

**Mental Health Services Act (MHSA)
Annual Prevention and Early Intervention (PEI) Report
Fiscal Year 2022-2023**



PREVENTION & EARLY INTERVENTION (PEI)

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

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

Demographics:			
With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA - Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the County’s entire Prevention and Early Intervention Component instead of by each program or strategy.			
Age Groups	FY 2020/21	FY 2021/22	FY 2022/23
0-15 (children/youth)	1	188	223
16-25 (transition age youth)	10	1,684	1,844
26-59 (adult)	80	748	886
ages 60+ (older adults)	9	96	172
Declined to answer	68	675	635
Race by category			
American Indian or Alaska Native	3	118	122
Asian	1	24	27
Black or African American	4	44	53
Native Hawaiian or Pacific Islander	1	34	33
White	69	1,594	2,223
Other	9	492	524
More than one race	5	85	107
Declined to answer	76	1,000	671
Ethnicity by category			
	Hispanic or Latino/x		
	Caribbean	7	6

Central American	2	34	35
Mexican/Mexican American/Chicano	26	714	881
Puerto Rican	1	8	15
South American			
Other	3	56	79
Non-Hispanic or Non-Latino/x			
African	2	24	25
Asian Indian/South Asian	1		5
Cambodian			
Chinese			
Eastern European	5	119	154
European	19	390	581
Filipino	1	15	22
Japanese		7	13
Korean			
Middle Eastern			
Vietnamese			
Other	8	254	356
More than one ethnicity	5	68	77
Declined to answer	95	1695	1,511
Primary Language			
English	93	2,204	2,626
Spanish	10	305	413
Decline to answer	65	882	721
Sexual Orientation			
Gay or Lesbian	1	12	27
Heterosexual or Straight	100	2,221	2,781
Bisexual	4	15	17
Questioning or unsure of orientation		7	12
Queer	1	5	7
Another Sexual Orientation	2	7	13
Declined to answer	62	1,134	903
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	9	67	77

Communication			
Difficulty seeing		12	22
Difficulty hearing, or being understood	1	14	18
Other		5	8
Mental domain not including a mental illness			
(Including, but not limited to a learning disability,			
developmental disability, dementia)	6	20	23
Physical/mobility domain		25	27
Chronic health condition (including, but not			
limited to, chronic pain)	3	23	26
Other			
No	89	1,071	2,657
Declined to answer	70	2,253	1,026
Veteran Status			
Yes	10	135	155
No	94	1,003	1,549
Declined to answer	64	2,253	2,056
Gender			
Assigned sex at birth			
Male	19	407	735
Female	88	2,153	2,553
Declined to answer	61	831	472
Current Gender Identity			
Male	20	408	733
Female	78	2,142	2,544
Transgender			
Genderqueer			
Questioning/Unsure			
Another gender identity		2	3
Declined to answer	69	839	480

PEI: Early Intervention

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

PEI: Early Intervention: Mobile Crisis Team

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

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

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

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

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

Program Name: Mobile Crisis Team

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Early Intervention: Community Engagement & Outreach

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

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

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

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

Program Name: Community Engagement & Outreach

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Stigma Reduction

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

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

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

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

Program Name: Mental Health First Aid (MHFA) Training

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

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

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

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

Program Name: Crisis Intervention Training (CIT)

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Suicide Prevention

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

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

A key resource in suicide prevention is information and social marketing campaigns. A state-wide California Mental Health Services Authority (CalMHSA) Campaign, “Know the Signs”, focuses on recognizing the warning signs of suicide, finding the words to use with someone in crisis and finding professional help and resources. TCHSA “Know the Signs” materials are used heavily during May is Mental Health Month. The core refrain of “Know the Signs” is know the signs, find the words, and reach out. Behavioral Health integrates suicide prevention materials into May is Mental Health Month to leverage this set period of intense community outreach.

Additionally, TCHSA has joined with various community members, non-profits, tribal health organizations, tribal social services, educators, and the Tehama County Arts Council to form a collective of Native American and Alaskan Native Culture Bearers. This collaboration has resulted in an annual Native American Cultural Celebration with takes place every September and seeks to encourage the appreciation of area cultures while fostering intergenerational learning and bringing resources to an under-served population. This celebration of all Native Cultures was recently recognized by the Mental Health Services Oversight and Accountability Commission (MHSOAC) with a Striving for Zero Excellence Award: Infusing Culture into Suicide Prevention Efforts.



