TEHAMA COUNTY HEALTH SERVICES AGENCY
BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA)

Annual Update Fiscal Years FY 2018/2019 & 2019/2020

PEI 3-Year Evaluation FY 2016/2017 & FY 2017/2018
Date range of 2 years assigned by MHSOAC to have future reports align with MHSA three-year plan

Annual Innovation Project Report FY 2017/2018 & 2018/2019

This Draft *Three-Year Plan* and *Annual Update, PEI Evaluation, and Annual Innovation Project Report* was available for public review and comment from April 19, 2019 through May 20, 2019

The County Mental Health Board held a public hearing after the close of the 30-day public comment period on Wednesday May 22, 2019, from 12:00 -1:00 p.m. at Vista Way Recovery and Wellness Center (1445 Vista Way, Red Bluff CA).

At that meeting, the County Mental Board voted to recommend that the Board of Supervisors approve this *Three-Year Plan* and *Annual Update*.

For information or questions regarding this report and/or, contact:

Elizabeth Gowan LMFT, Mental Health Director
Tehama County Health Services Agency, Behavioral Health
1860 Walnut St. Red Bluff CA 96080
Phone 530-527-8491 ext. 3026

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MHSA COUNTY CERTIFICATION

County: Tehama

Local Mental Health Director	**Project Lead**
Name: Elizabeth Gowan LMFT	**Name:** Eve Eichwald
Telephone: 530-527-8491 x3026	**Telephone:** 530-527-8491 x3036
E-mail: Betsy.Gowan@tchsa.net	**E-mail:** Eve.Eichwald@tchsa.net
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral Health Services 1860 Walnut St. Red Bluff, CA 96080	

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

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

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

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

Elizabeth Gown — 6-18-19

ELIZABETH GOWN LMFT
Mental Health Director/Designee

Date

County: Tehama
Date:

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Tehama

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Elizabeth Gowan LMFT	**Name:** LeRoy Anderson
Telephone: 530-527-8491 x3026	**Telephone:** (530) 527-3474
E-mail: Betsy.Gowan@tchsa.net	**E-mail:** landerson@tehama.us

Local Mental Health Mailing Address:

Tehama County Health Services Agency
Behavioral Health Services
1860 Walnut St.
Red Bluff, CA 96080

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

ELIZABETH GOWAN — **Local Mental Health Director (PRINT)**
Signature
6-18-19 — **Date**

"I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental health Services (MHS) Fund (WIC 5892(f); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 21, 2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfer out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.
I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge."

LeRoy M Anderson — **County Auditor Controller (PRINT)**
Signature
6/18/19 — **Date**

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

OVERVIEW

This document provides community members and stakeholders with an overview of local programs funded by the Mental Health Services Act (MHSA), and reports on both program successes and – shaped by stakeholder input – program goals. In addition, this document fulfills MHSA regulatory requirements: California law requires that each county behavioral health agency prepare a three-year plan outlining planned use of MHSA funds (called a *Three-Year Program and Expenditure Plan*). Regulations require that MHSA plans be updated annually, reflect changes in funding or program adjustments (called an *Annual Update)*. New Regulations in place as of July 1, 2018 are the Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, these regulations impact the PEI section of this report, this report is written to comply with those regulations. This document includes bundled reports and serves as the:

- Annual Update for FY 2018/2019 & 2019/2020
- PEI 3-Year Evaluation FY 2016/2017 & FY 2017/2018
- Annual Innovation Project Report FY 2017/2018 & 2018 /2019

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

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

MHSA is a significant component of Tehama County Health Services Agency (TCHSA) funding: MHSA funds are approximately 18% of TCHSA's overall budget and 33% of the Behavioral Health budget , Tehama County receives between $2.5 million and $3.5 million annually in MHSA funding based on fiscal years 2012-13 through 2016-17. Funding varies widely from year to year. TCHSA manages MHSA funds conservatively to avoid disruption that would accompany opening and closing programs.

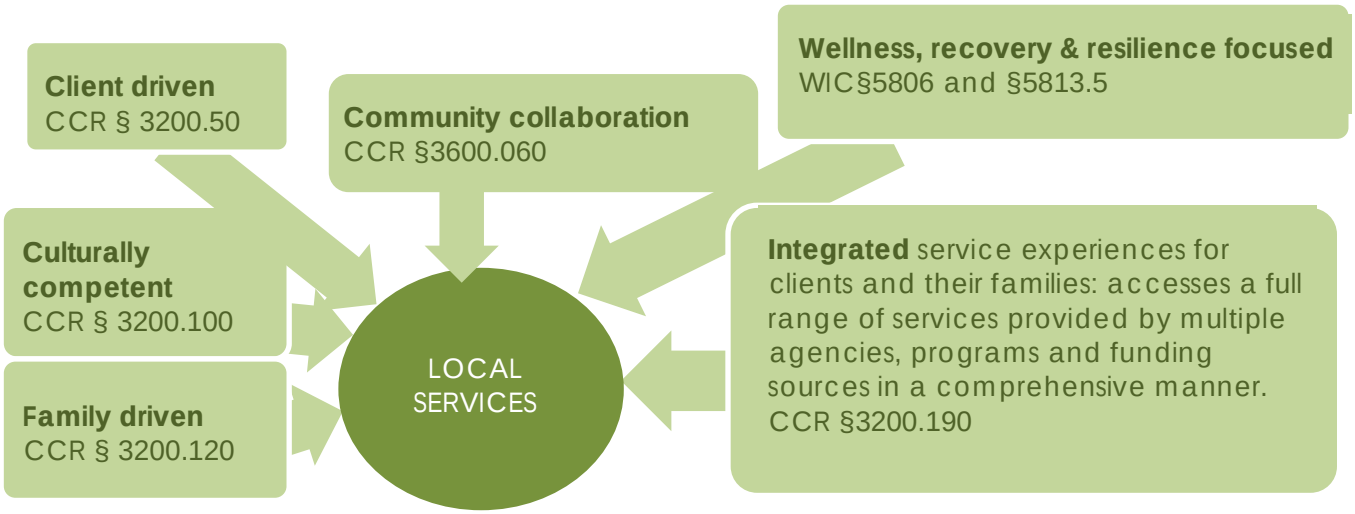
MHSA law stipulates different service components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Housing, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities and Technological (CFT). CSS, PEI and INN are funded on an on-going basis, with disbursement made monthly, while permanent housing, CFT and WET are on a different funding scheduled (receiving, for example, one-time funds or funds for a finite period).

MHSA spending is structured, requiring minimum percentages spent on each of several components: 76% must be spent on CSS (with 51% or more on a level of care called Full Service Partnership (FSP, see page 23); 19% must be spent on PEI (51% or more must be spent on services for youth and transition-aged youth, or "TAY" ages 16 to 25); and innovation (INN) receives 5%. Counties must maintain a "prudent reserve" of MHSA funds to help mitigate funding fluctuation. MHSA does allow some cross over between components: For example, up to 20% of

the average of the previous five years CSS annual funding can be spent on workforce training, capital facilities and technology and/or prudent reserve.

Figure 1: illustrates that MHSA codifies a new *approach* to services that includes services being client and family driven; designed with collaboration from the community; culturally competent; integrated and comprehensive; focused on wellness, recovery and resilience. Within the mandate that services are client and stakeholder driven, services are planned and designed with extensive local stakeholder input.

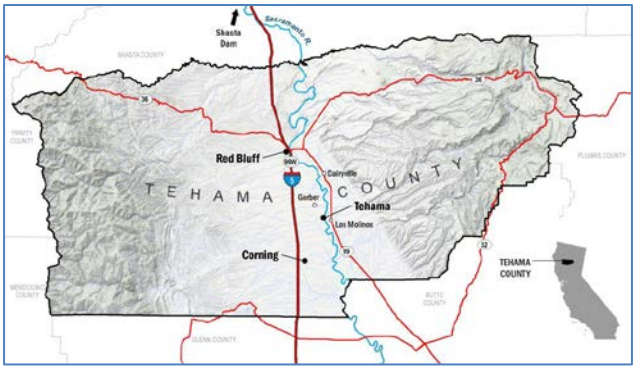
MHSA-mandated approach to services, examples



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

Tehama County

Tehama County has a strong local culture based on long-established, tight-knit communities in a striking rural setting. The county's cultural base includes an important Native American presence and a substantial Latino community. Straddling the basin of California's Central Valley and framed by mountainous regions in both the east and west, the county benefits from tourism while maintaining an industrial base in agricultural and animal production.



As of the 2010 census, Tehama County has a population of 63,463. Recent population growth in the county has been close to level according to California Department of Finance ("County Population Estimates and Components of Change by Year — July 1, 2010–2017"), increasing by 1.2% between fiscal years 2010-11 and 2016-17, a growth rate that is significantly lower than the statewide total (5.9%) as well as the national total population increase (also 5.9% as of 2018 and per the US Census website).

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

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

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

Based on federal ACS data, the percent of Tehama County residents who have a bachelor's degree or higher is 14%, less than half of the rate for California (34%) and the national average (30%). At 86- 93 % Tehama County has a higher than state average (82%) for high school graduation. This statistic—combined with a lower population of adults, a higher population of older adults and a population that has not grown/is static—may indicate that youth who leave to pursue jobs, higher education and/or training may not return to Tehama County as adults. Overall Tehama's population

is aging, a demographic that may be augmented by retirees from other California regions seeking Tehama's lower cost of living and high quality of life.

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

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

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

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

Within the county, communities are geographically isolated. 60% of Tehama County residents live in unincorporated areas, almost four times the state average of 14%. The county's size (nearly 3,000 square miles) and sparse population result in significant distances within the county to reach services. Most major services—including the county's only acute care hospital—are in the county seat of Red Bluff (pop. 14,076 per 2010 census).

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

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

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

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

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

MHSA Program Schematic, Tehama County Health Services Agency (TCHSA)

MHSA COMPONENT and PROGRAM	PROGRAM/LOCATION	SERVICE TYPES/MODES
COMMUNITY SERVICES & SUPPORTS		
COMMUNITY EDUCATION & LATINO OUTREACH		
	Moved to PEI as of July 1, 2017	
ACCESS		
	Youth Empowerment Services (YES) Wellness and Recovery Center	Case management, rehabilitation, individual therapy, group therapy, linkage to other services, psychiatry and tele-psychiatry.
	Vista Way Wellness and Recovery Center	
	Corning Center, Los Molinos and Rancho Tehama	Case management, rehabilitation, individual therapy, group therapy, linkage to other services.
	On-call clinicians	Crisis intervention
	Co-occurring Level I	Primary diagnosis is Substance Use Disorder (SUD) with mild-to-moderate mental illness.
	Community Crisis Response Unit (CCRU)	24/ 7 crisis intervention unit.

MHSA COMPONENT and PROGRAM	PROGRAM/LOCATION	SERVICE TYPES/MODES
	COMMUNITY SERVICES & SUPPORTS cont.	
	FULL SERVICE PARTNERSHIP	
	Adults and older adults at Vista Way Recovery Center	Case management, rehabilitative services, individual therapy, group rehabilitative therapy.
	Transition-aged youth (TAY), YES Recovery Center	Case management, rehabilitative services, individual therapy, group rehabilitative therapy.
	Assertive Outpatient Treatment (AOT), presented in concept.	Possible program, under review starting 2018. Court-mandated FSP-level care, including case management, rehabilitation, individual therapy, group rehabilitative therapy.
	Co-occurring Level Two (Behavioral Health Co-occurring or BHC FSP)	Co-Occurring Level Two is for clients with co-occurring disorders with severe and persistent mental illness who also have a substance use disorder (SUD) diagnosis.
	EMPLOYMENT: Peer Assistants	
	Rehabilitative training and employment as Peer Assistants, supporting services at Vista Way and the YES Center and/or participating in rehabilitative employment activities (landscaping, catering and others). Peer Assistants are often FSP clients.	
	HOUSING, transitional	
	Transitional housing	Limited transitional housing is available for clients actively engaged in CSS services.

MHSA COMPONENT, PROGRAM		
PREVENTION & EARLY INTERVENTION (PEI)		
Name of Program: COMMUNITY EDUCATION & LATINO OUTREACH		**Prevention & Early Intervention Component: PREVENTION**
	Community outreach activities and programs	
	Latino/Latina/Latinx outreach	
Name of Program: PARENTING TRAINING & SUPPORT (NURTURING PARENTING)		**Prevention & Early Intervention Component: PREVENTION**
Name of Program: STIGMA REDUCTION		**Prevention and Early Intervention Component: STIGMA REDUCTION**
	May is Mental Health Month events and social marketing	
	Mental Health First Aid (MHFA) training	
	Crisis Intervention Team (CIT) training, law enforcement	
Name of Program: SUICIDE PREVENTION		**Suicide Prevention & Access and Linkage: PREVENTION**
	Suicide prevention activities, including events & social marketing.	**SUICIDE PREVENTION**
	ASIST (Applied Suicide Intervention Skills Training) and SafeTALK training.	**SUICIDE PREVENTION**
	TeenScreen, risk screening for youth	**ACCESS & LINKAGE**
Name of Program: SPECIAL-FOCUS GROUPS & SUPPORT		**Prevention and Early Intervention Component: EARLY INTERVENTION**
	Support for families and caregivers	
	Support for first episode psychosis TAY and their families	
Name of Program: EVIDENCE-BASED INTERVENTIONS		**Prevention and Early Intervention Component: EARLY INTERVENTION**
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	
	Parent Child Interaction Therapy (PCIT)	
	Therapeutic drumming	

	Name of Program: PEER ADVOCATES	Prevention and Early Intervention Component: EARLY INTERVENTION
	Peer support, individual. Wellness Center at Vista Way	
	Peer-run groups and activities	
	TalkLINE staffing, phone coverage hours	
	TalkLINE community outreach and marketing	

MHSA COMPONENT, PROGRAM	PROGRAM or LOCATION
INNOVATION 2018-19 through 2019-20	
	Approved Tech Suite Cohort 2.
HOUSING, PERMANENT SUPPORTIVE	
	Supportive housing in which the County agrees to provide services to residents for the term of the loan, which can range from 20-57 years.
WORKFORCE EDUDCATION and TRAINING (WET)	
	Supports training and education for TCHSA staff that promotes efficacy, staff expansion and best practices.
CAPITAL FACILITIES AND TECHNOLOGY	
	Electronic health records (EHR) system.

COMMUNITY PROGRAM PLANNING PROCESS

The Community Program Planning process (CPP) used to create this document was completed in January and February of 2019. This included review and approval of the CPP plan by the MHSA stakeholders committee and Tehama County Mental Health Board. Two CPP stakeholder input meetings were held. One in Red Bluff on Tuesday February 19, 2019 and one in Corning on February 20, 2019.

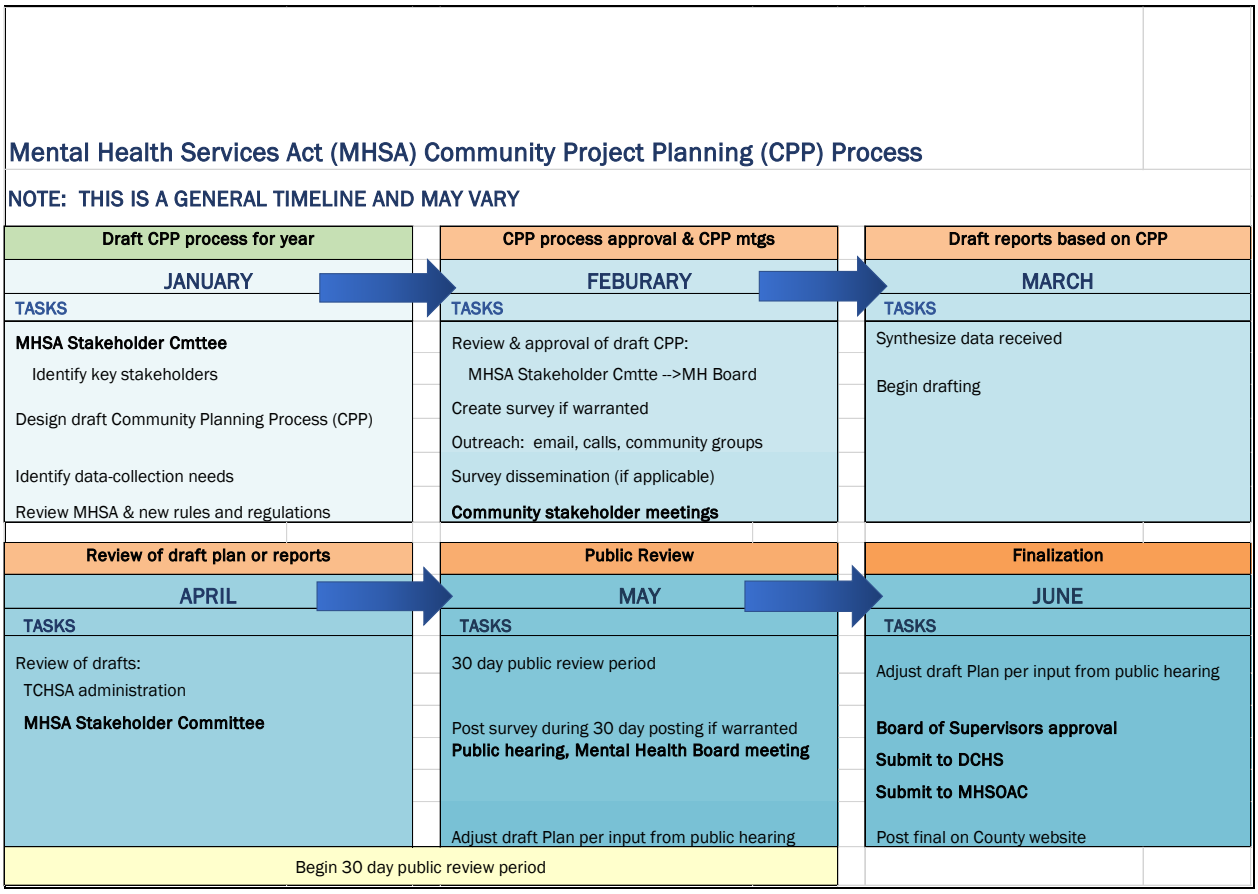
The Community Stakeholder meeting in Red Bluff had 11 participants. These 11 individuals represented, NAMI, The Tehama Mental Health Board, consumers, family members, schools, the Latino Outreach Board, affordable housing, the medical community, and TCHSA- Behavioral Health. Additionally, Reem Shahrouri, Shannon Tarter, and Sharmil Shah Ph D, members of the Mental Health Services Oversight and Accountability Commission (MHSOAC) attended as part of a site visit they were conducting.

