



**TEHAMA COUNTY HEALTH AGENCY
MENTAL HEALTH DIVISION**

Mental Health Services Act
Three-Year Plan
and
Annual Update

FY 2014/2015 through FY 2016/2017

MENTAL HEALTH SERVICES ACT IN CALIFORNIA

On November 2004, voters in the state of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service systems. The MHSA is funded by imposing an additional one percent tax on individual taxable income in excess of one million dollars. In becoming law on January 2005, MHSA represents the latest in a Californian legislative movement that began in the 1990s to provide better coordinated and more comprehensive care to those with serious mental illness and particularly for those in underserved populations. The MHSA Plan consists primarily of five components, each with its own objectives:

1. Community Services and Supports (CSS)
2. Prevention & Early Intervention (PEI)
3. Innovation (INN)
4. Workforce, Education, and Training (WET)
5. Capital Facilities & Technology (CFT)

COUNTY DEMOGRAPHICS AND DESCRIPTION

Tehama County is located in the northern part of California (the northernmost county border is approximately 135 miles south of the Oregon/California border) and is bisected throughout by the Sacramento River and Interstate 5. As of 2010, its population was approximately 63,000. The county seat is Red Bluff with a population of approximately 14,000. The county has only two other incorporated cities-Corning (approximately 15 miles to the south of Red Bluff) with a population of almost 8,000 and Tehama with a population of just over 400. The population total of these three incorporated cities makes up almost a third of the county's total population with the remaining scattered throughout the county. Tehama County consists of land in the basin of the Northern Central Valley, and is framed by mountainous regions in both the east and west. The county maintains a large agricultural and animal production industry.

The Census Bureau reports that as of 2011 the ethnic breakdown of Tehama County residents are approximately 71% Caucasian, 23% Latino, 3% Native American and <1% African-American. The county's one threshold language is Spanish.

Approximately 7% of the population is under 5 years of age, 21% are ages 5-19, 56% are 20-65 and 16% are over 65. Females represent 50.2% of the population.

All data reported in this plan was obtained from the local county mental health data base (CMHC) and tracking systems developed by county mental health. Data was rounded up or down for any data not in whole numbers.

COMMUNITY PROGRAM PLANNING

Stakeholder meetings were advertised in the Red Bluff Daily News and the Corning Observer. In addition invitations were sent out to the Mental Health Board, consumers, mental health staff members, local nonprofits, educators, law enforcement, the hospital, health care partners, and other community stakeholders.

MHSA Three-Year Plan and Annual Update Stakeholder Meetings		
February 20, 2013	TCHSA, Shasta Room	12:00 p.m.
March 20, 2013	Vista Way Recovery Services	12:00 p.m.
April 17, 2013	TCHSA, Antelope Creek Room	12:00 p.m.
April 18, 2013	Vista Way Recovery Services	7:00 p.m.
May 30, 2013	Vista Way Recovery Services	12:00 p.m.
January 30, 2014	Meuser Memorial Health Center	2:00 p.m.
February 14, 2014	Vista Way Recovery Services	11:00 a.m.
March 05, 2014	TCHSA, Shasta Room	6:00 p.m.

MHSA Three-Year Plan and Annual Update 30 Day Public Input Stakeholder Meetings		
Wednesday, April 5, 2017	Vista Way Wellness Center	11:30 a.m.
Thursday, April 6, 2017	Meuser Memorial Healthcare Center	5:00 p.m.
Tuesday, April 11, 2017	Tehama Co. Dept. of Education	5:00 p.m.
Friday, April 14, 2017	Tehama County Public Health, Modular Building D	12:00 p.m.
Wednesday, April 19, 2017	Vista Way Wellness Center	11:00 a.m.
Wednesday, April 26, 2017	Vista Way Wellness Center – Public Hearing	12:00 p.m.

In addition to the Stakeholder meetings, the Mental Health Board, which is open to the public, discusses all aspects of MHSA. The Mental Health Board (MHB) meets every month of the year except for December and July. MHSA presentations are given at each MHB meeting and input from MHB stakeholders is recorded and used in the ongoing implementation of MHSA programs. TCHSA, Mental Health Division also routinely discusses the unique needs of our community and the goals of MHSA during our Mental Health Division staff meetings. Finally, the MHSA Steering Committee met several times to provide input and guidance on this MHSA Three-Year Plan and Annual Update.

STAKEHOLDER INPUT

TCHSA, Mental Health Division received a range of input from stakeholders during the community planning process. The highlights and repeated themes from that input include:

- Continue the current Community Services and Supports programs
- Options for emergency housing
- Opportunities for consumers to speak to the community (such as school assemblies, community service organization meetings, etc.) in an effort to reduce stigma and encourage people to seek help when it is needed
- Training for staff to work with children 0-5 years old
- Increase services to pregnant women and children ages 0-5
- Review the results of prevention and intervention programs and cultivate more partnerships with other Agencies to provide services
- Computer classes for consumers - Excel, Word, and Outlook
- CPR and First Aid training for consumers
- Community training on mental health issues including suicide prevention
- Continue stipend opportunities for consumer workers
- Opportunities for stipend work in other TCHSA divisions
- Trips and outings for consumers
- Family therapy with family programs and activities
- Increased access to medication support
- Intervention to identify and address risks in order to reduce recidivism
- Expansion of Trauma Focus Cognitive Behavior Therapy to include adults
- More organized and integrated staff led groups at Vista Way
- Teen Screen expanded, increase in Juvenile Detention Facility and Katie A Program
- Mental Health Training for law enforcement and first responders
- Pain management groups and change model for chronically ill clients and increased integration with primary care physician
- PCIT (Parent/Child Integration Therapy)
- Mentoring for 10-15 year olds with activities
- Community service and engagement for consumers
- Team sports or other activities to promote a sense of accomplishment for youth
- Pet therapy
- Increased outreach to underserved populations
- Healthy living and wellness focus (WRAP-Wellness Recovery Action Plans)
- Weave the Nurturing Parenting program into a community philosophy and take it into the community where families are already meeting
- Continue the job board in the lobby at Vista Way and on the County website

LOCAL REVIEW PROCESS

This MHSA Three-Year Plan and Annual Update FY 2014/2015 through FY 2016/2017 was posted for a 30-day public review and comment period from March 25, 2017 to April 26, 2017. An electronic copy was posted on the TCHSA website with an announcement of the public review and comment period, as well as the Public Hearing information. The plan was available and public comment on the plan could be made in person, by phone, by mail, or through e-mail.

The Tehama County Mental Health Board held a Public Hearing for the MHSA Three-Year Plan and Annual Update FY 2014/2015 through FY 2016/2017 on April 26, 2017. At that Public Hearing the Tehama County Mental Health Board reviewed all stakeholder input and heard public comment on the MHSA Three-Year Plan and Annual Update FY 2014/2015 through FY 2016/2017. The Tehama County Mental Health Board recommended that the Tehama County Board of Supervisors approve the MHSA Three-Year Plan and Annual Update FY 2014/2015 through FY 2016/2017.

Here is a synopsis of the stakeholder input and public comment received during the 30 day public comment and review period and at the Public Hearing.

On-Line Survey Results:

Survey results show that overall 85% of respondents agreed or strongly agreed to the following statement, *'Overall, I feel the MHSA plan and annual update provides services that reflect the needs of Tehama County residents.'*

- Several comments reflected on the positive impact that the Northern Valley Catholic Social Services contract to provide consumer support workers has had on Vista Way Wellness and Recovery Center services. It was noted that the presence and work of the consumer support workers had changed the atmosphere and services in a positive way.
- 71% of respondents strongly agreed or agreed that the funding for Crisis Intervention Training (CIT) for law enforcement and first responders would have a positive impact on the Tehama County Community.
- Several comments noted the need for the Community Crisis Response Unit (CCRU) so that people who are feeling unsafe or out of control have a place to go. Further comments regarding the CCRU pointed to a need to provide services to family members of those who are experiencing a mental health crisis.
- 100% of respondents agreed or strongly agreed that the Community Service and Supports (CSS) Full Service Partnership (FSP) program is important and is meeting the MHSA goals and mental health needs of Tehama County. There was a request for Trauma Focused Cognitive Behavioral Therapy for Adults. Many positive comments regarding WRAP groups and the need to continue this service were among the survey comments.

Comments from Stakeholder Meetings:

- MHSa Plan is good
- Like WRAP groups
- The Consumer Support Workers are tremendous. They make the center a home. I find community at the center, have something to fill my day.
- I would like more transportation for Consumer Support Workers
- Consumer Support Worker's bring continuity and calmness to the center, they are awesome
- Consumer Support Workers all have lived experience and have gone through what we are going through. They walk in the shoes of those they help; this creates a unique relatability and compassionate helping.
- Would like to see opportunity for advancement with stipends and more job opportunities.
- Like that there is a safe center for people to spend their days
- Would like increased transportation for field trips
- Like that the center is a safe place where people care about each other
- Like the Consumer Support Workers, their presence is necessary and helpful, they guide you
- Would like WET To be used for training to increase staff effectiveness, ie different clinical modalities
- Would like to provide PCIT services for 0-5 year olds
- Would like to Explore Triple P parenting as an option
- Would like mobile crisis services
- Likes Teen Screen to continue, suggest increased awareness and increase in services
- Would like SARB students referred to Teen Screen when appropriate
- The Youth Empowerment Service (YES) Center provides limited time for younger teens still in school. Would like to see an increase of YES Center services for teens under 18 between 3:00 – 7:00 PM

Written Public Comment Submitted to the Mental Health Board

Written public comment included the following:

- A request to get the PEI Steering Committee back together in order to better identify PEI needs
- A request to review the Nurturing Parenting Program to insure fidelity to the evidenced based model
- A request to review the Nurturing Parenting Program to identify if the times and locations that program is providing services best meet the needs of the community

MHSa Three-Year Plan and Annual Update FY 2014/2015 through FY 2016/2017

We have been without a MHSa coordinator and have been in active recruitment for quite some time. Our focus while we are without a MHSa coordinator is to continue to provide services to our clients and to implement new ideas that came forth from all of our stakeholders during our annual and ongoing CCP processes.

As we present the three-year plan and update, we continue to get input from our stakeholders as we design and implement our new objectives, and as we evaluate and make changes to better our current services. We will

detail the planning and implementation that has taken place on goals and objectives put forward in this plan, as well as including any new goals and objectives that have been formulated.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Service & Supports (CSS) are programs and strategies improving access to underserved populations, bringing recovery approaches to current systems, and providing “whatever it takes” services to those most in need. Programs offer integrated, recovery-oriented mental health treatment; outreach and engagement and linkage to essential services; housing and vocational support; and self-help.

TCHSA has the following CSS services:

- I. COMMUNITY, EDUCATION, AND LATINO OUTREACH
- II. ACCESS CENTERS (YES and VWRS DROP-IN CENTERS)
- III. COMMUNITY CRISIS RESPONSE UNIT (CCRU)
- IV. EMPLOYMENT
- V. HOUSING
- VI. FULL SERVICE PARTNERSHIPS

CSS: COMMUNITY EDUCATION AND LATINO OUTREACH (CELO)

STATUS:	Continuing
EMPHASIS:	General (Non-FSP)
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

The Community Education and Latino Outreach (CELO) includes a variety of activities including an ever-expanding Latino counseling service with our bilingual therapist, the provision of cultural sensitivity training to our service providers, community Latino outreach activities, and general community education activities. Mental Health participated in the Migrant Head Start Program where we gave two Spanish presentations around the range of services provided by TCHSA, MH division. TCHSA, MH took part in the Bi-National Multicultural Health Fair at the Rolling Hills Casino Event Center. There were 450+ attendees, many of whom came by our booth seeking information on MH services.

