

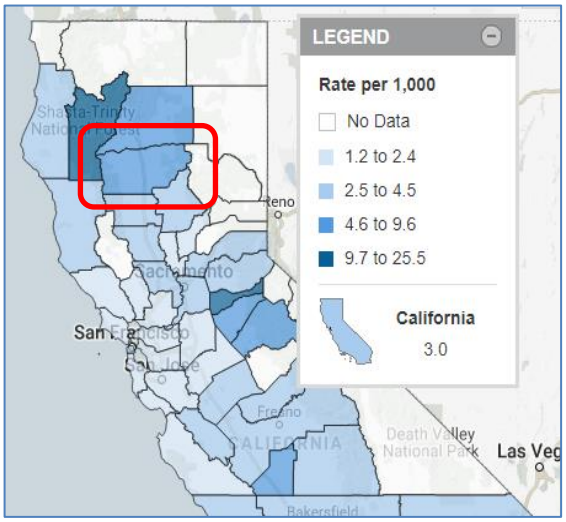


Figure 6

Substantiated rates of child abuse or neglect. 2015. kidsdata.org

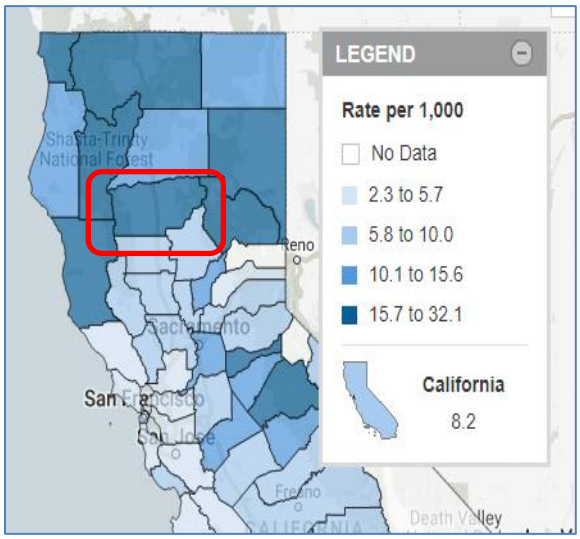


Figure 7

High school completion rates. 2015. kidsdata.org

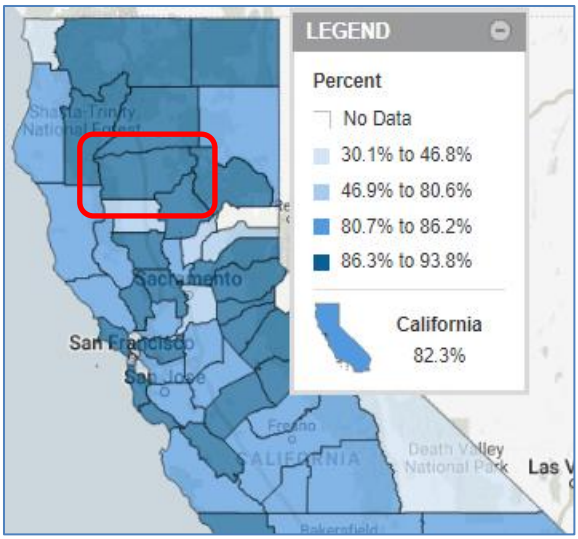


Table 2

Deaths by suicide per 100,000, by gender. California rates compared to select superior-region counties. 2016

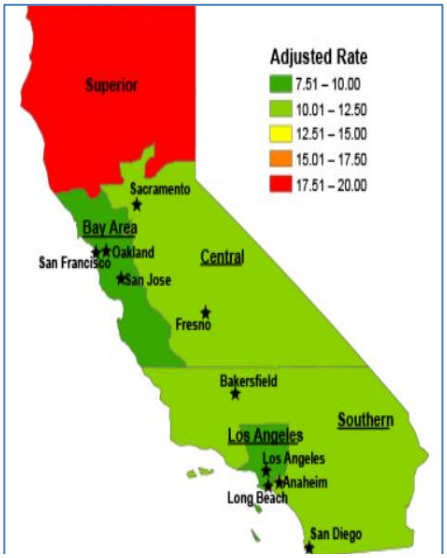
	All	Male	% over California Rate	Female	% over California Rate
California	11	17		5	
Tehama County	25	38	124%	12	145%
Butte County	22	36	113%	8	58%
Shasta County	21	32	91%	10	97%
Siskiyou	34	50	196%	18	255%

Using 2016 data from the California Department of Public Health's "epicenter" website (epicenter.cdph.ca.gov), Table 2 shows Tehama County deaths by suicide are over two times higher than the state average (25 deaths by suicide per 100,000 while the California average is 11). Statewide, rates of suicide by men are three times higher than rates for women: This trend is also reflected in Tehama's rates where suicides by men (38 per 100,000) are over three times the rate of suicide by women (12 per 100,000). These patterns are repeated when compared to select superior region counties, namely higher than average rates of suicide overall, driven by very high rates for men. Figure 8 is from a RAND Corporation study of

earlier data (2008 through 2010) which again shows significantly higher suicide rates throughout the superior region.

Figure 8

California suicide rates by region per 100,000 people, 2008-10

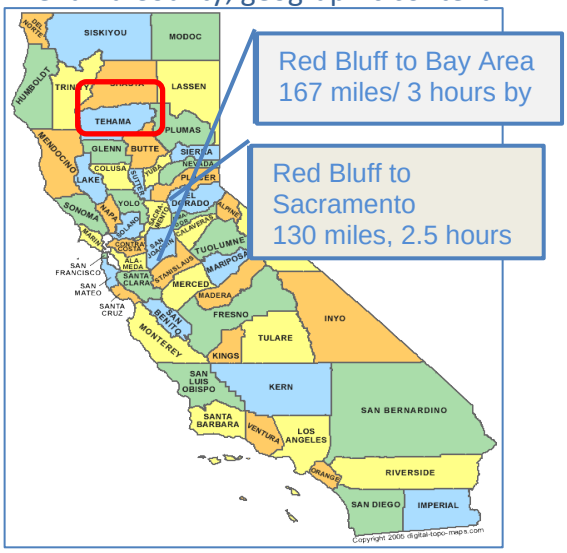


www.rand.org/pubs/research_briefs/RB9737.html
Ramchand, Rajeev and Amariah Becker, Suicide Rates in California: Trends and Implications for Prevention and Early Intervention Programs. Santa Monica, CA: RAND

Tehama County has characteristics that, in combination, create unique challenges in both providing care and to community members who are accessing care. These characteristics include poverty, geographic isolation, transportation barriers, a lack of providers, and stigma.

Figure 9

Tehama County, geographic context



Poverty: Based on 2016 census data, the percent of people living in poverty in Tehama County is 20.9%, approximately 25% higher than both the state average of 14.4% and the national average of 14%.

Geographic isolation: Tehama County is rural and sparsely populated, with a population density of 22 people per square mile (the California average is 239 people per square mile). Tehama County is geographically isolated, with a car travel time of two to three hours to the nearest major metropolitan area (Sacramento).

Within the county, communities are geographically isolated. 60% of Tehama County residents live in unincorporated areas, almost four times the state average of 14%. The county's size (nearly 3,000 square miles) and sparse population result in significant distances within the county

to reach services. Most major services—including the county's only acute care hospital—are in the county seat of Red Bluff (pop. 14,076 per 2010 census).

"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/

Limited transportation options: Because of the county's size and sparse population, public transportation is limited, and travel is private-vehicle dependent. One example regarding public transportation is that the community of Rancho Tehama receives bus service on Wednesday's only, one time a day. Poverty, lack of affordable public transportation and large distances may result in transportation being an economic challenge and potential barrier to care.

Workforce shortage: Tehama has a significant behavioral health workforce shortage. As a behavioral health employer, the County struggles to find and retain qualified behavioral health staff including psychiatrists, clinicians, nurses, and case managers.

Stigma discourages individuals from seeking services: Tehama County residents may be wary of accessing mental health services in a small, deeply interconnected county where maintaining anonymity and privacy may add a layer of complexity.

MHSA Component and Program	Program / Location	Service Types / Modes	Evidence-Based Interventions
Community Services & Supports (CSS)			
Access		See CSS, Access	
	Youth Empowerment Services (YES) Wellness and Recovery Center	Case Management, Rehabilitation, Individual Therapy, Group Therapy, Linkage to Other Services, Psychiatry and Tele-Psychiatry	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Vista Way Wellness and 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
	Co-Occurring Level I	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)	
	Adults and Older Adults at Vista Way Recovery Center	Case Management, Rehabilitative Service, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Transition-Aged Youth (TAY), YES Recovery Center	Case Management, Rehabilitative Service, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Assisted Outpatient Treatment (AOT), Outreach & Protocol Development	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 (Behaviroal Health Co-Occuring or Behavioral Health Court FSP)	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)	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model
	Children (0-15 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
Client Employment Programs		See CSS: Client Employment Programs	
	Rehabilitative training and employment as Peer Assistants, supporting services at Vista Way and the YES Center and/or participating in rehabilitative employment activities (landscaping, catering, and others). Peer Assistants are often FSP clients Peer Advocates is an additional level of employment: Peer Advocates are part of the support system provided to individuals and groups at Vista Way Wellness and Recovery Center and YES 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
	Stigma Reduction Education with the National Alliance on Mental Illness (NAMI), Health Educators, etc.	PEI: Stigma-Reduction, Mental Health First Aid
	May is Mental Health Month Events and Marketing	PEI: Stigma-Reduction
	Mental Health First Aid (MHFA) Training	PEI: Stigma-Reduction, Mental Health First Aid
	Crisis Intervention Team (CIT) Training, Law Enforcement & First Responders	PEI: Suicide Prevention
Suicide Prevention including ASIST and SafeTALK		
	Suicide Prevention Activities, including Events & Social Marketing.	PEI: Suicide Prevention
	ASIST (Applied Suicide Intervention Skills Training)	PEI: ASIST and SafeTALK
	SafeTALK Training.	
	TeenScreen, Risk Screening for Youth	Support for Family Members and Caregivers
Parenting and Family Support		
	Nurturing Parenting	Parent/Caregiver Training Groups
	Support for Families and Caregivers	Support for Family Members and Caregivers
	Support for First Episode Psychosis Youth and TAY	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)
	Parent Child Interaction Therapy (PCIT)	Parent Child Interaction Therapy (PCIT)
	Cognitive Processing Therapy (CPT)	Cognitive Processing Therapy (CPT)
	Therapeutic Drumming	Therapeutic Drumming
Peer Advocate Program		
	Peer Support for Individuals at Vista Way Wellness Center	PEI: Peer Advocate Program
	Peer Run Groups and Activities	
	TalkLINE Staffing, Phone Coverage Hours & Community Outreach	

MHSA Component and Program	Program or Location	Report Section
Innovation (INN)		
	Help@Hand	Innovation: Help@Hand
Housing, Permanent Supportive		
	Supportive housing in which the County agrees to provide services to residents for the term of the loan, approximately 50 years	Housing
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)

COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

The Community Program Planning Process (CPPP) used to create this *Three-Year Program & Expenditure Plan* and *Annual Update* is attached in its entirety as Appendix A. Outreach scope and broad results are described below.

Draft Process

This Draft Three-Year Program & Expenditure Plan and Annual Update will be available for public review and comment from early May 2021 through the beginning of June 2021.

The County Mental Health Board will hold a public hearing at the close of the 30-day public comment period, and it is planned to occur in June 2021.

At that meeting, the County Mental Health Board will determine its recommendation to the County Board of Supervisors concerning approval of this Three-Year Program & Expenditure Plan and Annual Update.

Stakeholder Participation

The MHSA stakeholder outreach process conducted in Spring 2020 employed public meetings in conjunction with:

- Tehama County Health Services Agency (TCHSA) providers, Tehama County MHSA Stakeholder Subcommittee, Tehama County Mental Health Board, Wellness Center Consumers, Peer Advocates, NAMI representatives, law enforcement, care givers, consumers, family members, and community members. Comments received contained the need for continued and increased flexibility with respect to MHSA programs at the local (county) level, the statewide shortage of mental health professionals, and the continued need for Early Intervention programs, including the specific benefits realized by consumers through the County's MHSA PEI programs.
- The MHSA Stakeholder Subcommittee, a standing subcommittee of the Mental Health Board, has a lead role in stakeholder outreach, CPPP review and review of draft plans. The subcommittee includes adult consumers, bi-lingual Spanish members, families, family members and caregivers, seniors, law enforcement, local NAMI, and others. The subcommittee met and recommended a draft Community Program Planning Process (CPPP) for Mental Health Board approval (see Appendix A).
- Four community stakeholder meetings in diverse county locations, including two with bilingual Spanish support available.

Fifty-one people attended MHSA stakeholder meetings. TCHSA conducted four community meetings, comprised of three in Red Bluff and one in Corning.

TCHSA advertised MHSA meetings via public service announcements in local newspapers, through outreach conducted by the County's MHSA Stakeholder Subcommittee, and by "email blasts" to approximately 300 recipients from broad sectors and segments of the community.

MHSA stakeholder meeting data indicated the majority attendees were female, adult, and English-speaking individuals. The focus group that received the most attendees was for adult consumers (17 attendees).

Collected data trends will help to guide future outreach processes including increased outreaches for, and not limited to veterans, veterans' services, men, transition-aged youth (TAY), youth, the Latino community and mono-lingual Spanish speakers, medical primary care providers, and the business community.

Community Stakeholder Input

Community Stakeholder Input: Categories

There were three broad types of stakeholder comments:

- Statements submitted highlighted the importance and impact of the Early Intervention programs throughout the county and the benefits from the County's MHSA PEI Programs
- Concern was voiced with respect to the future and potential continued flexibility within the MHSA programs and components for the county to be able to continue addressing the needs of the consumers in a small county
- Statewide shortage of mental health professionals has resulted in difficulty with the consumers' ability to obtain access to services

Table 3 illustrates the five broad categories of comments received through stakeholder input. The main categories are requests that TCHSA improve its services (25%), request for increased services (10%), maintain the flexibility of programs (35%), and comments in support of existing programs (15%). A small group of "Other" comments (15%) were directed towards overall TCHSA – BH services and requests for further information.

Table 3

Stakeholder comments, grouping by category of comment

Category	%	Description
Improve	25%	Improve public information and services
Increase	10%	Increase Early Intervention services
Flexibility	35%	Maintain and increase the county's ability to address consumer's needs
Support of existing programs	15%	Including Homelessness support and PEI Programs
Other	15%	Questions about overall TCHSA - BH services

Community Stakeholder Input: Major Themes

Major themes in stakeholder comments include:

- Increase and improve information.
- Increased staffing is needed to serve more people.
- Serve more areas of the county including increased outreach.
- Increase parent training and parent support.

Stakeholder comments and input covered various areas of interest, including timeliness and flexibility to serve individuals within Tehama County, the need for increased parenting support and education, more behavioral health staff required to meet the consumer demand, and address the area of outreach, specifically to the homeless population.

"With the current climate, how can the county continue to provide services in the manner needed by the consumer."

- The county will continue to rely on the longevity of its programs, and not the influence of political "hot topics", to reach its goals and avoid short-circuiting the culmination of efforts invested in MHSA programs
- County Behavioral Health Directors Association (CBHDA) of California is working with the legislature to express the need for continuing and increasing the flexibility for individual counties across California to direct their MHSA programs with respect to the needs of their stakeholders, while refraining from adopting a one size fits all modality

"Can TCHSA provide Nurturing Parenting classes for the 0-5-year age group?"

- TCHSA will continue to collaborate with its partners and explore the possibility of expanding its Nurturing Parenting classes to include the 0-5-year category

A provider expressed "difficulty in finding qualified individuals willing to apply for counseling and/or mental health related positions."

- The mental health field is experiencing a nationwide shortage of providers to fill available positions

"What is being done to help the homeless population in Tehama County?"