The Corning meeting had 1 participant representing the Latino Outreach Board.

Input regarding the MHSA Plan included discussion on existing programs, the group did not want to change or eliminate any programs. They specifically identified the Peer Advocate services as something that must be continued and stated overall support for all services for youth and children.

The following specific ideas were put forth as items to address moving forward:

- Increase youth services
- Increase services for homeless people, especially families
- Educate schools on working with homeless families struggling with mental health issues
- Increase education regarding stigma around homelessness and stigma regarding mental health issues
- Continue to Provide SafeTALK and ASIST at Schools
- Continue to offer Mental Health First Aid at schools, and offer bi-lingual trainings
- Provide Nurturing Parenting at schools and in collaboration with schools
- Reach out to Faith Based, and other community groups, to sponsor Mental Health First Aid, ASIST, SafeTALK, and Nurturing Parenting trainings/classes.
- Increase and continue integration with other agencies
- Keep CIT going for first responders, and get white cards program
- Improve timeliness by increasing clinician services
- Identify how to increase number of staff (fill vacant positions) and identify ways to retain staff
- Continue and increase Latino/Latina collaboration and services
- Investigate whether pairing housing with INN would be effective, and if MHSA funds could be used to pay rent and deposits, to decrease homelessness
- Investigate relationships with universities including those in San Francisco to provide supervision for clinical staff. (This suggestion was related to TCHSA shortage of Licensed Clinical Supervisors)
- Limit transitional housing to one year, with the emphasis on helping participants find stable long-term housing.
- Explore what TCHSA and MHSA's role is in helping those in Tehama impacted by the Carr and Camp fires.



Local Approval Process

The Draft *Annual Update* for FY 2018/2019 & FY 2019/2020, PEI 3-Year Evaluation FY 2016/2017 & 2017/2018, and Annual Innovation Project Report FY 2017/2018 & 2018/2019, was available for the 30-day public review and comment period from April 19, 2019 through May 20, 2019.

During the 30-day public review and comment period 4 individuals responded to the survey monkey feedback process. Of those four, one had attended an MHSA Community Stakeholder Meeting and three had not. Overall 75% agreed or strongly agreed that the plan reflects the needs of Tehama County Residents. 25% Strongly disagreed with this 50% of respondents agreed or strongly agreed that the plan reflects feedback they provided, 25% were not sure, and 25% did not answer this question.
Comments regarding what respondents would change about the plan:

- Nothing
- Action…. more than ½ of the topics vaguely state in progress not yet done. SMART goals are given to clients with timelines, should do the same
- I like the attention to all youth especially 0-5. AOT is also needed and the focus on homelessness will help community.

Comments regarding what respondents liked about the plan:

- Recognizing the need for street outreach and housing are key
- It at least acknowledges current issues Tehama County faces

Respondents identified themselves as follows, they could identify themselves in more than one category. Thus, though there were four total respondents, there were six responses to this question:
1 County Employee
1 Family Member
1 Faith Based
1 Provider – non-government
1 Law enforcement
1 other (other was not specified)

The County Mental Health Board held a public hearing after the close of the 30-day public comment period on Wednesday, May 22, 2019, from 12:00-1:00 p.m. at Vista Way Recovery and Wellness Center (1445 Vista Way, Red Bluff CA).

On May 22, 2019 the MHSA Stakeholders Committee reviewed this document and recommended that the Tehama County Mental Health Board recommend this document the Tehama County Board of Supervisors for approval. The Mental Health Board also met on May 22, 2019 and recommended this document to the Tehama County Board of Supervisors for approval. This document includes the following:

- Annual update for fiscal year 2018-2019 FY 2018/2019 & 2019/2020
- PEI 3-Year Evaluation FY 2016/2017 & FY 2017/2018
- Annual Innovation Project Report FY 2017 – 2018 & 2018 /2019

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS are programs and strategies that

- provide full services partnerships (FSP), a “whatever it takes” level of service;
- improve access to unserved or underserved populations;
- apply a recovery-focused approach to existing systems and services.

CSS: Allocation by Fiscal Year:

MHSA funds vary depending on economic conditions and other factors. In addition, funds can roll forward: Below allocations, therefore, are current estimates, from the FY 2017/2018 – FY2019/2020 Three Year Plan. Further budget information can be found in Appendix A.

FY 2017-18	FY 2018-19	FY 2019-20
$3,199,826	$3,231,842	$3,264,143

CSS Access: Youth Empowerment Services (YES) Center

Available Monday through Friday, the Youth Empowerment Services Center (YES Center) serves transition-aged youth (TAY, 16-25 years of age) with severe mental illness.

Along with TCHSA services of case management, rehabilitation, individual and group therapy, TAY clients participate in facility management and upkeep. The YES Center functions under a set of focus areas— called "STANS"— an acronym for service, treatment, activities, networking and support. YES Center evidence-based interventions include WRAP, CPT, therapeutic drumming, TF-CBT, Seeking Safety and MRT.

YES Center groups focus on the needs of TAY clients. Group topics include time management, anger management/ symptoms management, effective communication and others. Clients learn life skills through community service, peer-lead cooking classes and facility maintenance duties. The YES Center has a rehabilitative employment program that provides a catering program for trainings and other events.

YES Center – Goals & Update

GOALS	Update – Successes and Challenges
Implement groups for families of TAY consumers.	This goal is in process.
Collaborate with area providers to support resuming a group for at risk LGBTQ+ transition-aged youth.	This goal has not been completed.
TCHSA will monitor how YES Center clients use the Tech Suite and evaluating its efficacy for youth and TAY currently in services. Implementation of the Tech Suite, the current MHSA innovation project is —among other goals—hoped to be youth-appropriate and youth-culture oriented. *	TCHSA is in the development stage of the Tech Suite Project. We will report on usage of the Tech Suite products when the project goes live in Tehama County.
Evaluate ways to increase TF-CBT participant numbers among YES Center clients.	TCHSA continues to struggle to find clients that will participate in the entire process for this therapy. We are actively trying to identify clients through assessments and CFT's.
Increase collaboration with SURS (maybe spell out what this is?) for co-occurring services and provide proper assessment and services for those with co-occurring disorders.	This goal is partially complete and in progress. There has been increased collaboration with SURs but needs to be more structured relationship in providing co-occurring services at the YES Center.
Continued collaboration with Juvenile Detention Facility (JDF) to ensure, when youth leave custody, continuation of care.	TCHSA is actively involved in referring youth from JDF to YES Center services upon leaving JDF facility.
Continued collaboration with Tehama County Department of Social Services (DSS) & Tehama County Probation Department to ensure high-needs foster children and youth receive MH services described in "Katie A." and Continuum of Care (CCR) requirements, including but not limited to staff participation in Children Family Team meetings, identifying	We have regularly scheduled meetings with DSS and with Probation to monitor CCR services provided to children and families. Currently TCHSA facilitates CFT's and provides services as

Intensive Case Coordinators, providing intensive home-based services, and placement in STRTPS.	needed. As staffing increases our in-home intensive services will increase.
Explore, with stakeholder input, YES Center hours extending to evenings and/or weekends. Document and report on stakeholder input and include a cost evaluation.	This goal is still in process.
Continue vocational training via the catering program. Track events and services provided.	This program is continuing.
Provide Parent Child Interaction Training (PCIT)	This is an active goal which we have not yet achieved.

CSS Access: Vista Way Recovery Center

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

Vista Way uses evidence-based interventions including moral reconation therapy (MRT), Wellness Recovery Action Plan (WRAP) and Seeking Safety. Rehabilitative groups focus on life skills, therapeutic and self-soothing techniques (including therapeutic drumming) and symptom management. Cognitive Processing Therapy (CPT) is one modality of individual treatment that is provided. TCHSA is always reviewing evidence-based interventions for efficacy and exploring other options as they are presented as best practice within the field.

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

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

Vista Way – Goals & Update

The outcome measure for goals in this section is: Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan.

GOALS	Update- Successes and Challenges
Develop—with input from stakeholders and clients—a group system in which clients graduate up through different "levels", allowing clients to be grouped with similar peers and reinforcing client progress.	This goal is still in progress. Groups led by Consumers have been reviewed by consumers in the Wellness Center member meetings. This has resulted in new groups. Designing a system consisting of different levels and of integrated groups, led by staff and by clients has been hampered by staff shortages. Though, our behavioral health court program does consist of levels. As staffing increases we will be developing a system of levels and

	providing more overall structure to our array of services.
Provide a “one stop shop” source of recent and accessible information in English and Spanish, either through TCHSA website, social media, the Tech Suite or a combination.	In collaboration with the Tehama County Homeless Stakeholders Group, TCHSA-BH is in the planning process for a Navigation Center which will be focused on providing services for those who are homeless or at risk for homelessness. Additionally, the TCHSA website has been updated and as discussed before, TCHSA is a member of the INN Tech Suite Cohort 2 and in the active implementation phase of the Tech Suite.
Implement the Tech Suite, track its use among existing adult clients including an assessment of whether the Tech Suite eases feelings of isolation, improves clients’ sense of well-being, increases peer support received, improves access to information, improves access to services.	TCHSA is a member of the INN Tech Suite Cohort 2 and in the active implementation phase of the Tech Suite.
Depending on implementation and modules adopted, monitor Tech Suite data and track how many adults are referred to care and engage in services because of use of the Tech Suite platform, with “engage in services” defined as attended at least one session of the referred program or service.	TCHSA is a member of the INN Tech Suite Cohort 2 and in the active implementation phase of the Tech Suite.
Expand trauma-based therapy modalities for adults and older adults. In process: Behavioral Health has begun training clinicians in Cognitive Processing Therapy (CPT), an evidence-based modality, with clinician training in place as of November 2017 and on-going consultation occurring with the goal of clinicians becoming certified.	17 Clinicians were trained, and 6 Clinicians were certified in Cognitive Processing Therapy (CPT) after being training in FY 17/18. 16 clinicians were trained in 2019 and are now in the process of being certified.
Design and implement cultural competency training that includes TCHSA staff, TCHSA clients and NVCSS peer employees.	We have not designed and implemented our own curriculum. We have provided training for TCHSA staff on line in the Relias System. We had an all agency presentation on Harvard Bias led by CSU Chico Professor Dr. Robert Jones. A LGBTQ training will be presented by NorCAL MH in June of 2019 Additionally, NVCSS provides their own cultural competency training for their staff including our peer advocates.
Review issues of timeliness by report data related to time of referral to services to time receiving services.	This information is included in our EQRO and Triennial Reports.

Review possible implementation of dialectical behavior therapy (DBT) with a tentative goal of completing review and planning stages by the end of 2019, and implementation in 2020.	We are in planning stages of this. We realize that TCHSA does not have the economy to implement a full DBT program. We would like to identify how we can appropriately implement elements of DBT which would be beneficial to our clients.
Implement collaborative screenings by the County's primary care clinic to identify appropriate mental health interventions for primary care patients. This collaboration is supported through TCHSA's integration of services, and the co-location of Behavioral Health med support services in the primary health care clinic: TCHSA psychiatric staff will have regular consultation time with our medical clinic staff doctors to provide ongoing education and training.	We have developed a Depression Pathway in coordination with the TCHSA Primary Health Clinic. The Depression Pathway screens every patient who comes to the TCHSA Primary Health Clinic and if a patient's scores indicate the need for further assessment, further assessment takes place. There is an identified way to refer patients to the appropriate level of care as needed. A TCHSA BH employee is embedded in the TCHSA Rural Health Clinic which allows for an efficient warm hand off for those who will be referred to TCHSA BH, CCRU or outpatient services.

CSS Access: Community Crisis Response Unit (CCRU)

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

The CCRU serves dual purposes: First, the CCRU provides a safe environment for a client to work through a mental health crisis with a mental health professional. CCRU staff employ "Seeking Safety", an evidence-based practice for crisis-level mental health events. Described in more detail on page 22, Seeking Safety focuses on putting together an actionable crisis-recovery plan.

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

Community Crisis Response Unit (CCRU) – Goals & Update

GOALS	Update – Successes and Challenges
Decrease the number of involuntary hold placements (to decrease life disruption, increase resiliency and recovery, and decrease impacts on other areas of the service system), measured by number of clients who do not go on to a psychiatric hospital facility (PHF) and who attend follow	We are in the process of implementing an electronic health record and updating our collection and analysis of data. As this goal is achieved our reporting will become more robust.

up appointments with TCHSA outpatient services.	
Implement support group for CCRU families. Continued goal from previous *Three-Year Plan.*	Working with NAMI to have a Family to Family group and a family support group started.
Train all CCRU staff, including psychiatric technicians and transporters, in "Seeking Safety" to insure the most effective and consistent client experience.	This is an ongoing goal. In 17/18, four CCRU staff were trained in Seeking Safety.
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.	This goal has been achieved.
Train all CCRU staff in using the ASIST model (Applied Suicide Intervention Skills Training) to increase effectiveness when serving individuals at risk of suicide.	This is an ongoing goal. In 17/18 we had three CCRU staff trained in ASIST.
Incorporate "Non-Violent Crisis Intervention Training" into regularly scheduled CCRU staff meetings	This is an ongoing goal. In 17/18, five CCRU staff were trained in NVCIT. And, there is a CCRU staff member trained as a NVCIT trainer. NVCIT Updates and Refreshers take place at TCHSA All-Agency Staff Meetings and at CCRU monthly staff meetings.
A continued goal is embedding a Case Resource Specialist (CRS) in the CCRU to mitigate the disruption of psychiatric crisis and—by putting case management supports in place—helping clients return to daily routines quickly and successfully.	This goal was realized with a CRS I during FY 17/18. The current goal is to provide structure to the role so that short term case management is provided in the first 60-90 days post treatment with the goal of preventing recidivism.
A continued goal is to provide additional focus and case management services to clients experiencing a first episode of psychosis (FEP). A formalized protocol for FEP is in the planning stages.	This is the implementation and planning stages. Staff shortages have hampered our efforts to get this program running.
Implement offsite assessments, mainly at the local hospital with the goal of decreasing the number of transports clients must endure while trying to get to appropriate PHF placements.	Offsite assessments help CCRU to keep an appropriate level of clients and assessments by on-call clinicians expedite treatment planning

CCRU – Unique clients who received services:

Fiscal Year	Unique clients who received CCRU services	Unique clients who received Seeking Safety services, who had a CCRU visit
2016-17	524	432
2017-18	457	452

Access centers, hours of services by fiscal year:

Fiscal year	YES	CCRU	Vista	Total
2012-13	905	8,127	2,786	11,818
2013-14	606	10,614	1,706	12,926
2014-15	889	11,779	865	13,533
2015-16	3,248	11,783	3,502	18,533
2016-17	3,612	4,549	5,438	13,599
2017-18	2,585	5,821	9,553	17,959
Total	**11,845**	**52,673**	**23,850**	**88,368**

CSS Access: Corning, Los Molinos and Rancho Tehama

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

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

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

TCHSA provides limited services in Rancho Tehama, included therapeutic groups in English and Spanish, after the mass casualty shooting event in 2017. Groups services led by clinicians were provided between November 2017 to June 2018 for a total of 130 hours. These services were well received. TCHSA is actively seeking ways to best serve Rancho Tehama.

ACCESS (Corning, Los Molinos, Rancho Tehama) – Goals & Update

GOALS	Update – Successes and Challenges
Implement a bilingual Spanish WRAP group at the Corning center.	This goal is in process.
Maintain staffing levels in Corning, with a focus on bilingual Spanish clinicians.	A challenge during FY 17-18 was a decrease in bilingual clinicians at the Corning Center.
Increase services (both under CSS and PEI) in Los Molinos through collaboration with the county	We did not achieve this goal in FY 17-18. As a result of the CPP stakeholder meeting in Los

government center, schools and other community partners.	Molinos we are pursuing a collaboration with local groups to offer a Nurturing Parenting Course in Los Molinos in FY 18-19.
If appropriate, evaluate how the Tech Suite innovation project supports community members in Corning, Los Molinos and Rancho Tehama, and other areas of the county (for example and not limited to) Manton, Payne's Creek, Tehama and unincorporated regions. *	The Tech Suite Innovation project is in the active implementation phase. We will report out on this once it goes live.
Providing Services to Rancho Tehama Community.	TCHSA was able to offer bilingual services to residents of Rancho Tehama after the 2017 school shooting.

Corning Service Hours:

Fiscal year	Total Hours Provided	Bilingual Clinician
2012-13	890	541
2013-14	870	641
2014-15	450	275
2015-16	854	594
2016-17	709	709
2017-18	609	538
Total	**4,382**	**3,298**

CSS Access: On-call clinicians/mobile crisis

Description, on-call clinicians/mobile crisis

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

In response to stakeholder feedback, TCHSA implemented an on-call clinician program. Initially, on-call clinicians will be scheduled to cover weekends (9 AM to 9 PM) and holidays. TCHSA will monitor program and determine if additional hours are needed.

The on-call clinician program helps ensure that people experiencing a mental health crisis are evaluated as soon as possible and in collaboration with community partners including hospitals, clinics, emergency rooms and first responders.

The on-call clinician evaluation includes determining whether criteria do or do not exist for an involuntary psychiatric hold and planning appropriate interventions. Outcomes could include stabilization time at the CCRU, release to home, inpatient hospitalization or other actions depending on assessment and circumstances. The on-call program will be monitored and evaluated as it is implemented. Evaluation will include review of number of evaluations conducted by the on-call clinician, and reports from emergency room personal regarding the effectiveness of the services

provided. We will work with the emergency room to identify how to capture any decrease in emergency room time for psychiatric cases.

On Call Clinicians/Mobile Crisis – Goals & Update

GOALS	Update – Successes and Challenges
Track and report number of unduplicated events.	Tracking of how many shifts on-call clinicians have provided is available.
Track and report number of individuals with serious mental illness in which consumer received a referral to services at TCHSA.	We are in process of increasing type of data collected and reported in this program.
Train Clinicians and start services	On-Call Clinicians were trained by program start day in July 2018.
Track and report effective collaboration between TCHSA and Saint Elizabeth's Hospital.	Saint Elizabeth's and TCHSA staff have regularly scheduled collaborative meetings to increase the effectiveness of working together with shared client.

CSS access: Level One co-occurring services, substance use disorder as lead diagnosis

Description, Level One co-occurring services, substance use disorder as lead diagnosis

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

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

TCHSA offers co-occurring services that fall within two separate levels. Both co-occurring programs are provided jointly by Behavioral Health and Substance Use Recovery Services. Co-occurring Level One serves clients that would usually not receive mental health services because their primary diagnosis is a substance use disorder, leaving a significant gap in both stabilization and on-going care. To mitigate this gap in services, Level One services are funded under MHSA CSS access. The criteria for Level One are that clients have a primary diagnosis of substance use disorder and a secondary diagnosis (DSM 5) of a mild-to-moderate mental health issue. Level I clients receive services through Substance Use Recovery Services (SURS) and, in addition to the core SURS program, receive a specialized curriculum of groups focusing on co-occurring issues co-led by SURS and Behavioral Health staff.