In rural areas such as ours there is a shortage of mental health clinicians. We continue to recruit bilingual clinicians to increase our ability to serve Spanish speaking clients. We have approximately 27 bilingual staff at

Tehama County Health Services Agency, including 8 in the Mental Health Division during FY 14/15 and 10 during FY 15/16. Although there was an increase in bilingual staff over these two years, it remains a challenge to recruit bilingual staff. In FY 14/15 and FY 15/16 there were 9 unfilled or under-filled bilingual positions.

We are expanding access to south county residents in our Corning Office by expanding recovery services with Wellness Recovery Action Plan (WRAP) groups. Bilingual Clinicians are stationed at our Corning Office to better serve mono-lingual and bilingual Spanish speakers. The table below shows the number of hours of clinical services provided at the Corning Site by fiscal year. The numbers remain fairly consistent except for FY 14/15. During that fiscal year there was a period of time when we did not have a bilingual clinician at the Corning Site.

TCHSA-MH Division Hours of Clinical Services Provided at Corning Site		
Fiscal Year	Total Hours Provided	Hours Provided by Bilingual Clinician
12/13	890	541
13/14	870	641
14/15	450	275
15/16	854	594

TCHSA-MH Division provides interpretation for individuals who are monolingual Spanish speakers.

TCHSA-MH Division Hours of Interpretation Services Provided	
Fiscal Year	Hours of Services Provided
12/13	103
13/14	110
14/15	60
15/16	110

Additional community outreach activities have included participation at our Tehama County District Fair, the annual Health Spree, the Cinco de Mayo Event and our successful monthly “Just Move It”, Campaign which is a physical/mental health campaign targeted at our local Native America population, as well as welcoming any community members that are interested. TCHSA- MH Division also provided outreach at the Poor and the Homeless shelter (PATH), Friendly Acres Mobile Home Park and crisis outreach.

GOALS & OBJECTIVES

- Will continue to provide bilingual clinical services in the Corning Facility
- Will increase recruitment for bilingual staff in Corning and throughout all Mental Health Services

- 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 the monolingual Spanish-speaking population
- Would like to provide medication support services in Corning, though the psychiatrist shortage makes this difficult to do
- Will continue to be active on the Latino Outreach Committee
- Will use advertising and other outreach methods to increase visibility and knowledge of services in the Latino community. Methods will include radio advertisements, movie screen advertisements, and other advertising methods as identified by the Latino Community Outreach Committee, The MHSA Steering Committee, Stakeholders, and staff members
- Review and update marketing tools for our community outreach and Latino Support
- Continue involvement with the PATH shelter
- Continue community outreach through available laundry and shower facilities
- Increase outreach to underserved populations

Successes and Challenges

- Bilingual services have continued to be provided at the Corning Facility.
- The number of bilingual therapists has increased from 1 to 3. This is a significant increase and allows us to provide better services to bilingual and monolingual Spanish speakers.
- Two bilingual staff members have been trained in Mental Health First Aid (MHFA) and MHFA was offered in Spanish.
- Bilingual staff have been trained to provide Seeking Safety and WRAP services.
- Showers and laundry continue to be popular, though there are other community agencies and faith based groups that are beginning to provide these services. Our numbers may decrease as other options open up.
- Medication support services have not been implemented at the Corning Site. This is due to the shortage of psychiatric providers which impacts Tehama County.
- Though we have updated some brochures and flyers there is still room for improvement in our outreach to the Latino community.

CSS: ACCESS CENTERS (YES and VWRS Drop-in Centers) and the COMMUNITY CRISIS RESPONSE UNIT (CCRU)

STATUS:	Continuing
EMPHASIS:	General (Non-FSP)
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

Youth Empowerment Services (YES) and Vista Way Recovery Services Center (VWRS) PROGRAM DESCRIPTION

The Youth Empowerment Services (YES) Center serves our transition age youth (TAY) population (16-25 years of age). The Vista Way Recovery Services (VWRS) Center serves adults (18-59 years of age) and older adults (60+ years of age). Both centers continue to show positive growth. The centers are operated by client councils with the intent to empower consumer leaders to set program and policy recommendations for each center.

These councils operate consumer run groups and activities at the center. On any given day the centers can host a combination of 30-40 consumers engaged in rehabilitation.

Both centers provide laundry and shower facilities available for access through these programs. They are primarily intended to provide much needed assistance for our homeless populations as well as to anyone looking for a safe place to begin working on their recovery. In this way, TCHSA is given an opportunity to establish contact with individuals we might not otherwise have access to. Over the course of the past three fiscal years (2013/2014 through 2015/2016), VWRS Drop-In Center provided shower facilities to an average of 25-30 [unduplicated] individuals each month and maintained and provided laundry facilities used by an average of 20-25 [unduplicated] individuals.

YES Center

The YES Center provides a continuum of services which includes each of the TAY consumers actively participating in the management and upkeep of the facility. Each consumer complies with a basic charter, the "STANS" which includes a focus on Service, Treatment, Activities, Networking, and Support. TAY consumers utilize the YES Center facility from 10:00 AM - 2:00 PM each day while receiving the benefit of treatment modalities that contribute to the acquisition of independent living skills. The YES Center weekly schedule includes the following groups: Time Management, Anger Management/Symptoms Management, "Let's Chat" Problem Solving, Exercise/Yoga, Effective Communication, Community Resources, Substance Abuse Prevention, and Therapeutic Drumming. Additionally the TAY consumers participate in community service, peer-lead cooking classes, catering for various trainings and meetings, and facility maintenance duties.

The YES Center provides therapy to high risk children and youth including those who are in the foster care system. When indicated a youth and family may have intense services that include Child and Family Team Meetings, intensive home based services and case management.

Vista Way Recovery Services (VWRS)

VWRS provides an array of services for adults and older adults including case management and rehabilitative services, individual and group therapy, pre–employment and employment services. The client driven wellness center is located at Vista Way and embodies the “Recovery Philosophy;” this is a focus on learning how to live to the fullest while managing the ups and downs that accompany mental health challenges. A client council is active in giving stakeholder input to guide the evolution of existing services as well as identifying gaps in service and suggesting new services. In Rural Tehama County, VWRS provides transportation to and from services for those clients with no other transportation options. Stipend workers are trained by VWRS staff and stationed at VWRS and other TCHSA sites.

VWRS provides clients a variety of services designed to help participants find ways to increase their ability to live life at its fullest. Adult Full Service Partnership services including FSP Co-Occurring services take place at VWRS. Specific groups offered at VWRS include, Moral Reconciliation Therapy (MRT), Wellness Recovery Action Plan (WRAP), Seeking Safety, Life skills, drumming, and symptom management.

Community Crisis Response Unit (CCRU) PROGRAM DESCRIPTION

The Community Crisis Response Unit (CCRU) is a 23-hour Crisis Stabilization Unit available to those in the community who are struggling with a mental health crisis regardless of their ability to pay. The CCRU provides a safe environment to work through the crisis with a trained mental health professional. Our staff members at the CCRU are trained through CSS Plan dollars to provide Seeking Safety, an evidence-based practice designed to assist those in crisis with making a recovery plan. The practice hinges on the following principles: 1) safety; 2) integrated treatment of Post-Traumatic Stress Disorder (PTSD) and substance abuse; 3) a focus on the consumer’s ideals; 4) content areas including cognitive, behavioral, interpersonal, and case management needs. The CCRU also provides more intense crisis stabilization services as needed. Additionally, the CCRU is the designated facility for the evaluation of individuals that need involuntary treatment due to the risk of danger to themselves or others and/or grave disability due to a mental illness. On average the CCRU will serve 10-20 residents in crisis each week. By providing a safe, therapeutic, and tranquil setting many individuals avoid being sent to a higher level of care and are able to return to the community with an action plan for their recovery.

The CCRU has been an integral part of the TCHSA MH Division service delivery system. It has increased access to services for community residents and increased collaboration between health and human services, law enforcement and other community agencies. Feedback from community residents and agency staff revealed the need for better integration and more smoothly facilitated services between first responders, hospitals, law enforcement and mental health. As a result, this plan allows for the addition of a mental health Clinician to provide mobile crisis services. The goal is that these services will be provided at both the CCRU and St. Elizabeth’s Hospital with TCHSA – MH staff acting as a liaison between the emergency room and the CCRU. Client services will include on site Mental Health assessments at St. Elizabeth’s Hospital for smoother transition between the hospital and CCRU and reduce inappropriate placements. The CCRU will continue to use evidence-based practices such as Seeking Safety and Non-Violent Crisis Intervention Training.

The following charts show hours of service provided by TCHSA employees in the TCHSA-MH Division ACCESS Centers.

TCHSA – MH Division ACCESS Centers Hours of services FY 2012/2013	
Access Type	Hours of Services Provided
Youth Empowerment Services (YES)	905
Community Crisis Response Unit (CCRU)	8127
Vista Way Recovery Center (VWRC)	2786
Total Number of Hours	11,818

TCHSA-MH Division ACCESS Centers hours of services FY 2013/2014	
Access Type	Hours of Services Provided
Youth Empowerment Services (YES)	606
Community Crisis Response Unit (CCRU)	10614
Vista Way Recovery Center (VWRC)	1706
Total Number of Hours	12,926

TCHSA-MH Division ACCESS Centers hours of services FY 2014/2015	
Access Type	Hours of Services Provided
Youth Empowerment Services (YES)	889
Community Crisis Response Unit (CCRU)	11779
Vista Way Recovery Center (VWRC)	865
Total Number of Hours	13,533

TCHSA-MH Division ACCESS Centers hours of services FY 2015/2016

Access Type	Hours of Services Provided
Youth Empowerment Services (YES)	3248
Community Crisis Response Unit (CCRU)	11783
Vista Way Recovery Center (VWRC)	3502
Total Number of Hours	18,533

GOALS & OBJECTIVES

Youth Empowerment Services (YES)

- Will continue with the catering and food services program
- Will continue Culture Fridays with Drumming on a weekly basis
- Collaboration with Drug and Alcohol Division to link services and provide proper assessment and services for those with co-occurring disorders
- Include trips and outings for youth

Vista Way Recovery Services (VWRS)

- Will continue with existing programs
- Will develop and implement a comprehensive Co-Occurring Program using both Mental Health (MH) and Drug and Alcohol (DA) staff
- Will expand WRAP programming by training both clients and staff members as WRAP leaders. Will implement this as a foundational group for the groups delivered at VWRS
- With input from stakeholders and clients, will develop a leveled group system which will include graduation from level to level and client involvement
- Will identify a process for realizing the long term goal of having paid client support workers as part of the VWRS staff
- With input from stakeholders, consumers, and the steering committee, will increase peer support programming, WRAP and recovery- focused services and explore consumer support involvement in a warm line and other support services
- Expansion of Trauma Based Therapy Modalities for adults

Community Crisis Response Unit (CCRU)

- Ongoing training in Seeking Safety to enable staff to use this evidence-based program effectively
- 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 services for family members and those experiencing first episode of psychosis
- Mobile crisis services to work both within the CCRU and to coordinate with St. Elizabeth’s hospital and provide off site assessments
- Train staff in using the ASIST model (Applied Suicide Intervention Skills Training) to increase their effectiveness when serving individuals at risk of suicide

- Train CCRU staff to become certified Non-Violent Crisis Intervention Trainers
- Incorporate Non-Violent Crisis Intervention Training into regularly scheduled CCRU staff meetings

Successes and Challenges

Youth Empowerment Services (YES)

- The YES Center catering has been a true success. The TAY have catered for a variety of small and large events and trainings. They have worked hard and received great feedback from participants. This endeavor has helped TAY feel a sense of pride in a job well done. This group has catered 4 events in FY 14/15 and 9 events in FY 15/16.
- Culture Fridays with Drumming continues to be a popular program component. This is a vigorous day which youth enjoy and provides a place to understand the diversity of the world we live in. Life skills such as cooking and cleaning as well as tools for anxiety reduction are practiced.
- A Drug and Alcohol Counselor is regularly at the YES Center interacting with the TAY youth, providing prevention, and when needed connecting youth for further assessment and treatment.