- Housing, Medication Support, Life-Coaching, Seeking Safety program, SURS, and Mental Health Support
- TCHSA utilizes FSPs to address multiple areas of concern with respect to the medical necessity of the consumer
- Through the utilization of a Community Development Block Grant (CDBG), TCHSA is involved in the placement of a Navigation Center within the city of Red Bluff and is working alongside a collaborative of community members, leaders, and professionals to see the project completed
- TCHSA in collaboration with Rural Communities Housing Development Corporation (RCHDC) is in the process of building the Olive Grove Supportive Housing project in Corning, with funding from multiple sources, including; Mental Health Services Act (MHSA) Local Government Special Needs Housing Project (SNHP), the State of California Housing and Community Development No Place Like Home (NPLH) Program, and State

Low-Income Tax Credit Program, and which upon completion will be capable of providing MHSA programs to those residents who require supportive housing assistance
- All MHSA programs will provide a range of services that address issues on an individual basis

Table 4 shows how TCHSA used data received via the Community Program Planning Process (CPPP) to:

1) confirm that new programs and initiatives aligned with stakeholder feedback
2) identify new program goals
3) identify potential (new) initiatives

Table 4

Stakeholder feedback themes

Stakeholder feedback area	Current TCHSA initiatives addressing community feedback
Increase and improve information about MHSA programs	Help@Hand app development program, growth of peer employment program and peer involvement, TalkLINE outreach at Farmer's Markets
Timeliness and Flexibility, serve more people	Hiring mental health professionals, mobile crisis/on-call expansion
Homelessness	Vista Way Wellness Center in Red Bluff, FSP's, Olive Grove Supportive Housing project in Corning, and the Navigation Center in Red Bluff
Parenting support and education	Expand Nurturing Parenting classes within Tehama County
Support of the Peer Support and/or the Peer Advocate program	The role of Peer Advocates is formalized, including, but not limited to Peer Advocates conducting groups

COMMUNITY NEEDS ASSSESSMENT

For convenience and clarity related to requirements in California Code of Regulations, Title 9 section 3650(a)(5), this section contains community-identified needs ("community assessment") and addresses the capacity for meeting those needs.

Throughout the Community Program Planning Process (CPPP), community stakeholders received information about MHSA-funded programs and services and, in turn, provided input regarding community needs as well as suggestions for how TCHSA might strengthen MHSA services for county residents.

Feedback from community stakeholders contains several themes including: the level, type, and format of service information available, services and information for parents/caregivers, housing, services for youth and TAY, and outreach to at-risk populations.

Behavioral Health has begun or completed system improvements in multiple areas of need identified by community stakeholders. Related to community-identified needs, the improvement initiatives will include:

- A CPPP for the current MHSA plan (and as described in Appendix A) reaching many stakeholders and providing data for future outreach processes.
- Improved agency website to enhance access to information.
- The MHSA stakeholder committee resumed as of January 2020. The committee is a formal subcommittee of the county Mental Health Board. In its expanded form, the committee includes representation of broad interests and demographics. The committee will continue to pursue diversity in its membership.
- On-call clinicians will increase the availability and expediency of after-hour assessments and service referrals.
- Continued growth of bi-lingual Spanish staff increases accessibility and culturally competent resources for the Latino community.
- Improved information and accessibility through an innovation project, Help@Hand, which will include information and referrals to Behavioral Health services, linkages to state and federal programs, and services unique to the platform. The program will provide information in Spanish (Tehama County's sole threshold language) and other languages may be available as needed.
- Continued collaboration with local National Alliance on Mental Illness (NAMI) affiliate, with physical office space provided to NAMI in the adult/older adult resource center at Vista Way. NAMI supports stakeholder input, outreach, collaboration, and information dissemination.
- At risk populations including the LGBTQ+ community remain a focus, and Behavioral Health is collaborating with providers in neighboring counties regarding LGBTQ+ support potentially via a regularly occurring group.
- Collaborative efforts with schools and the Department of Education are increasing around Nurturing Parenting, and TCHSA will review additional opportunities to collaborate.
- Community members/stakeholders and TCHSA both identify an on-going need for housing options that span temporary shelter, transitional housing, and permanent supportive units. A permanent homeless shelter remains a key goal for TCHSA and collaborators, with the Tehama

County Housing and Homeless Stakeholder Coalition making significant progress that includes a 10-year plan to end homelessness. An MHSA-funded special needs housing program (SNHP) development will provide permanent supportive housing units (page 84). Additionally, expanding the capacity within transitional housing services remains a goal for TCHSA. Finally, TCHSA has identified a growing need for supportive housing that can serve adults and older adult mental health clients with complex medical issues.

TCHSA will continue to provide information regarding services for parents/caregivers and children while remaining aware that comprehensive information is a collaboration of all service providers. This will ensure that the full array of services for children, and the entity providing those services, is available to both providers and consumers.

TCHSA remains committed to transition-aged youth and is monitoring barriers to access including stigma, privacy concerns, lack of information, isolation, and other factors. TCHSA is looking for additional ways including technology and the Help@Hand project (page 69) to reach TAY clients/potential consumers in both English and Spanish via platforms that are youth appropriate.

Stakeholder feedback indicates a desire for increased outreach to people who are homeless, older adults, those at risk of suicide, LGBTQ+ community members, and other populations. TCHSA will continue its focus on community outreach including focus groups, meetings, and surveys; as well as the pursuit of the Help@Hand platform as a support and outreach tool, increased and on-going collaboration with schools, and partnering with other agencies and community members.

COMMUNITY SERVICES & SUPPORTS (CSS)

CSS are programs and strategies that

- Provide Full Services Partnerships (FSPs) (a "whatever it takes" level of service)
- Improve access to unserved and underserved populations
- 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 recent COVID-19 influences on economic stability within the State of California, TCHSA expects these pre COVID-19 revenue estimates to change drastically. Our focus will be on the continuation and expansion of existing programs and services in accordance with the input obtained from the Community Program Planning Process (CPPP). 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. In addition, funds can roll forward, and therefore, stated budgets are current estimates.

FY 2020-21	FY 2021-22	FY 2022-23
$3,296,784	$3,329,752	$3,363,049

CSS: Focus

Behavioral Health CSS services are provided with a focus on wellness, resiliency, and recovery. This includes community collaboration, integrated and cultural competence, and a dedication to the unserved and underserved.

CSS: Access

TCHSA provides services—and service access—in two ways. The first way is physical service locations. The second type of access is providing programs that give access to mental health services

Two focused access centers, located in Red Bluff, are the Youth Empowerment Services (YES) Recovery Center and the Vista Way Recovery Services Center (VWRS or Vista Way. The YES Center services include

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.

FSP-level care for transition-aged youth (TAY, ages 16-25). The Vista Way Recovery Services Center (VWRS or Vista Way) serves adults and older adults. Within Vista Way, the Wellness Center enhances FSP-level care and provides peer-run and consumer-directed services.

TCHSA also maintains centers that provide service access to broader parts of the county. In south county, at the Corning government center, TCCSA-BH provides services that include case management and a full-time bi-lingual Spanish clinician.

Access services include case management, psychosocial rehabilitation, peer supports, and group therapy. 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.

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.

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

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.

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

Stakeholder Input, CSS: Access

Stakeholders expressed concern with respect to the consumers' ability to acquire the services needed within the county offices:

> "How do those clients presenting with mild, or moderate (not severe and persistent) symptoms overcome the challenges to receiving treatment?"
>
> - Tehama County Health Services Agency (TCHSA) Behavioral Health (BH) provides referrals on a case-by-case basis, other providers throughout the county such as hospitals, private practitioners, and social services offices, etc., provide services to those within the mild/moderate category. Tehama County has a persistent shortage of mental health providers in all areas of care throughout the county.

Key trends include comments requesting that TCHSA provide services in collaboration with schools:

"How is the county utilizing the Mental Health Student Services Act (MHSSA) grant, and can it be employed with the Pre-K and Kindergarten students?"

- TCHSA is working in collaboration with the Tehama County Office of Education (TCOE), and they are writing the grant request according to need.

Stakeholder feedback addressed the uncertainty surrounding funding and proposed budget changes:

"How are the proposed changes to MHSA from the Governor's desk going to influence TCHSA's ability to provide quality care where it is needed and not only for the homeless, justice-involved populations, and at-risk youth?"

- The advocacy of the County Behavioral Health Directors Association (CBHDA) of California is working with the Governor's office and emphasizing the importance and impact that current MHSA programs have and continue to have on the respective counties across California

Aiding those in the community who need it and are a portion of the justice involved population was addressed through stakeholder comment:

"What justice involved programs is TCHSA currently participating in?"

- MHSA provides Crisis Intervention Team (CIT) Training to first responders and law enforcement officials.
- TCHSA provides mental health and health services to the Juvenile Detention Facility as well as the Jail on a regular and consistent basis.
- TCHSA is also involved with Drug Court, Behavioral Health Court, Parenting Inside Out (PIO) – parenting classes in the jail, and the Day Reporting Center (DRC) which provides work furlough, therapy, assessments, and group programs.

Data, Access

Table 5

Access centers, hours of services by fiscal year

Fiscal Year	YES	CCRU	Vista	Total
2014-15	889	11,779	865	13,533
2015-16	3,248	11,783	3,502	18,533
2016-17	3,612	4,549	5,438	13,599
2017-18	2,585	5,821	9,553	17,959
2018-19	2,222	6,030	6,931	15,183
2019-20	1,391	5,055	1,554	8,000
Total	13,947	45,017	27,843	86,807

CSS Access: Youth Empowerment Services (YES) Center

Stakeholder Input, YES Center

Stakeholder input focused on the availability of services during a time of day more conducive to the typical client's availability throughout the day. Key trends in YES Center feedback include requests for a youth drop-in center and/or to use the YES Center as a youth drop-in center and training for parents and caregivers.

Description, YES Recovery Center

Available Monday through Friday, the Youth Empowerment Services Center (YES Center) serves transition-aged youth (TAY, 16-25 years of age) with severe mental illness.
Along with TCHSA services of case management, rehabilitation, and individual and group therapy, TAY clients participate in facility management and upkeep. The YES Center functions under a set of focus areas— called "STANS"— an acronym for strength, treatment, activities, networking, and service. YES Center evidence-based interventions include WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, and MRT.
YES Center groups focus on the needs of TAY clients. Group topics include time management, anger management/ symptoms management, effective communication, and others. Clients learn life skills through community service, peer-led cooking classes and facility maintenance duties.

Goals, YES Recovery Center

GOALS	PROGRESS
Implement groups for families of TAY consumers.	*Continuing goal.*
Collaborate with area providers to support resuming a group for at risk LGBTQ+ transition-aged youth.	Working on collaborative application MHSSA with Tehama County Office of Education and other schools, to address support for TAY and LGBTQ youth as a priority
TCHSA will monitor how YES Center clients use the Help@Hand platform and evaluate its efficacy for youth and TAY currently in services. Implementation of Help@Hand is hoped to be youth-appropriate and youth-culture oriented. *	Help@Hand platform in progress, reference Help@Hand section for appropriate update
Evaluate ways to increase TF-CBT participant numbers among YES Center clients.	Ongoing goal, reduced progress due to lack of staffing
Increase collaboration with SURS for co-occurring services and provide proper assessment and services for those with co-occurring disorders.	Meet regularly with SURS to increase collaboration and streamline services
Continued collaboration with Juvenile Detention Facility (JDF) to ensure, when youth leave custody, continuation of care.	Ongoing collaboration with JDF to meet this goal
Continued collaboration with Department of Social Services to ensure high-needs foster children and youth receive "Katie A." requirements, including intensive home-based services.	Ongoing collaboration with DSS to meet this goal

Explore, with stakeholder input, YES Center hours extending to evenings and/or weekends. Document and report on stakeholder input and include a cost evaluation.	This goal is in progress
Continue vocational training via the catering program. Track events and services provided.	Continued to provide catering services

* Monitoring and evaluating use of the Help@Hand platform will adhere to laws, regulations and best practices that ensure user privacy and data security.

Successes, YES Recovery Center

- Community Program Planning Process (CPPP) and stakeholder comments indicate strong support, both within the community and from clients/consumers, of the YES Center and its programs.
- The YES Center TAY rehabilitative employment program, catering, continues its success both with participants of the program as well as people who use catering services. Former clients of the YES center have jobs in the community: This is a key success and remains a core goal.

CSS Access: Vista Way Recovery Center (Vista Way or VWRS), Adults

Stakeholder Input, Vista Way

Vista Way Recovery Center is both the location and a set of core adult services provided by TCHSA, including daily rehabilitative services and the higher level of care/Full-Service Partnership (FSP) clients. It is worth noting that—as of the time of this report—the physical location of adult services is expected to move from the Vista Way location to the central Walnut Street campus. Physical relocation of adult services achieves the agency's goal of service integration with medical, public health, substance use recovery, and behavioral health services provided in one location for the ease and support of existing and potential clients regardless of the type and duration of care. In addition, moving services onto the Walnut Street campus will bring increased efficiencies related to staff and resources, allowing TCHSA to do more with less.

"Case managers at Vista Way were consistently mentioned as extremely valuable supports due to their knowledge of how to access care and resources.

Classes at Vista Way have also helped persons with mental illness to learn new skills and build self-sufficiency."

Focus group responses.
Tehama County 10-Year Plan to End Homelessness 2018

Description, Vista Way

The Vista Way Center provides an array of services for adults and older adults. Services include case management and rehabilitative services, individual and group therapy, and pre–employment and employment services. Vista Way includes a wellness and recovery program (or Wellness Center) that provides FSP-level care and intensive services (see FSP, page 33).

Vista Way uses evidence-based interventions including Moral Reconation therapy (MRT), Wellness Recovery Action Plan (WRAP), and Seeking Safety. Rehabilitative groups focus on life skills, therapeutic and self-soothing techniques (including Therapeutic Drumming), and symptom management. TCHSA is always reviewing evidence-based interventions for efficacy and exploring other options as they are presented as best practice within the field.

A Vista Way client council ensures that client input guides the evolution of existing services. The Center embodies the "recovery and resiliency philosophy" which focuses on learning how to live to the fullest while managing the ups and downs that accompany mental health challenges.

As described under in the section regarding employment (page 39), Peer Advocates are employees with lived experience who are an integral part of services. These services include, direct client mentoring, client assistance, and leading rehabilitative groups including WRAP.

Goals, Vista Way

Track progress and present outcomes.

GOALS	PROGRESS
Develop—with input from stakeholders and clients—a group system in which clients graduate up through different "levels", allowing clients to be grouped with similar peers and reinforcing client progress.	Peer run groups are in progress and showing continual improvement with participants as well as group leaders.
Provide a "one stop shop" source of recent and accessible information in English and Spanish, either through TCHSA website, social media, Help@Hand, or a combination.	Continual consolidation of resources is an on-going process.
Implement Help@Hand and track its use among adults, existing clients including an assessment of whether the apps ease feelings of isolation, improve clients' sense of well-being, increases peer support received, improves access to information, or improves access to services.	Help@Hand apps are entering Pilot programs and will be reviewed by the county upon their completion based on the needs of the county and stakeholder input.
Depending on implementation and apps adopted, monitor Help@Hand data, and track how many adults are referred to care and engage in services because of use of the Help@Hand platform, with "engage in services" defined as attending at least one session of the referred program or service. *	Contingent upon Pilot program completion
Expand trauma-based therapy modalities for adults and older adults. Behavioral Health has been training clinicians, with on-going consultation occurring with the goal of clinicians becoming certified in Cognitive Processing Therapy (CPT), an evidence-based modality.	Continually train clinicians in Cognitive Processing Therapy (CPT) with the goal of maintaining CPT proficient providers
Implement cultural competency training that includes TCHSA staff, TCHSA clients and NVCSS peer employees.	Piloted an external training with an initial 17 staff members, and will continue to

	complete trainings as time/personnel allowances provide
Review possible implementation of Dialectical Behavior Therapy (DBT).	Goal in progress
Implement collaborative screenings by the County's primary care clinic to identify appropriate mental health interventions for primary care patients. This collaboration is supported though TCHSA's integration of services, and the co-location of Behavioral Health med support services in the primary health care clinic: TCHSA psychiatric staff will have regular consultation time with our medical clinic staff doctors to provide ongoing education and training.	This goal has been met and is a continuing goal.