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

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

Fiscal year	Staff hours
2016-17 (*Program implementation)*	40.5 hours
2017-18	183.0 hours
Total	223.5 hours

Co-occurring - Goals & Update

GOALS	Update – Successes and Challenges
Expansion of both the co-occurring Level One and Level Two programs to increase treatment time and increase evidenced- based, specialized groups. Focus on trauma informed service model, including but not limited to Adverse Childhood Experiences (ACE).	Co-occurring Level One groups are established and running well. Co-occurring a planning process is in place to implement increased services in this program Services adhere to evidence-based models, WRAP, Seeking Safety and the Matrix model.
Create and implement a standardized triage process to accurately and efficiently place clients in either co-occurring Level One or co-occurring Level Two.	This is a goal in process.
Identify and implement standardized screening tools and evaluation tools for both co-occurring programs.	This is a goal in process.

CSS: Full Service Partnership (FSP)

Description, FSP

Full Service Partnership (FSP) is a high-intensity model of care focused on and designed to avoid the trauma, cost and disruption of hospitalization, incarceration, homelessness or other negative outcomes. FSP is defined and required by MHSA. FSP is a significant component of MHSA

funding, receiving a minimum of 51% of CSS spending or approximately 40% of annual MHSA funds.

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

FSP has unique low client-to-staff ratio and a "whatever it takes" approach to supporting recovery as efficiently and thoroughly as possible. TCHSA's FSP program follows the MHSA legal mandate of "client-driven" and includes adherence to evidence-based practices including (but not limited to) Wellness Action Recovery Plan (WRAP). WRAP requires clients' active involvement in their own recovery and is a cornerstone of FSP and other TCHSA programs. In addition to mental health recovery services, FSP services include supports for housing, employment and training/education. TCHSA connects FSP-level clients to services that stabilize their health benefits and finances.

> "FSP clients experienced decreased rates of homelessness and justice system detention, as well as decreased utilization of inpatient hospitalization for mental health."
>
> *Evaluation of the Mental Health Services*

Within the FSP level of care, clients that have co-occurring issues (both mental health and substance use issues) receive services that address both areas: This specialized FSP program, where mental health is the lead diagnosis, is "co-occurring level two". Co-occurring level one is funded under CSS access and is described on page 22.

Data, FSP

FSP # of clients & discharges, age group & FY

	Transition-aged Youth		Adult		Older Adult		TOTAL	
Fiscal year	Enrollees	Discharges	Enrollees	Discharges	Enrollees	Discharges	**Enrollees**	**Discharges**
2012-13	7	2	19	3	14	4	**40**	**9**
2013-14	13	2	61	10	23	3	**97**	**15**
2014-15	15	5	60	17	23	7	**98**	**29**
2015-16	21	4	66	20	21	2	**108**	**26**
2016-17	11	2	55	7	19	4	**85**	**13**
2017-18	14	3	65	14	25	4	**104**	**21**
TOTAL	**81**	**18**	**326**	**71**	**125**	**24**	**532**	**113**

Fiscal year	Transition-aged youth	Adult	Older Adult	Total
2012-13	837	2,504	339	**3,680**
2013-14	2,490	5,946	1,286	**9,722**
2014-15	3,293	10,707	2,601	**16,601**

2015-16	3,201	6,882	664	**10,747**
2016-17	3,612	1,610	1,967	**7,189**
2017-18	2,806	7,820	819	**11,445**
TOTAL	16,239	35,469	7,676	**59,384**

FSP staff hours by age group and fiscal year

Full Service Partnership – Goals & Update

GOALS	Update – Successes and Challenges
Address a growing case load of older adults who present with the multiple medical conditions.	Currently identifying ways to reach out to older adults and link to and collaborate with services for older adults to ensure the most seamless services possible.
Using stakeholder feedback and within laws/regulations, develop an FSP protocol with on-going review, adjustment and reporting.	TCHSA- BH will be reviewing new MHSA audit guides and ensuring that TCHSA services comply to old and new regulations.
Identify ways to increase structure and embed completion of FSP program components in a way that both measures clinical progress and provides positive validation to clients about their growth and progress.	In planning updates to FSP program TCHSA will include input from clients and seek to find meaningful ways to mark progress and growth for program participants.
Continued goal of maintaining psychiatry and medication support.	We continue to provide psychiatric and medication support as needed to FSP clients...
TCHSA will be monitoring implementation and use of the Tech Suite platform to determine its efficacy within FSP services/for FSP clients. *	The INN Tech Suite project is in active implementation process currently. It has not gone live so there is no data to report.
Increase the number of FSP clients who have a medical primary care provider (PCP).	Will not be able to report on this data until we are using an electronic health record.
Continue to provide healthy, life-skill building trips and outings for FSP consumers.	These activities and trips will continue to be provided by our contract with NVCSS and the peer advocates they employ.
In 2016, TCHSA identified Cognitive Processing Therapy (CPT) as the evidence-based cognitive behavioral modality of choice for adults.	Tracking of this data is in process.
Increase the breath of wellness recovery centered activities and review how treatment is supported through these activities.	These services will be provided by our contract with NVCCS and the peer providers they employ. TCHSA will gain feedback from consumers and NVCSS to identify needed changes.
Continue to maintain low incidence of emergency contacts.	FSP efficacy is evaluated by RAND Corporation via a state contract. RAND evaluations continue to show that providing FSP decreases homelessness, hospitalization and involvement with law enforcement. TCHSA receives county-specific FSP data from the State. When last released, Tehama County data mirrored state-wide outcomes/findings.

Develop contract with NVCSS to increase training and employment opportunities for FSP clients.	TCHSA developed and implemented a Peer Assistant contract with NVCSS, the goals of this contract is to increase stipend opportunities for consumers and to provide job skills training.
WRAP groups led by Peer Advocates.	In place at Vista Way as of fiscal year 2016-17.
Increased opportunities for FSP clients to share their stories.	Clients (including FSP clients) and staff created a group to teach clients how to tell their story. Members of this group presented their stories to a variety of audiences, including attendees of Crisis Intervention Training (CIT), a training for law enforcement and first responders. Clients would like to expand opportunities for sharing their stories about the challenges of living with a mental illness, and how the wellness and recovery approach has helped them obtain more meaning in their life. Events include the "Speak Our Minds" event in May.
Develop a more structured and integrated FSP Program for VWRS	Worked on during fiscal year 2016-17, included development of co-occurring program. Another key component is using peer advocates to lead WRAP and other groups.
Consumer advocates will provide client support and referrals to other services.	Peer advocates staff the Wellness Center—a center located within the larger Vista Way Recovery Center—and provide individual and group-based client support and referral to other services. Peer advocates also are staffing "TalkLINE", a non-crisis level evening warm line for peer support, connection and service referral.
Healthy living and wellness focus (WRAP-Wellness Recovery Action Plans).	VWRS provides a variety of healthy living groups including multiple on-going WRAP groups, life skills groups and nutrition and health education.

CSS: Assisted Outpatient Therapy (AOT), proposed "in concept"

Description, AOT

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

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

Part of Assisted Outpatient Treatment (AOT) will include intensive outreach and case management services for hard to reach individuals, including those who are homeless, those who are resistant to services, and those who cycle in and out of crisis services and have frequent contact with law enforcement due to their mental health issues. This outreach and case management program can be implemented before the full implementation of the collaboration with the court system which will be 'Laura's Law', mandated treatment. The goal of AOT is to have as few clients as possible reach the mandated treatment portion of the program that involves the court. In counties that have implemented this program, a very small percentage of their clients need court intervention. However, having the ability to have court intervention is vital as it acts as a deterrent.

Implementing the intensive outreach and case management services as we are negotiating the court involved mandated treatment will allow TCHSA to get these vitally needed services in place in a timelier manner. Thus, when the court portion of the program is finalized there will be no down time in getting services started.

Assisted Outpatient Treatment (AOT) – Goals & Update

GOAL	Update – Successes and Challenges
Engage in collaborative process with stakeholders and collaborative partners to identify how to implement AOT in Tehama County.	On calendar for Fall of 2019.
Develop and follow implementation plan for the court and program components of AOT.	On calendar for Fall of 2019.
Define outcome measures based on law, regulatory requirements, reporting requirements and best practices.	These will be defined in the implementation planning process and implemented as program starts.

CSS: Client Employment Programs

Description, Peer Assistant Program

Behavioral Health provides both vocational training to adult/older adult and TAY clients as well as employment of peer advocates. Formerly TCHSA "stipend" workers, in 2016 and 2017 TCHSA restructured and improved the consumer employment program including moving the program under a contract with North Valley Catholic Social Services (NVCSS). The new employment program has fewer employees who receive more training and the experience of being a full employee of a non-profit agency. As paid employees, these positions more fully mirror "real world" employment experience and, therefore, better support goals of growth and employment in the community.

As vocational trainees, peer assistant's complete wellness and recovery-focused training provided by NVCSS supervisors. After training, participants are assigned to work in one of several areas: Vista Way center front desk, mental health outpatient (MHOP), YES Center and a landscaping program. Peer Assistants are hired for a nine-month period (additional employment series are considered depending on circumstances), receive supportive employment and to develop marketable skills with the goal of finding work in the community.

The table below shows the numbers of staff hours worked in the Peer Assistant Program, and the number of peer assistants. The number of peer assistants dropped between FY 2016/2017 and FY 2017/2018 due the restructuring of the program. The goal with restructuring was to provide an opportunity for peer assistants to learn more soft employment skills, which include a more formal hiring process, and increased attention to training.

Peer Assistant Program – Total number of staff and hours worked

Peer Assistant Program Hours Worked		
HOURS WORKED	**FY 2016/17**	**FY 2017/18**
Max	352	588
Min	8	4
Average	121	125
Median	92	90
Total # Staff Hours	**4,008**	**2,748**
Total # of Workers	**33**	**22**

Peer Assistants – Goals & Update

GOALS	Update – Successes and Challenges
Identify opportunities to grow the Peer Assistant program to include employment in different TCHSA divisions, other county departments and the community.	We are fine tuning the assignments we currently have and will be looking at opportunities to implement more job placement sites.
Continue to look for ways to offer computer classes for clients including training on Excel, Word and Outlook.	This will be fulfilled through the Northern Valley Catholic Social Services (NVCSS) Contract for Peer Assistants.
Provide additional and longer work/training opportunities for clients by collaborating with the State Department of Rehabilitation (DOR) and looking for opportunities to move—when appropriate—some clients into DOR's program.	We have not made progress on this goal. We are still pursuing a collaboration with the DOR.

CSS: Transitional Housing

MHSA requires mental health services and programs designed to avoid homelessness, incarceration, hospitalization and other negative outcomes. Related to housing, transitional housing provides housing while a client is being stabilized and is pending permanent supports. Transitional housing participation includes bedrock services of case management, psychiatry and med support, rehabilitation and individual and group therapy. Clients in transitional housing are almost always involved in services at Vista Way or YES Center and are often FSP-level clients.

Transitional housing is a key tool in stabilization and rehabilitation. Existing transitional housing in Tehama County is not sufficient to serve the needs of severely mentally ill clients. TCHSA has two transitional housing units, Gentry House and Madison House, and can accommodate eight clients.

Typically, both Gentry House and Madison House are full: The limited space within transitional housing creates issues for both clients and Behavioral Health programs/staff.

Nights of paid housing by location & fiscal year

Fiscal Year	Madison House	Gentry House	Total
2014-15	520	642	1,162
2015-16	1,064	1,853	2,917
2016-17	1,021	1,807	2,828
2017-18	980	1,436	2,416
Total	**3,585**	**5,738**	**9,323**

Goals, transitional housing

There remains a high level of need for emergency, temporary, and long-term housing in Tehama County. TCHSA continues to pursue housing goals outlined in the previous *Three-Year Plan*. The outcome measure for goals in this section is:

GOALS

Continue as active participants in the Tehama County Homeless Stakeholder Committee with the following collaborative goals:

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

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Successes, transitional housing – Goals & Update

GOALS	Update – Successes and Challenges
TCHSA will continue as an active participant in the Housing and Urban Development Continuum of Care Committee (HUD COC),	TCHSA is an active participant in the Housing and Urban Development Continuum of Care Committee (HUD COC), fostering collaboration

fostering collaboration with other community agencies around housing shortages.	with other community agencies around housing shortages.
TCHSA BH will work with community stakeholders to increase services and housing options for homeless individuals especially advocating for services and housing for those with severe and persistent mental illness.	TCHSA is also a key player in the Tehama County Homeless Stakeholder Committee which is coordinating implementation of the Ten-Year Plan to End Homelessness Appendix B
Provide easy to access services to homeless individuals.	The Tehama County Homeless Stakeholder Committee is currently working on strategies to implement a Navigation Center and Homeless Shelter in Tehama County.
Continue to provide transitional housing to a limited number of TCHSA BH clients.	We continue to find success in this ongoing goal.

PREVENTION AND EARLY INTERVENTION (PEI)

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

PEI: Allocation by Fiscal Year

MHSA funds vary depending on economic conditions and other factors. In addition, funds can roll forward: Below allocations, therefore, are current estimates, from the FY 2017/2018 – FY2019/2020 Three Year Plan. Further budget information can be found in Appendix A.

FY 2017-18	FY 2018-19	FY 2019-20
$891,764	$903,992	$908,512

PEI: Community Engagement & Latino Outreach (CELO)

Description, CELO

The Community Education and Latino Outreach (CELO) includes a variety of activities including expanding services for the Latino community including bilingual Spanish clinicians, case resource specialists, and CCRU staff. Providing cultural sensitivity training to service providers, Latino community outreach activities and general community education activities. Corning (south county) and Los Molinos (east County) are key communities that need bi-lingual Spanish services and Latino outreach.

TCHSA is actively reviewing other opportunities to spread outreach and services to more parts of the County. Tehama is geographically large, and a barrier to accessing care is lack of affordable transportation and/or not being able to travel into Red Bluff or another regional center for services. An example is a weekly therapeutic group provided in Rancho Tehama. Providing services in Manton, Payne's Creek and other areas of the county remain strong goals of TCHSA.

TCHSA continues to partner with Latino Outreach of Tehama County, a local non-profit, to provide events and services: Major outreach events include Cinco de Mayo family event and a county multi-cultural health fair in collaboration with multiple community partners. In addition to events, TCHSA staff actively network with the Latino community: One example is the CPP community outreach events in Corning and Los Molinos with bi-lingual Spanish support.

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

Program Name: Community Engagement & Latino Outreach' (CELO)

PEI Component Type: Prevention

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- CELO was developed as one of TCHSA'S first MHSA CSS programs before PEI was rolled out. CELO stayed in CSS until FY 2017/2018 when it was determined that it was a better fit in the MHSA PEI component. So, there is no data for CELO in PEI in FY 2016/2017
- CELO MHSA PEI provides prevention to large groups of people so we do not have a count of unique individuals.

Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents. TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

- Annual Revenue and Expenditure Information detailed in Section 3510.010 is located in Appendix A of this report.

CELO – Goals & Update

The outcome measure for goals in this section is: Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan.

GOALS	Update – Successes and Challenges
An on-going goal is increased engagement with the Latino community.	Staff are working to continue engagement with the Latino Community. This has been successful and will become more successful as we have more bilingual staff working at TCHSA.
Look for opportunities to collaborate with community partners to provide additional group options, particularly in areas other than Red Bluff and supporting bi-lingual Spanish speaking clients.	Continue with bilingual MH First Aid, and training bilingual trainers for our classes and groups
Continue services and growth of a physical TCHSA presence in Los Molinos.	We are hoping that having a Nurturing Parenting class in Los Molinos will help to

	increase services and present a physical TCHSA presence.
Tech Suite (INN) goals include increased outreach to the Latino community in both English and Spanish, reaching more areas of the county, and culturally competent outreach to youth and TAY.	TECH Suite is the in active implementation process.
Continued goal: TCHSA will continue to be active on Tehama County's Latino Outreach Committee.	TCHSA has an active role in Tehama County's Latino Outreach Committee ongoing meetings and events. TCHSA plays a key role in the 2019 Cinco Day Mayo celebration.
Use culturally competent marketing methods within the Latino community to increase knowledge and awareness of behavioral health.	TCHSA will be using culturally competent advertising with INN Tech Suite Project, TCHSA plans outreach on Latino radio stations, newspapers, and venues with a Latino/Latina audience.
Review the implementation and use of the Tech Suite innovation project for cultural competency and use by the Latino population.	The Tech Suite Innovation project is in the active implementation phase.
Have bilingual staff trained as trainer's in trainings we offer to the public.	Bilingual staff have been trained to provide Seeking Safety, WRAP services and Mental Health First Aid training.

PEI: Parenting Support (section formerly named Nurturing Parenting)

Description, parenting support

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

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

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

Program Name: Parenting Support

PEI Component Type: Prevention

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- Nurturing Parenting served 31 Individuals in FY 2016/2017 and 26 Individuals in FY 2017/2018
- The collaborative community group element of parenting support has not yet begun.

Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

- Annual Revenue and Expenditure Information detailed in Section 3510.010 is located in Appendix A of this report.