Vista Way Recovery Services (VWRS)

- MH and DA have developed and implemented co-occurring services as part of our full service partnership program. These services are for those individuals with co-occurring issues in which the mental health issues are more predominant than the drug and alcohol issues.
- MH and DA have developed and will start implementing in spring of 2017, co-occurring services are for those individuals with co-occurring issues in which the drug and alcohol issues are more predominant than the mental health issues.
- DA provides education regarding symptom identification of mental health issues in their beginning DA groups. This allows both staff and clients to identify whether or not the co-occurring services would be beneficial. Additionally, knowledge of mental health issues lessens stigma amongst all group members.
- Have trained staff and clients to lead WRAP groups. WRAP groups have been successfully implemented in several settings including VWRS, Adult Outpatient, The YES Center, and the CalWORKS program.
- VWRS has struggled to develop and implement a leveled group system. This is a goal which we wish to meet and will continue to work towards.

Community Crisis Response Unit (CCRU)

- Training in Seeking Safety has continued and needs to continue in an ongoing manner to ensure that this intervention is offered in accordance to evidence-based standards.
- A Case Resource Specialist (CRS) in the CCRU has helped to ease the disruption of psychiatric crisis and has helped clients transferring from different levels of care to adjust more quickly and successfully to their daily routines.
- Mobile crisis services to work both within the CCRU and to coordinate with St. Elizabeth's hospital and provide off site assessments have not been implemented and are still in the planning stages.
- CCRU staff have been trained in ASIST

- A family support group for family members of CCRU clients has not yet been established but will begin in spring of 2017.
- Focused attention and case management services have been provided for those individuals identified as experiencing their first episode of psychosis. Specific, more formalized, services for those experiencing their first episode of psychosis are in the planning stages and set to begin in spring of 2017.
- A CCRU staff member has been trained as a trainer in Non-Violent Crisis Intervention Training and provides ongoing training and coaching in this method at CCRU staff meetings.

CSS EMPLOYMENT

STATUS:	Continuing
EMPHASIS:	General (Non-FSP)
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

TCHSA, Mental Health Division continues to experience success as a result of our workforce assistance. Consumers at both the VWRS and YES Centers are trained as volunteer stipend workers. They receive training in front and back office duties, program support functions, landscape/general labor and client relocation services. Our designated Case Resource Specialist (CRS), through relationships with local colleges and the State Department of Rehabilitation including educational and vocational training opportunities, assists consumers in seeking employment avenues in the community. During FY 2012-2013, we have seen 35-45 Adult & TAY-aged consumers rotate through the various stipend opportunities within the MH Division and several have been referred on to the community's job training center and Dept. of Rehab. In FY 13/14, 18 consumers utilized the stipend opportunities, and in FY/14/15, the number of consumers was 37, and in FY 2014-2016 it was 31. In FY 2012- 2013 the TAY at the YES center started catering as a stipend program. Their catering has been met with a great deal of praise from participants at the events they have catered. The YES Center and TAY plan to continue the catering.

Number of Consumers in Stipend Program	
Fiscal Year	Number of Consumers
2012/2013	40
2013/2014	18
2014/2015	37
2015/2016	31

GOALS & OBJECTIVES

- Continue catering and food services program by TAYs
- Increase stipend work into different divisions, other county departments, and the community
- Explore offering computer classes for clients - Excel, Word, and Outlook
- Provide opportunities for clients to provide Community service and be a part of community events
- Identify the best way to provide consumer support worker services at VWRS
- Increase opportunities for stipend work including work in other TCHSA Divisions, county departments, and the community
- Explore offering computer classes-Excel, Word, and Outlook

Successes and Challenges

- The TAY catering program has continued and is on track in 2016/2017 to increase the number of events catered.
- There are a great number of clients who want to be stipend workers. As this number increases, it has become obvious that we need to create more structure around stipend worker assignments. Therefore, a review of stipend worker training and work assignments is underway. The goal of this review is to better prepare stipend workers for assignments, as well as ensuring that there are clear expectations of duties at each stipend assignment.
- Finding on-line computer skills classes is still a goal we are pursuing. Classes requested include, Excel, Word, and Outlook.
- Through our Suicide Prevention and Stigma work there have been many opportunities for clients to engage in community events. These include, Out of the Darkness Walks, and a myriad of activities each May during Mental Health Month.

CSS HOUSING

STATUS:	Continuing
EMPHASIS:	Full Service Partnership
AGE GROUPS:	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

The two housing units, Gentry House and Madison House, serve a total of seven consumers with one floater emergency bed located at Gentry. Both houses are typically at capacity throughout the year. Another housing unit, Mary Lane had a total of five beds but closed 11/30/2012.

The MH Division continues to struggle with securing emergency motel contracts in the community. Because many of our FSP candidates are homeless, it would be ideal to place them for the interim in emergency motel beds while we engage clients in FSP services. Without motel beds available, it has been a challenge to locate and maintain contact with any regularity. In Tehama County, homeless sheltering is provided by various churches on a rotating schedule. Shelters remain open November 1 thru April 30 due to weather conditions. Some FSP clients are chronically homeless. Clients who do apply for housing have to wait approximately three months after the application is submitted. Many of the FSP clients have bad credit and prior rental histories which further complicates the process. More shared housing and supervisory staff is needed to resolve this problem.

The tables below show how the shared housing program has been utilized.

TCHSA, Mental Health Division Housing FY 12/13	
House Name	Number of Nights Paid
Madison House	481
Gentry House	301
Mary Lane House	95
Total	877

TCHSA, Mental Health Division Housing FY 13/14

House Name	Number of Nights Paid
Madison House	892
Gentry House	1252
Total	2144

TCHSA, Mental Health Division Housing FY 14/15

House Name	Number of Nights Paid
Madison House	218
Gentry House	639
Total	857

TCHSA, Mental Health Division Housing FY 15/16

House Name	Number of Nights Paid
Madison House	1113
Gentry House	3716
Total	4829

GOALS & OBJECTIVES

- Develop more options for emergency housing
- Increase use of shared housing with increased staff availability to manage the housing
- Hotel placement options
- Explore possible partnership with Community Action Agency (CAA) and other community partners to provide more housing services for FSP's

Successes and Challenges

- There is significant need in Tehama County for emergency, temporary, and long term housing. On a case-by-case basis TCHSA-MH Division has housed individual clients in a hotel/motel room for a short period of time. The downside to this has been that some of the clients that need emergency housing the most are not prepared to live in a hotel/motel. TCHSA-MH Division has had issues with clients destroying property or bothering other people staying at the motel. TCHSA-MH Division continues to look for alternative emergency housing options.
- Shared Housing options have not expanded, however use of this resource has grown. The increase of use can be attributed to better identification of those who will be successful in shared housing. Without an onsite manager issues of communal life can escalate quickly. Therefore, the better the job that staff does in identifying characteristics of successful shared housing participants, the higher the usage rate. When roommate issues escalate it can take an enormous amount of staff time to work with clients to resolve roommate issues.

- In order to increase housing options in Tehama County for those suffering from mental health issues, TCHSA is working on developing a plan for the original MHSAs Housing Funds which have transferred to a fund called Special Needs Housing Project (SNHP).
- Another initiative concerning homelessness, No Place Like Home, provides funding for housing. We are closely monitoring the requirements for this funding and hoping we can use it in conjunction with the SNHP funding to impact homelessness in a positive way.
- TCHSA –MH Division has become an active participant in the Housing and Urban Development Continuum of Care Committee (HUD COC). Being an active member of HUD COC provides TCHSA with the opportunity to collaborate with other community agencies around housing shortages for clients.

CSS FULL SERVICE PARTNERSHIPS (FSP)

STATUS:	Continuing
EMPHASIS:	Full Service Partnership
AGE GROUPS:	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

All of our TCHSA, MH Division consumers face many challenges; those facing the most complex challenges take part in FSP services. The typical profile of an FSP participant is one who has a recent history of CCRU and/or psychiatric ER visits, and/or is at risk of becoming or is already homeless. All consumer FSP participants 18 years of age and older can receive a full array of services including case management, clinical therapy, rehabilitation (both individual and group), medication support, crisis management, housing assistance, board and care support, employment assistance, and flexible funding as appropriate for a variety of issues included in the individualized FSP treatment plan. Services for TAY FSP enrollees in the age range of 16-18 can receive most of the services listed above with some minor limitations based on their situation. Of note, MH continues to be challenged by an increasing number of older adults who present with a myriad of medical conditions this aging population typically faces.

Staff and clients have been trained in WRAP and are implementing this as a foundationally evidence-based practice for FSP services. This philosophy of WRAP will fundamentally change how services are viewed and delivered. It will increase the wellness and recovery orientation as well as personal responsibility of clients to create their own life including **the five key concepts of WRAP:**

1. **Hope**-Supporters and care providers need to encourage you, help you feel better, assist and support you in staying well.
2. **Personal Responsibility**-Sometimes this means taking back control that you have lost in the past.
3. **Education**-Learn all about yourself so that you can make good decisions about treatment, lifestyle, career, relationships, living space, leisure time activities, and all aspects of your life.
4. **Self-Advocacy**-Become a strong advocate for yourself.
5. **Support**- Supporters are people who care about you, empathize with you, affirm and validate you and your experience, accept you as you are, and listen to you and share with you.

Additionally, the processes in which groups are delivered and designed are changing to add requirements to each level. A Passport to Wellness is being designed with client and staff input. This will be a way of tracking what classes and groups consumers participate in. Some will be mandatory and some will be elective. Topics will range from WRAP, pain management, symptom management and drumming. Offerings will include groups that are led by peer support workers, rehabilitation groups, and clinical therapy groups.

The tables below show the number of enrolled FSP clients TCHSA-MH Division has had through fiscal years 2012/2013 to 2015/2016.

Full Service Partnership	# of Enrollees	# of Discharges
TAY Fiscal Year 2012/2013	7	2
ADULT Fiscal Year 2012/2013	19	3
OLDER ADULT Fiscal Year 2012/2013	14	4
Total	40	9

Full Service Partnership	# of Enrollees	# of Discharges
TAY Fiscal Year 2013/2014	13	2
ADULT Fiscal Year 2013/2014	61	10
OLDER ADULT Fiscal Year 2013/2014	23	3
Total	97	15

Full Service Partnership	# of Enrollees	# of Discharges
TAY Fiscal Year 2014/2015	15	5
ADULT Fiscal Year 2014/2015	60	17
OLDER ADULT Fiscal Year 2014/2015	23	7
Total	98	29

Full Service Partnership	# of Enrollees	# of Discharges
TAY Fiscal Year 2015/2016	21	4
ADULT Fiscal Year 2015/2016	66	20
OLDER ADULT Fiscal Year 2015/2016	21	2
Total	108	26

The tables below show the number of hours of services that TCHSA-MH Division has provided to FSP clients through fiscal years 2012/2013 to 2015/2016.