* Monitoring and evaluating use of the Help@Hand platform will adhere to all laws, regulations and best practices that ensure user privacy and data security.

Success, Vista Way

- Collaboratively, BH and SURS implemented co-occurring services as part of the FSP program for individuals with co-occurring issues in which mental health issues are the lead diagnosis (co-occurring level two).
- TCHSA developed a core set of groups that address co-occurring issues for participants within Behavioral Health Court programs.
- The contract with North Valley Catholic Social Services (NVCSS) allows the client-employment program to continue to increase in breadth, depth, and stability.
- Peer advocates, trained by certified WRAP instructors, now lead WRAP groups for adults and older adults.

CSS Access: Corning, Los Molinos, and Rancho Tehama

Stakeholder Input, Access (Corning, Los Molinos, Rancho Tehama)

Stakeholders expressed the need for more mental health providers, difficulty with medicine prescriptions due to lack of appropriate training for staff, and minimal participation/interest in the stakeholder process.

A provider expressed "difficulty in finding qualified individuals willing to apply for counseling and/or mental health related positions."

- The mental health field is experiencing a nationwide shortage of providers to fill available positions

"What physician training is available and what avenues are being used?"

- TCHSA has a member physician currently involved with training specifically for the purpose of providing medication support to behavioral health consumers.

A provider suggested that the "Corning Health Care District could be a possible stakeholder input to be utilized."

- In future CPPP, explore the possibility of meeting with the Corning Health Care District staff during a monthly staff meeting (held once/month on Tuesdays) to conduct a CPPP meeting.

Description, Access (Corning, Los Molinos, Rancho Tehama)

TCHSA's Medi-Cal penetration rates within the Latino population are lower than other California small counties (3.1% compared to 3.97%). Access centers in Corning and Los Molinos are key to increasing Latino access.

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 who are bi-lingual Spanish.

TCHSA began providing services in Los Molinos, starting with Nurturing Parenting classes. An additional intent of these initial PEI services is to create deeper community networking and—with increased information and feedback—identify the additional services needed in Los Molinos. Identifying a core group of clients in Los Molinos that need services will support the initiation of outpatient services.

TCHSA provides limited services in Rancho Tehama. These services included therapeutic groups in English and Spanish, and Nurturing Parenting classes. These services have been well received. TCHSA is actively seeking additional ways to best serve Rancho Tehama.

Table 6 shows clinician service hours, including bi-lingual Spanish, in Corning.

Table 6

Corning Site, Service Hours (by Fiscal Year)

Fiscal Year	Total Hours Provided	Bilingual Clinician
2014-15	450	275
2015-16	854	594
2016-17	709	709
2017-18	609	538
2018-19	220	220
2019-20	663	663
Total	3,505	2,999

Goals, Access (Corning, Los Molinos, & Rancho Tehama)

The outcome measure for goals in this section is tracking progress, usage, and efficacy—for services in Corning, Los Molinos, and Rancho Tehama—and presenting that information in upcoming reports.

GOALS	PROGRESS
Bilingual Spanish WRAP group at the Corning center.	Continuing goal
Maintain staffing levels in Corning, with a focus on bi-lingual Spanish clinicians.	Difficulty maintaining staffing due to lack of mental health professional availability
Increase services (both under CSS and PEI) in Los Molinos through collaboration with the county government center, schools, and other community partners.	Continuing to collaborate with county, schools, and community to determine best fit for consumers
If appropriate, evaluate how the Help@Hand innovation project supports community	Goal in progress as Help@Hand apps are entering pilot programs

* Monitoring and evaluating use of the Help@Hand platform will adhere to laws, regulations and best practices that ensure user privacy and data security.

Successes, Access (Corning, Los Molinos, Rancho Tehama)

- Service use in Corning continues at a steady pace.
- TCHSA has established community inroads in Los Molinos and Rancho Tehama and will continue to focus on services and outreach.

CSS Access: On-Call Clinicians/Mobile Crisis

Stakeholder Input

Implementing a mobile crisis or on-call clinician program received consistent interest in the previous MHSA CPPP. Comments received from stakeholders indicate support of mobile clinicians with a variety of methods mentioned. One comment, for example, focused on collaboration with the local hospital regarding medical clearance. Another comment focused on ways to collaborate when discharging patients from the hospital when mental health issues are present. Some comments suggested having mobile crisis on call to the hospital or emergency room while still others called for mental health providers to be available to first responders.

When asked what times the mobile crisis services should be offered, stakeholders, again, ranked all options as high priority or essential with weekend and weekday evenings (5PM to midnight) ranked highest. The lowest ranked mobile crisis time is weekday days (8 am to 5 pm). Mobile crisis hours received several comments, with a trend that mobile crisis services should be available 24/7, 365 days a year.

Description, On-Call Clinicians/Mobile Crisis

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.

In response to stakeholder feedback, TCHSA has implemented an on-call clinician program. Initially, on-call clinicians will be scheduled to cover weekends (9 AM to 9 PM) and holidays.

The on-call clinician program helps ensure that people experiencing a mental health crisis are evaluated as soon as possible and in collaboration with community partners including hospitals, clinics, emergency rooms and first responders. The on-call clinician program, in collaboration with community partners including hospitals, clinics, emergency, and first responders, helps ensure that people experiencing mental health crisis are evaluated as soon as possible. Outcomes could include stabilization time at the CCRU, release to home, inpatient hospitalization or other actions depending on assessment and circumstances.

The on-call program will be monitored and evaluated as it is implemented. Evaluation will include a review of the number of evaluations conducted by the on-call clinician and reports from emergency room personal regarding the effectiveness of the services provided. We will work with the emergency room to identify how to capture any decrease in emergency room time for psychiatric cases.

Goals, On-Call Clinicians/Mobile Crisis

Track progress and present outcomes.

GOALS	PROGRESS
Track and report number of unduplicated events. *	MOQA-3 FY 2018/19 reported 585 events
Track and report number of individuals with serious mental illness in which consumer received a referral to services at TCHSA.	MOQA-3 FY 2018/19 reported 585 referrals
For individuals referred to services at TCHSA, track and report number that engaged in services. **	MOQA-3 FY 2018/2019 reported 546 engagements
Within consumers referred for treatment, track and report the average duration of untreated mental illness.	Continuing goal
For referrals to TCHSA, track and report average time interval between referral and engagement in services. ***	Continuing goal
Track and report effective collaboration between TCHSA and Saint Elizabeth's Hospital.	Goal in progress

*Events are defined as the instigation of the use of an on-call clinician/

**Engaged is defined as participating at least once in the program or service to which the consumer was referred.

***Referral is defined as receiving, in writing, a recommendation to one or more higher levels of care/treatment. A referral is not, for example, providing a brochure of available services.

Sucesses, on-call clinicians/mobile crisis

- TCHSA trained clinical staff as on-call clinicians.
- TCHSA clinicians provide on-call coverage during weekends and holidays.

CSS Access: Level 1 Co-Occurring Services, Substance Use Disorder as Lead Diagnosis

Description, Level 1 Co-Occurring Services, Substance Use Disorder as Lead Diagnosis

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, page 33). 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].

Data, Level 1 Co-Occurring Services, Substance Use Disorder as Lead Diagnosis

Table 7

Co-Occurring Level 1 staff hours (note: program began in fiscal year 2016-17)

Fiscal Year	Staff Hours
2016-17 *(Program implementation)*	40.5 hours
2017-18	183.0 hours
2018-19	169.5 hours
2019-20	171.5 hours
Total	564.5 hours

Goals, Level 1 Co-Occurring Services, Substance Use Disorder as Lead Diagnosis

The outcome measure for goals in this section are: Track progress and present outcomes.

GOALS
Expansion of Co-Occurring Level 1 & Level 2 programs to increase treatment time and evidenced- based, specialized groups.
Create and implement a standardized triage process to place clients accurately and efficiently in either Co-Occurring Level 1 or Level 2.
Identify and implement standardized screening tools and evaluation tools for both Co-Occurring programs and measure outcomes.

Successes, Level 1 Co-Occurring Services, Substance Use Disorder as Lead Diagnosis

- A collaboration between Behavioral Health and SURS, the implementation of Co-Occurring Level 1 was a major milestone.
- Adhering to evidence-based models, staff are trained in and using WRAP, Seeking Safety, and the Matrix model.

CSS Access: Community Crisis Response Unit (CCRU)

Stakeholder Input, CCRU

Stakeholder comment indicated that the CCRU is a vital component to providing care to Tehama County, and demonstrated concern with what the future of the facility would be if the proposed changes to MHSA took effect.

"With the CCRU not fitting into the precise categories suggested by the possible changes to MHSA, how will we maintain this vital resource?"

- CBHDA and the California State Association of Counties (CSAC) are involved in ongoing discussions with the Governor's office, legislators, and the Steinburg Institute with respect to possible MHSA reform and how it will impact the various counties throughout California.

Description, 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 29, 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.

Goals, CCRU

The outcome measure for goals in this section are: Track progress and present outcomes.

GOALS
Develop and implement procedures for off-site assessments, specifically at St. Elizabeth's hospital and St. Elizabeth's Emergency Room.
Decrease the number of involuntary hold placements (to decrease life disruption, increase resiliency and recovery, and decrease impacts on other areas of the service system), measured by number of clients who do not go on to a Psychiatric Hospital Facility (PHF) and who attend follow up appointment with TCHSA outpatient services.
Develop support groups for CCRU clients experiencing their First Episode of Psychosis (FEP).
Implement support group for CCRU clients.
Train all CCRU staff, including psychiatric technicians and transporters, in "Seeking Safety" to insure the most effective and consistent client experience.
Continued use of the placement coordinator and Case Resource Specialist (CRS) to help ease the disruption of psychiatric crisis and ensure that clients who are placed in out-of-town facilities have an easier access back to their normal routines.
Develop support groups for family members of CCRU clients.

Train all CCRU staff in using the ASIST model (Applied Suicide Intervention Skills Training) to increase effectiveness when serving individuals at risk of suicide.
Incorporate "Non-Violent Crisis Intervention Training" into regularly scheduled CCRU staff meetings.
A continued goal is embedding a Case Resource Specialist (CRS) in the CCRU to mitigate the disruption of psychiatric crisis and—by putting case management supports in place—helping clients return to daily routines quickly and successfully.
A continued goal is to provide additional focus and case management services to clients experiencing a first episode of psychosis (FEP). A formalized protocol for FEP is in the planning stages.

Successes, CCRU

Fiscal Year	Unique Clients Who Received CCRU Services	Unique Clients Who Received Seeking Safety Services, who had a CCRU Visit
2016-17	524	457
2017-18	432	398
2018-19	417	363
2019-20	341	250

On-call clinicians that cover weekends and holidays are available to the CCRU; this increases the efficacy of crisis intervention. On-call clinicians also provide planning and support that improve outcomes for clients leaving the CCRU. Finally, assessments by on-call clinicians expedite treatment planning. In addition to on-call clinicians, the CCRU connects clients to treatment and intensive case management as appropriate.

TCHSA has trained CCRU staff as certified Non-Violent Crisis Intervention Trainers.

CSS: Full-Service Partnership (FSP)

Stakeholder Input, FSP

Stakeholder comments address FSP directly:

Stakeholder expressed concern with respect to "the number of services per person getting access through the county and the cost versus services provided to each individual."

- FSP's provide the ability for the county to provide multiple services based on medical necessity and utilize funds other than MHSA to supplement the consumer's care.

"With respect for FSP's for children, what is the age definition for a child?"

- MHSA refers to individuals ages 0-15 as children. In addition, FSP's are utilized based on medical necessity and determined on a case-by-case basis.

Description, FSP

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

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, 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.

FSP programs geared towards the well-being of individuals between the ages of 0-15 years include, Child and Family Team (CFT) Meetings, Intensive Care Coordination (ICC), and Intensive Home-Based Services (IHBS):

- Child and Family Team (CFT) Meeting – California Department of Social Services (CDSS) and Department of Health Care Services (DHCS) recognize that in to serve children it takes a team of people working together using the Integrated Core Practice Model (ICPM) approach to achieve safety, permanency, and improved well-being. All system providers must become more knowledgeable about working within a team environment which engages youth and families as partners. Each child/youth and family involved with mental health and child welfare should receive a CFT as this is best practice
- Intensive Care Coordination (ICC) – ICC is delivered using a CFT to develop and guide the planning and service delivery process.

> "FSP clients experienced decreased rates of homelessness and justice system detention, as well as decreased utilization of inpatient hospitalization for mental health."
>
> *Evaluation of the Mental Health Services Act in Los Angeles County. RAND Corporation, 2018*

Although more than one mental health provider may participate in the CFT, there must be an identified mental health ICC coordinator that ensures participation by the child/youth, caregiver, and significant others so that the child/youth's assessment and plan meet the needs and strengths of the individual within the context of the values of the Integrated Core Practice Model (ICPM)

- Intensive Home-Based Services (IHBS) – IHBS in intensive, individualized and strength-based, needs-driven invention activities that support the engagement and participation of the child/youth and his/her significant support person(s) and to help the child/youth develop skills and achieve the goals and objectives of the plan
    - Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms
    - Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others
    - Development of skills or replacement behaviors that support the child/youth to fully participate in the CFT and service plans
    - Improvement of self-management of symptoms
    - Education of the child/youth and/or their family or caregiver(s), and how to manage the child/youth mental health symptoms
    - Support of the development, maintenance, and use of social networks
    - Support to address behaviors that interfere with the achievement of a stable and permanent family life
    - Support to address behaviors that interfere with the achievement of a stable and permanent family life
    - Support to address behaviors that interfere with seeking and maintaining employment
    - Support to address behaviors that interfere with a child/youth's success in achieving educational objectives in an academic program
    - Support to address behaviors that interfere with transitional independent living objectives such as seeking and maintaining housing and living independently

Data, FSP

Table 8

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

Fiscal Year	Children (0-15)	TAY (16-25)	Adults (26-59)	Older Adults (60+)
2020/2021	5	10	60	20
2021/2022	10	20	60	20
2022/2023	12	22	65	25

Table 9

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

	Children		TAY		Adult		Older Adult		Total	
Fiscal Year	Enrolled	Discharged	Enrolled	Discharged	Enrolled	Discharged	Enrolled	Discharged	Enrolled	Discharged
2014-15			15	5	60	17	23	7	98	29
2015-16			21	4	66	20	21	2	108	26
2016-17			11	2	55	7	19	4	85	13
2017-18			14	3	65	14	25	4	104	21
2018-19			7	6	76	25	23	11	106	42
2019-20	0	0	1	0	12	14	3	2	16	16
Total	0	0	69	20	334	97	114	30	517	147

Table 10

FSP Staff Hours (by Age Group & Fiscal Year)

Fiscal year	Children	Transition-aged Youth	Adult	Older Adult	Total
2014-15		3,293	10,707	2,601	16,601
2015-16		3,201	6,882	664	10,747
2016-17		3,612	1,610	1,967	7,189
2017-18		2,806	7,820	819	11,445
2018-19		1,170	10,579	666	12,415
2019-20	2	176	9,176	625	9,979
TOTAL	**2**	**14,258**	**46,774**	**7,342**	**68,376**

Goals, FSP

GOALS	PROGRESS
Address a growing case load of older adults who present with multiple medical conditions.	# of older adult consumers who have regular medical primary care as part of a WRAP plan.
Using stakeholder feedback and within laws/regulations, develop an FSP protocol with on-going review, adjustment, and reporting.	Develop an FSP program handbook with identified steps and completion criteria. Make available to consumers and stakeholders.
Identify ways to increase structure and embed completion of FSP program components in a way that both measures clinical progress and provides positive validation to clients about their growth and progress.	Develop an FSP program handbook with identified steps and completion criteria. Make available to consumers and stakeholders.
Continued goal of maintaining psychiatry and medication support.	Continuing goal
TCHSA will be monitoring implementation and use of the Help@Hand platform to determine its efficacy within FSP services/for FSP clients. *	Track usage and report on available data.