Data, parenting support

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

Source: Assessing Parenting website, accessed by TCHSA staff 04/08/2019

Location/ Language	AAPI Form A (Started)	AAPI Form B (Completed)	Completion %
ATV/Empower Tehama. English	8	0	0%
Bridgeway Community, Red Bluff. English	24	12	50%
Los Molinos 2015. English/Spanish bi-lingual support	16	5	31%
West Street School, Red Bluff. English	5	2	40%
FY 2014-15	53	19	36%
Red Bluff 2015 English	17	3	18%
Corning Spring 2016 Spanish	5	0	0%
Corning Summer 2015. Spanish / bi-lingual support	5	1	20%
Winter 2015, Red Bluff. English	24	3	13%
FY 2015-16	51	7	14%
Bridgeway Community, Red Bluff. English	31	7	23%

FY 2016-17	31	7	23%
Bridgeway Community, Red Bluff. English	23	7	30%
Children First, Red Bluff. English	3	0	0%
FY 2017-18	26	7	27%

Parenting Support – Goals & Update

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section is tracking progress, usage and efficacy, and presenting that information in upcoming reports: Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan

GOALS	Update – Successes and Challenges
Parenting support	
Continuing goal: Continue Nurturing Parenting classes in English and bi-lingual Spanish.	Goal Met. Will be training more staff to provide Nurturing Parenting to continue to provide this service in English and Spanish.
Increase services in geographical areas not currently served receiving a high level of service. Strategies include leveraging existing groups that would like to sponsor a Nurturing Parenting class including schools, faith-based organizations and community groups.	Continued providing group at Bridgeway Church, have met with Red Bluff Union Elementary School District staff and are in process of identifying schools to collaborate with and present NP. TCHSA met with Red Bluff Elementary School District on two different occasions to discuss providing Nurturing Parenting—at school locations, and potentially with child care and food —during school year 2018-19. Stemming from MHSA stakeholder outreach, TCHSA will continue to collaborate with additional school districts around Nurturing Parenting and/or other parenting supports.
Increase collaboration with schools and community partners to increase participation in Nurturing Parenting.	Working with specific schools to present NP will ensure and provide support from administration, school staff, and parent groups.
Continued participation in the collaborative group of community partners (coordinated by Tehama County First Five) who are involved in providing Nurturing Parenting to ensure fidelity to the model and to provide a sufficient number of classes that serve all age groups.	TCHSA has continued to be involved in this group with attendance by TCHSA Executive Director, MH Director, SUR Director, Supervisors, and staff members trained in NP. In June 2018, TCHSA and community partners met with a regional Nurturing Parenting trainer to discuss community needs, adhering to model fidelity and next steps to ensure Tehama County's Nurturing Parenting participants receive maximum benefit. A follow-up meeting was held in October 2018.

In response to challenges retaining participants for the duration of the NP program, TCHSA will increase collaboration with community partners and groups with the hope that tapping into established groups may increase participation and retention.	TCHSA is actively pursuing partnerships with community partners including schools, and faith-based groups.
In collaboration with TCHSA divisions (including the medical clinic and Public Health) and community partners, explore ways to provide post-partum support and intervention.	This goal is in process.

Parenting support: Input for children services not related to current MHSA programming Goals & Update

GOALS		Update – Successes and Challenges
Services for children aged 0 to 5		
Engage in collaborative Process(s) with stakeholders, community members, consumers and existing collaborative groups to explore the needs and feasibility of providing the following services: • Post-Partum depression services for mothers and their families. • Additional mental health prevention services for children 0-5 years old • Additional services providing support for parents • Education and awareness of Adverse Childhood Experiences (ACE), both on preventing ACE's for children and helping parents understand how ACE's impact their own life, and thus their children's lives. • Early Mental Health Consultation Services • Services for school-aged children	Minutes and sign in sheets from collaborative process meetings.	This goal is in the planning stages.
For programs that are needed and feasible identify who in the community is best to provide these services, what funding sources are available for these services, and if MHSA has a role in providing these services.	Minutes and sign in sheets from collaborative process meetings.	This goal is in the planning stages.
For programs that are deemed needed and feasible develop an implementation process including agencies/groups to be involved, and present plans to leadership of the agencies and groups to get	Plans for each service. Copy of sign in sheets from presentation to agency/group leadership,	This goal is in the planning stages.

approval to move forward with planning of services	including their approval to move forward.	
If services would use MHSA funds, move through prescribed MHSA approval processes.	Documentation of approval process through sign in sheets and meetings.	This goal is in the planning stages.
For services approved through MHSA, start implementation process after full approval.	Documentation of implementation including but not limited to: budgets, policies and procedures, staffing patterns, training needs, and expected outcomes.	This goal is in the planning stages.

Description, stigma reduction

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

The stigma reduction program has three main strategies

- Events and campaigns designed to decrease stigma
- Mental Health First Aid
- CIT Training

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

Program Name: Stigma Reduction

PEI Component Type: Stigma Reduction

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- Events and campaigns designed to decrease stigma provides prevention to large groups of people, so we do not have a count of unique individuals.
- Mental Health First Aid provided training to 88 unique individuals in FY 2016/2017 & 65 unique individuals in FY 2017/2018
- CIT Training was provided to 192 unique individuals in FY 2016/2017 & 52 unique individuals in FY 2017/2018

Stigma Reduction Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

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Events & Campaigns designed to decrease stigma– Goals & Update

- Mental Health First Aid (MHFA) is a required training for TCHSA staff and is part of new staff orientation.

GOALS	Update – Successes and Challenges
Participate in the state-wide initiative to track outcomes of stigma-reduction activities (MOQA III). Tentative start date for data collection is January 2019.	MHSA Coordinator has been actively involved in this process.
Implement a Tehama County-specific mental health stigma reduction campaign.	TCHSA is collaborating with the Homeless Stakeholders Group to develop and implement a stigma reduction campaign focused on the homeless population, with attention on reducing stigma regarding mental health and homelessness.
Continue to expand the local May is Mental Health Month campaign.	May is MH month is a positive and much anticipated event each year. Each year is built upon the success of the previous year, and input from community members for changes moving forward in the coming years.
Continue to use stakeholder input from Community Participation Plan (CPP) process to plan stigma-reduction outreach and events.	Stakeholder input from the CPP and ongoing stakeholder input is used in planning stigma reduction events.
In collaboration with other providers, design and implement a mental health wellness event for community members – a community "mental health tune-up" day, an idea received in the 2018 Community Participation Plan (CPP).	With new staff in the position of planning May is Mental Health Month, this goal has been moved to 2019.
Continued collaboration with Tehama County NAMI.	A goal in the previous *Three-Year Plan* is increased collaboration with National Alliance on Mental Illness (NAMI) to combine efforts to decrease stigma regarding mental illness and to support NAMI's goals for Tehama County. As of Spring 2018, NAMI has a physical office at the Vista Way Resource Center supporting outreach, advocacy and stigma reduction.

Mental Health First Aid

Description, stigma reduction - Mental Health First Aid

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

Data, Mental Health First Aid

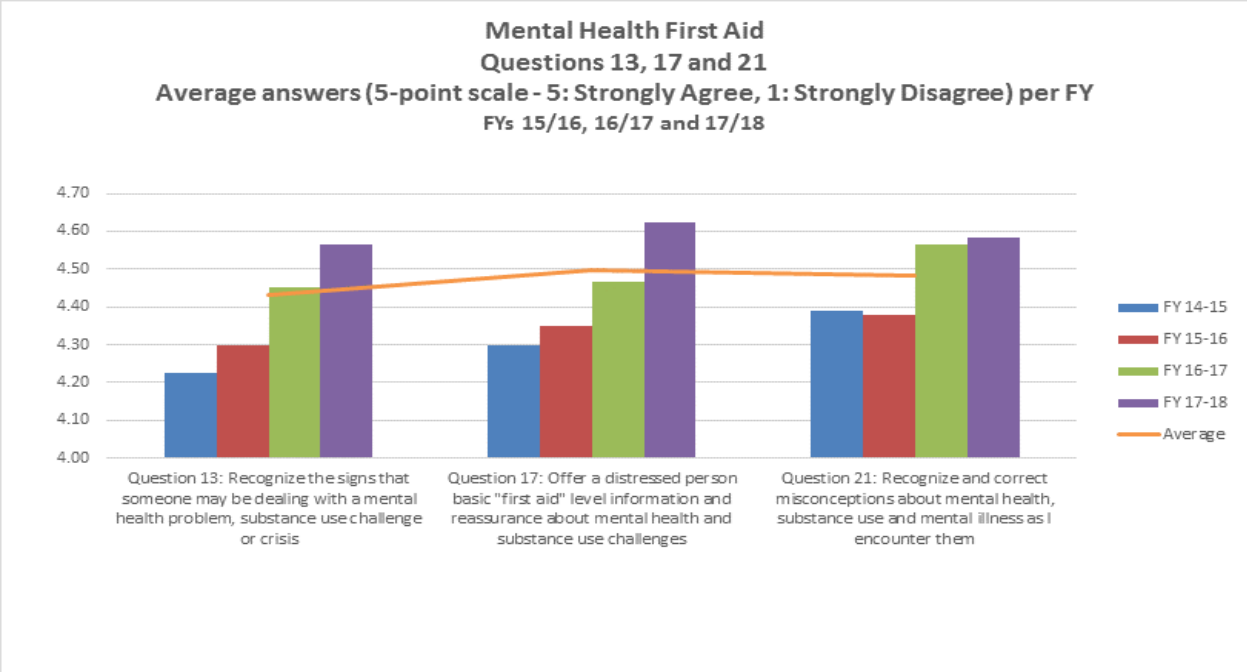
Members of the community who participated in MHFA training included Mental Health Advisory Board members, consumers, veteran services staff, law enforcement, social service staff, young child educators, homeless services providers, domestic violence service providers, therapists, educators and health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

Table 20 shows that Mental Health First Aid (MHFA) trainings dropped due to staffing changes and/or staffing shortages, falling from 232 trained participants in fiscal year 2015-16 to 88 in fiscal year 2016-17. The goal is to return MHFA training to previous levels.

Mental Health First Aid (MHFA) trainings, community participants by fiscal year
Note: this program began in FY2015-16

Fiscal year	English	Spanish	Total
2015-16	218	14	**232**
2016-17	83	5	**88**
2017-18	21	44	**65**
Total	**301**	**19**	**385**

Mental Health First Aid (MHFA) Outcome Questions FY 2014-2015 through 2017-2018



Mental Health First Aid – Goals & Update

GOALS	Update – Successes and Challenges
TCHSA will continue to train staff, including bilingual-Spanish staff, to provide Mental Health First Aid trainings and will continue to grow the breadth of trainings provided.	TCHSA has a total of 3 MHFA trainers, 1 Non-Bilingual and 2 Bilingual-Spanish.
Return MHFA trainings provided to levels provided in fiscal year 2015-16.	This is a goal in progress. We have trained more trainers and are providing more MHFA trainings.
All TCHSA Behavioral Health staff will attend MHFA training.	We have trained a total of 65 TCHSA Staff since FY14/15.
Offer MHFA training to a broader base of community groups including law enforcement, school staff, faith-based organizations and others.	TCHSA is working with schools, the faith-based community, local agencies, and others to provide MHFA to these groups.
Provide Mental Health First Aid trainings quarterly, with at least one training a year in Spanish. *Continued goal.*	This goal has been exceeded. In FY16/17 we provided 5 trainings, with 1 in Spanish, and in FY17/18 we provided 5 trainings, with 2 in Spanish.

Crisis Intervention Team (CIT) training

Description, stigma reduction – Crisis Intervention Team (CIT)

A program of NAMI, CIT is designed to help law enforcement first responders manage events and encounters that involve mental illness:

> The lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. A Crisis Intervention Team (CIT) program is an innovative, community-based approach to improve the outcomes of these encounters. www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health.Accessed 4/18/2108

TCHSA met with top leadership of all law enforcement agencies in Tehama County and developed a plan to have all law enforcement officer trained in CIT. The bulk of that training took place in FY 2016/2017. It was decided that after this TCHSA would present one CIT training per year. The request to provide an additional refresher training was put forth, TCHSA is in process of planning this for FY 19/20

Data, CIT training

Crisis Intervention Team (CIT) trainings, participants by fiscal year ***Note: CIT trainings implemented in August 2016***

Fiscal year	Total
2016-17	192
2017-18	50
Total	**242**

Crisis Intervention Team (CIT) trainings, participant list (some of the list appears cut off)

- Butte County Probation
- Butte County Sheriff's Dept.
- CA Dept. of Correction
- CA Dept. of Fish and Wildlife
- CA Highway Patrol
- CAL Fire
- Corning Fire Dept.
- Corning Police Dept.
- Dept. of Corrections
- Dept. of Social Services
- District Attorney
- Enloe Medical Center
- Glenn Co. Sheriff's Dept.
- Gridley-Biggs Police Dept.
- Probation
- Public Guardian
- Red Bluff Police Dept.
- Siskiyou County Probation
- St. Elizabeth Hospital
- Tehama County Sheriff's Dept.

GOALS	Update – Successes and Challenges
Provide one standard CIT training annually.	This goal has been met and will continue an annual basis. TCHSA provided CIT training at a level that approached full saturation of local law enforcement: Additional trainings, therefore, can be offered to new law enforcement members. as a refresher or at higher levels that cover additional material.
Continue collaboration with local law enforcement agencies on CIT and other training(s).	Working with law enforcement to provide training and identify training topics.
Investigate feasibility of a one-day, advanced training for those who have completed standard CIT.	In progress: instructor met with top law enforcement officers and determined how to conduct a follow up training. Training scheduled for FY19/20
Evaluate feedback from CIT Trainings to see if they are effective.	CIT receives positive feedback from clients, family members/care givers and law enforcement. TCSHA-BH believes CIT training mitigates possible negative outcomes of psychiatric crisis events that involve local law enforcement.

PEI: Suicide Prevention including ASIST and SafeTALK & Teen Screen

Description, Suicide Prevention

The goal of Behavioral Health's suicide prevention activities is to educate community members to be familiar with the signs and symptoms of suicide through training, information campaigns, events and suicide screening. The components of our suicide prevention program are:

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

- Safe TALK-Suicide Awareness for Everyone (also developed by Living Works Education), is a three-hour workshop focused on the warning signs indicating risk of suicide. The workshop emphasizes the importance of recognizing the signs, communicating with the person at risk and getting help or resources for the person at risk.

- Teen Screen TCHSA uses TeenScreen as a tool to help identify youth at risk of suicide or who suffer from an untreated mental illness and, if identified as at risk, refer these youth to treatment.
- As a product TeenScreen has shifted from Columbia University, where it was developed, to Stanford University's Department of Youth and Adolescent Psychiatry. As of 2018 Stanford is transitioning TeenScreen to a web-based platform. Behavioral Health has been chosen as one of five participants in a nation-wide pilot of Stanford's new web-based version. TCHSA has been actively participating in Stanford's Teen Screen Pilot. We are testing the web-based assessments but have not gone live at this date.

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

Program Name: Suicide Prevention

PEI Component Type: Suicide Prevention and Access & Linkage

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- ASIST - Suicide Prevention
- Safe TALK - Suicide Prevention
- Teen Screen- Access & Linkage

Stigma Reduction Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

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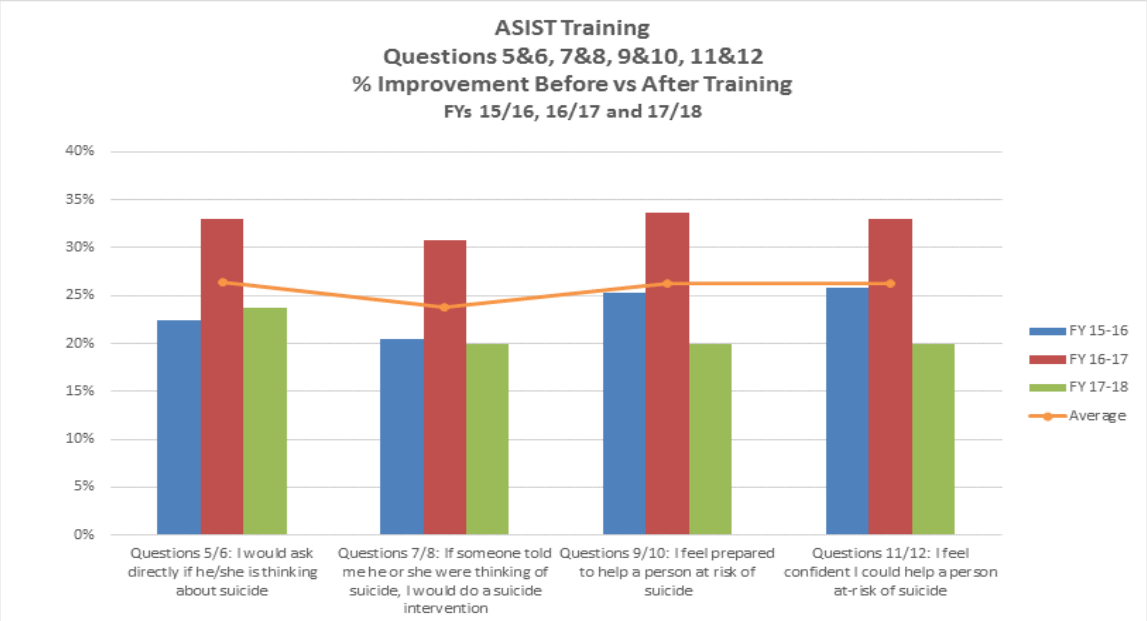
Data, suicide prevention ASIST and SafeTALK

TCHSA began providing ASIST training in FY15/16. ASIST has been well received by community members and staff from community partners. One concern voiced about the ASIST training was the length of 2 days. In response to this concern TCHSA had staff trained to provide SafeTALK which is a 3-4-hour suicide prevention training. TCHSA began providing SafeTALK trainings in FY 17/18.

Number of ASIST training participants, by fiscal year.

Fiscal Year	Participants
2015-16	87
2016-17	58
2017-18	30
Total	**175**

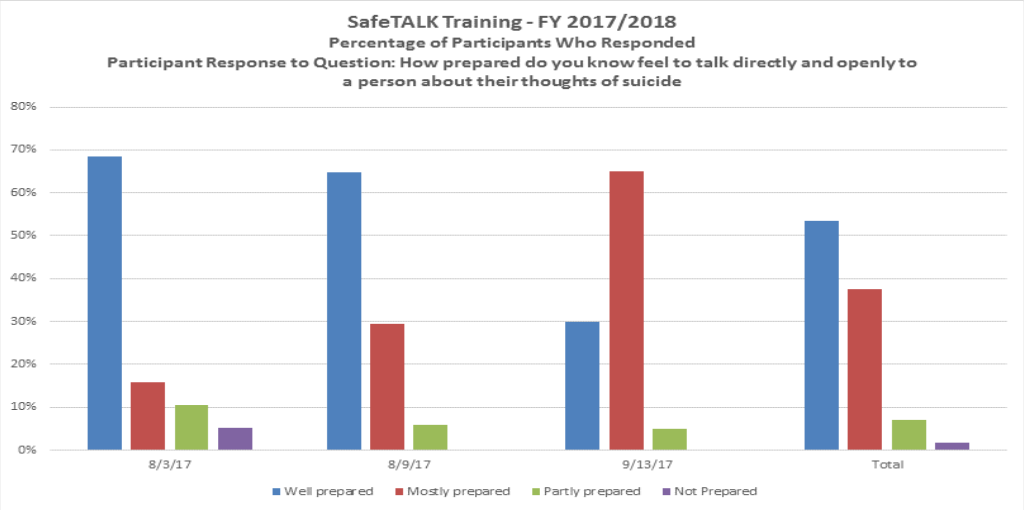
ASIST Outcome Questions for FY 2015-2016 through 2017-2018



Number of safeTALK training participants, by fiscal year. *Program Implemented 2017-2018*

Fiscal Year	Participants
2017-18	64
Total	**64**

safeTALK Outcome Questions for FY 2017-2018.