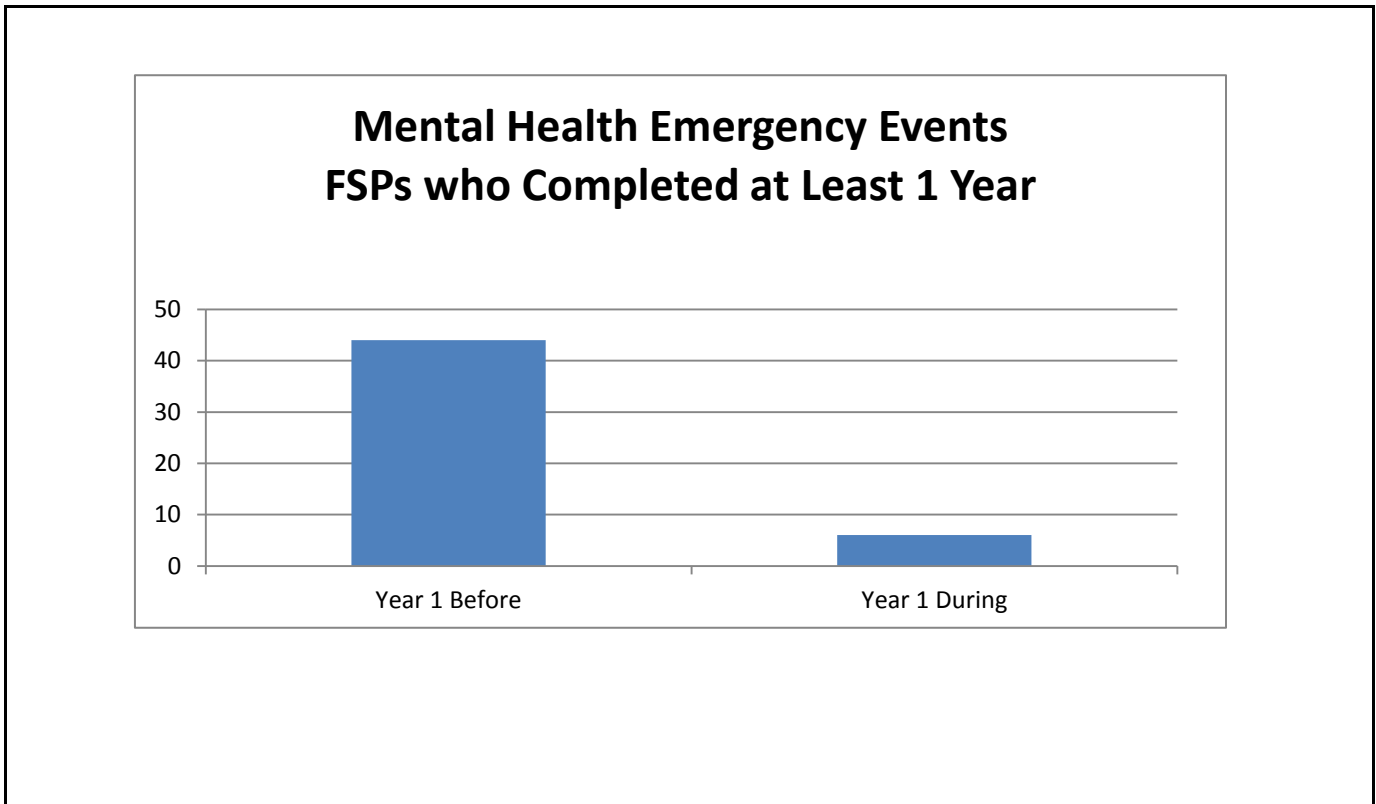
TCHSA – MH Division FSP Hours of services FY 12/13	
Access Type	Hours of Services Provided
TAY FSP	837
Adult FSP	2,504
Older Adult FSP	339
Total Number of Hours	3,680

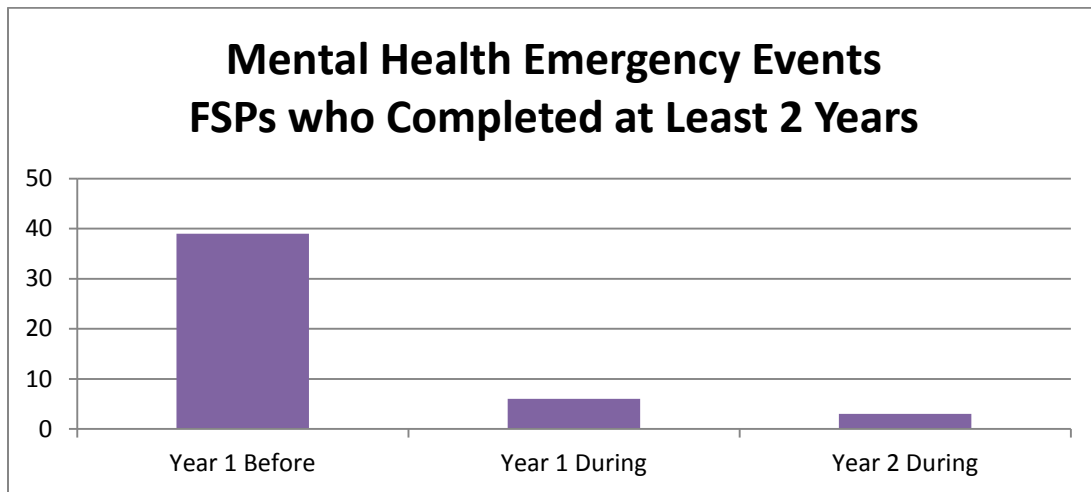
TCHSA – MH Division FSP Hours of services FY 13/14	
Access Type	Hours of Services Provided
TAY FSP	2,490
Adult FSP	5,946
Older Adult FSP	1,286
Total Number of Hours	9,722

TCHSA – MH Division FSP Hours of services FY 14/15	
Access Type	Hours of Services Provided
TAY FSP	3,293
Adult FSP	10,707
Older Adult FSP	2,601
Total Number of Hours	16,601

TCHSA – MH Division FSP Hours of services FY 15/16	
Access Type	Hours of Services Provided
TAY FSP	3,201
Adult FSP	6,882
Older Adult FSP	664
Total Number of Hours	10,747

The **Mental Health Services Oversight and Accountability Commission (“MHSOAC”)** compiles “Partner Information” reports. These reports are designed to provide a comprehensive summary of partners’ Full Service Partnership (FSP) Data Collection and Reporting System (DCR) partnership data for the purposes of improving data quality and service quality, and measuring outcomes. The Partner Information reports organize domain data for the partners’ current status and history in the last 12 months before joining the FSP. The charts below cover the time period of 7/1/2012 - 6/30/2014. The charts below are compiled at the state level and more recent data is not available at this time.





The charts above show comparisons in the number of mental health emergency events for Full Service Partners one year before and years one and two after partnership. In the year before they became FSPs, 39% had mental health emergencies. After completing one year of partnership, only 6% had mental health emergencies, and only 3% in the 2nd year. **The Year 1 results demonstrate a dramatic 90% drop in mental health emergencies.** After 2 years of partnership, the reduction is maintained.

GOALS & OBJECTIVES

- Increased access for medication support services
- Opportunities for consumers to speak to the community
- Develop a more structured and integrated FSP Program for VWRS.
- Consumer support workers will provide client support and referrals to other services
- Healthy living and wellness focus (WRAP-Wellness Recovery Action Plans)
- Expansion of Trauma Focus Cognitive Behavior Therapy to include adults
- Opportunities for consumers to speak to the community (such as school assemblies, community service organization meetings, etc.) in an effort to reduce stigma and encourage people to seek help when it is needed

Trips and Outings for consumers

- Develop contract with NVCSS to increase work experience, stipend, and employment opportunities
- Continue to provide comprehensive client-based services to help maintain low incidence of emergency contacts

Successes and Challenges

- TCHSA has trained clients and staff members to lead WRAP groups. WRAP groups are provided in all service sites.
- A group was created at VWRS to teach clients how to tell their story. Members of this group have presented their stories to a variety of audiences, including attendees of Crisis Intervention Training (CIT) which has a

high level of law enforcement and other first responders in attendance. Feedback indicates that consumers would like to continue this type of group and 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.

- TCHSA-MH would like to review the FSP programs and identify ways to increase structure and embed completion of different components of the FSP programs as a way to validate progress and growth of clients.

PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) Services and programs are designed to provide universal prevention services as well as early intervention services. PEI programs and services include suicide prevention, stigma and discrimination reduction, increasing access to services for underserved populations, and early intervention services. Services include those that prevent mental illness from becoming more severe and disabling and those which reduce duration of untreated severe mental illness.

Ongoing PEI services in Tehama County include Trauma Focused Cognitive Behavior Therapy (TF-CBT) interventions, Nurturing Parenting (NP), and Teen Screen (TS). These services were chosen by consensus as the most effective means of reaching our target populations. New programs include Stigma Reduction, Suicide Prevention, Parent Child Interaction Therapy (PCIT), Peer Support Workers, Talkline, and Family Support Groups.

TCHSA provides the following PEI services:

- I. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- II. Nurturing Parenting
- III. TeenScreen
- IV. Stigma Reduction
- V. Suicide Prevention
- VI. PCIT
- VII. Consumer Support Workers and Talkline
- VIII. CCRU and TAY Family Support Groups

PEI TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT):

STATUS:	Continuing
EMPHASIS:	Early Intervention
AGE GROUPS:	Children (0-15)
	Parents of any age participate with children

PROGRAM DESCRIPTION

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.

The TCMH TF-CBT team in FY 12/13 was comprised of four licensed clinicians (one of whom is a bilingual counselor), two case managers, one health educator and one Certified Alcohol and Drug Addictions Recovery Specialist. The TCMH TF-CBT team in FY 14/15 is comprised of three licensed clinicians. In addition two ASW's (one being bilingual) are in training at this time but able to take clients in the TF- CBT modality as part of their training to become LCSW's. TCHSA, MH Division has provided TF-CBT education to triage staff for immediate referral to the clinicians who have completed competency requirements for providing the TF-CBT at TCHSA, MH Division served 4 youth together with their families and an additional 9 youth received services in individual therapy. We continue to strive for our goal of providing services to twenty-five youth and their families.

GOALS & OBJECTIVES

- Increased TF-CBT
- Explore other trauma focused evidence-based therapeutic techniques for individuals and groups. This would allow TAY and adults increased access to trauma focused therapy

Successes and Challenges

- TF-CBT is an evidence-based intervention that is effective. TCHSA-MH staff has experienced a great deal of challenge getting parents and children to stay engaged and complete the entire sequence of sessions. Additionally, in order to maintain fidelity to the TF-CBT, staff need to attend ongoing training sessions. Staff has been challenged to fit training sessions into their schedules. TCHSA-MH would like to continue to use TF-CBT and will be designing a plan to better recruit children and families for this modality. They will also be reviewing schedules to find the most efficient way to include ongoing training in their schedules.
- The rollout of the child welfare Continuum of Care Reform (CCR) has had an unforeseen impact on our children's services. A significant amount of time must be dedicated to Child Family Treatment teams, assessment of children detained by Tehama County Department of Social Services, and follow up treatment for those children. This coupled with staff shortages has made it extremely difficult to keep up with the training requirements to provide TF-CBT in line with the evidence-based standards.

- TCHSA-MH wants to increase options for trauma-based treatment and will be reviewing additional treatment modalities for children and youth to identify other options that may work with our clients.

PEI NURTURING PARENTING (NP)

STATUS:	Continuing
EMPHASIS:	Early Intervention
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

The Nurturing Parenting (NP) classes are family-centered, trauma-informed and evidence-based. They are designed to build Nurturing Parenting skills as an alternative to abusive neglecting parenting and child-rearing practices. TCHSA-MH collaborates with the Public Health and Drug & Alcohol Divisions to provide Nurturing Parenting, which developmentally supports parents with their youth to learn and reinforce core values for building strong, healthy families. These core values include the value of positive self-worth, empathy, empowerment, the development of a strong will, structure, discipline, laughter, humor, and play.

NP provides parents and youth with the opportunity to participate in weekly group activities where they meet for up to fifteen weeks. The parents participate in an adult parenting group while the school age (ages 5-11) youth participate in their own youth group. The parents and youth discover how to apply and practice the core values that teach healthy interactions for appropriate development. Both parents and youth share a healthy snack break together in each weekly group meeting.