Increase the number of FSP clients who have a medical primary care provider (PCP).	Include in WRAP protocol and present changes.
Continue to provide healthy, life-skill building trips and outings for FSP consumers.	Track and report growth/changes.
In 2016, TCHSA identified Cognitive Processing Therapy (CPT) as the evidence-based cognitive behavioral modality of choice for adults rather than TF-CBT.	Track and report growth/changes.
Increase the breath of wellness recovery centered activities and review how treatment is supported through these activities.	Track and report growth/changes.

* Monitoring and evaluating use of the Help@Hand platform will adhere to laws, regulations, and best practices that ensure user privacy and data security.

Successes, FSP

GOALS	PROGRESS
Continue to maintain low incidence of emergency contacts.	FSP efficacy is evaluated by RAND Corporation via a state contract. RAND evaluations continue to show that providing FSP decreases homelessness, hospitalization, and involvement with law enforcement. TCHSA receives county specific FSP data from the State. When last released, Tehama County data mirrored state-wide outcomes/findings.
NVCSS to increase training and employment opportunities for FSP clients.	TCHSA developed and implemented a contract with NVCSS.
WRAP groups led by Peer Advocates.	In place at Vista Way as of fiscal year 2016-17.
Increased opportunities for FSP clients to share their stories.	Clients (including FSP clients) and staff created a group to teach clients how to tell their story. Clients would like to continue expand opportunities for sharing their stories about the challenges of living with a mental illness, and how the wellness and recovery approach has helped them obtain more meaning in their life. Events include the “Speak Our Minds” event in May.
Develop a more integrated FSP Program for VWRS	Development of co-occurring program. Another key component is using peer advocates to lead WRAP and other groups.
Consumer advocates will provide client support and referrals to other services.	Peer advocates staff the Wellness Center—a center located within the larger Vista Way Recovery Center—and provide individual and group-based client support and referral to other services. Peer advocates also staff “TalkLINE”, a non-crisis level warm line for peer support, connection, and service referral.
Healthy living and wellness focus WRAP.	VWRS provides a variety of healthy living groups including multiple, on-going WRAP groups, life skills groups, and nutrition and health education.

Assisted Outpatient Therapy (AOT)

Stakeholder Support, AOT

Assisted Outpatient Treatment (AOT)—or "Laura's Law"—has received on-going support among Tehama County agencies and stakeholder groups. In March 2016, a subcommittee of Tehama County's Interagency Coordination Committee (IACC) recommended proceeding with Assisted Outpatient Treatment (AOT). In February 2018, TCHSA presented before the full committee: The full committee accepted, in concept, TCHSA's proposal to move forward with AOT. In previous years and in a variety of collaborative meetings, TCHSA received unsolicited requests for an AOT program.

Description, AOT

Assisted Outpatient Treatment (AOT) is included in this plan "in concept". AOT is a modality used to implement "Laura's Law" and involves—when no other options are available—a court order. An AOT program involves other agencies including law enforcement and the court system. The mental health treatment portion of AOT is eligible for MHSA funding. TCHSA will explore AOT implementation as a subset of Full-Service Partnership (FSP) services currently in place.

Assisted Outpatient Treat (AOT) is community-based mental health services under specific circumstances in which an individual is not engaging in mental health services and presents a danger to themselves or others. To become an AOT client, the court must find that non-compliance with mental health treatment has been a significant factor resulting in at least two hospitalizations within the immediately preceding 36 months, and/or mental illness resulted in one or more acts of serious and violent behavior towards self or others within the immediately preceding 48 months.

The table below summarizes basic criteria for AOT candidacy:

AREA	CRITERIA	TIMEFRAME	OCCURANCES
Age	18 years or older		
Residency	County resident		
Diagnosis	Serious Mental Disorder (WIC 5600.3), can include co-occurring disorders.		
Treatment	Has refused opportunities to participate in treatment.		
Risk	Person is unlikely to survive safely in the community.		
Court must find that non-compliance with	Hospitalization or incarceration	36 months	Two (2) or more
	and/or		

mental health treatment has resulted in:	Acts of serious, violent behavior towards self or others	48 months	One (1) or more

Goals, AOT

GOAL	OUTCOME TRACKING
Engage in collaborative process with stakeholders and collaborative partners to see if AOT is a good fit for Tehama County.	Minutes and sign in sheets from collaborative process meetings.
If the collaborative process identifies AOT as a good match for Tehama County, commence program planning and implementation	AOT program, policies, and procedures in place and in use.
Define outcome measures based on law, regulatory requirements, reporting requirements and best practices.	Pending implementation evaluation.

Client Employment (Peer Assistant)

Description, Client Employment

Behavioral Health provides both vocational training to adult/older adult and TAY clients as well as the employment of Peer Advocates. Formerly TCHSA "stipend" workers, in 2016 and 2017, TCHSA restructured and improved the consumer employment program including moving the program under a contract with North Valley Catholic Social Services (NVCSS). The employment program has fewer employees who receive more training and 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, Peer Assistants complete wellness and recovery-focused training provided by NVCSS supervisors. After training, participants are assigned to work in one of several areas: Vista Way center front desk, mental health outpatient (MHOP), YES Center, and a landscaping program. Peer Assistants are hired for a nine-month period (additional employment series are considered depending on circumstances), receive supportive employment and to develop marketable skills with the goal of finding work in the community.

Goals, Client Employment

Track progress and present outcomes.

GOALS
Identify opportunities to grow the Peer Assistant program to include employment in different TCHSA divisions, other county departments, and the community.

Continue to look for ways to offer computer classes for clients including training on Excel, Word, and Outlook.
Provide additional and longer work/training opportunities for clients by collaborating with the State Department of Rehabilitation (DOR) and looking for opportunities to move—when appropriate—some clients into DOR's program.

Successes, Client Employment

- The restructuring of the Peer Advocate and Peer Assistant programs includes clearer roles and duties and improved delineation of the programs' training processes.
- Collaboration with State DOR will enhance peer/client employment by providing expanded opportunities for program participants.

Transitional Housing

Stakeholder Input, Transitional Housing

Concern for community members struggling with housing is of the utmost importance to the stakeholders of Tehama County:

"What is being done to help the homeless population in Tehama County?"

- Housing, Medication Support, Life-Coaching, Seeking Safety program, SURS, and Mental Health Support
- TCHSA utilizes FSPs to address multiple areas of concern with respect to the medical necessity of the consumer
- Through the utilization of a Community Development Block Grant (CDBG), TCHSA is involved in the placement of a Navigation Center within the city of Red Bluff and is working alongside a collaborative of community members, leaders, and professionals to see the project completed
- TCHSA in collaboration with Rural Communities Housing Development Corporation (RCHDC) is in the process of building the Olive Grove Supportive Housing project in Corning, with funding from multiple sources, including; Mental Health Services Act (MHSA) Local Government Special Needs Housing Project (SNHP), the State of California Housing and Community Development No Place Like Home (NPLH) Program, and State Low-Income Tax Credit Program, and which upon completion will be capable of providing MHSA programs to those residents who require supportive housing assistance

- All MHSA programs will provide a range of services that address issues on an individual basis

Description, 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 med support, rehabilitation, and individual and group therapy. Clients in transitional housing are almost always involved in services at Vista Way or YES 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 two transitional housing units, Gentry House, and Madison House, and can accommodate eight clients. Typically, both Gentry House and Madison House are full: The limited space within transitional housing creates issues for both clients and Behavioral Health programs/staff.

As of Spring 2020, homeless sheltering in Tehama County is provided in Red Bluff only, at separate church locations on a rotating schedule and limited to winter months (November through April). 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 homelessness again 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 situation is more likely to deteriorate, and this results in additional staff time and use of public resources.

Table 11

Nights of paid housing by location & fiscal year

Fiscal Year	Madison House	Gentry House	Total
2014-15	520	642	1,162
2015-16	1,064	1,853	2,917
2016-17	1,021	1,807	2,828
2017-18	980	1,436	2,146
2018-19	1,064	880	1,944
2019-20	494	1,321	1,815
Total	**5,143**	**7,939**	**13,082**

Goals, Transitional Housing

There remains a high level of need for emergency, temporary, and long-term housing in Tehama County.

GOALS

Gaps	5-Year Goals	10-Year Goals
Street Outreach	Mobile One Stop Day Center Mobile Crisis Unit Sobering Center	Permanent Location One Stop Day Center
Temporary Housing	Mental Health Rehab Facility (16-24 beds)	Year-Round Emergency Shelter 20-40 Additional Transitional Housing Beds (including for families)
Permanent Supportive Housing	Permanent Supportive Housing utilizing MHSA	Permanent Supportive Housing Project utilizing NPLH and/or VHHP
Permanent Affordable Housing	Utilize Section 8 and VASH Vouchers to Develop Affordable Housing	Implement Policies that will Incentivize the Development of More Housing Overall

Transitional Housing

- TCHSA is an active participant in the Housing and Urban Development Continuum of Care Committee (HUD COC), fostering collaboration with other community agencies around housing shortages.
- Use of existing options has increased despite no increase in housing options. The usage rate increase is due to better identification of people who will succeed in shared housing. TCHSA has refined its process of identifying clients with the characteristics of successful shared housing participants. Careful selection lowers turn over and increases usage rates.
- Tehama County awarded Community Development Block Grant (CDBG), October 11, 2019 for $2.4 million to put towards the establishment of a Navigation Center in Red Bluff.
- Tehama County Continuum of Care (CoC) Collaborative awarded the Homeless Emergency Assistance Program (HEAP) grant for $592,345 to be utilized alongside the CDBG funding.
- CoC: Empower Tehama awarded the California Emergency Solutions and Housing (CESH) grant, in the amount of $855,637 which will be employed for the operational costs of the Navigation Center.
- Empower Tehama is the administrative entity for the Tehama County Continuum of Care and, as such, will be the administrative entity for the Navigation Center Project.

TCHSA will continue as active participants in the Tehama County Homeless Stakeholder Committee and the Housing and Urban Development Continuum of Care Committee (HUD COC), with the following collaborative goals: Tehama County **10-Year Plan** to End Homelessness • June 2018

Timeline

- Board of Supervisor Public Hearings
  - December 11, 2018; February 5, 2019; February 19, 2019
- February 26, 2019 - Application submitted to the California Department of Housing & Community Development (HCD)

- April 3, 2019 – Airport Business Park CC&Rs revised
- April 17, 2019 – County staff visited Blue Shield site to review after invitation
- May 29, 2019 – County staff met with Community members to discuss LP/SP property in Red Bluff
- July 1, 2019 – Complaint filed against County for CC&R dispute of Vista Way project
- August 30, 2019 – County received notice on non-award of CDBG
- September 11, 2019 – County staff internal meeting to discuss interim daytime homeless services at Vista Way site
    - Courthouse Annex #2 was brought up as an alternative option, and project architect was asked to investigate the feasibility of Annex #2 for the Navigation Center
- October 1, 2019 – Possibility of using Annex #2 announced at Red Bluff City Council meeting
- October 11, 2019 – County received award letter for CDBG funds
    - Internal discussion concerning convening a public forum to review potential sites
- November 14, 2019 – County staff visited Moose Lodge site to review property
- November 21, 2019 – Public Forum to discuss Navigation Center location
- December 17, 2019 – Tehama County Board of Supervisors workshop/study session regarding the Navigation Center site
- County and City to contact LP and SP to determine their intent with suggested property and report to the BOS
- June 2020, Board of Supervisors scheduled to continue forward with Navigation site selection

PREVENTION AND EARLY INTERVENTION (PEI)

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

PEI: Allocation by Fiscal Year

MHSA funds vary depending on economic conditions and other factors. Considering recent COVID-19 influences on economic stability within the State of California, TCHSA expects these pre COVID-19 revenue estimates to change drastically. 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. In addition, funds can roll forward, and therefore, stated budgets are current estimates.

FY 2020-21	FY 2021-22	FY 2022-23
$913,054	$917,619	$922,207

PEI: Stakeholder Input

Stakeholder comments, related to prevention and early intervention programs:

"What types of Early Interventions are available for 0-5 years through MHSA and could the Help Me Grow Program be implemented through MHSA?"

- TCHSA holds a collaborative review with its partners with respect to the needs of individuals within this category to determine what programs are needed and what needs to be implemented/improved.

"Can TCHSA provide Nurturing Parenting classes for the 0-5-year age group?"

- TCHSA will continue to collaborate with its partners and explore the possibility of expanding its Nurturing Parenting classes to include the 0-5-year category

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.

PEI Demographics	FY 2018/19	FY 2019/20
Age Groups		
0-15 (children/youth)	13	1
16-25 (transition age youth)	55	25
26-59 (adult)	133	160
ages 60+ (older adults)	13	31
Declined to answer	60	34
Race by category		
American Indian or Alaska Native	8	13
Asian	6	1
Black or African American	5	2
Native Hawaiian or Pacific Islander		4
White	105	133
Other	144	59
More than one race	20	5
Declined to answer	63	34
Ethnicity by category		
Hispanic or Latino / x		
Caribbean		1
Central American	2	3
Mexican / Mexican American / Chicano	60	59
Puerto Rican		
South American	2	
Other	23	4
Declined to answer		
Non-Hispanic or Non-Latino / x		
African	2	1
Asian Indian/South Asian	1	
Cambodian		
Chinese	1	
Eastern European	10	10
European	38	31
Filipino	2	1
Japanese	1	1
Korean	1	
Middle Eastern		

Vietnamese		
Other	11	25
Declined to answer	5	
More than one ethnicity		3
Declined to answer	117	109
Primary Language		
English	168	187
Spanish	18	30
Sexual Orientation		
Gay or Lesbian	59	2
Heterosexual or Straight	94	178
Bisexual	7	9
Questioning or unsure of orientation	4	2
Queer	3	
Another Sexual Orientation	3	2
Declined to answer	104	58
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	104	38
Communication		
Difficulty seeing	10	8
Difficulty hearing or being understood	2	9
Other (specify)		2
Mental domain not including a mental illness (including but not limited to a learning, developmental disability, dementia)	15	13
Physical/mobility domain	13	10
Chronic health condition (including, but not limited to, chronic pain)	22	14
Other (specify)		
No	121	152
Declined to answer	91	61
Veteran Status		
Yes	4	5
No	140	145
Declined to answer	130	101

Gender		
Assigned at birth		
Male	53	31
Female	162	188
Declined to answer	59	32
Current Gender Identity		
Male	40	31
Female	138	187
Transgender	1	
Genderqueer		
Questioning/Unsure		
Another gender identity	95	33

PEI: Community Engagement & Latino Outreach (CELO)

Description, CELO

Community Engagement and Latino Outreach (CELO) encompasses a variety of activities including 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 bi-lingual Spanish services and Latino outreach.

TCHSA is actively reviewing other opportunities to spread outreach and services to more parts of the County. 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. For example, there is a weekly therapeutic group provided in Rancho Tehama. 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 Cinco de Mayo family event and a county multi-cultural health fair in collaboration with multiple community partners. In addition to events, TCHSA staff actively network with the Latino community: One example is the CPPP outreach events in Corning with bi-lingual Spanish support.

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

Program Name: Community Engagement & Latino Outreach
PEI Component Type: Prevention

Unduplicated Number of Individuals Served in FY 2018/2019:

CELO MHSA PEI 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.

Goals, CELO

The outcome measure for goals in this section are: Track progress and present outcomes.