Suicide prevention ASIST and SafeTALK & Teenscreen – Goals & Update

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section is tracking progress, usage and efficacy, and presenting that information in upcoming reports: Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan

GOALS	Update – Successes and Challenges
Regularly present ASIST trainings to community members with a goal of increased trainings, including (but not limited to) school and school district employees. .	This goal is in process. We continue to report on SafeTALK presentations.
Provide opportunities for all TCHSA staff to attend SafeTALK training.	In process. A goal is to provide at least one SafeTALK training just for TCHSA staff in FY19/20
Schedule both ASIST and SafeTALK trainings for a broad segment of community members, including youth and TAY (if appropriate based on the curriculum), and in a variety of settings. Will be working with Faith Based groups and other community groups to sponsor trainings.	This goal in process.
Promote suicide prevention resources, both regional/national (211, national suicide lifelines) and local (CCRU services). The Tech Suite innovation program reflects the goal of organized, accessible information available to the community in a variety of formats and presented in a way that demystifies and destigmatizes the process of access care.	INN Tech Suite in progress

Market TCHSA's improved website to primary care providers as a source of information for services and referrals.	The updated website has gone live. We will be promoting use of the website in upcoming trainings.

PEI: Teen risk screening (TeenScreen)

Program Description, teen risk screening (TeenScreen)

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

As a product TeenScreen has shifted from Columbia University, where it was developed, to Stanford University's Department of Youth and Adolescent Psychiatry. As of 2018 Stanford is transitioning TeenScreen to a web-based platform. Behavioral Health has been chosen as one of five participants in a nation-wide pilot of Stanford's new web-based version. Stanford indicates a tentative "go live" date of Fall 2018.

TeenScreen, staff hours by fiscal year:

Fiscal Year	Hours
2012-13	1,613
2013-14	1,663
2014-15	3,407
2015-16	776
2016-17	1,128
2017-18	90
Total Hours	8,677

Usage, teen risk screening (TeenScreen) – Goals & Update

The sharp drop in staff hours devoted to Teen Screen in FY 17/18 is reflective of the discontinued product from Columbia University. With a rejuvenated, supported product, and as a member of the Stanford TeenScreen Pilot project, TCHSA expects TeenScreen hours and referrals to increase.

GOALS	Update – Successes and Challenges
Participate in the Stanford's web-based TeenScreen pilot.	Selection by Stanford University as one of the pilot sites, and the only county in California, for a web-based version of TeenScreen is of significant benefit that will allow us to get this program up and running again. TCHSA Staff are actively involved in this goal. It has been successful in that we are a part of the pilot project. It has been challenging in that Stanford experienced staff changes as the pilot was ramping up. These staff changes caused a slow-down in implementation. The pilot project is now in full swing, and we are moving towards going live.
Depending on the outcome of the web-based pilot testing, fully assess the status of TeenScreen and a) re-institute the program with a broader reach across the county, or b) identify an appropriate replacement program.	This goal is in process.

Include expansion of approved TeenScreen sites and utilization by underserved populations.	As we get the three initial sites stabilized we will identify future sites for implementation. TCHSA looks forward to restarting collaborative efforts with Tehama County Department of Education—and Tehama County school sites and school districts—to select locations, describe protocols, provide services and coordinate follow-up.
Include bi-lingual Spanish support for TeenScreen.	Bilingual staff are involved in this project at all levels.
Provide TeenScreen to Juvenile Detention Facility (JDF) and Katie A/CCR. program as part of assessment.	Have identified our three-starting locations for the teen screen pilots, as we begin to get data and work out any implementation issues we will expand to new locations including JDF.

PEI: Special-focus groups and support

There are two key areas in TCHSA's service delivery system that need family support to maximize effectiveness and to ensure outcomes: 1) providing support for family members and care givers to include NAMI's "family-to-family" class/support group, and other NAMI groups as needed; and 2) support for First Episode Psychosis (FEP) for youth and TAY, and their family members/caregivers.

Description, Support for family and caregivers

There are two key areas in TCHSA's service delivery system that need family support to maximize effectiveness and to ensure outcomes: 1) providing support for family members and care givers to include NAMI's "family-to-family" class/support group, and other NAMI groups as needed; and 2) support for First Episode Psychosis (FEP) for youth and TAY, and their family members/caregivers.

Support for family and caregivers – Goals & Update

GOAL	Update – Successes and Challenges
Collaborate with Tehama NAMI to provide client support and advocacy.	NAMI president is an active member of the Tehama County Mental Health Board. NAMI has office space at the Vista Way Wellness and Recovery Center.
Implement NAMI family-to-family class and other on-going support groups.	This is in process. The challenge is having two trained volunteers to lead the family-to-family class.
Work with NAMI to implement a voluntary "white card" program (a wallet card that includes mental health issues and triggers for use by medical personnel, first responders and others).	The white card has been designed. The next step is to work with collaborating agencies to explain the purpose of the white card and to get approval for logos to be used on the white card.
Develop an ongoing group for family members, caregivers, and support people of clients in the crisis stabilization unit, and	This group has not been started, the goal is to start this group in FY19/20.

those in inpatient or just leaving inpatient services.	

Support groups, First Episode Psychosis (FEP) youth/TAY and their families/caregivers

Description, FEP – support for families and caregivers

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

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

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

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

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

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

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

FEP – support for families and caregivers – Goals & Update

UNLESS OTHERWISE NOTED, the outcome measure for goals in this section is tracking progress, usage and efficacy, and presenting that information in upcoming reports: Track progress and present outcomes in Annual Update and next Three-year Program & Expenditure Plan

Goals FEP	Update – Successes and Challenges
Identify and implement FEP family-support program.	In process- not implemented due to staffing shortages.
Identify outcome measures and track outcomes.	In process- not implemented due to staffing shortages.

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

Program Name: Support for family and caregivers & FEP – support for families and caregivers

PEI Component Type: Early Intervention

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- Support for family and caregivers – Program in implementation stages – no services provided
- FEP – support for families and caregivers – new program no services provided

Stigma Reduction Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

- Annual Revenue and Expenditure Information detailed in Section 3510.010 is located in APPENDIX A of this report. Requirements

PEI: Evidence-based Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) & Parent Child Interaction Therapy

Description, TF-CBT and PCIT

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

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

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

Program Name: Evidenced Based Interventions

PEI Component Type: Early Intervention

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- TF-CBT- FY 16/17, 15 unduplicated clients were served. In FY 17/18, 16 unduplicated clients were served

Stigma Reduction Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

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Data, TF-CBT and PCIT

Trauma Focused – Cognitive Behavioral Therapy – Hours and Services

Trauma Focused – Cognitive Behavioral Therapy			
STAFF HOURS	TRAINING AND TRAVEL	CLIENT SERVICES	**TOTAL**
FY 2016-17	49	15	**64**
FY 2017-18	88	16	**104**

PCIT – No data program not implemented.

TF-CBT & PCIT – Goals & Update

GOALS	Update – Successes and Challenges
Provide TF-CBT services to children and families.	Retaining parents and children through completion of the entire sequence of sessions has been a challenge.
Maintain fidelity to TF-CBT through staff ongoing training	TCHSA has found it challenging to fit training sessions into staff schedules.
Increase options for trauma-based treatment, including on-going review of additional treatment modalities for children and youth.	In process.
Increase use and efficacy of TF-CBT, including identification and use of an outcome survey tool.	In process.
Evaluate TF-CBT to identify how to increase participant numbers among YES Center clients.	In order to increase numbers of TF-CBT services we conduct ongoing review of cases to see if they would fit well with TF-CBT. As well as offering TF-CBT as a modality for families engaged in CFT meetings.
Explore other trauma focused, evidence-based therapeutic techniques for individuals and groups, allowing TAY and adults increased access to trauma-focused therapy. Identify use of Adverse Childhood Experiences as a screening tool, and as an integrated part of therapy and behavioral health prevention.	In process.

Provide TF-CBT in accordance to evidenced based standards.	Retaining parents and children through completion of the entire sequence of sessions has been a challenge.
Provide TF-CBT in accordance to evidenced based standards.	A goal is to maintain fidelity to TF-CBT through staff ongoing training (TCHSA has found it challenging to fit training sessions into staff schedules).
Train staff to provide PCIT Services	It has been challenging to fit the training into staff schedules. The goal is to do this in FY 19/20.
Provide PCIT Services	Goal to start in FY 19/20
Provide outreach for PCIT specifically to underserved communities	Track outreach to see if it increases number of individuals from underserved communities

PEI: Peer advocate program and TalkLINE

Description, Peer Advocates at Access Centers and TalkLINE

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

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

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

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

Open 365 days a year, TalkLINE is a sub-crisis “warm line” available from 4:30 PM to 9:30 PM. When life gets challenging, anyone can call and receive confidential, peer-to-peer support. The TalkLINE originated through Butte County’s MHSA programs and TCHSA, by collaborating with Butte County, is increasing the capacity of the TalkLINE and providing an important service to the county. TCHSA is actively marketing the TalkLINE number with the goal of increased calls from Tehama County residents. TalkLINE staff participated in outreach events through Shasta College, the community’s “LIFT” event and resource fairs throughout the community. The staff also has an outreach booth at the Wednesday night Farmer’s Market.

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

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

Program Name: Peer Advocates and TalkLINE

PEI Component Type: Early Intervention

Unduplicated Number of Individual Served in FY 2016/2017 & FY 2017/2018:

- Peer Advocates – Records were not kept by unduplicated individuals. Peer Advocates provided an average of 203 services per month to individuals who may have been duplicated.
- TalkLINE - Records were not kept by unduplicated individuals. Peer Advocates fielded an average of 52 TalkLINE calls per month from individuals who may have been duplicated.

Stigma Reduction Demographics:

- We did not start collecting Demographics until middle of FY 2018/2019. TCHSA will report demographics in the FY 2019/2020 report. TCHSA will follow Section 3560.010, 8(e) as a county with under 100,000 residents TCHSA will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.

Prevention and Early Intervention Annual Revenue and Expenditure Report

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Data, Peer Advocates and TalkLINE

Based on data from December 2017 through June 2018, the average number of calls taken by two peer workers during working hours was 13. The average total number of calls per month taken by peer workers is 52.

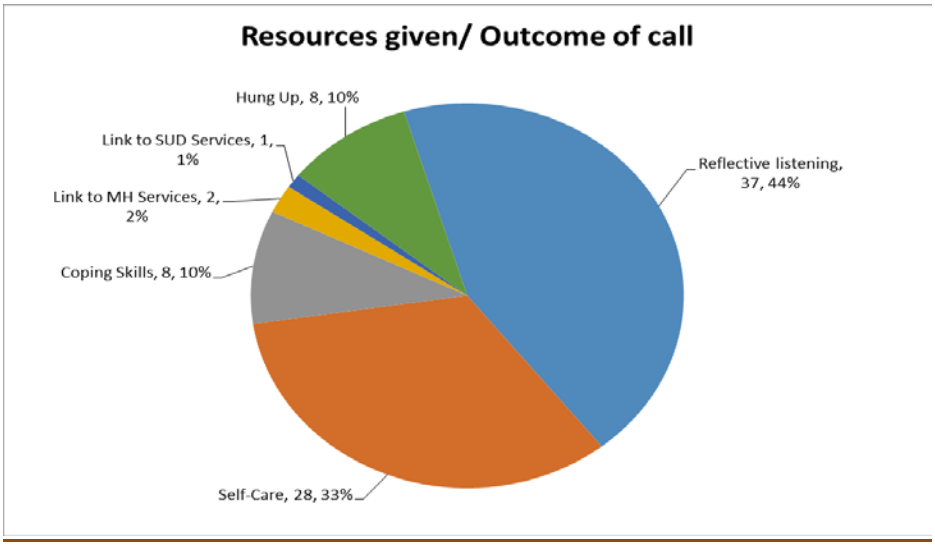
Number of hours worked TalkLINE FY 2016-2017 and FY 2017/2018

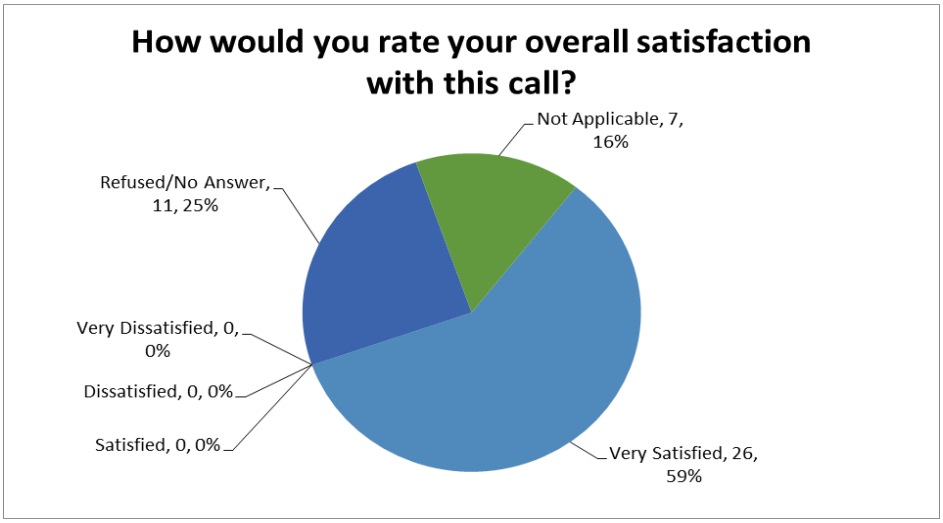
HOURS WORKED	FY 2016/17	FY 2017/18
Max	345	539
Min	61	1
Average	223	146
Median	253	39
Total # Staff Hours	1,786	2,918
Total # of Workers	**8**	**20**

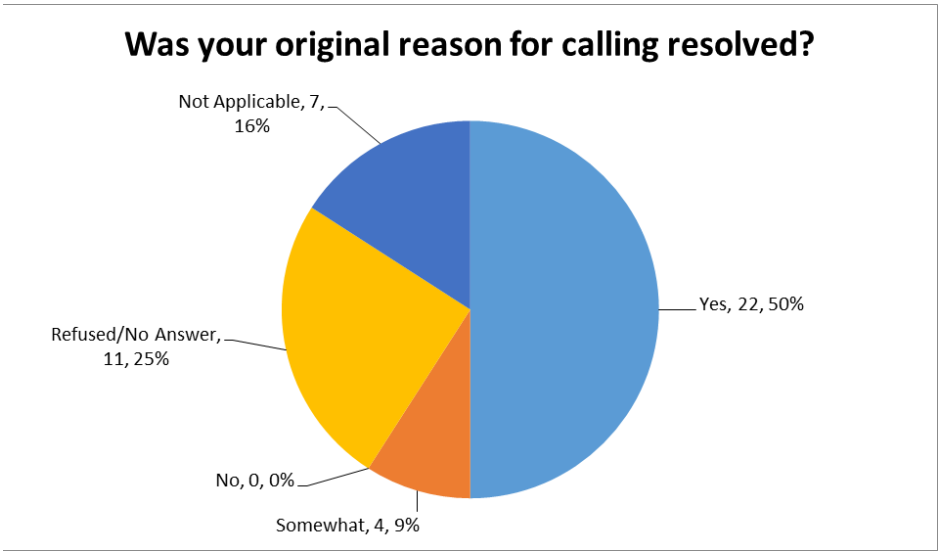
TalkLINE call volume per month by Peer Advocates. Note: two peer workers, typically working two days a week.

Month	Calls
Dec-17	39
Jan-18	65
Feb-18	55
Mar-18	50
Apr-18	56
May-18	55
Jun-18	44
Total	364

June 2018 Outcomes for TalkLINE







Peer Advocates and TalkLINE – Goals & Update

GOALS	Update – Successes and Challenges
Continue community outreach to advertise TalkLINE.	TCHSA and NVCSS actively outreach via community events and advertising of the TalkLINE.
Increase the number of calls received from Tehama County residents.	TCHSA actively promotes the TalkLine at a variety of outreach events, including a weekly booth at the seasonal farmer's market.
Look for ways to integrate or align TalkLINE with the Tech Suite platform.	Peer advocates are a part of our Tech Suite Innovation implementation team.
Peer Advocates will become embedded in the Vista Way Recovery Center and YES Center.	TCHSA's Peer Advocates are an integral part of the recovery and rehabilitation services at Vista Way Center and YES Center. This goal of the previous

	Three-Year Plan is in place, using an innovative and flexible model and is a measurable service improvement.
Continue to look for opportunities to make the community aware of the work of peer advocates.	Peer advocates currently work hand in hand with BH in planning and implementing May is Mental Health events. They provide regular outreach at Tehama County's seasonal farmer's market, and peer advocates have presented at community events at the local library.
Identify opportunities for peer advocates to reach isolated seniors and other at-risk communities.	This goal will be as part of our INN plan. The peer advocates are a key part of implementation and outreach plan for the TechSuite.
Identify opportunities for peer advocates to provide community service and be a part of community events.	As noted above the peer advocates are involved in many community events.
Identify additional ways peer advocates can provide support in the community (i.e., WRAP at the library).	Currently peer advocates lead WRAP groups at the Vista Way Recovery Center. TCHSA will be exploring other venues for the peer advocates to lead groups.
Identify speaking engagements for peer advocates that increase mental health awareness and decrease stigma.	Peer advocates are actively involved in these events during May is Mental Health Month and at other events throughout the year.
Continue peer advocate involvement in the catering and food services program by TAYs	This is an ongoing goal and is being met.

INNOVATION:

Annual Innovation Project Report FY 2017/2018 & FY 2018/2019

During this time period TCHSA submitted a final review of the Innovation Drumming Program to the MHSOAC. Additionally, TCHSA developed a proposal to become a part of the Tech Suite Cohort 2. The MHSOAC approved this project on September 27, 2018. Approval letter can be found in Appendix C. Below is a more detailed description of the Tech Suite INN project.

INN Section 1: Project Introduction

INN projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals. An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is

changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.

Primary Problem Being Addressed

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

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

Project Purpose

The purpose of the Tech Suite innovation project in Tehama County is to address unmet mental health needs of County residents, including residents who are socio-economically and / or geographically isolated (including isolated youth and TAY, migrant workers and adult males at risk of suicide) and as identified by stakeholders participating in the County's recent MHSA Community Program Planning (CPP) process.

Tehama County has a large Latino population, and Spanish is the County's threshold language. The County has a substantial migrant worker population.