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

Program Name: Suicide Prevention Activities, Events, & Social Marketing

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

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

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

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

Program Name: Applied Suicide Intervention Skills Training (ASIST)

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Parenting and Family Support

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

PEI: Parenting and Family Support: Nurturing Families

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

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

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

Program Name: Nurturing Families (NF)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

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

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

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

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

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

- Individual or group psychotherapy is typically based on cognitive behavior therapy (CBT) principles. CBT helps people solve their current problems. The CBT therapist helps the patient learn how to identify distorted or unhelpful thinking patterns, recognize, and change inaccurate beliefs, relate to others in more positive ways and change problematic behaviors.
- Family support and education teaches family members about psychosis, coping, communication, and problem-solving skills. Family members who are informed and involved are more prepared to help loved ones through the recovery process.
- Medications (also called pharmacotherapy) help reduce psychosis symptoms. Like all medications, antipsychotic drugs have risks and benefits. Clients should talk with their

health care providers about side effects, medication costs and dosage preferences (daily pill or monthly injection, for example).

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

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

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

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

Program Name: Support for Family Members and Caregivers & First Episode Psychosis (FEP)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Evidence-Based Interventions

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

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

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

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

Program Name: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

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

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

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

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.

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

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

Program Name: Cognitive Processing Therapy (CPT)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Evidence-Based Interventions: Therapeutic Drumming

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

A key factor in the drumming protocol allows the process to be adapted to situations, environments, participant demographics, and participants’ cultural norms. A portion of the protocol for drumming is ended with a period of guided imagery and a wellness exercise. By combining the psycho-physical activity of drumming with time dedicated to guided mediation and wellness, participants receive a “dose” of therapy at the end of each drumming session. Drumming is also a community outreach tool. Providing drumming classes is a fun and effective way to introduce the community to TCHSA. Drumming is widely accessible: The drumming program was designed to have cross-cultural linkages. Drumming is appropriate for all ages,

and some participants may find that a physical focus (drumming) is a helpful therapeutic communication prompt. Drumming is accessible to people with physical and/or cognitive challenges.

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

Program Name: Therapeutic Drumming

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Peer Advocate Program

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

PEI: Peer Advocate Program: TalkLINE Staffing & Community Outreach

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

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

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

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

Program Name: TalkLINE Staffing & Community Outreach

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Peer Advocate Program: Groups & Social Engagements

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

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

- **Arts & Crafts:** Find your muse! Participate in fun Arts and Crafts activities. Supplies will be provided.
- **CalFresh Healthy Living:** Discussions on health topics with cooking and nutrition tips to live a healthy life!
- **Computer Lab:** Need access to a computer? Visit the computer lab! Laptops available for use.
- **Discovery Group:** Do you like variety? Do you enjoy learning about different things? Take a dive into diverse topics to promote wellness.
- **Drumming:** Let's make some noise! Hand drums are provided, or you can bring your own.
- **Game Day:** Shall we play a game? Have some fun playing a game of your choice!
- **Healthy Boundaries:** Learn how to establish and reinforce boundaries to create a healthier, happier you in relationships.
- **In the Garden:** Join us in the Garden! Get a little sunshine and learn how to plant and care for flowers and vegetables.

- **Let's Go!** Time for a little gentle exercise. Walks, Qigong, Tai Chi, and gentle stretching are just some of the things we will explore! No experience necessary.
- **Meditation:** Join us for a brief check-in and 20-30 minutes of meditation to promote wellness.
- **Member's Meeting:** Meet to discuss the goings on at your Wellness Center and make suggestions for improvements. A snack will be provided.
- **Movie Day:** Let's socialize and watch a movie or a documentary! There may even be popcorn.
- **Outings:** Various adventures around Red Bluff and the surrounding area! Call for details!

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

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

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

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

Program Name: Groups & Social Engagements

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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

PEI: Peer Advocate Program: Peer Counseling

Peer advocates receive on-going training and supervision, providing services to clients at the STANS Wellness & Recovery Center. Through Peer Advocates, clients receive more "one on one" support and individualized support from someone who has been through, or is still in recovery

from, major mental illness. Peer Advocates demonstrate resilience and paths to recovery. For the Peer Advocate, employment can lead to future opportunities.

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

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

Program Name: Peer Counseling

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

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

Demographics:

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