GOALS
An on-going goal is increased engagement with the Latino community.
Look for opportunities to collaborate with community partners to provide additional group options, particularly in areas other than Red Bluff and supporting bi-lingual Spanish clients.
Continue services and growth of a physical TCHSA presence in Los Molinos.
Help@Hand (INN) goals include increased outreach to the Latino community in both English and Spanish, reaching more areas of the county, culturally competent outreach to youth and TAY. *
Continued goal: TCHSA will continue to be active on Tehama County's Latino Outreach Committee.
Continued goal: Use culturally competent marketing methods within the Latino community to increase knowledge and awareness. Outreach will be guided by the Latino Community Outreach Committee, the MHSA Stakeholder Subcommittee (a subcommittee of the County's Mental Health Board), community stakeholders and staff members. Efforts could include collaboration with Latino-specific nonprofits, faith-based communities, and cultural brokers for increased outreach to the Latino community and to leverage successes of TCHSA bi-lingual Spanish/Latino staff.
Review the implementation and use of the Help@Hand innovation project for cultural competency and use by the Latino population.

* Monitoring and evaluating use of the Help@Hand platform will adhere to laws, regulations and best practices that ensure user privacy and data security.

Successes, CELO

- Bilingual services have continued to be provided at the Corning Facility.
- Bilingual staff have been trained to provide Seeking Safety, WRAP services and Mental Health First Aid training.
- TCHSA delivered Nurturing Parenting classes in Los Molinos.

PEI: Stigma-Reduction

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.

Description, Stigma Reduction

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 in Mental Health month educate community members about mental health issues and mental health wellness and recovery.

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

Program Name: Events and Campaigns

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2018/2019:
Events and Campaigns MHSA PEI 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.

Goals, Stigma Reduction

The outcome measure for goals in this section is: Track progress and present outcomes.

GOALS	
State-wide initiative to track outcomes of stigma-reduction activities (MOQA-3).	Completed, submitted MOQA-3 report
Implement a Tehama County-specific mental health stigma reduction campaign.	Continuing goal

May is Mental Health Month campaign.	Continuing goal
Help@Hand to be assessed in which ways this platform assists in suicide prevention and stigma reduction.	Apps currently entering the pilot process
Continue to use stakeholder input from Community Program Planning Process (CPPP) to plan stigma reduction outreach and events.	Ongoing progress

Successes, Stigma Reduction

- Mental Health First Aid (MHFA) is a required training for TCHSA staff and is part of new staff orientation.
- Continued community support and involvement in May is Mental Health Month activities indicates growing community awareness and support.
- Increased collaboration with National Alliance on Mental Illness (NAMI) to combine efforts to decrease stigma regarding mental illness and to support NAMI's goals for Tehama County. As of Spring 2018, NAMI has a physical office at the Vista Way Resource Center supporting outreach, advocacy, and stigma reduction.

Mental Health First Aid (MHFA)

Description, Stigma Reduction - Mental Health First Aid (MHFA)

An international evidence-based program, Mental Health First Aid (MHFA) is comparable to medical first aid trainings by the Red Cross: Instead of physical first aid, MHFA focuses on mental health. The first product of MHFA 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.

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

Program Name: Mental Health First Aid (MHFA)

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2018/2019: 27

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.

Data, Mental Health First Aid (MHFA)

Members of the community who participated in MHFA training included Mental Health Advisory Board members, consumers, veteran services staff, law enforcement, social service staff, young child educators, homeless services providers, domestic violence service providers, therapists, educators, and health care staff.

Table 12

Mental Health First Aid (MHFA) trainings (Community Participants by Fiscal Year)

Note: this program began in FY2015-16

Fiscal year	English	Spanish	Total
2015-16	218	14	**282**
2016-17	83	5	**88**
2017-18	21	44	**65**
2018-19	19	8	**27**
2019-20	186	18	**204**
Total	**527**	**89**	**616**

Goals, Stigma Reduction - Mental Health First Aid (MHFA)

The outcome measure for goals in this section is: Track progress and present outcomes.

GOALS
TCHSA will continue to train staff, including bilingual-Spanish staff, to provide Mental Health First Aid trainings and will continue to grow the breadth of trainings provided.
All TCHSA Behavioral Health staff will attend MHFA training.
Offer MHFA training to community groups including law enforcement, school staff, faith-based organizations, and others.
Provide Mental Health First Aid trainings quarterly, with at least one training a year in Spanish. *Continued goal.*

Successes, Stigma Reduction - Mental Health First Aid

- TCHSA provided Spanish-language MHFA training.
- TCHSA- MH Division has trained four trainers, two who are bilingual Spanish, to become certified Mental Health First Aid (MHFA) trainers, allowing training in both English and Spanish.

Crisis Intervention Team (CIT) Training

Stakeholder Input, Stigma Reduction – Crisis Intervention Team (CIT)

CIT training:

"What justice involved programs is TCHSA currently participating in?"

- MHSA provides Crisis Intervention Team (CIT) Training to first responders and law enforcement officials.

Description, Stigma Reduction – Crisis Intervention Team (CIT) Training

CIT is designed to help law enforcement and first responders manage events and encounters that involve individuals suffering from mental illness:

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

Program Name: Crisis Intervention Team (CIT) Training

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2018/2019: 30

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.

Data, CIT Training

Table 13

Crisis Intervention Team (CIT) Trainings (Participants by Fiscal Year) *Note: CIT trainings implemented in 2016*

Fiscal Year	Total
2016-17	192
2017-18	50
2018-19	30
2019-20	48
Total	320

Goals, CIT Training

Track progress and present outcomes.

GOALS
Provide one standard CIT training annually.
Continue collaboration with local law enforcement agencies on CIT and other training(s).
Investigate feasibility of a one-day, advanced training for those who have completed standard CIT.

Successes, CIT

- TCHSA provided CIT training at a level that approached full saturation of local law enforcement: Additional trainings, therefore, can be offered to new law enforcement members as a refresher or at higher levels that cover additional material.
- CIT receives positive feedback from clients, family members/care givers and law enforcement. TCSHA-BH believes CIT training mitigates possible negative outcomes of psychiatric crisis events that involve local law enforcement.

PEI: Suicide Prevention Including ASIST and SafeTALK

Description, Suicide Prevention Including ASIST and SafeTALK

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. The goal of suicide prevention training is for community members to become proficient in identifying the signs of suicidality and comfortable in helping individuals reach out for help when needed.

- 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 safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.
- SafeTALK-Suicide Awareness for Everyone (also developed by Living Works Education) is a three-hour workshop focused on the warning signs indicating risk of suicide. The workshop emphasizes the importance of recognizing the signs, communicating with the person at risk, and getting help or resources for the person at risk.

A key resource in suicide prevention is information and social marketing campaigns. A state-wide 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 Code of Regulations, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements

Program Name: ASIST

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2018/2019: 97

Program Name: SafeTALK

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2018/2019: 113

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.

Data, Suicide Prevention ASIST and SafeTALK

TCHSA provided ASIST training to community partners throughout the county.

Table 14

ASIST Training Participants (by Fiscal Year) Program implementation: FY 2015-16

Fiscal Year	Participants
2015/16	87
2016/17	58
2017/18	30
2018/19	97
2019/20	49
Total	321

Goals, Suicide Prevention ASIST and SafeTALK

Track progress and present outcomes.

GOALS
Regularly present ASIST trainings to community members with a goal of increase trainings, including (but not limited to) school and school district employees. *Continuing goal.*
Provide SafeTALK training to all Behavioral Health staff.
Schedule and increase both ASIST and SafeTALK trainings for a broad segment of community members, including youth and TAY (if appropriate based on the curriculum), and in a variety of settings.
Promote suicide prevention resources, both regional/nation (211, national suicide lifelines) and local (CCRU services). The Help@Hand innovation program reflects the goal of organizing information and making it accessible to the community in a variety of forms and presented in a way that demystifies and destigmatizes the process of access care. *Continuing goal.*
Market TCHSA's improved website to primary care providers as a source of information for services and referrals.

Successes, Suicide Prevention ASIST and SafeTALK

- May is Mental Health month activities continue to reach a broad segment of the community.
- Community members responded positively to both ASIST and SafeTALK trainings. The goal is to continue providing these trainings regularly and in a variety of settings.

(SafeTALK Program implemented FY2017-18)

Fiscal Year	Participants
2017-18	64
2018-19	113
2019-20	12

PEI: Teen Risk Screening (TeenScreen)

Program Description, Teen Risk Screening (TeenScreen)

TCHSA is interested in TeenScreen as a tool to help identify youth at risk of suicide or who suffer from an untreated mental illness and, if identified as at risk, refer these youth to treatment.

As a product, TeenScreen has shifted from Columbia University, where it was developed, to Stanford University's Department of Youth and Adolescent Psychiatry. As of 2018, Stanford is transitioning TeenScreen to a web-based platform. Behavioral Health has been chosen as one of five participants in a nation-wide pilot of Stanford's new web-based version. Stanford has not yet provided a reliable "go-live" date resulting in the program being suspended.

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

Program Name: Teen Screen

PEI Component Type: Access & Linkage

Unduplicated Number of Individuals Served in FY 2018/2019: Program is currently inactive.

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.

Usage, Teen Risk Screening (TeenScreen)

Table 17 shows that TeenScreen staff hours have fallen off due to discontinued product support. With a rejuvenated supported product, TCHSA expects TeenScreen hours and referrals to increase once Stanford sets a specific date.

Table 17

TeenScreen, staff hours by fiscal year

Fiscal Year	Hours
2014-15	3,407
2015-16	776
2016-17	1,128
2017-18	90
2018-19	52
2019-20	0
Total	5,453

Goals, Teen Risk Screening (TeenScreen)

Track progress and present outcomes.

GOALS
Participate in the Stanford's web based TeenScreen pilot.
Depending on the outcome of the web-based pilot testing, fully assess the status of TeenScreen and a) re-institute the program with a broader reach across the county, or b) identify an appropriate replacement program.
Include expansion of approved TeenScreen sites and utilization by underserved populations.
Include bi-lingual Spanish support for TeenScreen.
Provide TeenScreen (or replacement screening tool) to Juvenile Detention Facility (JDF) and Katie A. program as part of assessment.

Successes, Teen Suicide Screening (TeenScreen)

- Selection by Stanford University as one of the pilot sites for a web-based version of TeenScreen is of significant benefit. TCHSA will continue to advocate for testing, implementation, and program support.
- After pilot testing is complete and TeenScreen is fully viable, TCHSA looks forward to restarting collaborative efforts with Tehama County Department of Education—and Tehama County school sites and school districts—to select locations, describe protocols, provide services, and coordinate follow-up.

PEI: Parenting and Family Support

Stakeholder Input, Parenting and Family Support

During the Community Program Planning Process (CPPP), TCHSA received stakeholder comments about children and parenting. Among comments related to young children and parenting there are two types of comments: supports for young children and supports for parents/caregivers. Within supports for parents/caregivers, the themes were parenting training and support for parents. The four broad comment categories are:

- Services for young children
- Parenting support in general
- Parenting education
- Nurturing Parenting, specifically

Comments that directly mention Nurturing Parenting:

"Can TCHSA provide Nurturing Parenting classes for the 0-5-year age group?"

- TCHSA will continue to collaborate with its partners and explore the possibility of expanding its Nurturing Parenting classes to include the 0-5-year category

Description, Parenting and Family Support

TCHSA offers the Nurturing Parenting (NP) program: NP is family-centered, trauma-informed, and evidence-based modality. NP 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 collaborates with Substance Use Recovery Services (SURS) to provide NP, which supports parents and caregivers on developmentally appropriate ways to parent, and to 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.

In addition, 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 to include NAMI's "family-to-family" class/support group, and other NAMI groups as needed; 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. This will include supporting NAMI who will be providing a family-to-family class, on-going support group, and other NAMI groups as needed.
TCHSA collaborates with Tehama NAMI to provide "family-to-family" support groups. The NAMI website describes NAMI's Support Groups as following a structured model, ensuring participants receive the information and support they need:

> By sharing your experiences in a safe and confidential setting, you gain hope and develop supportive relationships. This group allows your voice to be heard and provides an opportunity for your personal needs to be met. It encourages empathy, productive discussion, and a sense of community. You'll benefit through other's experiences, discover your inner strength, and learn now to identify local resources and how to use them.
> www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health

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

Program Name: Parenting and Family Support

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2018/2019: 37

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.

Data, Parenting and Family Support

Table 11

Nurturing Parenting, participant information by fiscal year, location, and completion

Source: Assessing Parenting website

Location / Language	AAPI Form A (Started)	AAPI Form B (Completed)	Completion %
Red Bluff, Spring 2015 / English	17	3	18%
Corning, Summer 2015 / Spanish	5	1	20%

Red Bluff, Winter 2015 / English	24	3	13%
Corning, Spring 2016 / Spanish	5	0	0%
FY 2015/16 Totals	**51**	**7**	**14%**
Bridgeway Community, Red Bluff / English	31	7	23%
FY 2016/17 Totals	**31**	**7**	**23%**
Bridgeway Community, Red Bluff / English	23	7	30%
Children First, Red Bluff / English	3	0	0%
FY 2017/18 Totals	**26**	**7**	**27%**
Jackson Heights School, Red Bluff / Spanish	5	0	0%
Bridgeway Community, Red Bluff / English	32	6	19%
FY 2018/19 Totals	**37**	**6**	**16%**
Meuser Center, Corning / Spanish	1	1	100%
Red Bluff / English	14	11	79%
FY 2019-20 Totals	**15**	**12**	**80%**

Support Groups, First Episode Psychosis (FEP) and their Families/Caregivers

Description, FEP – Support for Families and Caregivers

The goal of the TCHSA FEP program is to identify those experiencing symptoms of psychosis, as early as possible. Those individuals having their first experiences with psychotic symptoms will be able to access

coordinated specialty care, so these symptoms are addressed early and effectively to enabling these individuals to experience an uninterrupted trajectory towards success in schooling, employment, and in their support network.

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.

As a small rural county, Tehama is leveraging both MHSA and SAMHSA block grant funding to begin 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.

Goals, Parenting and Family Support

The outcome measure for goals in this section is tracking progress, usage, and efficacy, and presenting that information in upcoming reports:

GOALS
Parenting support
Continuing goal: Continue Nurturing Parenting classes in English and bi-lingual Spanish.
Increase services in geographical areas not currently served receiving a high level of service. Strategies include leveraging existing groups that would like to sponsor a Nurturing Parenting class including schools, faith-based organizations, and community groups.
Increase collaboration with schools and community partners to increase participation in Nurturing Parenting.
Continued participation in the collaborative group of community partners (coordinated by Tehama County First Five) who are involved in providing Nurturing Parenting to ensure fidelity to the model and to provide enough classes that serve all age groups.

In response to challenges retaining participants for the duration of the NP program, TCHSA will increase collaboration with community partners and groups with the hope that tapping into established groups may increase participation and retention.
In collaboration with TCHSA divisions (including the medical clinic and Public Health) and community partners, explore ways to provide post-partum support and intervention.
Collaborate with Tehama NAMI to provide client support and advocacy.
Implement NAMI family-to-family class and other on-going support groups.
Work with NAMI to implement a voluntary "white card" program (a wallet card that includes mental health issues and triggers for use by medical personnel, first responders and others).

Goals, Parenting and Family Support: Input for Children Services not Related to Current MHSA Programming

TCHSA received input, from program participants regarding a variety of services for children that do not specifically relate to current MHSA programming. In collaboration with stakeholders, community members, consumers, and existing collaborative groups TCHSA will explore the needs for and feasibility of providing the following types of services:

- Additional mental health prevention services for children 0-5 years old
- Additional services with the goal of providing support for parents
- Early Mental Health Consultation Services
- Services for School aged children

GOALS	
Services for children aged 0 to 5	
Engage in collaborative Process with stakeholders, community members, consumers, and existing collaborative groups to explore the needs and feasibility of providing the following services: • Additional mental health prevention services for children 0-5 years old • Additional services providing support for parents • Early Mental Health Consultation Services • Services for school-aged children	Minutes and sign in sheets from collaborative process meetings.
For programs that are needed and feasible identify who in the community is best to provide these services, what funding sources are available for these services, and if MHSA has a role in providing these services.	Minutes and sign in sheets from collaborative process meetings.
For programs that are deemed needed and feasible develop an implementation process including agencies/groups to be involved, and present plans to leadership of the agencies	Plans for each service. Copy of sign in sheets from presentation to agency/group

and groups to get approval to move forward with planning of services.	leadership, including their approval to move forward.
If services would be using MHSA funds; move through prescribed MHSA approval processes.	Documentation of approval process through sign in sheets and meetings.
For services approved through MHSA, start implementation process after full approval.	Documentation of implementation including but not limited to budgets, policies, and procedures, staffing patterns, training needs, and expected outcomes.