Primary Problem Being Addressed: Target Population

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

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

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

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

As the Tech Suite project evolves at the state-wide level, Tehama County will continue to engage with project lead at CalMHSA to advocate for Tehama's unique county needs.

Tech Suite - Goals and Update

GOALS	Update – Successes and Challenges
Get Tech Suite proposal approved by Tehama County Board of Supervisors and Mental Health Oversight and Accountability Commission.	Goal Met.
Join Tech Suite Cohort 2 and begin implementing Tech Suite	Goal Met. TCHSA has been involved in ongoing and regular trainings to implement the Tech Suite. TCHSA has identified the key staff members to be involved in the project as required by Cohort 2.
Identify Peer Advocates who will be key individuals in outreach and implementation of the Tech Suite	Peer Advocates have been identified and will be involved in in trainings, testing, and outreach of Tech Suite
Test Tech Suite components and identify which components to provide in Tehama County.	This goal is actively being pursued at this point.
Go Live with Tech Suite	Cohort 2 is in process of identifying go live date.

Regarding 2008/09 Reversion funds

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

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

AB114 requires that:

- Every county develops a plan to spend its reallocated funds and post it to the county's website.
- The county must submit a link to the plan to DHCS (Department of Health Care Services) by July 1, 2018.
- Each county's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website.
- Each county must submit its final plan to DHCS and the MHSOAC (Mental health Services Oversight and Accountability Commission) within 30 days of adoption by the county's BOS. A county may not spend funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds

HOUSING, PERMANENT

Allocation, housing

Tehama County's MHSA Local Government Special Needs Housing Program (SNHP) fund balance is approximately $860,765, all of which will be spent on permanent housing in accordance with MSHA requirements.

Description, housing

As of the spring of 2018, TCHSA is in the process of identifying affordable housing partners to develop permanent supportive housing (PSH), utilizing MHSA's local government Special Needs Housing Program (SNHP) funds. In supportive housing, the local government commits to providing supportive services to residents for a certain length of time (usually the term of the SNHP loan which can range from 20-57 years).

Permanent supportive housing (PSH) is housing with no limits on length of stay. Housing units are restricted to individuals with serious mental illness, who are chronically homeless, homeless or at risk of homelessness. Linked to housing are voluntary support services available both on-site and off-site (within the community). Support services help tenants retain housing and increase self-sufficiency.

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

In spring 2017, TCHSA conducted a survey specific to MHSA Special Needs Housing. Clients and consumers surveyed are or were engaged in behavioral health services. The survey identified a desire for affordable studio and one-bedroom units linked with supportive services for mental health, transportation and assistance with food.

In addition to the SNHP funds, the TCHSA is monitoring future financial resources from the *No Place Like Home* initiative (AB 1618), Building Homes and Jobs Act (Senate Bill 2) and the Veterans and Affordable Housing Bond (Senate Bill 3). The new affordable housing programs will provide additional funds for permanent supportive housing projects for persons with serious mental illness who are chronically homeless, at-risk of chronic homelessness or are homeless.

Successes, housing

- TCHSA engaged a housing consultant to assist with implementation of the MHSA "Local Government Special Needs Housing Program" (SNHP);
- TCHSA Behavioral Health staff completed a MHSA "Special Needs Consumer Housing Survey";
- On January 24, 2017, TCHSA staff assisted the Tehama County Continuum of Care in conducting the bi-annual point-in-time count required by the US Department of Housing and Urban Development (HUD);
- TCHSA formed the Tehama County MHSA Housing Committee and initiated monthly meetings;
- The Tehama County MHSA Housing Committee developed local goals, a rating and ranking process and an application (expression of interest) for Tehama County's local government SNHP;
- In September 2017, TCHSA submitted a *No Place Like Home* technical assistance application with a budget of $75,000 to California's Housing and Community Development Program (HCD);
- TCHSA's Executive Director provided the Tehama County Board of Supervisors an update on the progress of the Special Needs Housing Program;
- In January 2018, TCHSA posted an announcement on its website regarding availability of Special Needs Housing Project (SNHP) funds, targeting affordable housing developers and requesting Expressions of Interest. TCHSA conducted a program workshop for potential participants;
- In February 2018, TCHSA contracted with Housing Tools to prepare a "10-Year Plan to End Homelessness"—a countywide analysis of ways to end homelessness (a requirement of *No Place Like Home*)—in preparation for the availability and release of *No Place Like Home* funds;
- In March 2018, the Tehama County MHSA Housing Committee began review of applications (Expressions of Interest) from developers specializing in affordable housing.
- TCHSA contractor, Housing Tools, completed "10-Year Plan to End Homelessness" report;

  MHSA Housing Committee reviewed SNHP Expression of Interest applications and will forward its recommendations to the Tehama County executive team, County Counsel and Board of Supervisors.

Housing- Progress and Goals

- The County executive team and county counsel will forward proposed SNHP project to Board of Supervisors for approval and recommendation for submission of project application to California

Housing Finance Agency (CalHFA). CalHFA will underwrite and approve project for award of Tehama County's SNHP funds;

- TCHSA staff will collaborate with local Tehama County Continuum of Care to utilize Homeless Management Information System (HMIS) and Coordinated Entry System (CES) for upcoming *No Place Like Home* program;
- Continue to identify other affordable housing funding opportunities for permanent supportive housing projects that are part of California Senate Bill 2 and Senate Bill 3
- Continue to track progress of *No Place Like Home* and prepare for HCD's Notice of Funding Availability (NOFA).

WORKFORCE EDUCATION AND TRAINING (WET)

Allocation, WET

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

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

Below allocations, therefore, are current estimates, from the FY 2017/2018 – FY2019/2020 Three Year Plan. Further budget information can be found in Appendix A.

FY 2017-18	FY 2018-19	FY 2019-20
$44,402	$45,933	$47,301

Description, WET

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

TCHSA works closely with staff to identify funds for additional training, certifications and/or clinical degrees. Previous MHSA dedicated to workforce increases is no longer available. TCHSA provides internship supervision and learning opportunities for clinical mental health students, and actively seeks to hire participants.

Another component of WET is 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 new staff are fully trained to existing standards and programs.

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

Data, WET

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

Training	2014/15	2015/16	2016/17	2017/18	Note
ASIST suicide prevention	14	13	14	12	
SafeTALK suicide prevention training	Began in 2017/18			2	
Mental Health First Aid	21	21	15	8	
Seeking Safety	Began in 2017/18			32 Total Trained	28 – Non-Bilingual 4-Bilingual
Cognitive Processing Therapy (CPT)	N/A		17	Total 16 Trained	15 – Non-Bilingual 1 – Bilingual
Wellness Recovery Action Plan (WRAP)	23	23	31	n/a	
Non-violent crisis intervention (NVCI)	25	54	47	20	

Behavioral Health staff Train the Trainer, by type and fiscal year

Train The Trainer	2014/15	2015/16	2016/17	2017/18	Bilingual-Non-Bilingual Trained
ASIST	3	3	3	6	4 - Non-bilingual 2 - Bilingual
safeTALK	2	2	2	4	3 - Non-bilingual 1 - Bilingual
Mental Health First Aid (MHFA)	3	3	3	3	1 - Non-bilingual 2 - Bilingual

During fiscal year 2016/17 and using Relias (described above), 54 Behavioral Health staff completed 391 learning modules with an average of 7 modules per staff member. Clinical and case management staff completing, on average, 22 modules. Module topics range from computer application training to safety in the workplace (bloodborne pathogens, back injury prevention,

defensive driving, etc.) to specialized trainings including but not limited to professional ethics and compliance, confidentiality and security.

During FY 2017/2018 Behavioral Health Staff used the Relias system to complete 427 learning modules. Clinical staff completed 123 learning modules during the same time period. Module topics included, safety in the workplace, computer skills, confidentiality and security, cultural competency, motivational interviewing, clinical supervision, trauma informed practices, diagnosis and treatment, and documentation.

WET Goals & Update

GOALS	Update – Successes and Challenges
Train Behavioral Health clinical staff in Feedback Informed Therapy (FIT) with a goal of going live 90 days after TCHSA's Electronic Health Records (EHR) is fully implemented and functional.	Implement, use FIT outcome data to understand the effectives of the services delivered by TCHSA BH.
Continue to explore ways to attract and retain mental health clinicians including therapists and psychiatrists with a focus on bi-lingual Spanish providers.	TCHSA has started to track and report on TCHSA BH trends of employment and retention. TCHSA is identifying an employee survey to use to further explore retention rates and employee engagement.
A continuing goal is to train all TCHSA staff in Mental Health First Aid (MHFA).	This goal is being actively pursued. We are having success, though it takes time to train everyone in the agency and keep this current as new employees are hired.
Explore and identify evidence-based programs for all populations and provide training as needed.	This is on ongoing goal. We have been successful in the goal. We have trained staff in CPT, Moral Reconation, WRAP, Seeking Safety, TF-CBT
Ensure that TCHSA staff are trained to provide Services from a wellness and recovery and trauma informed perspective.	This goal has been implemented and is ongoing in nature.
Provide trainings specifically for Peer Advocates and include Peer Advocates in TCHSA provided trainings.	This goal is ongoing. We have peer advocates trained in WRAP and will be training them in use of Tech Suite and outreach methods.
Provide trainings to increase overall knowledge of mental health and mental health symptoms to professionals and community members.	We will be sponsoring a LGBTQ training for BH employees and community members. As noted in the PEI section of this report we offer suicide prevention training and MHFA to our community members. This is a continuing and ongoing goal.
Integrate Wellness Recovery Action Plan (WRAP) in all areas of mental health and train all levels of staff.	This goal has been met and is also ongoing.
Connect employees to state and federal mental health programs that provide educational stipends.	TCHSA employees have taken advantage of many stipend repayment programs.

Continued goal: Will provide training to bilingual staff in evidence-based programming such as WRAP; Seeking Safety; Mental Health First Aid and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to be able to provide evidenced-based best practices to community members who are monolingual Spanish-speaking.	This goal is met and ongoing.
TCHSA would like to increase collaboration with the California Department of Rehabilitation (DOR) related to rehabilitation, training and employment.	Goal in progress.

CAPITAL FACILITIES AND TECHNOLOGY (CFT)

Allocation by Fiscal Year, CFT

Capital Facility and Technology (CFT) funds provide resources to update the outdated facilities and technology that—early in MHSA funding—were found in most County Mental Health programs.

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

Below allocations, therefore, are current estimates, from the FY 2017/2018 – FY2019/2020 Three Year Plan. Further budget information can be found in Appendix A.

FY 2017-18	FY 2018-19	FY 2019-20
$150,000	$320,000	$300,000

Description, CFT

Capital Facilities and Technology (CFT) provides additional infrastructure needed for increased serves, such as clinics and facilities. CFT also develops technological infrastructure for the mental health system, such as electronic health records (HER) for mental health services.

TCHSA has focused its use of CFT funds on the purchase and implementation of an electronic health records (EHR) system. Multiple delays have pushed back the live date of the EHR system and vendor select (MyAVATAR). One delay allowed for necessary upgrades to TCHSA servers. Remaining delays stem from vendor staff turnover and lack of adequate vendor support. Development of the EHR remains in process with a tentative implementation date of July 1, 2019.

CFT – Goals & Update

GOALS	Update – Successes & Challenges
Continue to upgrade TCHSA's information technology systems so they can accommodate an electronic healthcare records system.	This goal is both met and in process.
Implement electronic healthcare record system (MyAVATAR).	This has been a challenging processing. TCHSA is getting closer to implementation date.
Train staff to use the electronic health record system.	Staff will be trained before and after implementation date of July 1, 2019.

APPENDIX A: Annual Update Funding FY 18/19 and FY 19/20

FY 2018/19 Mental Health Services Act Annual Update
Funding Summary

County: Tehama Date: 4/18/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/2019 Funding						550,618
1. Estimated Unspent Funds from Prior Fiscal Years	836,762	1,415,940	388,229		45,371	
2. Estimated New FY 2018/19 Funding	2,592,964	691,457	172,864			
3. Transfer in FY 2018/19[a/]	(216,737)			72,108	144,629	0
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	3,212,989	2,107,397	561,093	72,108	190,000	
B. Estimated FY 2018/19 MHSA Expenditures	2,637,955	816,562	92,023	72,108	190,000	
C. Estimated FY 2018/19 Unspent Fund Balance	575,034	1,290,835	469,070	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	550,618
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	550,618

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. MH Services FSP	1,402,645	845,887	556,758			
2. FSP Resources: Employment	388,880	388,880				
3. FSP Resources: Housing	129,598	129,598				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Access	1,443,942	929,509	514,433			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	344,081	344,081				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,709,146	2,637,955	1,071,191	0	0	0
FSP Programs as Percent of Total	51.8%					

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FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Community Education & Latino Outreach	110,191	110,191				
2. Nurturing Parenting	67,006	67,006				
3. Sitgma Reduction	97,200	97,200				
4. Suicide Prevention	208,057	208,057				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
PEI Programs - Early Intervention						
11. Trauma Focused Cognitive Behavioral Therapy	117,091	96,600	20,491			
12. Parent Child Interaction Therapy	4,000	4,000				
13. Peer Advocates	127,000	127,000				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	106,508	106,508				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	837,053	816,562	20,491	0	0	0

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FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Tech Suite	92,023	92,023				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	92,023	92,023	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Education	72,108	72,108				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	72,108	72,108	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records (EHR) System	190,000	190,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	190,000	190,000	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Funding Summary

County: Tehama

Date: 4/18/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/2020 Funding						550,618
1. Estimated Unspent Funds from Prior Fiscal Years	575,034	1,290,835	469,070			
2. Estimated New FY 2019/20 Funding	2,592,964	691,457	172,864			
3. Transfer in FY 2019/20[a/]	(261,907)			71,907	190,000	0
4. Access Local Prudent Reserve in FY 2019/20						0
5. Estimated Available Funding for FY 2019/20	2,906,091	1,982,292	641,934	71,907	190,000	
B. Estimated FY 2019/20 MHSA Expenditures	2,895,586	786,324	156,182	71,907	190,000	
G. Estimated FY 2019/20 Unspent Fund Balance	10,505	1,195,968	485,752	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	550,618
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	550,618

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2019/20 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. MH Services FSP	1,716,441	1,007,594	708,847			
2. FSP Resources: Employment	20,366	20,366				
3. FSP Resources: Housing	366,009	366,009				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Access	1,610,932	1,123,932	487,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	377,685	377,685				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,091,433	2,895,586	1,195,847	0	0	0
FSP Programs as Percent of Total	51.4%					

FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Programs - Prevention						
1. Community Education & Latino Outreach	110,859	110,859				
2. Nurturing Parenting	101,602	101,602				
3. Sitgma Reduction	57,522	57,522				
4. Suicide Prevention	168,578	168,578				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
Programs - Early Intervention						
11. Trauma Focused Cognitive Behavioral Therapy	114,199	114,199				
12. Parent Child Interaction Therapy	4,000	4,000				
13. Peer Advocates	127,000	127,000				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
Administration	102,564	102,564				
Assigned Funds	0					
Total PEI Program Estimated Expenditures	786,324	786,324	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Tech Suite	156,182	156,182				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	156,182	156,182	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Education	71,907	71,907				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	71,907	71,907	0	0	0	0

FY 2019/20 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Tehama Date: 4/18/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records (EHR) System	190,000	190,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	190,000	190,000	0	0	0	0

APPENDIX B: REVENUE AND EXPENDITURE REPORTS

Annual Mental Health Services Act Revenue and Expenditure Report for Fiscal Year 2016-17
Component Summary

			A % of revenue	
1	Total Annual Planning Costs	$13,543.37	0%	Total MHSA costs for planning for all components may not exceed 5 percent of the total annual MHSA revenues received by the County
2	Total Evaluation Costs	$25,744.05		
3	Total Administration	$39,863.45		

		A	B	C	D	E	F	G	H	I	J	K
	(Click component title to jump to worksheet)	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
SECTION 1: Unspent MHSA Funds Available in the MHS Fund From Prior Fiscal Years												
1	Local Prudent Reserve										$545,763.00	$545,763.00
2	FY 2006-07											$0.00
3	FY 2007-08											$0.00
4	FY 2008-09											$0.00
5	FY 2009-10											$0.00
6	FY 2010-11				$101,850.00		$27,501.00					$129,351.00
7	FY 2011-12											$0.00
8	FY 2012-13											$0.00
9	FY 2013-14		$25,519.00									$25,519.00
10	FY 2014-15		$694,154.00									$694,154.00
11	FY 2015-16	$817,517.00	$582,584.00	$137,035.00		$145,744.00						$1,682,880.00
12	Interest	$0.00	$0.00	$0.00							$4,855.00	$4,855.00
13	TOTAL	$817,517.00	$1,302,257.00	$137,035.00	$101,850.00	$145,744.00	$27,501.00	$0.00	$0.00	$0.00	$550,618.00	$3,082,522.00
SECTION 2: MHSA Funds Received in FY 2016-17 (Revenue)												
1	Transfer from Local Prudent Reserve											$0.00
2	FY 2016-17 MHSA Funds	$2,665,973.46	$710,926.26	$177,731.56								$3,554,631.28
3	FY 2016-17 Interest Earned on local MHS Fund	$37,930.73	$10,114.86	$2,528.72								$50,574.31
4	TOTAL	$2,703,904.19	$721,041.12	$180,260.28	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,605,205.59
SECTION 3: Program Expenditures and Sources of Funding 2016-17												
1	MHSA Funds											
2	FY 2006-07				$0.00							$0.00
3	FY 2007-08				$0.00	$0.00						$0.00
4	FY 2008-09			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
5	FY 2009-10			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
6	FY 2010-11			$0.00	$70,308.42	$0.00	$0.00	$0.00	$0.00			$70,308.42
7	FY 2011-12			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00

Annual Mental Health Services Act Revenue and Expenditure Report for Fiscal Year 2016-17 Component Summary