NP is offered at a variety of locations throughout Tehama County in collaboration with community agencies and organizations. These include:

In FY 2012/2013, TCMH practitioners facilitated nine, 15-week session cycles to consumers throughout the county. These cycles also included specialty groups for fathers, Transition Age Youth (TAY), and Non-Traditional School Based (NTSB) minors who are parenting children of their own. During FY 2012-2013 we had 562 Adults

participating in Nurturing Parenting, of these 253 were Spanish speaking. There were also 163 children age 5-11 participating.

During the 2013-2014 fiscal year, Tehama County Mental Health Division provided 9 segments of 15-week sessions to Tehama County consumers. TCHSA served a total of 72 adult and teen parents with English and Spanish speaking families which included specialty services for Transition Age Youth (TAY) and Non-Traditional School Based Teens (NTSB Teens) parenting children.

During the 2014-2015 fiscal year, Tehama County Mental Health Division provided 4 segments of 15-week sessions to Tehama County consumers. TCHSA served a total of 52 adult and teen parents with English and Spanish speaking families which included specialty services for Transition Age Youth (TAY) and Non-Traditional School Based Teens (NTSB Teens) parenting children. NP classes were provided in collaboration with the Los Molinos Elementary School, Alternatives to Violence, North Valley Baptist Church, and West Street Elementary School.

During the 2015 - 2016 fiscal year, Tehama County Mental Health Division provided 5 segments of 15-week sessions to Tehama County consumers. TCHSA served a total of 55 adult and teen parents with English and Spanish speaking families which included specialty services for Transition Age Youth (TAY) and Non-Traditional School Based Teens (NTSB Teens) parenting children. NP classes were provided in collaboration with Alternatives to Violence), North Valley Baptist Church, West Street Elementary School, and Corning partners.

GOALS & OBJECTIVES

- Continue Nurturing Parenting Classes in English and Spanish
- Increase outreach to underserved populations and geographical areas not currently served. Identify already existing groups that would like to sponsor a NP class. These groups could include faith based organizations, and community groups.

Successes and Challenges

- Nurturing Parenting classes have been provided to Tehama County Residents in both English and Spanish. The classes have taken place in community locations in both Red Bluff and Los Molinos.
- It is sometimes a challenge to find participants who are willing to stay through the complete series of classes. TCHSA would like to collaborate with community partners and groups when presenting Nurturing Parenting. It is hoped that finding established groups that are interested in sponsoring a class may increase participation for the entire 15 sessions.

- TCHSA-MH experienced a staffing shortage in FY 2015/2016 which is reflected in some of the lower numbers seen in all MHSA programs including Nurturing Parenting.

PEI TEEN SCREEN (TS)

STATUS:	Continuing
EMPHASIS:	Early Intervention
AGE GROUPS:	Children (0-15)

PROGRAM DESCRIPTION

Tehama County Health Services Agency (TCHSA) remains committed to providing community prevention and early intervention support to youth ages 11-18 and their families to increase awareness and suicide prevention. TeenScreen is a tool utilized by TCHSA as a mental health check-up to help identify and refer youth to treatment for those who are at risk for suicide or suffer from an untreated mental illness. TeenScreen utilizes the Diagnostic Predictive Scales (DPS), through a computer-based questionnaire, to determine the severity of a youth’s risk potential for suicide and/or needs for referral to community mental health services. According to National Alliance on Mental Health (NAMI), the questionnaire is a valid and reliable screening instrument. NAMI stated the vast majority of youth identified through the program as having already made a suicide attempt, or at risk for depression or suicidal thinking, are not in treatment. A follow-up study found that screening in high school identified more than 60% of students who, four to six years later, continued to have long-term, recurrent problems with depression and suicidal attempts. TCHSA is working to reduce suicide and depression through the TeenScreen program in Tehama County. The YES (Youth Empowerment Services) Center of TCHSA, Mental Health Division is a registered site for TeenScreen. Additionally, TCHSA, Mental Health Division has four registered locations as TS outreach sites throughout the county: Meuser Healthcare Center in Corning (south county), Salisbury Alternative High School in Red Bluff, Evergreen Middle School in Cottonwood (north county), and Los Molinos High School in Los Molinos.

Teen Screen	MHSA Staff Hours
FY 2012/2013	1613
FY 2013/2014	1663
FY 2014/2015	3407
FY 2015/2016	776
Total	7459

GOALS & OBJECTIVES

- Continue and expand Teen Screen to include expansion of approved sites and utilization by underserved populations
- Provide TeenScreen to Juvenile Detention Facility and Katie A Program as a tool during the assessment process

Successes and Challenges

- Teen Screen has been provided in the JDF and for Katie A clients. However, providing this has not been as consistent as it should be. TCHSA –MH would like to identify what the barriers to consistency are, and then provide teen screen consistently.
- Staffing shortages have prevented expansion of Teen Screen approved sites. Moving forward TCHSA-MH will review current sites and identify need for new sites.

PEI SUICIDE PREVENTION

STATUS:	New
EMPHASIS:	Prevention
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

The goal of the TCHSA Suicide Prevention work plan is to educate community members so they are familiar with the signs and symptoms of suicide. The goal is that community members become proficient in identifying the signs of suicidality and comfortable in helping individuals reach out for help when needed. A key resource that will be used in our effort is the Know the Signs campaign. The Know the Signs campaign is a MHSA funded, statewide suicide prevention social marketing campaign built on three key messages. Know the signs, find the words and reach out. This campaign is intended to educate Californians on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis and where to find professional help and resources. The Know the Signs materials will help promote local awareness.

TCHSA will be an active participant in the local area Out of the Darkness walks. The Out of the Darkness walks provide a place for the community to learn about suicide prevention and the impact that suicide has on families, friends, and community members. The Out of the Darkness walks provide an important place for those who have lost a family member or friend to suicide. This event allows these survivors to know they are not alone.

TCHSA would like to increase screening for mental health issues, including preventing suicide and other mental health crisis, by training the Medical Assistants in our outpatient medical Rural Health Clinic (RHC) to conduct a basic mental health screening for each patient while obtaining routine vital signs. Our psychiatrist will have regular consultation time with our RHC doctors to provide ongoing education and training for the physicians.

As TCHSA moves toward an integrated model of health service provision, TCHSA MH will integrate medication support services with the clinic staff so that patients are walking in a single door for mental health, physical health, and drug and alcohol services. TCHSA will explore evidence-based modified SBIRT models to include mental health diagnosis identify if this or another screening tool best suits our needs. Additionally, we plan to implement ASIST, Safe Talk, Mental Health First Aid, and other stigma reducing tools.

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 a person at-risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model 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. TCHSA will have staff trained to provide this training in Tehama County.

Safe Talk-Suicide Awareness for Everyone is a 3 hour workshop alerting one to 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. After ASIST is established TCHSA will train staff to deliver the Safe Talk –Suicide Awareness trainings.

In FY 2013-2014 four TCHSA-MH staff were trained to be ASIST trainers. Since that time the following ASIST Trainings have been presented in Tehama County.

ASIST Trainings	Number of participants
3/13/15 & 3/14/15	12
4/14/15 & 4/15/ 15	17
12/1/15 & 12/2/15	15
1/28/16 & 1/29/16	13
5/19/16 & 5/20/16	12
9/22/16 & 9/23/16	18
Total	87

It is a credit to the Tehama County community that 87 individuals have taken part in this 2-day training. Participants have included individuals from education, from a variety of social service agencies, law enforcement and first responders.

GOALS & OBJECTIVES

- Be an active member in Out of the Darkness Walks in Redding and Chico. This will give clients a chance to walk in the event as well as to have a table at the event showcasing TCHSA services
- Regularly present ASIST trainings to a variety of community members
- Identify staff members to be trained to present the Safe Talk training, which teaches participants to recognize the signs, communicate with and get help for persons at risk of suicide
- Identify and implement a mental health screening tool for TCHSA Primary Care Clinic.
- Promote the National Suicide Lifelines and CCRU services
- Explore the possibility of having consumers work on a warm line
- TCHSA –MH will be an active participant in the yearly Care Enough to Act (CETA) newspaper insert which is dedicated to suicide prevention and mental health stigma reduction.

Successes and Challenges

- TCHSA has participated in Out of the Darkness Walks in each year during this reporting period. Clients enjoy the participation and future participation is planned.
- Community members have responded positively to the ASIST trainings. The goal is to continue to regularly provide this 2 day training.
- Staff has not yet been trained in the Safe-Talk curriculum. This is an active goal which we would like to complete in the 2016 - 2017 FY.
- A MH screening tool has not yet been identified for the TCHSA primary care clinic. TCHSA will be moving into a newly remodeled area which will accommodate integrated services. This goal, which is still a priority, will be addressed at that time.
- Consultation between TCHSA MH psychiatric staff and TCHSA Primary Clinic staff has increased. During a portion of the reporting period these were regularly scheduled meetings. As providers changed the consultation has become more informal, but is still taking place. In the newly remodeled integrated services building, daily consultation will be a reality between physical care providers and mental health providers.
- Consumer support workers have started working as operators on the Talk Line warm line.
- New easy to carry cards advertising local crisis services and national call lines have been created. The cards have been well received and law enforcement and local agencies and faith based groups are requesting them.

TCHSA–MH has been an active participant of developing the yearly Care Enough to Act (CETA) newspaper insert. This insert has been placed in the Chico News and Review which has local distribution in Tehama County. Additionally, copies of the insert have been run and placed in community locations and used in TCHSA MH groups.

PEI STIGMA REDUCTION

STATUS:	New
EMPHASIS:	Prevention
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

The goal of the Stigma Reduction Program is to provide education to the community and to TCHSA members about Mental Illness in order to reduce stigma. The main methods for achieving this goal will be to sponsor events during mental health month, creating a speaker’s program, and by providing Mental Health First Aid to the Tehama County community.

TCHSA will use a variety of methods to engage clients, staff, and the community in May is Mental Health Month. Activities will include those that are planned and implemented by clients.

Mental Health First Aid (MHFA) is analogous to Red Cross First Aid trainings. A participant will not learn how to fix a broken bone, but they will learn how to stabilize it and get the individual to the proper care. The goal of MHFA to help individuals learn the signs and symptoms of mental illness and to allow them to help get an individual to the proper care. The second goal of MHFA is to reduce fear and stigma around mental illness. MHFA is an international program proven to be effective. Peer-reviewed studies published in Australia, where the program originated, show that **individuals trained in the program:**

- ✓ Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions
- ✓ Identify multiple types of professional and self-help resources for individuals with a mental illness or addiction
- ✓ Increase their confidence and likelihood to help an individual in distress
- ✓ Show increased mental wellness themselves

TCHSA will train staff members including bilingual staff members to provide Mental Health First Aid trainings.

MHFA Training FY 2014/2015, 2015/2016	Number of Participants
3/4/2015	14
4/8/2015	17
5/6/2015	16
5/20/2015	25
5/27/2015	18
10/7/2015	22
11/5/2015	15
12/2/2015	14 (Presented in Spanish)
12/9/2015	16
2/3/2016	25
4/15/2016 & 4/22/2016	14
5/11/2016	17
10/14/2016	19
1/25/2017	21
Total	253

Members of the community who participated in the 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.

A large part of TCHSA’s stigma reduction efforts are planning and implementing activities in Mental Health Awareness month which takes place each May. The goal of these events is to educate community members about mental health issues and mental health wellness and recovery. This education will help all community members better understand those that have mental health issues, help direct individuals they encounter to appropriate treatment, and help all community members become more aware of the importance of maintaining their own mental health. Below are the activities that TCHSA sponsored for Mental Health Month in 2015 and 2016.