Successes

- TCHSA is providing Nurturing Parenting—at school locations—during the school year. Stemming from MHSA stakeholder outreach, TCHSA will continue to collaborate with additional school districts around Nurturing Parenting and/or other parenting supports.
- TCHSA offered Nurturing Parenting, with increased outreach and increased collaboration with community partners.
- TCHSA provided Nurturing Parenting—in both English and Spanish—in Red Bluff and Los Molinos.
- TCHSA conducted direct outreach to the Latino community about Nurturing Parenting preferences during the annual Cinco de Mayo celebration.
- TCHSA is actively collaborating with NAMI to provide groups and classes.
- TCHSA has provided a physical space at Vista Way Wellness and Recovery Center for NAMI to provide direct peer and community support.

PEI: Evidence-Based Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Description, 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 (cibhs.org). Trauma focused cognitive behavioral therapy (TF-CBT) provides a comprehensive model of therapy which assesses anxiety,

PTSD (post-traumatic stress disorder), depression and other trauma-related symptoms while developing an individual flexible treatment plan for children and youth who have experienced trauma. TF-CBT recognizes the significance of varied family systems and is a culturally diverse application which values the impact of cultural differences experienced when traumatized. TF-CBT encourages parents, children, and adolescents to work collaboratively to build skills to address mood regulation and safety.

Reporting Requirements Specific to Title 9 California Code 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 2018/2019: Staff in training.

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.

Goals, TF-CBT

GOALS	OUTCOME TRACKING
Increase options for trauma-based treatment, including on-going review of additional treatment modalities for children and youth.	Track and report growth/changes
Increase use and efficacy of TF-CBT, including identification and use of an outcome survey tool.	Track and report staff hours, number of participants, outcome survey.
Evaluate TF-CBT to identify how to increase participant numbers among YES Center clients.	Track and report growth/changes
Explore other trauma focused, evidence-based therapeutic techniques for individuals and groups, allowing TAY and adults increased access to trauma- focused therapy.	
Retaining parents and children through completion of the entire sequence of sessions has been a challenge.	Investigate cause and rectify issues that are within TCHSA's sphere of control. Track and report growth/changes
A goal is to maintain fidelity to TF-CBT through ensuring that staff receive ongoing training (TCHSA has found it challenging to fit training sessions into staff schedules).	Investigate cause. Track and report growth/changes

Successes, TF-CBT

TF-CBT is an effective evidence-based intervention. With a goal of continuing use 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.

Parent Child Interaction Therapy (PCIT)

Description, PCIT

Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment for young children with emotional and behavioral disorders. PCIT places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

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

Program Name: Parent Child Interaction Therapy (PCIT)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2018/2019: Staff in training.

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.

Goals, PCIT

- Provide Parent Child Interaction Therapy (PCIT) including staff training, needed space and tools.
- Increased outreach to underserved populations.
- Increase family-based rehabilitative resources including family training and activities.

Successes, PCIT

Insufficient data to provide definitive successes. In progress.

Cognitive Processing Therapy (CPT)

Description, CPT

Cognitive Processing Therapy (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. (See page 20)

Reporting Requirements Specific to Title 9 California Code 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 2018/2019: Staff in training.

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.

Goals, CPT

- Provide needed training to staff
- Maintain qualified individuals supplying CPT to clients in need
- Outreach to community members needing CPT

Successes, CPT

Insufficient data to provide definitive successes. In progress.

Therapeutic Drumming

Description, 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 the 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 Code 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 2018/2019: Therapeutic Drumming MHSA PEI 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.

Table 15

Therapeutic Drumming Modifiable Protocol

Exercise component	Activity	Minutes
Introduction		1-2
Wellness Exercise	Use music to ground & help people to be "present"	3-5
Break the Ice		5-10
ABC's of Drumming	Explain drumming equipment and terms	3-5
Rhythmic naming		5-10
Entrainment building		15-20
Inspirational beats		10
Guided imagery drumming	Use Music	7-8
Wellness exercise		
Finale – Closing		

Data, Therapeutic Drumming

During the first year of the drumming program (2013-14), an effort was made to engage a statically significant number of participants (247 participants): Data showed clear positive trends and program efficacy was confirmed. Specifically, pre-, and post-survey data shows a 50% reduction in key symptom types of depression, anxiety, worry and frustration. Overall, post-drumming surveys indicated a significant reduction in 12 symptom types when compared to the pre-drumming surveys. Pre- and post- surveying of the extensive symptomatic level and format was discontinued after first year results were analyzed.

Goals, Therapeutic Drumming

GOAL	OUTCOME TRACKING
Continue drumming as a core modality within Wellness and Recovery Centers.	Track and report participants, staff hours, track, and report pre/post evaluations
Provide drumming in more areas of the county	

PEI: Peer Advocate Program

Peer Advocates Staffing Warm Line (TalkLINE)

Description, Peer Advocates and TalkLINE

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 independent service to Tehama County. TalkLINE staff participated in outreach events through Shasta College, the community's "LIFT" event and resource fairs throughout the community. The staff also has an outreach booth at the Wednesday night Farmer's Market.

Beginning in November 2016 and expanded in 2018, TCHSA Peer Advocates (page 38) work as operators for "TalkLINE". Peer Advocates take turns working as lead operators mentoring and training a Peer Assistant with the result of two peer employees each day working TalkLINE hours.

Table 16

TalkLINE call volume per month by Peer Advocates. Note: two peer workers, typically working two days a week.

FY 2018 / 19		FY 2019 / 20	
Month	**Calls**	**Month**	**Calls**
Jul-18	131	Jul-19	70
Aug-18	162	Aug-19	77
Sep-18	164	Sep-19	124
Oct-18	179	Oct-19	143
Nov-18	102	Nov-19	129
Dec-18	75	Dec-19	139
Jan-19	142	Jan-20	123
Feb-19	115	Feb-20	82
Mar-19	128	Mar-20	116
Apr-19	130	Apr-20	268
May-19	152	May-20	204
Jun-19	70	Jun-20	231
Total	1,550	Total	1,706

Data, Peer Advocates and TalkLINE

Based on data from July 2018 through June 2019, the average number of calls taken by two peer workers during working hours was 32. The average total number of calls per month taken by peer workers is 129.

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

Program Name: Peer Advocates and TalkLINE

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2018/2019: 1,550 calls answered throughout the Fiscal Year.

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. Demographic data is difficult to report via a call-in service and is dependent upon the consumer choosing to answer said questions on the phone line.

Goals, Peer Advocates and TalkLINE

The outcome measure for all goals in this section is to track and report in upcoming *Annual Updates* and *Three-Year Plans*.

GOALS
Continue community outreach to advertise TalkLINE.
Increase the number of calls received from Tehama County residents.
Look for ways to integrate or align TalkLINE with the Help@Hand platform. *

* Monitoring and evaluating use of the Help@Hand platform will adhere to laws, regulations and best practices that ensure user privacy and data security.

Successes , Peer Advocates and TalkLINE

- Tehama County Peer Advocates fulfil the staffing requirements for Tehama County TalkLINE, a warm line. A significant success, TalkLINE hours (staffed by TCHSA Peer Advocates) continue to increase.

Peer Advocates at Access Centers

Peer advocates are funded under PEI. Peer assistants are funded under CSS (please see client rehabilitative employment and employment training program, page 38).

Applying the values and principles of wellness and recovery, Peer Advocates have been and continue to advocate on behalf of Vista Way 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 of 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.
> www.dhcs.ca.gov/services/MH/Documents/CMHPCPeerCertPaper.pdf

Peer advocates receive on-going training and supervision and provide services to clients at Vista Way and the YES Center. Through Peer Advocates, clients both receive more “one on one” support and support from someone who has been through–and is in recovery from–major mental illness. Peer Advocates demonstrate resilience and paths to recovery. For the Peer Advocate, employment can lead to future opportunities.

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

Program Name: Peer Advocates

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2018/2019: The Peer Advocates work with groups, and as such do not keep a record of unique individuals served.

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

Goals, Peer Advocates at Access Centers

The outcome measure for all goals in this section is to track and report.

GOALS
Continue to look for opportunities to make the community aware of the work of peer advocates.
Identify opportunities for peer advocates to reach isolated seniors and other at-risk communities.
Identify opportunities for peer advocates to provide community service and be a part of community events.
Identify additional ways peer advocates can provide support in the community (i.e., WRAP at the library).
Identify speaking engagements for peer advocates that increase mental health awareness and decrease stigma.
Continue peer advocate involvement in the catering and food services program by TAYs (see YES Center, page 22).

Successes, Peer Advocates at Access Centers

- TCHSA's Peer Advocates are an integral part of the recovery and rehabilitation services at Vista Way Center and YES Center. The goal of the previous plan, using an innovative and flexible model, is in place and is a measurable service improvement.
- Peer Advocates lead multiple groups in the Wellness and Recovery Center at Vista Way.
- Peer staff continue to play an integral part with respect to the success of events during May is Mental Health month.

INNOVATION: 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.

INN Section 1: 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. (A)n 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

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

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 stakeholders participating in the County's recent MHSA Community Program Planning Process (CPPP).

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, Mental Health (TCHSA-MH) 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-MH 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-MH 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-MH 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.

Los Angeles County writes in its *Innovation Plan*:

This project seeks to test out novel approaches to mental illness preemption and prevention, early relapse detection, outreach, and engagement as well as the delivery of manualized therapeutic interventions and supportive services through technology-based mental health solutions, delivered by trained peers.

One of the primary objectives of the Mental Health Services Act is to identify and engage individuals with mental illness who are either un-served or under-served by the mental health system. The Los Angeles County Department of Mental Health, through the Mental Health Services Act, has funded outreach and engagement staff, Service Area Navigators, and Promotors to outreach and engage individuals with mental health needs into mental health care. While these approaches have been effective, to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment, early detection, outreach, and engagement strategies must evolve. This project seeks to test out the use of a set of technology tools to identify individuals who may need mental health care and to reach these individuals for whom we have not been successful in identifying or engaging through methods that have become increasingly relevant to specific populations.

Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g., figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).
Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.
Provide a brief narrative overview description of the 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-MH envisions accessing the components of Help@Hand that meet the needs of the two target populations described above. The TCHSA-MH 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-MH 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-MH 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-MH 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

> What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

How will Help@Hand in Tehama County be different than Help@Hand in other counties? First: Tehama County Mental 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).

Tehama County's 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.

Figure 10: Tehama County, unique in the superior region, has significant aggricultural migrant worker levels.

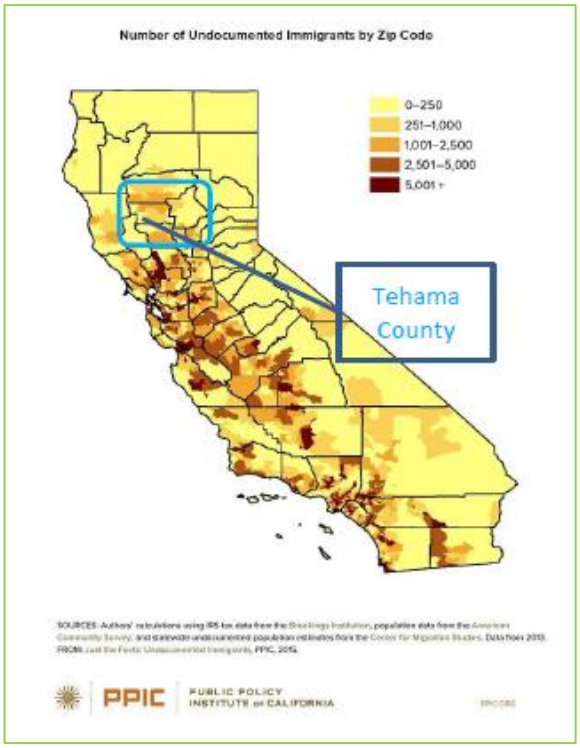
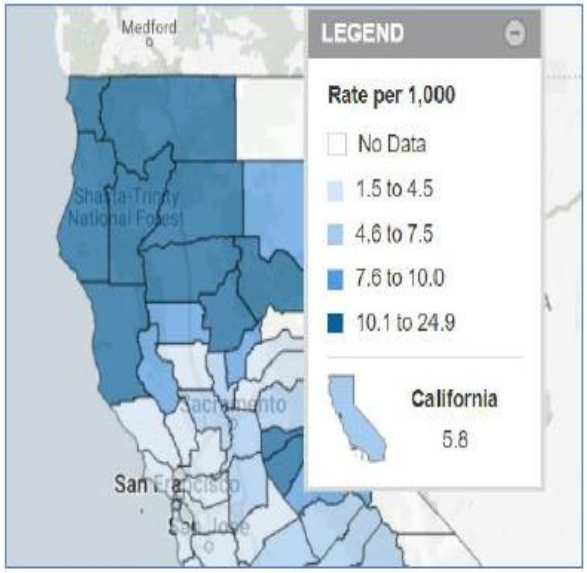


Figure 11: California children (21 and under) in foster care by county per 1,000. 2016



www.kidsdata.org accessed 4/18/19

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 bi-lingual 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 bi-lingual 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.

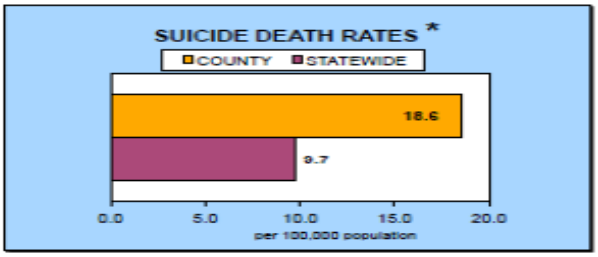
The rate of suicide in Tehama and neighbor counties are more than twice the state average. The driver of Tehama's high suicide rate is the rate among adult males.

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

The Tech Suite 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 Tech Suite 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 pre-suicide risks.

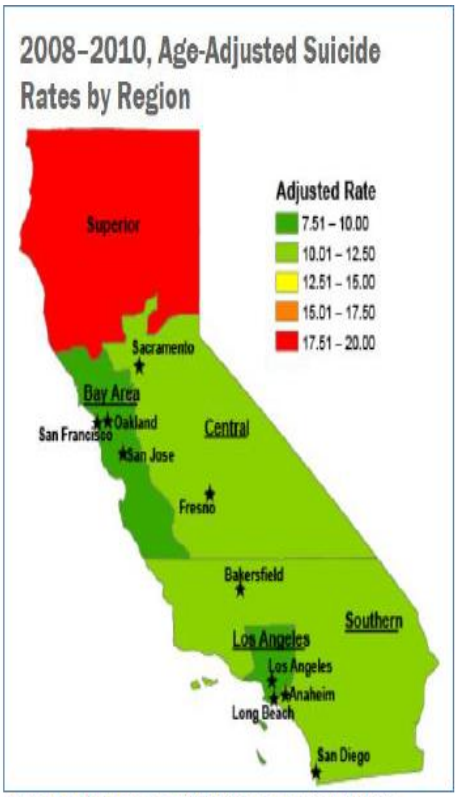
Figure 13: Tehama County, male suicide rates as statistical driver and three times the state average.

GENDER	FEMALES	MALES
POPULATION	32,564	32,068
SUICIDE DEATHS	2	10
SUICIDE DEATH RATE	6.1	31.2



www.dhcs.ca.gov/services/MH/CountyDataFiles/2009/Tehama2009.pdf accessed 3/2/18

Figure 12: RAND Corporation study: Suicide rates in California



www.rand.org/pubs/research briefs/RB9737.html accessed 4/18/2018

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 Tech Suite 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.