	(Click component title to jump to worksheet)	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
8	FY 2012-13			$0.00	$0.00	$0.00		$0.00				$0.00
9	FY 2013-14			$0.00	$0.00	$0.00		$0.00				$0.00
10	FY 2014-15	$0.00	$694,154.00	$0.00	$0.00	$0.00		$0.00		$0.00		$694,154.00
11	FY 2015-16	$817,517.00	$0.00	$60,917.29	$0.00	$50,814.37		$0.00		$0.00		$929,248.66
12	FY 2016-17	$2,012,472.01	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$2,012,472.01
13	MHSA Interest	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00
14	**MHSA Net Expenditure Subtotal for FY 2016-17**	$2,829,989.01	$694,154.00	$60,917.29	$70,308.42	$50,814.37	$0.00	$0.00	$0.00	$0.00		$3,706,183.09
15	**Other Funds**											
16	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00
17	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00
18	FFP Revenue	$635,865.63	$2,897.35	$4,603.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$643,366.27
19	Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00
20	**MHSA Other Funds Expenditure Subtotal for FY 2016-17**	$635,865.63	$2,897.35	$4,603.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$643,366.27
21	**TOTAL MHSA and Other Funding Sources**	$3,465,854.64	$697,051.35	$65,520.58	$70,308.42	$50,814.37	$0.00	$0.00	$0.00	$0.00		$4,349,549.36
SECTION 4: Transfers to Prudent Reserve, WET or CFTN												
1	FY 2014-15	$0.00			$0.00	$0.00					$0.00	$0.00
2	FY 2015-16	$0.00			$0.00	$0.00					$0.00	$0.00
3	FY 2016-17	$0.00			$0.00	$0.00					$0.00	$0.00
4	**TOTAL**	$0.00			$0.00	$0.00					$0.00	$0.00
SECTION 5: Adjustments to MHSA Funds												
1	Local Prudent Reserve										$0.00	$0.00
2	FY 2006-07	$0.00			$0.00							$0.00
3	FY 2007-08	$0.00			$0.00	$0.00						$0.00
4	FY 2008-09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
5	FY 2009-10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
6	FY 2010-11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
7	FY 2011-12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
8	FY 2012-13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				$0.00
9	FY 2013-14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				$0.00
10	FY 2014-15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00
11	FY 2015-16	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00
12	FY 2016-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00
13	Interest	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00

Annual Mental Health Services Act Revenue and Expenditure Report for Fiscal Year 2016-17
Component Summary

	(Click component title to jump to worksheet)	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
14	TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SECTION 6: Adjustments to FFP Revenue												
1	FY 2006-07	$0.00	$0.00	$0.00	$0.00							$0.00
2	FY 2007-08	$0.00	$0.00	$0.00	$0.00							$0.00
3	FY 2008-09	$0.00	$0.00	$0.00	$0.00							$0.00
4	FY 2009-10	$0.00	$0.00	$0.00	$0.00							$0.00
5	FY 2010-11	$0.00	$0.00	$0.00	$0.00							$0.00
6	FY 2011-12	$0.00	$0.00	$0.00	$0.00							$0.00
7	FY 2012-13	$0.00	$0.00	$0.00	$0.00							$0.00
8	FY 2013-14	$0.00	$0.00	$0.00	$0.00							$0.00
9	FY 2014-15	$0.00	$0.00	$0.00	$0.00							$0.00
10	FY 2015-16	$0.00	$0.00	$0.00	$0.00							$0.00
11	TOTAL	$0.00	$0.00	$0.00	$0.00							
SECTION 7: Unspent MHSA Fund in the Local MHS Fund Balance (MHSA + FFP)												
1	Local Prudent Reserve										$550,618.00	$550,618.00
2	FY 2006-07				$0.00							$0.00
3	FY 2007-08				$0.00	$0.00						$0.00
4	FY 2008-09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
5	FY 2009-10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
6	FY 2010-11	$0.00	$0.00	$0.00	$31,541.58	$0.00	$27,501.00	$0.00	$0.00			$59,042.58
7	FY 2011-12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			$0.00
8	FY 2012-13	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00				$0.00
9	FY 2013-14	$0.00	$25,519.00	$0.00	$0.00	$0.00		$0.00				$25,519.00
10	FY 2014-15	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00				$0.00
11	FY 2015-16	$0.00	$582,584.00	$76,117.71	$0.00	$94,929.63		$0.00		$0.00		$753,631.34
12	FY 2016-17	$653,501.45	$710,926.26	$177,731.56	$0.00	$0.00		$0.00		$0.00		$1,542,159.27
13	Interest	$37,930.73	$10,114.86	$2,528.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,855.00	$55,429.31
14	TOTAL	$691,432.18	$1,329,144.12	$256,377.99	$31,541.58	$94,929.63	$27,501.00	$0.00	$0.00	$0.00	$550,618.00	$2,981,544.50

Version 7/1/2018
Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Component Summary

County:	TEHAMA	Date:	6/10/2019

SECTION 1: Interest and Prudent Reserve		TOTAL
1	Interest Earned on local MHS Fund	$72,960.00
2	Local Prudent Reserve Beginning Balance	$550,618.00
3	Local Prudent Reserve Ending Balance	$550,618.00

		A	B	C	D	E	F	G	H	I	J	K
		CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
SECTION 2: Transfers from Prudent Reserve and Interest Earned												
4	Transfer from Local Prudent Reserve										$0.00	$0.00
5	FY 2017-18 Interest Earned on local MHS Fund	$55,449.60	$13,862.40	$3,648.00								$72,960.00
6	TOTAL	$55,449.60	$13,862.40	$3,648.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$72,960.00
SECTION 3: Transfers to Prudent Reserve, WET or CFTN												
7	Transfers	$0.00			$0.00	$0.00					$0.00	$0.00
SECTION 4: Program Expenditures and Sources of Funding 2017-18												
8	MHSA Funds (Including Interest)	$2,873,657.83	$571,453.50	$0.00	$55,818.12	$14,082.52		$0.00	$0.00	$0.00		$3,515,011.97
9	Medi-Cal FFP	$797,152.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$797,152.00
10	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00
11	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00
12	Other	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00
13	TOTAL	$3,670,809.83	$571,453.50	$0.00	$55,818.12	$14,082.52	$0.00	$0.00	$0.00	$0.00		$4,312,163.97

SECTION 5: MHSA Planning Costs		TOTAL
14	Total Annual Planning Costs	$15,873.93
15	Total Evaluation Costs	$29,832.07
16	Total Administration	$75,810.09

State of California
Health and Human Services Agency

Department of Health Care Services

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Tehama

Local Mental Health Director

Name: Elizabeth Gowan, LMFT

Telephone: (530) 527-8491 x 3026

Email: Betsy.Gowan@tchsa.net

Document for Certification:

MHSA REVENUE AND EXPENSE SUMMARY **FY:** 16-17

I hereby certify[1] under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Elizabeth Gowan, LMFT	Elizabeth Gowan	6-6-19
Local Mental Health Director (PRINT)	Signature	Date

[1] Welfare and Institutions Code section 5899(a)

DHCS 1820 (02/19)

State of California
Health and Human Services Agency

Department of Health Care Services

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Tehama

Local Mental Health Director

Name: Elizabeth Gowan, LMFT

Telephone: (530) 527-8491 x 3026

Email: Betsy.Gowan@tchsa.net

Document for Certification:

MHSA REVENUE AND EXPENSE SUMMARY **FY:** 17-18

I hereby certify[1] under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Elizabeth Gowan, LMFT
Local Mental Health Director (PRINT)

Elizabeth Gowan 6/6/19
Signature Date

[1] Welfare and Institutions Code section 5899(a)

DHCS 1820 (02/19)

APPENDIX C: TEHAMA COUNTY TEN YEAR PLAN TO END HOMELESSNESS

Tehama County

10-Year Plan
to End Homelessness

August 2018

Prepared for Tehama County by

HousingTools

Table of Contents

Introduction

Tehama County has commissioned this 10-Year Plan to End Homelessness (the "Plan") for the purpose of laying out a succinct and practical strategy for addressing the problem of homelessness in Tehama County. The Plan identifies the greatest needs of people experiencing homelessness, as drawn from surveys, client data, and interviews. An assessment of existing shelter and services resources was then conducted. The greatest needs were then compared to existing resources to identify resource gaps. The next step was to identify achievable goals that would address the identified resource gaps. Finally, a strategy was developed for attracting new resources that would assist the County in achieving the Plan goals. The planning process is summarized in the diagram below.

The Plan is a threshold requirement of the State Housing and Community Development Department's (HCD) No Place Like Home Program (NPLH). This is a new statewide funding program that will allocate funds to counties and housing developers for the development of permanent supportive housing that assists homeless persons with mental illness. HCD requires that any county that receives NPLH funding must adopt a 10-year homelessness plan, that the plan incorporates some required data and topics, and that the county consults with proscribed groups to receive input. This Plan follows the HCD requirements in order to position Tehama County for receiving NPLH funds. The Tehama County Health Services Agency (TCHSA) is responsible for applying for and administering the NPLH funds.

Diagram 1

Planning Process

1. Identify Needs
2. Identify Existing Resources
3. Identify Resource Gaps
4. Select Goals that Address Gaps
5. Attract New Resources to Achieve Goals

The Plan builds upon the work of the Tehama County Homeless Stakeholder Collaborative (the "Homeless Stakeholder Collaborative") and the Tehama County Continuum of Care (the "CoC"). Both of these collaborations bring together entities from across Tehama County for the purpose of ending homelessness. They include a diverse membership that draws from government, nonprofits, churches, advocacy organizations, and community members. At the appropriate time, these two groups will merge into one organization.

The Homeless Stakeholder Collaborative has been meeting for more than a year, starting in June 2017, motivated by a desire to work in a collaborative and constructive way to address the growing problem of homelessness. The Tehama County Administration Office and other County Departments have convened this workgroup, with active participation from housing and service providers, faith-based organizations, and community volunteers. The Homeless Stakeholder Collaborative have responded to a call for action raised by the 2016-17 Grand Jury report that investigated the issue of homelessness in Tehama County. They have done this by establishing Priority Areas, and a committee for each Priority Area to implement goals. The Priority Areas include:

- **One Stop Concept:** a central location or locations that can offer a wide range of services that are needed by the homeless population in a welcoming environment;
- **Temporary Housing:** short-term housing that can immediately be made available to homeless individuals, with support services that help them prepare to move into permanent housing;
- **Sustainable Housing:** permanent and affordable housing that will help homeless individuals stabilize and build self-sufficiency; and
- **An Awareness Campaign:** that raises public awareness of the need to address homelessness, and proven strategies to address it.

In 2018, The Homeless Stakeholder Collaborative presented the Priority Areas, along with a proposed resolution that pledged support to achieving their goals, to the Tehama County Board of Supervisors, and the City Councils of Red Bluff, Corning, and Tehama. This resulted in resolutions by each of these entities to support: an increase in affordable housing units, an increase in year-round emergency/short term housing and supportive services, creation of a one-stop center for day services, and an increased awareness about homelessness in Tehama County.

The Homeless Stakeholder Collaborative' findings and goals have been informed by the CoC's work, and active participation from CoC members. The establishment of the CoC in 2015 was a requirement of the U.S. Department of Housing and Urban Development ("HUD") for receiving federal homelessness assistance grants through the federal Continuum of Care program (formerly called McKinney-Vento Homeless Grants). The CoC has set up a structure for government, nonprofit and private entities to coordinate the delivery of housing and supportive services for homeless individuals and families. The purpose of this coordination is to make the delivery of housing and services efficient and effective, maximizing the county's capacity to move individuals out of homelessness as quickly as possible. This structure is outlined in the CoC's Governance Charter, with the Executive Council established as its decision-making body.

The CoC plays an important role in addressing homelessness in Tehama County. As an entity charged by the federal government with prioritizing and administering homeless funding, the CoC reviews and recommends applications for Emergency Solutions Grants (ESG) and CoC grants, and submits an annual Consolidated CoC Funding Application to HUD. The CoC also maintains the county's Homeless Management and Information System (HMIS), which is used by housing and service providers to track utilization of homeless services, and program outcomes. The CoC has also implemented a Coordinated Entry system. This is a system to prioritize homeless individuals with the greatest needs and quickly connect them with the most appropriate housing and services available.

Given the scope of work of the Homeless Stakeholder Collaborative and the CoC, and their critical roles as collaborative and coordinating bodies that bring together groups across the County that are working on the homelessness issue, these bodies play a central role in the Plan's implementation. The Homeless Stakeholder Collaborative and the CoC provide organizational structures that can be employed to strategize, implement, and assess and report progress on the Plan's goals.

Community Outreach

Community outreach for the development of this Plan was coordinated with the Homeless Stakeholder Collaborative and the CoC, in coordination with Tehama County Health Services Agency (TCHSA), and the Department of Social Services/Community Action Agency (DSS/CAA). These two groups have significant overlap, as many members of one group participate in the other. Below is a summary list of the participants in the Homeless Stakeholder Collaborative.

- County Administration
- County Health Services Agency
  - Behavioral Health
  - Primary Care Clinic
  - Public Health
  - Substance Use Recovery
- County Department of Social Services
  - Child and Adult Protective Services
  - Community Action Agency
- County Child Support Services
- County Community Development, including Housing and Planning
- County Probation
- County Department of Education
- County Sheriff
- Cities of Red Bluff and Corning Planning Departments
- Cities of Red Bluff and Corning Police Departments
- Red Bluff Chamber of Commerce
- Tehama County Association of Realtors
- Cities of Red Bluff & Corning Admin.
- County Library
- Housing Providers
- Homeless Service Providers
- Community Health Care Providers
- Plumas County Community Development Commission & Housing Authority (administering Housing Authority for Tehama County)
- St. Elizabeth Community Hospital
- Veteran's Administration & Resource Center
- Representatives of family caregivers of persons living with serious mental illness
- Advocacy groups and volunteers
- Churches and Faithworks
- Poor and The Homeless (PATH)
- Head Start
- National Alliance on Mental Illness (NAMI)
- Corning Healthcare District
- Northern Valley Catholic Social Service (NVCSS)
- County Public Guardian
- Tripartite Board

Three meetings of the Homeless Stakeholder Collaborative were dedicated to developing the Plan over the past six months— an introduction and overview of the planning process on February 20, 2018, a goal setting workshop on April 18, 2018, and a draft plan overview for public comment on June 20, 2018.

In addition to the Homeless Stakeholder Collaborative meetings, the Plan authors conducted interviews and focus groups with the following individuals and organizations:

- CoC Coordinator
- Homeless Stakeholder Collaborative Priority Area Committees
- TCHSA Department Head and Directors
- TCDSS & Community Action Agency Director
- St. Elizabeth Community Hospital and Elder Services Group
- Probation Chief
- County, City of Red Bluff, and City of Corning Planning Departments
- County Department of Education, Student Support Services
- County Mental Health Services Act (MHSA) Workgroup
- City of Red Bluff Police Chief
- Tehama 211
- Poor and the Homeless (PATH)
- Northern Valley Catholic Social Service (Nonprofit Developer)
- Local National Association on Mental Illness (NAMI), including family and caregivers

These interviews and focus groups provided history and background, data sources, and referral to other individuals for interviews. In addition, participants described existing programs and resources and made recommendations for solutions to address current gaps and challenges.

Needs Assessment

A.1. Homelessness

CoC Point-In-Time Survey

Surveys and social services client data provide information on the current state of homelessness in Tehama County. The primary data source on homelessness is the CoC Point-In-Time Survey that was conducted on January 24, 2017. This is a one-day event organized by the CoC in which volunteers reach out to homeless individuals on the street, and in parks, camping areas, libraries, shelters, transitional housing facilities, and jails. The Point-In-Time Survey is an effort to learn more about the current extent and conditions of homelessness. A uniform survey was conducted of all homeless individuals that were willing to participate. The survey included questions about demographics, sleeping location, residency, disabling conditions, sources of income, length of time homeless, and causes of homelessness, among other topics.

The Point-In-Time Survey counted a total of 157 homeless individuals in Tehama County. Of these individuals, 90 were men, 55 were women, and 12 were children. About two-thirds were 25 to 55 years old, with the next largest age group, about one-fifth, being over 55 years old. The largest racial or ethnic group surveyed were White or Caucasian at 72%, followed by Hispanic/Latino at 15%, Multiple Races at 7%, and American Indian/Alaska Native at 4%.

Chronically Homeless is a key characteristic that is tracked by the federal government and CoCs in order to understand the number of homeless individuals with the greatest needs. Chronically Homeless individuals are defined by HUD as individuals with a disabling condition that have been homeless for one year or longer, or with a disabling condition that have had at least four episodes of homelessness in the last three years. "Homeless" by this definition means sleeping in a place not meant for human habitation, or in an emergency shelter. The Point-In-Time Survey counted 56 Chronically Homeless individuals in the county, which was 36% of all persons surveyed.

Chart 1

Where Did You Stay Last Night?

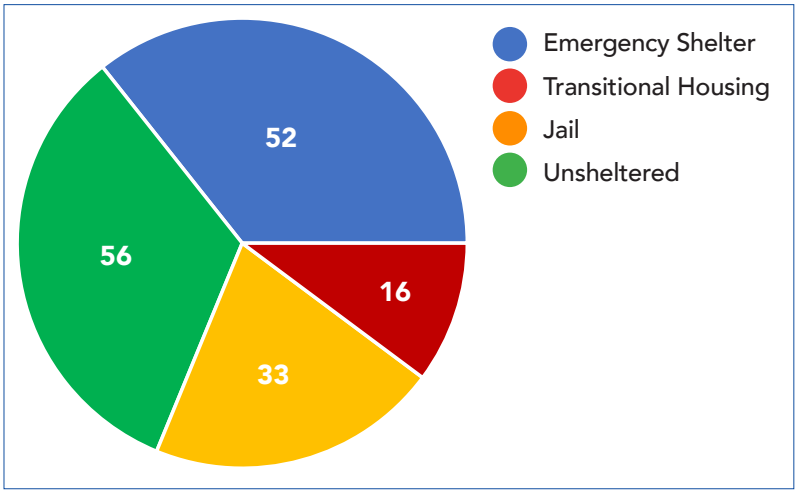


Chart 1 shows that the largest number of individuals surveyed (56) were unsheltered, followed by persons in Emergency Shelter (52).

Chart 2 shows that the majority of persons surveyed had been homeless for longer than one year- a total of 76 individuals. (Responders to this question did not include the 12 homeless children.)