2015 May is Mental Health Month Activities:

- **Soul Cookies** – Soul Cookies are fortune cookies that had positive mental health fortunes inside them. The fortunes were designed by clients. The soul cookies were put into baskets and delivered to 28 different locations throughout the county. Soul cookie baskets included cookies, green ribbons, tips for good mental health, population-specific crisis cards and CCRU information.
- **Cinco de Mayo** celebration- This event was held at the County Fair Grounds, and hosted by Latino Outreach. TCHSA had an information booth and distributed salsa garden plants along with information regarding mental health services and mental health prevention messages.
- **Community Drumming** Groups took place each week in mental health month in a community setting. This was an opportunity for staff and clients to share with community members the anxiety and anger reducing effects of the drumming protocols.

- TCHSA YES Center youth participated in ‘**chalking encouraging messages**’ around the sidewalks of the TCHSA campus each Wednesday during May.
- TCHSA joined with NAMI in distributing ‘**Man Therapy**’ posters. These posters are a campaign to reduce stigma of men reaching out and accessing MH services.
- VWRS - hosted a viewing of the *Each Mind Matters* movie.
- A **Mental Health First Aid** workshop occurred every Wednesday during May and was open to community members.
- An ASIST workshop was offered free of charge to the community.
- Tehama County’s **Safe Education & Recreation for Rural Families (S.E.R.R.F.) “Stomp Out Stigma” Chalking Contest** May 18-21, included 3 schools, Manton, Bidwell, and Rancho Tehama.
- The **First Annual Mental Health Extravaganza and BBQ** took place on May 29th with approximately 50 in attendance.
- The Tehama County Board of Supervisors approved a proclamation that May was Mental Health Month.

2016 May is Mental Health Month Activities:

- **Swag Boxes** containing mental health and wellness information and promotional items were distributed to 40 locations
- The Tehama County Board of Supervisors made an official **Proclamation** stating that May is Mental Health Month
- For the second May in a row TCHSA-MH collaborated with the **S.E.R.R.F. program**. This year the children created **Brave Bags** which included a Wellness Toolbox that had individualized positive coping skills identified for each child. Four schools participated representing Red Bluff, Gerber, and Rancho Tehama.
- TCHSA participated in the **Cinco de Mayo** event hosted by **Latino Outreach** at the Tehama County Fairgrounds, 585 people participated in this event.
- The Second Annual Mental Health **Extravaganza** included a Salsa contest, live music, food, speakers, a mental health and wellness fair, and a balloon launch. Approximately 100 attended.
- The **Hope Forum** was a new activity in which the TCHSA-MH Division collaborated with NAMI, The TCMHAB, and others to rent out the State Theatre and show a film regarding suicide and suicide prevention followed by a panel discussion. The pre film activities included a Mental Health Resource Fair; Photo Booth and Depression/ Anxiety screenings.
- A **Discussion Forum** on Mental Health for Youth was presented at the Centennial School at the JDF.
- Both an **ASIST Training and MHFA Training** were offered in May to community members.

GOALS & OBJECTIVES

- Reduce negative attitudes towards people with mental illness
- TCHSA- MH Division has trained 4 trainers, 2 bilingual to become certified MHFA trainers. This allows for training in both English and Spanish to MH staff, community partners, community members, etc
- Train all TCHSA Staff. We will also use this as an ongoing part of new staff training in order to ensure all TCHSA staff begins their tenure with baseline knowledge of mental health issues
- Offer training to community members including law enforcement, school staff, and faith based groups, service clubs, etc.
- Work with health educators from Public Health to incorporate mental health issues into their campaigns
- Implement a Tehama County Mental Health Stigma Reduction Campaign

- Collaborate with (NAMI) National Alliance on Mental Illness to combine efforts to decrease stigma regarding mental illness, and to support NAMI’s goals for Tehama County.

Successes and Challenges

- TCHSA Staff have been training in MHFA. We are tracking staff that have been trained and will be including MHFA as a required training listed on orientation check lists.
- The goal of training a wide variety of community members was met for both the ASIST and MHFA training. Representation at these trainings included Mental Health Board members, consumers, veteran services staff, law enforcement, social service staff, young child educators, homeless services providers, domestic violence services providers, therapists, educators and health care providers, members of faith based groups, services clubs, library staff, and more.
- We collaborated with NAMI on a number of events that they were involved in including: The Hope Forum, The Mental Health Extravaganzas, and helping to publicize and provide copying for their Family to Family classes. In recent events both NAMI members and consumers have requested that TCHSA-MH work to help implement White Cards as a way of increasing communication between law enforcement and consumers. This will be a goal in upcoming years.
- We have not been as successful as we would like in collaborating with Public Health to integrate Mental Health issues into their public education. This has not been due to disinterest from either side, but to lack of staffing to focus on this issue.
- TCHSA-MH has implemented many mental health stigma reduction activities but at this time has not developed a specific stigma-reduction plan. This is an ongoing goal.

PEI : PARENT CHILD INTERACTIVE THERAPY (PCIT)

STATUS:	New
EMPHASIS:	Prevention and Early Intervention
AGE GROUPS:	Children (0-15)
	Parents will also participate

PROGRAM DESCRIPTION

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. *PCIT International* was created to promote fidelity in the practice of Parent-Child Interaction Therapy through well-conducted research, training, and continuing education of therapists and trainers. By creating an interface between the scholarly activities of PCIT researchers and the expertise of front-line clinicians, *PCIT International* promotes healthy family functioning.

GOALS & OBJECTIVES

- Obtain needed space and tools to offer PCIT (Parent, Child, Interaction Therapy)
- Increased outreach to underserved populations
- Family therapy with family programs and activities
Provide training to staff in this evidence-based modality

Successes and Challenges

- A review was completed to determine the equipment and training needed to implement this therapeutic modality. About the time TCHSA-MH was ready to move forward on this project, we experienced a shortage of clinical staff. Concurrently, an increased expectation to provide additional intensive services for both Katie A. and Continuum of Care (CCR) clients arose. This significantly limited the ability to implement any new services for Youth. Given the new demands in providing MH services for children, TCHSA-MH is monitoring how other small- and medium-sized counties are providing services. There is discussion at the state level of providing statewide training for some evidence-based therapeutic modalities for children and families. TCHSA-MH will review what is offered and determine if it is a good fit for TCHSA-MH, and then proceed with training. The goal is to find the best modalities to provide for children in Tehama County, and then train clinicians to provide that therapy.

PEI :CONSUMER SUPPORT WORKERS AND TALKLINE

STATUS:	New
EMPHASIS:	Prevention & Early Intervention
AGE GROUPS:	Transitional Age Youth (16-25)
	Adult (25-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

TCHSA has joined in collaboration with Northern Valley Catholic Social Services (NVCSS) to provide a paid consumer support worker training and employment program. This program trains clients to become paid consumer support workers. Clients must go through all aspects of the employment process from application through employment. The consumer support workers work with clients to help them understand the concepts of recovery and to increase the chance of having a successful experience in treatment. Six consumer support workers have been hired. The consumer support workers co-lead groups, provide support to other clients, and provide structure and support to the clients at the drop in center.

Additionally, the NVCSS consumer support workers are operators for the Talkline one night a week. The Talkline is a sub-crisis line which is open 365 days a year from 4:30 PM – 9:30 PM; anyone can call the toll free number for peer to peer confidential support when life gets challenging. The Talkline originated through Butte County's MHSA programs and we are happy to be collaborating with Butte County to increase the capacity of the Talkline.

We are planning to market the Talkline number and hope to see a distinct increase in calls from Tehama County residents.

GOALS & OBJECTIVES

- To develop a consumer support worker program in which consumer support workers become a key part of the recovery services at VWRS.

Successes and Challenges

- As mentioned previously, 6 consumer support workers have been hired and are providing services at VWRS and are operating the Talk Line one night a week. This has been a success, and we are hoping to build on this success in the next MHSA three-year plan.

CCRU and TAY Family Support Groups

STATUS:	New
EMPHASIS:	Early Intervention
AGE GROUPS:	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

There are two key areas in our service delivery system needing family support to maximize effectiveness and best outcomes. These are: 1) people who have just been involved in crisis services and 2) the children and youth that we serve.

In order to address these needs, TCHSA-MH will develop support groups for family members of clients who have recently accessed CCRU services and parents of our children and youth clients. This program will develop support groups for both populations. We will include NAMI in the development of these services. These services will begin in FY 2017/2018.

INNOVATION

Innovation (INN) goal is to develop and implement promising and proven practices to increase access to mental health care. These are short-term programs, for two to five years, to “try-out” novel creative and/or ingenious

mental health practices/approaches that are expected to contribute to learning rather than a primary focus on providing a service. If what is learned proves effective, an INN program could be funded under CSS or PEI in the future.

Innovation: DRUMMING PROGRAM

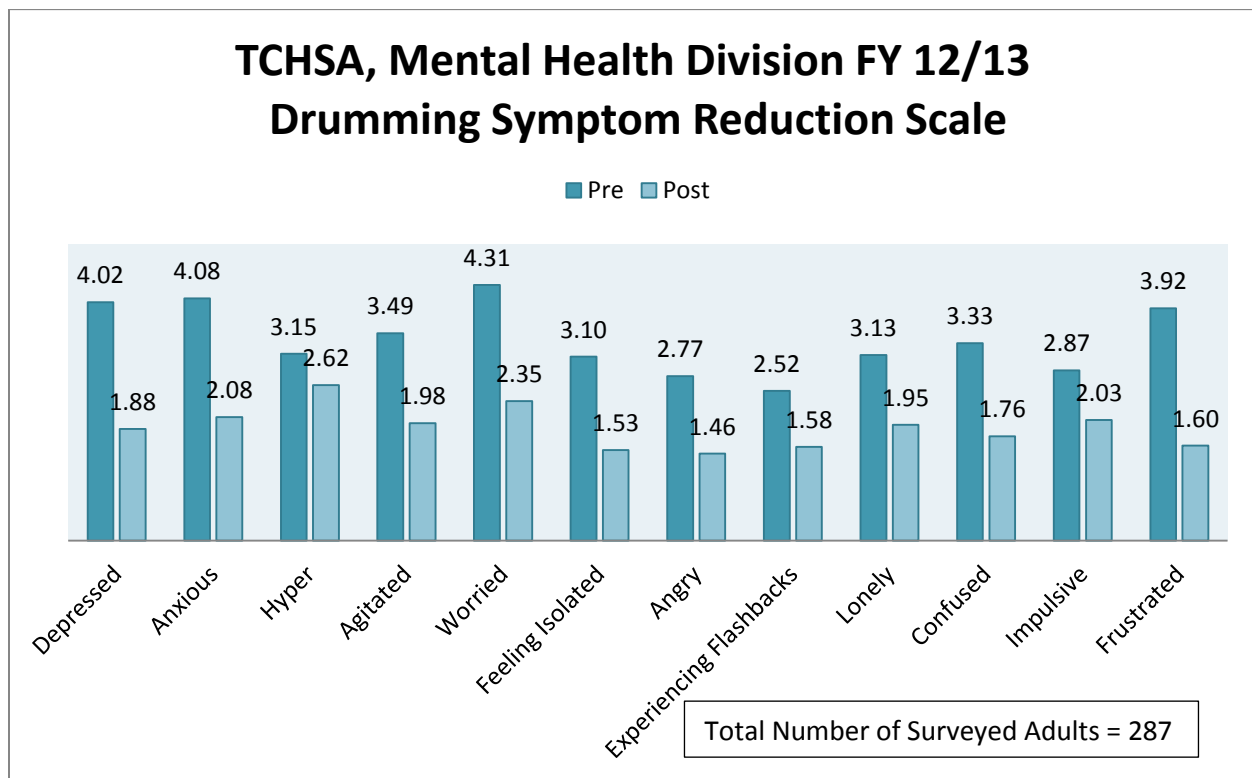
STATUS:	Continuing
EMPHASIS:	Innovation
AGE GROUPS:	Children (0-15)
	Transitional Age Youth (16-25)
	Adult (26-59)
	Older Adult (60+)

PROGRAM DESCRIPTION

Under the Mental Health Services Act Plan, an Innovation Drumming Program has been implemented at TCHSA, Mental Health Division. In an effort to promote health and wellness among Tehama County residents, TCHSA, Mental Health Division, has united with community partners to provide group drumming. The innovation plan focuses on cultural diversity, with the goal of decreasing stigma and increasing access to underserved and un-served groups within the community. Community-based cultural drumming events are free and open to the public. At these events, different cultural drumming occurs with active participation from the community. In addition, health and wellness information from the focus of specific cultures is available. Our aim is to reduce common therapeutic disorders such as stress and anxiety and replace them with positive coping modalities, promoting relaxation and creativity. Drumming events highlight various cultural rhythms, deep breathing meditations and positive affirmation of participants.