Figure 14: California broadband coverage, Tehama County in context

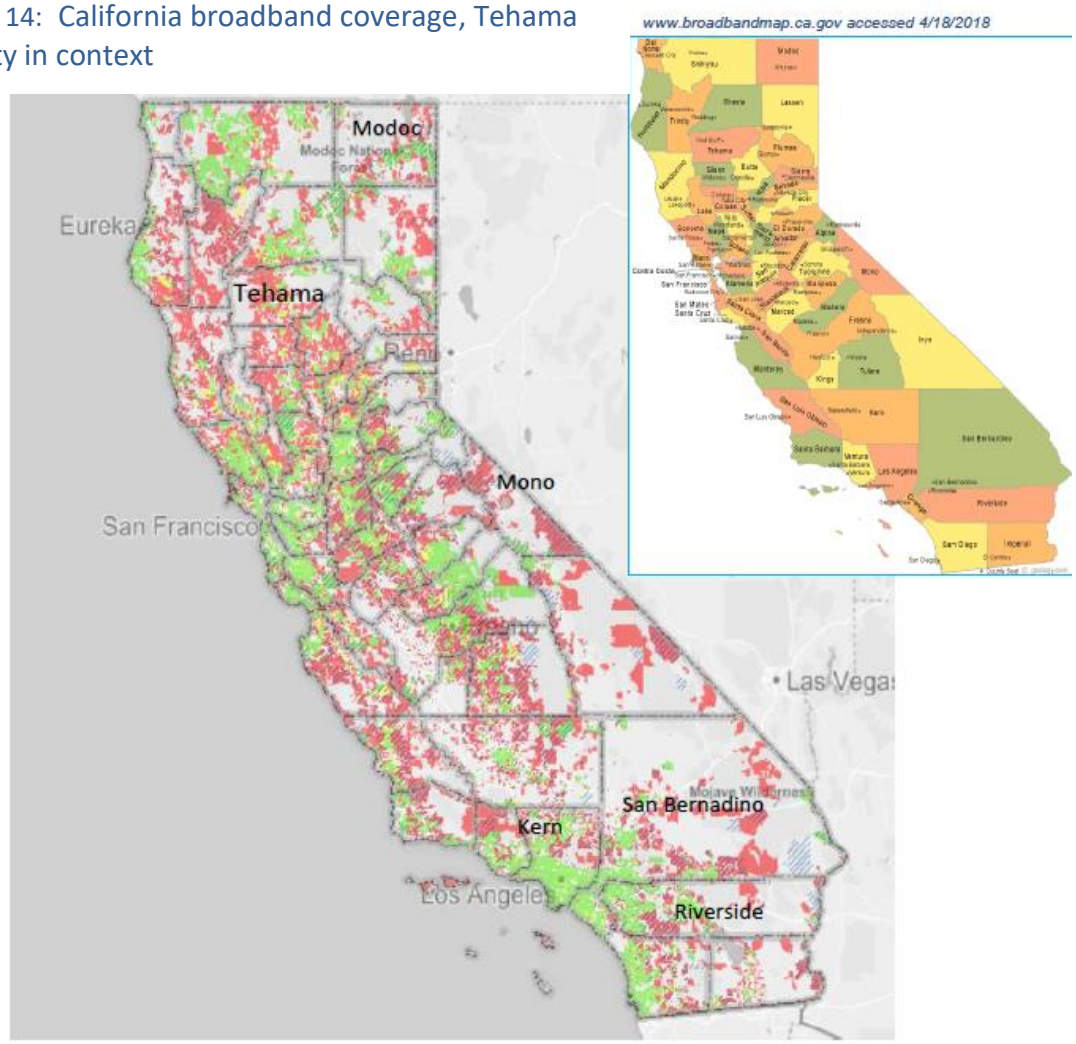


Figure 15: Tehama County broadband coverage
Source: www.boadbandmap.ca.gov accessed 4/18/2018

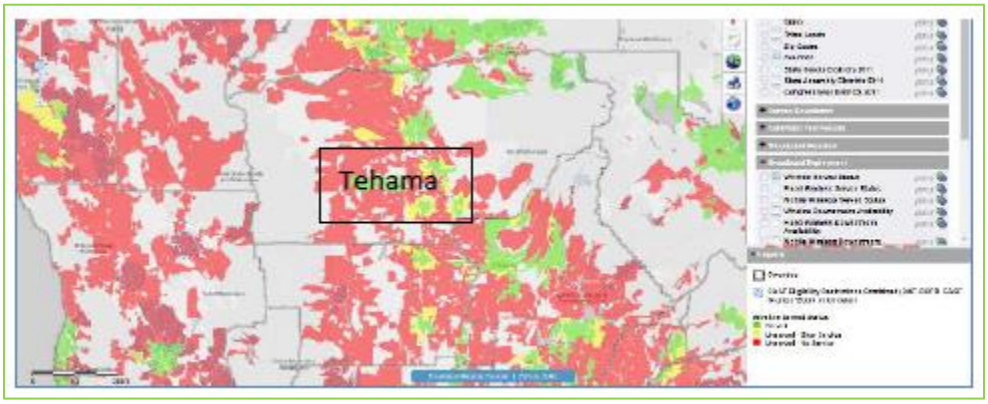
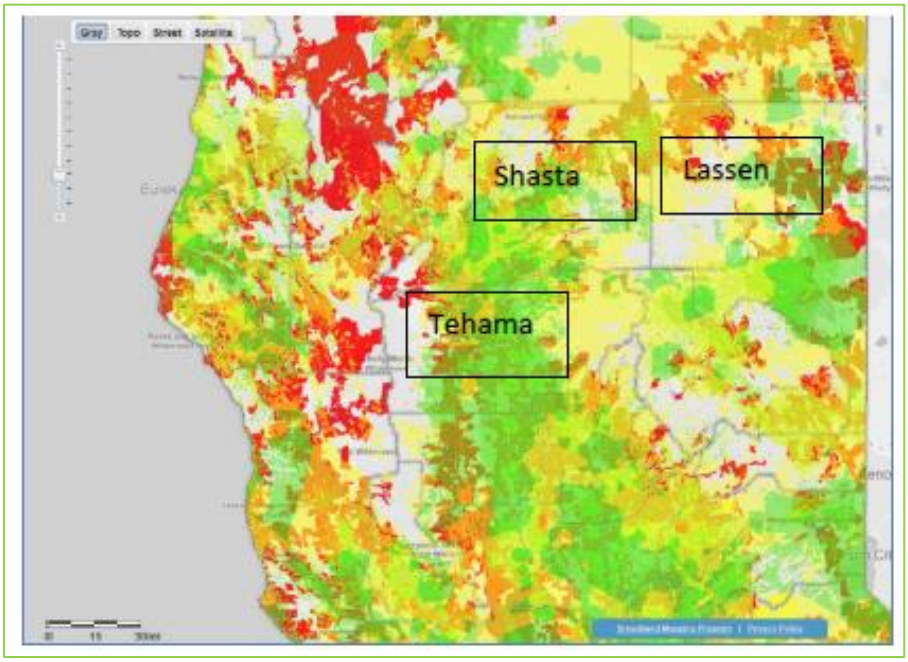


Figure 16: Tehama County coverage of at least 6 Mbps download, 1 Mbps upload. Red areas are unserved, green served.
Source: www.boadbandmap.ca.gov accessed 4/18/2018



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/Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

What is it that you want to learn or better understand over the course of the INN Project?

Overarching Learning Questions

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-MH 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-MH 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 or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.

Overall Approach to 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-MH 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-MH]?
9. Examine penetration or other unmet need metrics to understand how the technology suite has impacted [TCHSA-MH'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-MH will participate in the Innovation plan evaluation primarily by contributing data to the evaluation experts who will be leading this evaluation. The TCHSA-MH MHSA Coordinator will ensure that Tehama County's evaluation needs are articulated in the multi-county evaluation plan that is developed, and that TCHSA-MH is able to access county-level data on the target populations served.

Section 2: Additional Information for Regulatory Requirements

Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

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

Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update, or inclusion of funding authority in your departmental budget.

Answer: Please see BOS Minute Order [in published innovation plan].

Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).
Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-sup plantation requirements."

Answer: Please see *MHSA County Fiscal Accountability Certification* [in published innovation plan].

Certification by the County mental health director and by the County auditor- controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.
WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Answer: Please see *MHSA County Fiscal Accountability Certification [*in published innovation plan].

Community Program Planning Process (CPPP)

Please describe the County's Community Program Planning Process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic, and racial diversity of the County's community.

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 bi-lingual Spanish support. Each meeting lasted 1.5 hours. TCHSA-MH staff recorded significant community input. Significant trends in the public meetings are
3. A series of targeted meetings including LGBTQ+, transition age youth consumers and adult consumers. Each meeting lasted 1.5 hours. TCHSA-MH 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-MH 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

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

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-MH will advocate for all tools in the suite to include Spanish (Tehama County's only threshold language).

In addition, TCHSA-MH 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

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

It is TCHSA-MH'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-MH 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-MH foresees funding the program through a combination of CSS and PEI dollars.

Cultural Competence and Stakeholder Involvement in Evaluation

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

TCHSA-MH 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

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion.

Analytics associated with the suite of technology services, coupled with a comprehensive evaluation, will inform actions taken by TCHSA-MH 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-MH plans to transition the program to CSS and PEI funding sources.

If the technology suite is not "successful"—is not being used for whatever reason with no way to adjust the platform to improve usage—TCHSA-MH 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-MH 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-MH 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-MH capacity, TCHSA-MH would plan for that transition. One example could be if the Tech Suite provided an on-line or app-based one-stop-shop for mental health services information, TCHSA-MH 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

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

TCHSA-MH, as part of a multi-county effort, will share learning as it is occurring internally within TCHSA-MH and the County, and externally throughout California. TCHSA-MH 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-MH 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.

Timeline

The projected timeframe is as follows but, due to the innovative nature of this project, actual implementation steps may deviate in terms of sequence and/or timeframes.

Please note that as with the learning questions and evaluation outcomes, this timeline was created by the partner counties collaborating on this project. Additions to this timeline that are specific to Tehama County are in orange font.

Oct–Dec 2017	Review and selection of technology company(s)
December 2017	Selection and awarding of contract
January 2018	Creation of a technology suite steering committee comprised of family members, clients (including a transition age youth client), Department IT staff and other stakeholders that provide feedback on implementation and guide use and scaling of project, as well as shaping the evaluation. This committee will also make recommendations on the use of the technology suite in clinical settings and the role of the services within the county's mental health system of care.
June 2018	Launch of virtual services on TCHSA website. **Tehama County officially joins project with an *Innovation Plan* approved locally by the County Board of Supervisors.**
August 2018	Identify analytics to be collected and reported on, including developing reporting framework. Launch virtual services through identified strategic access points, including schools, libraries, NAMI, client run organizations, social media, senior centers, etc. focused on tablet, smart phone, or desktop/laptop computer.

Aug–Oct 2018	Development, testing and implementation of digital phenotyping (deliverable #2) and introduction of technology- based mental health solutions to users via schools, social media, and other key community organizations.
August 2019	Final month with 7 Cups, platform not meeting the expectations/requirements of the collaborative.
September 2019	Restructuring the Tech Suite collaborative program in-line with the vision of the collaborative counties and their stakeholders.
October 2019	Tech Suite transitions to Help@Hand project.
November 2019	Vendor App Demos presented to the collaborative.
Feb-Sep 2020	App Pilot programs performed. Tehama County will observe the pilots performed throughout the collaborative to determine which apps would best fit with the consumer population of the county.

Section 3: Project Budget and Source of Expenditures

Budget Narrative

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.

Regarding 2008/09 Reversion Funds

A portion of this INN plan's budget consists of funds subject to reversion June 30, 2018. AB 114 became effective July 10, 2017. The bill amended certain Welfare and Institution Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. By July 1, 2018, counties are required to have a plan to spend those funds by July 1, 2020.

This Innovation Plan serves as the AB114 process for the portion of funds budgeted that are subject to reversion.

Budget Detail by Fiscal Year and Category

	FY 17/18	FY 18/19	FY 19/20	FY 20/21	Total
CalMHSA Overhead (5%)	-	5,700	-	-	$ 5,700
Vendor costs	-	41,046	23,454		$ 64,500
Evaluator costs	-	18,080	5,864		$ 23,944
Outreach & marketing	-	18,080	5,864		$ 23,944
Total	**$ -**	**$ 82,906**	**$ 35,182**	**$ -**	**$ 118,088**

PERMANENT SUPPORTIVE HOUSING

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 self-sufficiency. Supportive services will be provided on and off site by TCHSA-BH and other community-based service providers.

Stakeholder Input, Housing

The need for more housing options remains a consistent theme in stakeholder input:

"What is being done to help the homeless population in Tehama County?"

- Housing, Medication Support, Life-Coaching, Seeking Safety program, SURS, and Mental Health Support
- TCHSA utilizes FSPs to address multiple areas of concern with respect to the medical necessity of the consumer
- Through the utilization of a Community Development Block Grant (CDBG), TCHSA is involved in the placement of a Navigation Center within the city of Red Bluff and is working alongside a collaborative of community members, leaders, and professionals to see the project completed
- TCHSA in collaboration with Rural Communities Housing Development Corporation (RCHDC) is in the process of building the Olive Grove Supportive Housing project in Corning, with funding from multiple sources, including; Mental Health Services Act (MHSA) Local Government Special Needs Housing Project (SNHP), the State of California Housing and Community Development No Place Like Home (NPLH) Program, and State Low-Income Tax Credit Program, and which upon completion will be capable of providing MHSA programs to those residents who require supportive housing assistance
- All MHSA programs will provide a range of services that address issues on an individual basis

Allocation, Housing

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). Eligible use of the funds is the construction of permanent supportive rental housing that is linked with supportive services. 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 of 2020, CalHFA approved and issued a SNHP initial commitment letter in the amount of $877,773.00 to TCHSA-BH for its project.

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)

NPLH funds are to be used to finance capital cost and capitalized operating subsidy reserves for the development of Permanent Supportive Housing (PSH). PSH is housing without any limits to 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.

NPLH target populations are:

- Chronically Homeless (HUD definition – 24 CFR 578.3)
- Homeless (HUD definition – 24 CFR 578.3)
- At-Risk of Chronic Homelessness (NPLH definition)
- All the above target populations must be adults living with a diagnosed Serious Mental Health Disability (Defined under MHSA-WIC Section 5600.3)

In 2019, Tehama County fulfilled the requirements to accept HCD's allocation of noncompetitive NPLH funds in the amount of $500,000.00. Tehama County previously accepted technical assistance funds from HCD's NPLH program, which were used to meet requirements of the program. 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.

Description, Housing

TCHSA has partnered with a non-profit partner, Rural Communities Housing Development Corporation (RCHDC) to develop a permanent supportive rental housing project, Olive Grove Apartments, located in the City of Corning. This will be a 32-unit mixed use affordable housing complex for extremely low and low-income adults 18 years and older. Fifteen one-bedroom units will be for supportive housing tenants, sixteen one-and two-bedroom units are for affordable housing tenants, and one three-bedroom unit is for the on-site property manager. There will be private space for on-site services, community and laundry rooms, a community garden, and buildings will be designed to achieve a certified zero net energy.

TCHSA-BH will be the primary 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
- Substance Use Recovery Services
- Linkage to Physical Health Care
- Budgeting
- Basic Housing Retention Skills

The supportive housing tenants will be referred to the project by the areas Coordinated Entry System (CES). CES is a countywide queue of homeless individuals enrolled by referring agencies, which provides a universal assessment that ranks the vulnerability of the participants. The goal is to provide housing and services to the most vulnerable and longest unsheltered eligible participants.

In 2019, the Tehama County Board of Supervisors committed the use of both SNHP and NPLH funds to TCHSA-BH and RCHDC to help develop Olive Grove Apartments. In January 2020, the project partners submitted a NPLH Round 2 Competitive application to HCD for the project. Awards are to be announced in June. RCHDC will also apply to several other affordable housing programs such as the Federal Home Loan Bank, Affordable Housing Program, and the State's Low-Income Housing Tax Credit program.