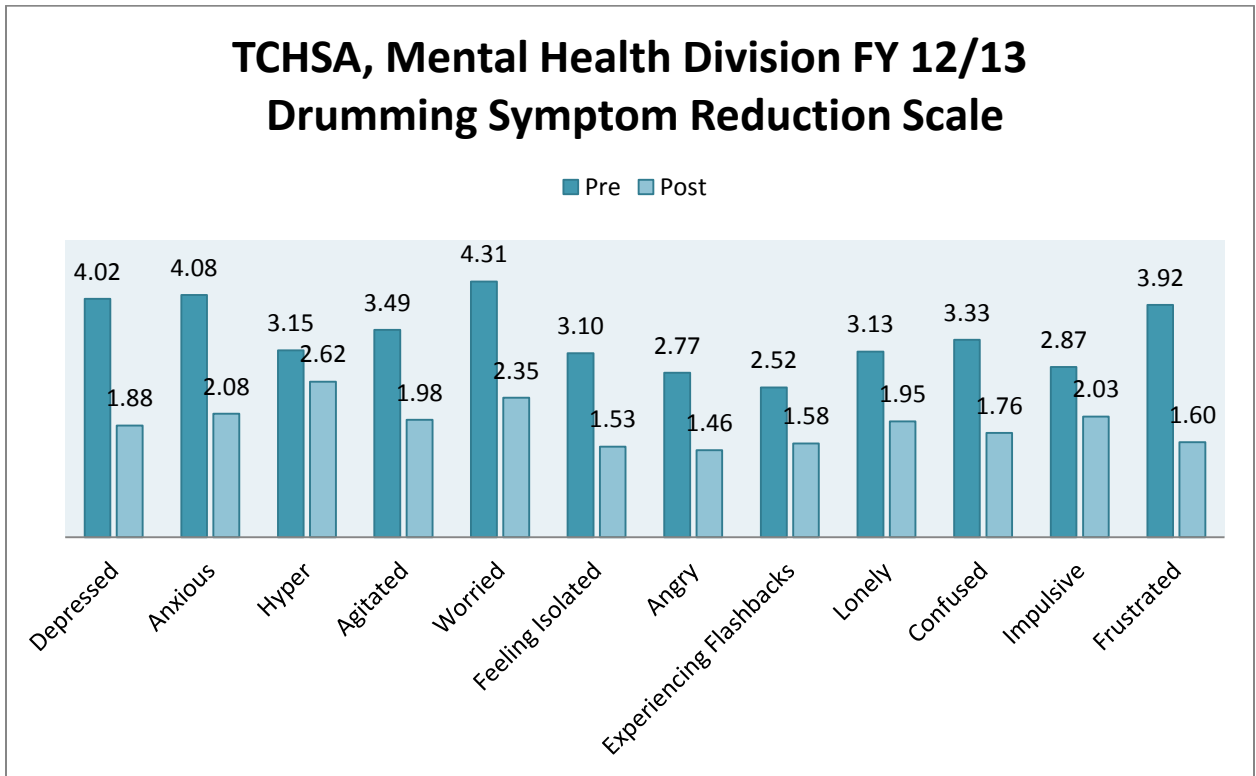
Drumming is an evidence-based strategy for wellness at TCHSA, Mental Health Division. It teaches clients how to communicate using the drum, how to lead the group in a beat, how to listen and follow a peer's beat, as well as how to work through symptoms and feelings with drumming. Drumming occurs in a variety of locations in Tehama County in an effort to reach the majority of our target populations, including but not limited to Safe Education and Recreation for Rural Families (S.E.R.R.F.) sites, Corning Meuser Center, Vista Way Recovery Center, Youth Empowerment Center, Senior Center, Mental Health Outpatient, and Tehama Adult Learning Center. Participants have seen significant positive outcomes including mental health and wellness among all

target populations engaged in group drumming. The effectiveness of the drumming for participants at several TCHSA locations was tested using a Likert scale. This scale assesses the following areas of mental health: depression, anxiousness, hyperactivity, agitation, worrying, isolation, anger, loneliness, confusion, impulsivities, and flashbacks. Participants were asked to respond on a scale of 0-10, with 0 as the least and 10 as the greatest, how they felt according to these variables before and after the drumming activity. Additionally, participants were asked to respond on their relaxation levels after the drumming group. The results showed improvements on all indicators. The TCHSA locations participating were Corning, Drug and Alcohol, Tower, Vista Way and Youth Empowerment Center (YES Center) with a total of 287 consumers ages 18 and older participating. This program was so successful that the local hospital, Dignity Health's St. Elizabeth provided grant monies to a collaborative group comprised of the Family Counseling Center (a local counseling center which provides counseling to all ages) and the local Head Start organization to continue to provide drumming within the community.



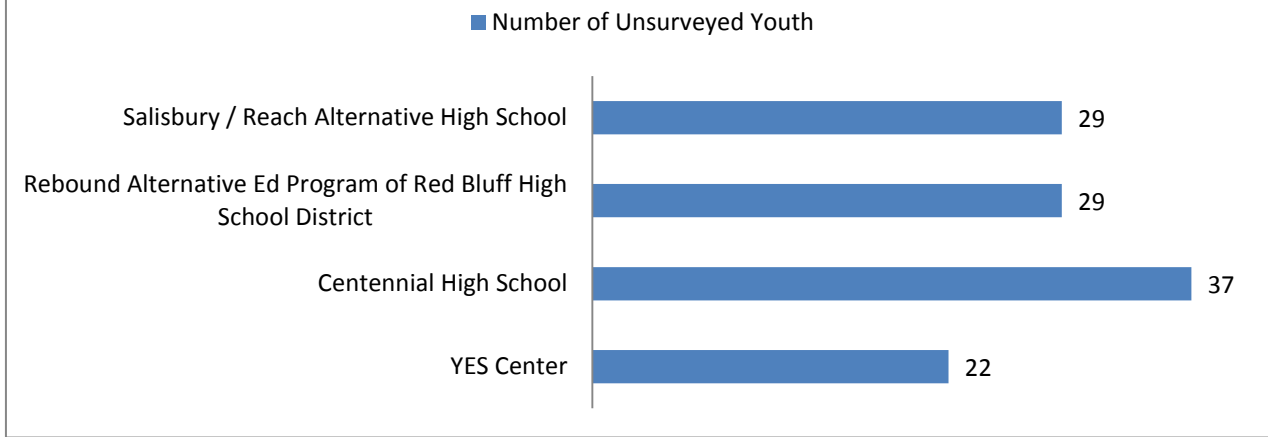
Drumming groups participating in the qualitative research groups were conducted at five TCHSA locations. The following locations received Pre/Post Test surveys: Corning, Drug and Alcohol, Vista Way and Youth Empowerment Center (YES center). 287 consumers, ages 18 and older, were administered the Pre/Post

Test during the 2013-2014 fiscal year. Results were affirmative on every variable surveyed in reducing negative mental health indicators. The results are noted in the graph below.



TCHSA, Mental Health Division does not survey the youth who participate in drumming activities, however, the numbers of youth participating in FY 12/13 is shown in the graph below.

TCHSA, Mental Health Division FY 12/13 Youth Drumming Participants



In FY 2013/2014, several drumming groups were conducted without surveys at various TCHSA locations and Tehama County schools through the Safe Education & Recreation for Rural Families (S.E.R.R.F.) after school program. Drumming groups were conducted for 179 youth and 117 adults at the following locations: Tehama Adult Learning Center for Adult Developmental Disabilities, Path Shelter, Head Start/Community Center, Rebound Red Bluff High School (RBHS) Alternative Education, Maywood Middle School, White House, and Corning Meuser Center. 310 children participated in the drumming groups though the S.E.R.R.F. summer sessions at six locations, as well as, 39 special needs children at Gerber. A total of 649 people were served in the drumming groups. While results were not surveyed, the overall consensus was a very positive and relaxing experience.

TCHSA – MH Division Innovation Drumming	
Access Type	Hours of Services Provided
Innovation Drumming FY 12/13	1937
Innovation Drumming FY 13/14	1768
Innovation Drumming FY 14/15	2269
Innovation Drumming FY 15/16	1010
Total Number of Hours	6984

GOALS & OBJECTIVES

- Continue to increase outreach to underserved populations, including community groups and older adults
- Provide Drumming groups to S.E.R.R.F. participants
- Write up the final MHSA Innovation report for the Drumming Innovation Project. Incorporate the drumming protocols into TCHSA-MH existing continuum of services
- Conduct stakeholder process and work with MHSOAC to develop the next innovation programs

Successes and Challenges

- Drumming has been a very successful service for participants.
- The upcoming task will be to successfully integrate drumming into our continuum of services. This should be an easily achievable goal. The biggest challenge in providing drumming is the noise that the group can generate and finding a time and place where this noise doesn't conflict with other client and staff activities.
- In order to close out drumming as an MHSA Innovation program, a closing report must be written and presented to the MHSOAC. The lack of an MHSA Coordinator has been a barrier to making this happen. Once this goal is accomplished we will conduct a community stakeholder process to get input for TCHSA's next MHSA Innovation Project.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education & Training (WET) has an overall mission of developing and maintaining a sufficient workforce capable of providing client and family driven, culturally competent services, that promotes wellness, recovery and resiliency, and lead to evidenced-based, value-driven outcomes. Outcomes include: to develop training curricula in accordance with MHSA values; to promote employment of clients and family members in the mental health system; promote meaningful inclusion of client and family members in training and education programs; to fill gaps in the mental health workforce.

Workforce Education and Training : WET

STATUS:	New
EMPHASIS:	Workforce Education and Training (WET)
AGE GROUPS:	Workforce

The FY 2012-13, WET component underwent an extensive restructuring. The MH Career Pathway Program made available two Consumer Support Worker (CSW) positions to those who were already consumers or to family members of consumers. We were able to secure two consumers in these positions and for a time enjoyed considerable success. There are challenges with this process, some unique to small counties (i.e. interaction in a peer capacity with other consumers – many with whom they were already well-acquainted) or additionally the stress level placed on these individuals as they attempt to maintain the same standards of professional performance as any other full-time staff member (i.e., punctuality, productivity, honoring of timeline expectations and such). As we evaluated how to use consumer support workers in a manner that supported them we developed the PEI Consumer Support Worker and Talkline program. This program, though relatively new seems to have filled the gaps that we identified in the WET Consumer Support Worker Program.

Statewide financial incentive programs such as the Mental Health Loan Assumption Program (MHLAP) have become available to help any hard to fill MH classification. Several TCHSA-MH staff have taken advantage of these resources. Additionally, the Superior Region WET Partnership has been instrumental in developing hybrid distance learning programs for BSW and MSW programs. TCHSA-MH has worked closely with existing staff interested in these programs. TCHSA has provided internship supervision and learning opportunities for these students.

Another important component of our WET plan is to provide evidence-based training to staff and consumers, to allow staff and consumers to develop new 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 we can adequately train new staff for existing programs. Below is the training that was provided in FY 2012/2013 through FY 2015/2016.