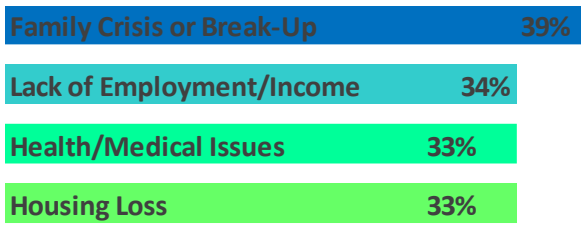
There is an identified need for permanent supportive housing in Tehama County. People with mental health disabilities may experience barriers when applying for housing including poor or intermittent rental histories and low incomes. Tehama County has a defined population of people with a mental health disability. The Tehama County Housing Element adopted September 30, 2014, cites the 2000 census which identified 7,637 people with disabilities and 14,427 total disabilities (some people have more than one type of disability). Of the total number of disabilities among people aged 16 to 64, 1,440—or 10% of the county total—are mental health disabilities. Among people 65 and older, there were 617 mental health disabilities, 4.3% of the county total.

Figure 17

Tehama County, Homeless Contributing Factors

(Tehama County Continuum of Care Coalition point in time survey. Jan 2019)

When surveyed, adults were asked about the factors that contributed to their current homelessness, only 3% claimed to be homeless by choice. Other contributing factors reported generally fell under one of four categories, and most adults cited more than one:



In January 2019, Tehama County Continuum of Care conducted a point-in-time homeless survey and count, surveying 347 people who are homeless. Figure 17 (page 86) shows the four main contributing factors, as reported by those interviewed, to be the leading cause of homelessness in Tehama County.

Successes, Housing

- TCHSA formed the Tehama County MHSA Housing Committee and initiated monthly meetings.
- The Tehama County MHSA Housing Committee developed local goals, a rating and ranking process, and an application (expression of interest) for Tehama County's local government SNHP.
- TCHSA's Executive Director provided the Tehama County Board of Supervisors an update on the progress of the Special Needs Housing Program.
- TCHSA contractor, Housing Tools, completed "10-Year Plan to End Homelessness" report.
- Publish a description of proposed SNHP project with a 30-day public comment period.
- August 2019, TCHSA and Rural Communities Housing Development Corporation (RCHDC) submitted permanent supportive housing proposal for 30-day public review.
- October 1, 2019, the Tehama County Board of Supervisors approved the Supportive Housing Proposal and Application to the State of California submitted by TCHSA and RCHDC.
- In January 2019, TCHSA staff assisted the Tehama County Continuum of Care in conducting the bi-annual point-in-time count required by the US Department of Housing and Urban Development (HUD).
- RCHDC estimates the start of construction on-site will commence in early 2021 with the goal of completing construction in the first part of 2022 and establishing 100% renting capacity by the summer of 2022.

Goals, Housing

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section is tracking progress, usage, and efficacy, and presenting that information in upcoming reports:

GOALS
Secure other affordable housing funding for PSH project
Fully incorporate SNHP/NPLH programs into Tehama County's Continuum of Care Homeless Management Information System (HMIS) and Coordinated Entry System (CES), which will be used for PSH tenant referrals
Begin construction of permanent supportive housing project
Fully rent-up permanent supportive housing project
Identify other permanent supportive housing projects for NPLH Competitive Rounds 3 &4

WORKFORCE EDUCATION AND TRAINING (WET)

Allocation, WET

Workforce Education and Training (WET) supports development of the mental health workforce. Both the WET and Capital Facilities and Technological Needs (CFTN, see page 96) 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, CFT 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 CFT.

FY 2020-21	FY 2021-22	FY 2022-23
$48,720	$50,181	$51,687

Description, WET

Workforce Education and Training (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 dedicated to workforce increases is 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 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 assigned Relias content to all levels of staff, including consumer staff.

Data, WET

Table 17

Behavioral Health staff face-to-face training received, by type and fiscal year (note: may not include individual, specialized, or one-time trainings)

Training	2015/16	2016/17	2017/18	2018/19	2019/20	Note
ASIST Suicide Prevention	13	14	12	12	0	
SafeTALK Suicide Prevention Training	Began in 2017/18		2	4	0	
Mental Health First Aid (MHFA)	21	15	8	4	89	
Seeking Safety	Began in 2017/18		32	36	33	
Cognitive Processing Therapy (CPT)	N/A	17	16	18	5	
Wellness Recovery Action Plan (WRAP)	23	31	N/A	24	32	
Non-Violent Crisis Intervention (NVCI)	54	47	20	40	45	

Table 18

Behavioral Health staff face-to-face training received, Train the Trainer

Train the Trainer	2015/16	2016/17	2017/18	2018/19	2019/20	Non-Bilingual / Bilingual Trained
ASIST	3	3	6	6	1	1 - Non-Bilingual 0 - Bilingual
SafeTALK	2	2	4	3	2	1 - Non-Bilingual 1 - Bilingual
Mental Health First Aid (MHFA)	3	3	3	5	2	1 - Non-Bilingual 1 - Bilingual
Youth Mental Health First Aid (YMHFA)	Began 2018/19			3	2	1 - Non-Bilingual 1 - Bilingual

During fiscal year 2016/17 and using Relias (described above), 54 Behavioral Health staff completed 391 learning modules with an average of 7 modules per staff member. Clinical and case management staff completed, on average, 22 modules. Module topics range from computer application training to safety in the workplace (bloodborne pathogens, back injury prevention, defensive driving, etc.) to specialized trainings including but not limited to professional ethics and compliance, confidentiality, and security.

Goals, WET

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section are tracking progress, usage, and efficacy, and presenting that information in upcoming reports:

GOALS	OUTCOME TRACKING
Train Behavioral Health clinical staff in Feedback Informed Therapy (FIT) with a goal of going live 90 days after TCHSA's Electronic Health Records (EHR) is fully implemented and functional.	EHR implementation in progress
Continue to explore ways to attracting and retaining mental health clinicians including therapists and psychiatrists with a focus on bi-lingual Spanish providers.	Limited qualified individuals
A continuing goal is to train all TCHSA staff in Mental Health First Aid (MHFA).	Ongoing training
Provide trainings specifically for Peer Advocates and include Peer Advocates in TCHSA provided trainings.	Ongoing training
Provide trainings to increase overall knowledge of mental health and mental health symptoms to professionals and community members.	CIT, MHFA, & ASSIST trainings
Integrate Wellness Recovery Action Plan (WRAP) in all areas of mental health and train all levels of staff.	Continuing training as applicable
Connect employees to state and federal mental health programs that provide educational stipends.	Point of Contact given to employees as needed
Continued goal: Will provide training to bilingual staff in evidence-based programming such as WRAP; Seeking Safety; Mental Health First Aid and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to be able to provide evidenced-based best practices to community members who are monolingual Spanish-speaking.	Continued training as appropriate to staff

Successes, WET

- 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.

- 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.
- TCHSA would like to increase collaboration with the California Department of Rehabilitation (DOR) related to rehabilitation, training, and employment. Collaboration could, for example, result in matching funds (and increased client resources) from DOR and/or an assigned DOR rehabilitation counselor.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Allocation by Fiscal Year, CFTN

Capital Facility and Technological Needs (CFTN) funds provide resources to update the outdated facilities and technology that—early in MHSA funding—were found 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 2020-21	FY 2021-22	FY 2022-23
$300,000	$320,000	$340,000

Description, CFTN

Capital Facilities and Technological Needs (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 electronic health records (EHR) system. Multiple delays have pushed back the live date of the EHR system and vendor select (MyAVATAR). One delay allowed for necessary upgrades to TCHSA servers. Remaining delays stem from vendor staff turnover and lack of adequate vendor support. Development of the EHR remains in process.

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.

Goals, CFTN

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section are tracking progress, usage, and efficacy, and presenting that information in upcoming reports:

Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan

GOALS
Continue to upgrade TCHSA's information technology systems so they can accommodate an electronic healthcare records system.

Implement electronic healthcare record system (MyAVATAR).
Train staff to use the electronic health record system.

Successes, CFTN

- 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.

APPENDIX A: COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

CPPP, Key Meetings and Public Events

CPPP Table 1 lists key CPPP events for the upcoming three-year program and expenditure plan process

At its previous meetings, the MHSA Stakeholder Committee made recommendations including additional meetings and additional outreach. Those recommendations are described below.

Outreach and Community Meetings

Schedule additional community meetings, as time and resources allow as described below:

1. Conduct meetings with a bi-lingual (Spanish) staff member available in Red Bluff and Corning.
2. Conduct a meeting for transition-aged youth (TAY) or attend, if possible, an existing group at the Youth Services Empowerment (YES) center. If appropriate, this meeting could be combined with the children/ caregivers meeting.
3. A meeting for families/foster families/caregivers of children with severe emotional, mental, or behavioral illness.
    - TCHSA Public Health Division Public Health Board meeting
    - Reach out to existing stakeholder groups including but not limited to
    - The Ministerial Committee
    - Tehama County Cattlemen's and Cattlewomen's Associations
    - Existing TCHSA-BH groups and programs
    - First 5 Tehama; Home Visiting Collaborative; Strengthening Families Leadership Team; Local Child Care Planning Council; Tehama County Child Abuse Prevention Council
6. Determine whether there is an option for community members to attend meetings virtually (a "webinar" meeting). TCHSA-BH will research options, if any.

Recommendations for On-going Outreach by the Subcommittee

For the recommendations listed above that were not previously possible, those outreach options will be considered going forward. In addition:

1. TCHSA-BH will continue to increase outreach to rural parts of the county. Meetings that rotate regularly through different areas of the county will be considered.
2. Continue to increase outreach to the Latino community, including bi-lingual Spanish information and meetings.
3. Continue to identify existing community groups to connect with for stakeholder input.

As they are scheduled, additional meetings will be added to this table, posted on the TCHSA website, and emailed to the Subcommittee.

CPPP Table 1: CPPP Timeline, Key Meetings and Events as of January 2020

Date	Activity	Time	Location
January 22nd, 2020	MHSA Stakeholder Committee Meeting and CPPP plan	11:00-11:45	Vista Way Recovery Center
January 22nd, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
February 5th, 2020	TCHSA BH Staff Meeting	10:00-12:00	Vista Way Recovery Center
February 20th, 2020	WE Team	8:30-10:00	Oak Room
February 26th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
February 26th, 2020	Mental Health Board Meeting and CPPP	12:00-1:30	Vista Way Recovery Center
March 2nd, 2020	Mental Health Board Meeting and CPPP	12:00-1:30	Vista Way Recovery Center
March 5th, 2020	Corning MHSA Stakeholder Meeting	5:30-6:30	Meuser Memorial Health Center
March 10th, 2020	Red Bluff MHSA Stakeholder Meeting	5:30-6:30	Red Bluff County Library
March 11th, 2020	TCHSA BH Staff Meeting	10:30-11:30	Vista Way Recovery Center
March 11th, 2020	Vista Way Consumer Stakeholder Meeting	11:30-12:15	Vista Way Recovery Center
March 11th, 2020	Red Bluff MHSA Stakeholder Meeting	4:30-5:30	YES Center
March 18th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
March 18th, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
April 15th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
April 15th, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
April 15th, 2020	Begin 30-Day Review		
May 15th, 2020	End 30-Day Review		
May 20th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
May 20th, 2020	Mental Health Board Meeting and MHSA Public Hearing	12:00-1:30	Vista Way Recovery Center
June 9th or 16th, 2020	Board of Supervisors	10:00-12:00	Board Chambers
June 17th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
June 17th, 2020	Mental Health Board Meeting (Plan Final)	12:00-1:30	Vista Way Recovery Center

CPPP Requirements and Methods

CPPP requirements are outlined below, by item type, along with the proposed methods to fulfill the requirement.

Participants: Specified Groups

MHSA-related regulations require that stakeholder groups must include the groups listed in CPPP Table 2 (below). The table includes outreach methods for reaching specified stakeholder groups.

CPPP Table 2: Stakeholder Outreach, Required Groups and Method Used

Required group	Methods
Broad-based constituents: adults and seniors with severe mental illness; families of children; adults; and seniors with severe mental illness; providers of services; law enforcement agencies; education; social services agencies; veterans; representatives from veterans' organizations; providers of alcohol and drug services; health care organizations; and other important interests (WIC, § 5848(a)).	• MHSA Stakeholder Subcommittee formed, diverse members to guide increased and on-going outreach • Four community meetings with outreach assisted by MHSA Stakeholder Subcommittee • County Mental Health Board review and public meetings open to all community members. Training/information sharing on the CPP's purpose and process. 30-day draft *Plan* posting period. - Outreach assisted by MHSA Stakeholder Committee - Posted on TCHSA website - Posted on County's main website - English & Spanish - Existing TCHSA email lists 30-day posting of draft *Plan* via - County website (main page) and TCHSA's website - Outreach assisted by MHSA Stakeholder Subcommittee
Clients and family members (WIC, § 5848(a)).	
Underserved populations: Participation from representatives of unserved and/or underserved populations and family members of unserved/underserved populations (CCR, 9 CA § 3300).	
Diversity: Stakeholders that "reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity, and have the opportunity to participate in the Community Program Planning Process" (CCR, 9 CA § 3300).	

Outreach Processes: Specified Methods

MHSA-related regulations require counties to conduct the required processes, at minimum, as part of the Community Program Planning Process (CPPP). The required processes are listed in CPPP Table 3 (below) along with methods for addressing each mandate.

CPPP Table 3: Stakeholder Outreach, Required Processes

Required process	Methods
Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate (CCR, 9 CA §3300).	• MHSA Stakeholder Subcommittee formed, diverse members to guide increased and on-going outreach • Stakeholder input via community, group, and focused meetings, with outreach assisted by MHSA Stakeholder Subcommittee. • County Mental Health Board review and public meetings open to all community members. • Training/information sharing on the CPP's purpose and process. • 30-day public posting period. - Outreach assisted by MHSA Stakeholder Committee - Posted on TCHSA website - Posted on County's main website - English & Spanish - Existing TCHSA email lists • 30-day public posting of draft Plan via - County website (main) & TCHSA main - Outreach assisted by MHSA Stakeholder Subcommittee • The Plan will be presented to the Board of Supervisors as an actionable agenda item.
A local review process prior to submitting the *Three-Year Plans* and *Annual Updates* to the State that includes a 30-day public comment period (CCR, 9 CA § 3315). Three-year program and expenditure plans must be adopted locally by the Board of Supervisors (WIC, § 5847(a))	
Training: information sharing and collaboration for those involved in the CPP process when needed (CCR, 9 CA §3300).	

Documentation Requirements

Within the three-year program and expenditure plan, the County must document —at minimum—the elements listed in CPPP Table 4 below.

CPPP Table 4: Documentation, Requirements and Method

Documentation requirement	Method
Methods used to circulate copies of the draft Three-Year Plan. (CCR, 9 CA § 3315).	Will be included in *Three Year Program and Expenditure Plan for July 2021-June 2023*
A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated (CCR, 9 CA § 3315).	
That a public hearing was held by the local mental health board/commission, including the date of the hearing. (CCR, 9 CA § 3315).	
A summary and analysis of any substantive recommendations. (CCR, 9 CA § 3315).	

California Code of Regulations, Community Program Planning Process

§ 3300. Community Program Planning Process.

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

(1) The overall Community Program Planning Process.

(2) Coordination and management of the Community Program Planning Process.

(3) Ensuring that stakeholders can participate in the Community Program Planning Process.

(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

(4) Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity can participate in the Community Program Planning Process.

(5) Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:

(1) Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.

(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840, 5848(a), 5892(c), and 5813 Welfare and Institutions Code

California Code of Regulations, Local Review Process

§ 3315. Local Review Process.

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.

(3) A summary and analysis of any substantive recommendations.

(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) A summary and analysis of any substantive recommendations.

(3) A description of any substantive changes made to the proposed update that was circulated.

Note: Authority cited: Section 5898 and 5848 (a) and (b) Welfare and Institutions Code. Reference: Sections 5848(a) and (b)