TCHSA, Mental Health Division Staff Training FY 12/13

Name of Training	Number of staff
Moral Reconation Therapy	2
Impact of Trauma and Neglect on the Developing Child	12
Seeking Safety Training	33
De-escalation of conflict in the workplace	88
Smoking Cessation and Resources for Clients	29
Personal Safety	33
Risk Management with Linda Garrett	37
DSM 5 Transitions	9

TCHSA, Mental Health Division Staff Training FY 13/14

Name of Training	Number of staff
Moral Reconation Therapy	12
Non-Violent Crisis Intervention Training	15
Applied Suicide Intervention Skills Training for Trainers (ASIST T4T)	4
Risk Management with Linda Garrett	25
Seeking Safety	26
WRAP Facilitator Training	12
DSM 5 Overview	1
Non-Violent Crisis Intervention Training	14
Trauma Focused Cognitive Behavioral Therapy	3
CLAS Standards	44
The Art and Science of Psychopharmacology for Psychotherapists	3
Mental Health First Aid	3

TCHSA, Mental Health Division Staff Training FY 14/15

Name of Training	Number of staff
Seeking Safety	26
WRAP Facilitator Training	12
Motivational Interviewing	3
Crisis Intervention Team International Conference	1
Non-Violent Crisis Intervention Training	13
Non-Violent Crisis Intervention Train the Trainer	1
Mental Health First Aid Train the Trainer	4 (2 bilingual)
Together Against Stigma: Each Mind Matters	4
Motivational Interviewing	29
LGBTQ Intimate Partner Violence Training	17

TCHSA, Mental Health Division Staff Training FY 15/16

Name of Training	Number of Staff
Breaking Bad Communications Habits	4
Non-Violent Crisis Intervention Training	15
Law and Ethics for Healthcare with Linda Garrett	35
Early Psychosis: Prevention and Early Intervention	3
Peer Provider Core Competency Training Program – Supervisor	2
DHCS Chart Documentation Training	2
Trauma Focused Cognitive Behavioral Therapy	3
WRAP Facilitator Training	7
Treatment Planning – Measurable Objectives	6
Applied Suicide Intervention Skills Training for Trainers (ASIST T4T)	1

TCHSA – Workforce Education and Training (WET) FY 12/13

Access Type	Hours of Training Received
Workforce training/education FY 12/13	643
Workforce Training/Education FY 13/14	661
Workforce Training/Education FY 14/15	449
Workforce Training/Education FY 15/16	142
Total Number of Hours	1895

GOALS & OBJECTIVES

- Train all TCHSA staff in Mental Health First Aid (MHFA)
- Explore and identify evidence-based programs for adult populations
- Explore the use of Feedback Informed Therapy (FIT) in order to empower clients and increase skill level of service providers
- Integrate Wellness Recovery Action Plan (WRAP) in all areas of mental health and train all levels of staff
- Include local community partners including law enforcement and First Responders in using this method
- Connect employees to state and federal mental health programs that provide educational stipends
- Provide stipends for consumers’ educational progress and vocational training

Successes and Challenges

- MHFA training is a part of our MHSA PEI plan, and also part of our WET plan. WET funding will be used to train all TCHSA employees in MHSA.
- TCHSA-MH Division will continue to explore and review evidence-based therapeutic modalities that will improve outcomes for our consumers. Priority will be placed on modalities that are trauma based/focused, and are congruent with mental health wellness and recovery principles. When modalities are chosen an implementation plan will be developed which will include initial and ongoing training which is required.

- The TCHSA- MH Division and TCHSA-DA Division both see the positive impact of the use of Feedback Informed Therapy (FIT) in order to empower clients and increase their voice in therapy. As well, as the impact that FIT has on increasing staff members skill level. The time and effort devoted to implementing an electronic health record system, integration of services, and other new demands in providing services, have kept the two Divisions from moving forward on implementing the FIT model. Once the electronic health record is in place, and the integration of assessment services is complete the Divisions will further evaluate whether or not FIT remains a good choice for TCHSA.
- 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 –MH has connected employees to the state and federal stipend programs and loan repayment programs. This has helped in our staff shortages. We have had a succession of staff members who are involved in Distance Learning Programs established by the Superior Region MHSW WET Committee. Other staff members have taken part in loan repayment programs.
- We continue to provide a stipend program for consumers. We would like to increase our collaboration with the CA Dept of Rehabilitation when working with these consumers. Additionally, we are identifying ways to increase structure in our stipend program so that stipend jobs mirror regular job requirements and assist consumers in preparing for jobs outside the MH system.

CAPITAL FACILITIES AND TECHNOLOGY (CFT)

Capital Facilities & Technology (CFT) combine two distinct types of infrastructure which are essential to provide mental health services. Capital facilities projects acquire and develop land and/or construct or renovate buildings to house MHSW services and programs within the community.

Technology projects create cost-effective improvements to data processing and communications that support the MHSW objectives through cost effective and efficient improvements to data processing and communication to bring Health records up to legal requirements electronically.

PROGRAM DESCRIPTION

CFT funds were used to remodel the CCRU facility with the goal of creating a safer work environment. The project included retrofitting facility windows including the nurse's station with safety glass, and building an entrance lobby into the facility that would allow individuals to be processed into the facility in area separate from the clients on the unit.

Initial plans for FY 2012-13 were to roll out e-Prescribe – an electronic, computer-based program that would enable our mental health prescribers to fill prescriptions and send them instantaneously to the pharmacy to be filled. This was not done due to a variety of IT infrastructure needs as well as privacy concerns regarding the software. TCHSA has made significant strides in updating infrastructure to be able to adequately support the needs of the new Electronic Health Record. A contract was executed between TCHSA and NetSmart for the MY

AVATAR software package. The implementation team has been working with NetSmart on a regular ongoing basis to complete the complex task of implementing a new billing and documentation system. Training of staff will begin in spring of 2017. The goal is to have all staff using My AVATAR for documentation in May and June of 2017 with a 'go live' date of July 2017.

GOALS & OBJECTIVES

- Continue to upgrade IT system so that it will support electronic healthcare record
- Implement electronic healthcare record
- Train staff to use the electronic health record database
- Move forward on remodeling the CCRU to increase safety for clients and staff.

Successes and Challenges

- The CCRU remodel has been completed. This has provided increased safety for clients and staff.
- Upgrading IT infrastructure and implementing a new software package for mental health billing and documentation is a many pronged and complex endeavor. Not surprisingly, TCHSA – MH has faced many challenges and time delays that are commonly associated with this type of project. However, we are optimistic about coming to the end of the planning and preparation phase and moving into the training and implementation phase. There will be as many issues to problem solve in this new phase as there have been in the last phase. We look forward to them, and especially look forward to the benefits of increased staff efficiency and better client care associated with electronic health care records.

MHSA HOUSING FUNDS

The original MHSA allocations included a component of funding for permanent housing. The goal of this MHSA component is to decrease homelessness by providing permanent housing. Thus this funding was to be spent on, 'bricks and mortar' to increase the number of permanent housing units available for those with serious mental illness.

Small counties were challenged with an economy of scale issue. The funding they received did not provide enough funds for most projects. Thus, small counties who were successful used MHSA funding and joined together with other partners leveraging additional funding. When the time came to revert the money back to the state there were so many small counties that had not been able to utilize the funds that a new program was created so that the money could be transferred and used by the counties as initially proposed. This program is operated by California Housing Finance Agency (CalHFA), and is called, Local Government Special Needs Housing Program (SNHP). The SNHP allows local governments to use MHSA funds with other local funds, to provide financing for the development of permanent supportive rental housing that includes units restricted for

occupancy by individuals with serious mental illness who are homeless or at risk of homelessness. The Tehama County Board of Supervisors approved Tehama County's participation in the SNHP program.

In order to effectively use the SNHP funds, TCHSA has engaged the services of a housing consultant who has the expertise to bring this type of project to completion. The consultant has worked in low income housing development for over 20 years and has been successful in pulling together partners for an MHSAs housing project which was recently completed in an adjacent county. The housing consultant provides support to TCHSA-MH in identifying and coordinating housing projects to ensure that Tehama County can utilize housing funding to create permanent housing for TCHSA-MH clients in Tehama County that meet all funding requirements.

Currently TCHSA-MH has created a housing survey for clients to identify the type of housing that best suits their needs. This will be used by the MHSAs Housing committee that is currently being formed to give ongoing input to this project as it comes to fruition.

Additionally, the housing consultant will identify other funding streams and explore how Tehama County can use them as a part of this MHSAs housing project, or if needed as a part of other housing projects. One such funding stream is the No Place like Home Initiative.

GOALS & OBJECTIVES

- Develop a plan to use this funding to create permanent housing units available for those with serious mental illness

Successes and Challenges

- TCHSA-MH transferred funds to the SNHP so that funding remains available for Tehama County to develop permanent housing for those with serious mental illness.
- TCHSA-MH has hired a consultant to ensure that we develop a plan in accordance with all regulations contained in the SNHP program.
- A housing survey has been developed and will be administered. The data will be used by the MHSAs Housing Committee to further define housing a plan.
- The MHSAs housing committee is being formed.

TRAINING TECHNICAL ASSISTANCE AND CAPACITY BUILDING FUNDS

MHSAs has a relatively small portion of funding dedicated to Training Technical Assistance and Capacity Building (TTACB). The intent is for this funding to be used in an effort to increase capacity in the local community by providing training and technical assistance which will enhance local community agencies and members to increase their capacity to provide services based on MHSAs principles. TCHSA has worked with local law enforcement agencies and first responders to provide Crisis Intervention Training (CIT) in Tehama County.

CIT is another evidenced-based training model designed to increase education and skills for law enforcement about mental health crisis. A national CIT training curriculum model was developed through a partnership between NAMI, the University of Memphis CIT Center, CIT International and the International Association of Chiefs of Police. The curriculum provides an outline for local programs to follow and programs often innovate within these guidelines to meet local needs. The benefits of CIT include giving officers more tools to do their job safely and effectively. It helps keep people with mental illness out of jail, and get them into treatment, where they are more likely to get on the road to recovery. CIT also improves officer safety. For example, in Memphis, Tennessee, officer injuries during responses to mental health crisis calls reduced by 80%. CIT also saves public money. Pre-booking jail diversion programs such as CIT reduce the number of re-arrests of people with mental illness by 58%. Individuals who encounter a CIT-trained officer receive more counseling, medication and other forms of treatment than individuals who are not diverted.

Utilizing the Training Technical Assistance and Capacity Building funds by providing CIT training is in direct response to the request for training for law enforcement which was raised in Tehama's community stakeholder process. Since the suggestion was made, Tehama County has formed a MH Crisis Response Committee which consists of the District Attorney, TCHSA Executive Director, representatives from Red Bluff Police Department, Tehama County Sheriff's Office, Corning Police Department, California Highway Patrol, St Elizabeth's Hospital, Fish and Game, CAL Fire, Red Bluff Fire Department, and other first responders. This group has been meeting to identify ways to work together to address the myriad of issues that impact a community when responding to MH crisis. This group has requested CIT training, and has identified a trainer and timeline. Law enforcement gave specific input to the scheduling of training so that they could have as many officers as possible attend. The plan is to have 3 day trainings, repeated 3 times over a period of a few months.

If funds remain after the 3 trainings they will be used for further training of law enforcement and first responders. The focus of the training will be decided upon by the MH Crisis Response Committee, and will align with MHSAs principles of mental health wellness and recovery.

GOALS & OBJECTIVES

- Collaborate with law enforcement and first responders to present CIT training in Tehama County

Successes and Challenges

- With overwhelming support from law enforcement and first responders, three separate CIT trainings have been planned. Two have taken place, training 123 individuals from 16 agencies. A third training is scheduled for May 2017.