Chart 2

Length of Time Homeless

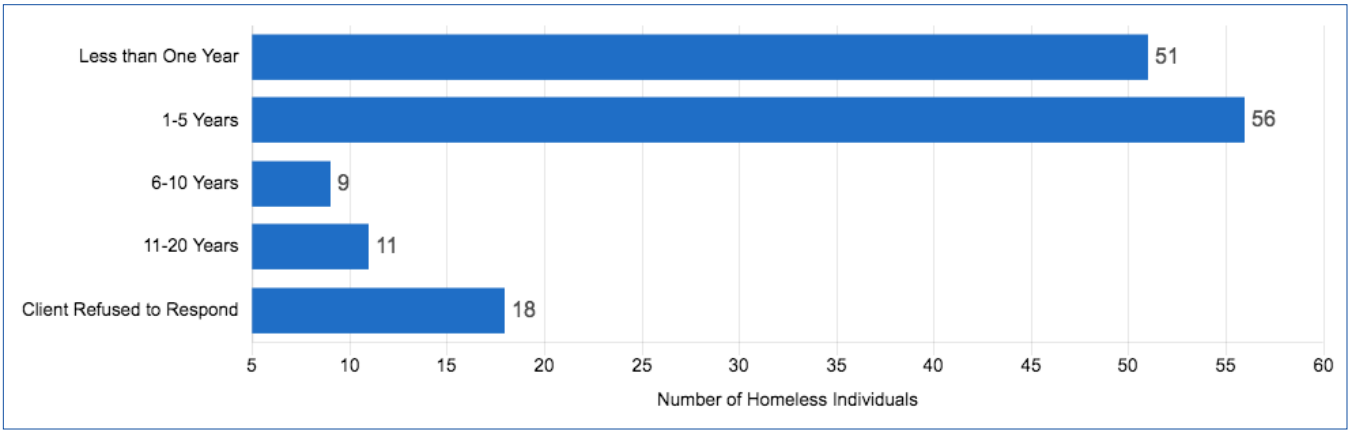


Chart 3

Sources of Income

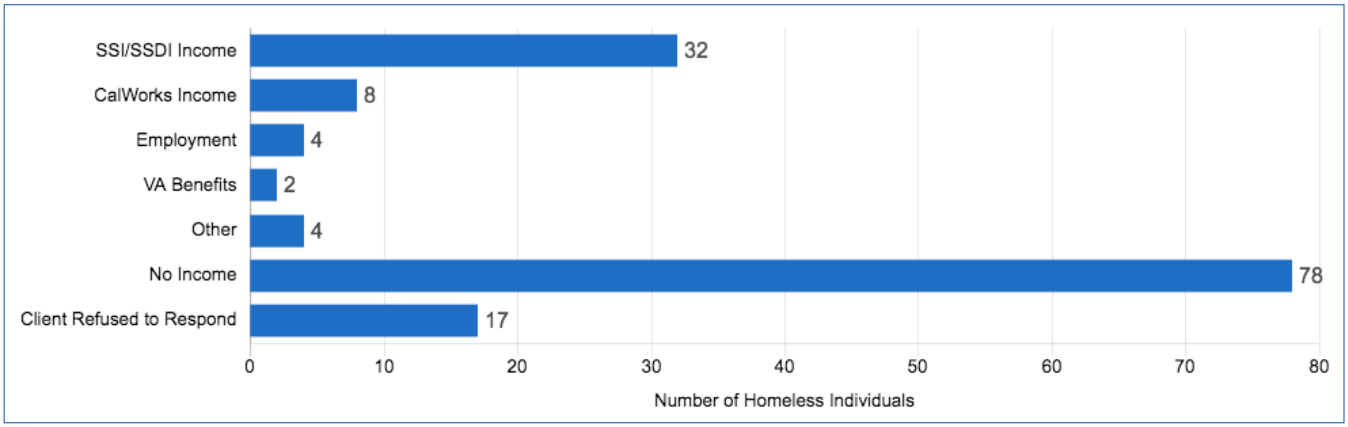


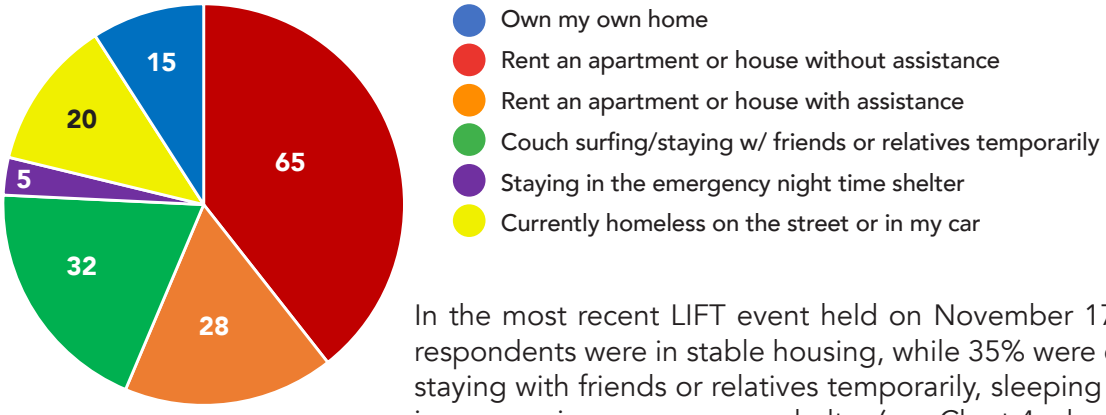
Chart 3 shows sources of income for survey respondents. Most respondents (61%) reported no income. This was by far the largest income source reported. (Responders to this question did not include the 12 homeless children.) Interestingly, one quarter of respondents reported an annual income of between $10,000 and $20,000, indicating that a modest income alone does not always open doors to housing.

LIFT Survey

Another survey source for information about homelessness is the LIFT (Live Inspired For Tomorrow) Survey. LIFT is an event held each year that brings a variety of services under one roof for homeless and low-income persons. At the LIFT event, a survey has been conducted each of the last two years to learn about the characteristics and needs of attendees. The LIFT Survey was completed by the Tehama County Community Action Agency.

Chart 4

LIFT Survey - Current Housing Situation



In the most recent LIFT event held on November 17, 2017, 65% of respondents were in stable housing, while 35% were couch surfing or staying with friends or relatives temporarily, sleeping on the street or in a car, or in an emergency shelter (see Chart 4, above).

In regards to recent housing history, 72% of respondents had lived with family or friends in the past two years, and 64% of respondents had lived on the street, in a car, or in a temporary shelter in the past two years.

Charts 5 and 6 below show the responses for housing financial services, and other housing services, that would be most helpful.

Chart 5

Financial housing services that would be helpful?

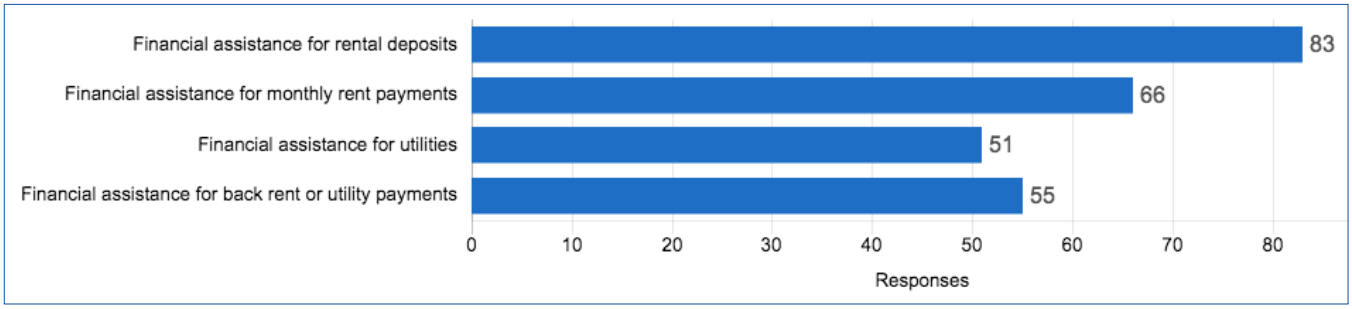
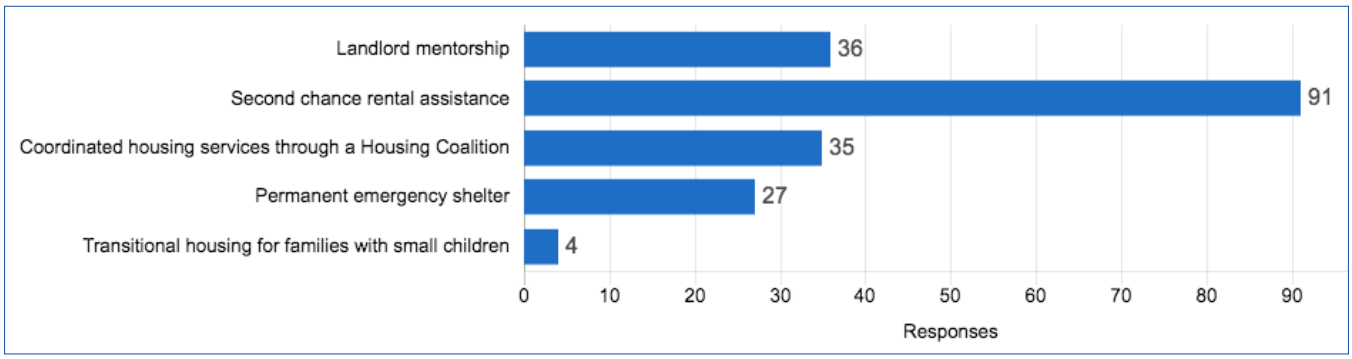


Chart 6

Other housing services that would be most helpful?



Tehama County Department of Social Services Data

The Tehama County Department of Social Services (TCDSS) provides temporary housing and financial assistance to residents through its Temporary Homeless Assistance and BOOST programs. TCDSS provided information on the number of requests that it has received for these services from homeless families and individuals from April 2017 through March 2018. During those 12 months, TCDSS received 106 requests for homeless assistance, including 86 requests for temporary housing assistance, 13 requests for permanent housing assistance, and 7 requests for temporary and permanent housing assistance.

Tehama County Department of Education Data

The Tehama County Department of Education collects information on the number of students within the county that lack a regular nighttime residence. This data is voluntarily reported by schools. As such, the number of students experiencing housing instability is often under-reported. For the reporting cycle of 2016, the County reported 506 students who lacked a regular nighttime residence. Their place of residence is shown below.

Tehama County K-12 Students Lacking a Regular Nighttime Residence:

- Temporarily Doubled Up: 446
- In Hotels or Motels: 28
- Unsheltered: 17
- In Temporary Shelters: 15

While the CoC does not consider families that are doubled up, or in hotels or motels, as homeless, this data provides a good indicator of families who are at risk of homelessness.

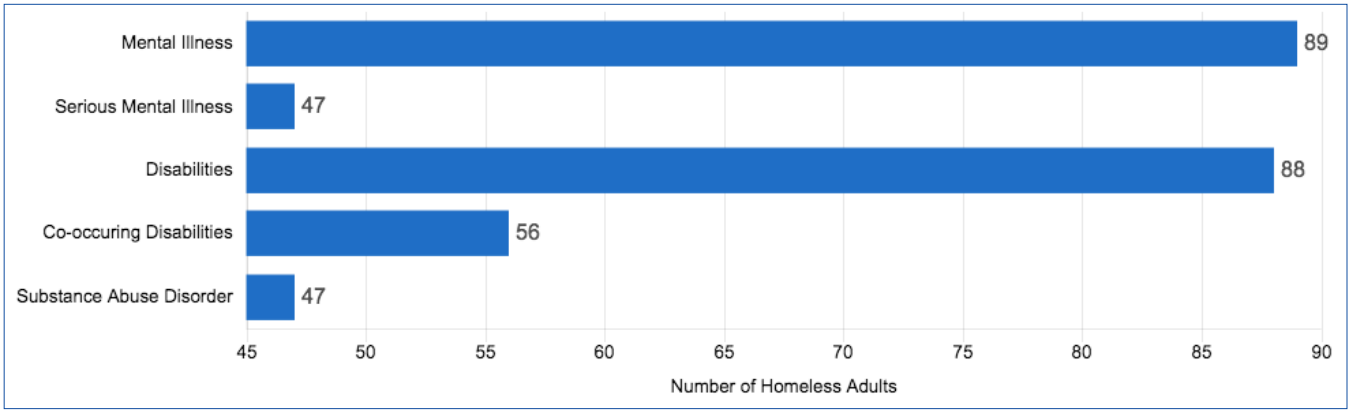
A.2. Mental Illness

CoC Point-In-Time Survey

The CoC Point-In-Time Survey provides insight on the disabling conditions of homeless individuals, including mental illness and other co-occurring disabilities. The 157 persons surveyed were asked

Chart 7

Disabilities and Substance Abuse



if they experience a disability and could select more than one condition from a list. Of the 157 respondents, 89 said that they have a mental illness, and 47 of those with a mental illness said they have a serious mental illness. Of the respondents, 88 said they had a disability, 56 said they had co-occurring disabilities, and 47 said they had a substance abuse disorder. Chart 7 shows responses to the disability question.

Tehama County Behavioral Health Division Client Data

The Tehama County Health Services Agency (TCHSA), Behavioral Health Division, tracks data on its clients that receive mental health treatment. This data helps one understand the connection between mental health issues and homelessness. Between January 1, 2016 and December 31, 2017, 6% of their clients that conducted an entry interview reported as being homeless, which was 185 unduplicated individuals over two years. Client records also show that during that period, 57 homeless individuals received services for a dual diagnosis of mental illness and substance abuse, which is 31% of clients that reported being homeless.

Mental Health Services Act Special Needs Housing Survey

The MHSA is a California law that provides funding for mental health services in specific categories. There is a category called Community Services and Supports which provides funding for clients who need intensive services, including those who are homeless or at risk of homelessness. Additionally, there is a separate category dedicated to building permanent housing for those experiencing severe and persistent mental illness, called the Special Needs Housing Program (SNHP). The County MHSA program is currently planning to fund the development of permanent supportive housing. As part of the planning process, TCHSA conducted a Special Needs Housing Survey to better understand the needs of the population that will benefit from this housing.

The MHSA Special Needs Housing Survey was administered at the Vista Way One Stop Center and the Corning Mental Health office, and was completed by 60 MHSA clients that use those services. Almost all of the participants, 44 individuals, had lived in Tehama County over five years, and 12 individuals had lived in Tehama County between one and four years. Of those who participated in the survey, 18 individuals (30%) had been homeless in the last three years, and 25 individuals (42%) were living in an institution, or in temporary or transitional housing. When asked to identify their highest priority supportive services, the top three responses were:

Highest Priority Supportive Services:

- Mental Health Services: 49
- Transportation: 32
- Assistance with Food: 30

In response to another question about vocational services, 51% of survey participants said that they were very interested in a paid work program, and another 25% said they were somewhat interested in a paid work program.

When asked about preferred housing amenities, the top four responses were:

- Walking Distance to Services: 38
- Access to Internet: 35
- Pets Allowed: 34
- Community Room/Laundry Facilities: 25

When asked about their preferred type of housing, most respondents preferred a one-bedroom apartment. The next highest response was a two-bedroom apartment.

Focus Group with Persons with Mental Illness and Family Caregivers

On May 3rd, 2018, a focus group was conducted with the Tehama Chapter of the National Alliance on Mental Illness (NAMI) to understand their perspective on the homeless issue, and potential solutions. This group consisted of persons with mental illness and family caregivers of persons with mental illness. NAMI advocates for persons with mental illness throughout the community, and conducts public awareness and education on mental illness to remove stigma and encourage more effective care. The Tehama County NAMI Chapter has been active for about five years, and has recently formed its own 501c3 nonprofit entity.

Three of the seven focus group participants had been homeless in the past, and three others were caregivers of family members with mental illness that had experienced homelessness. Two of the three participants who had been homeless had also been victims of abuse, and these two participants had also struggled with substance abuse.

The principle cause of homelessness for one of the participants was the ending of a relationship, limited income, and lack of affordable housing. When she was able to find a place to live, she often had no money left for food or utilities. All the affordable housing projects had long waiting lists. Due to these challenges, this participant was homeless for six months.

Much of the focus group discussion was spent sharing experiences in which consumers and/or family members expressed frustration with the system due to possible misdiagnosis and/or improper treatment for mental health conditions. There was general agreement that there is inadequate expertise and capacity within the medical and criminal justice systems to effectively diagnose and treat mental illness. This stems from a general lack of awareness about mental illness, and commonly held beliefs that it is a problem of choice or character, rather than a disease. As was described through participants' experiences, lack of awareness and misdiagnosis can lead to a worsening of mental health, and increases the vulnerability of falling into homelessness. For example, not prescribing the correct medication, or any medication at all, can cause a multitude of problems for persons with mental illness that can impact income and housing stability.

More mental health expertise and resources are desperately needed within the County, especially within the medical system. Some participants shared that they have difficulty scheduling important regular visits with their doctor to ensure that the correct medication is being taken, and to make any necessary adjustments in the type of medication or dosage. Tele-Psychiatry is an available service in which a client can discuss health conditions with a doctor on the phone, which can help address the challenge of regular access to a doctor. However, often it is more effective for a doctor to see a patient in person because it offers a more comprehensive assessment, including visual indicators of health. Tehama County is experiencing impact due to Psychiatrist shortage in the area which makes it difficult for those with mental health issues to get the level of care they could use.

The focus group also shared experiences of how they were able to exit homelessness. A consistent theme was the importance of personal relationships and social support. In one case, it was a caregiver at a board and care facility that helped a participant make necessary life changes. Another participant shared that a Case Resource Specialist from Vista Way helped her get into a subsidized apartment. In another case, a participant received help from a Bishop at a church.

Another theme was the importance of Case Managers in helping homeless individuals access needed services. It is challenging to navigate services, especially government assistance programs,

without guidance and without flexible transportation. Case managers at Vista Way were consistently mentioned as extremely valuable supports due to their knowledge of how to access care and resources. Classes at Vista Way have also helped persons with mental illness to learn new skills and build self-sufficiency.

Another important support mentioned by multiple participants was involvement with the Northern Valley Catholic Social Service (NVCSS) Peer Support Program. Most of the focus group participants with mental illness were NVCSS Peer Support Advocates. This provides them with opportunities to support one another. This support includes practical help, such as providing information about services and low-cost food or other items, or getting a ride to an appointment or activity. It also includes emotional support from others that deal with similar challenges. NAMI also provides a vital support network, in addition to advocacy for persons with mental illness.

Affordable housing was key in helping participants leave homelessness. This included subsidized apartments, rental assistance vouchers, and family support. Multiple participants stated that a year-round shelter is needed, including additional supportive services that can help visitors access substance abuse treatment, public assistance, and affordable housing. In addition, participants shared how difficult it is to access affordable housing due to limited availability and long waiting lists.

When asked what type of housing is in greatest need for persons with mental illness, participants agreed that the community could benefit from more affordable one-bedroom apartments. Ideally the housing could provide some type of transportation, such as an on-site van. Some participants liked the arrangement of mixed populations, such as mixed family arrangements and ages, that may include a portion of households with disabilities. In terms of location, participants would like to live in housing that is within walking distance of a bus line, shopping, and services.

Children with Serious Emotional Disturbance

HCD requires that county 10-year plans on homelessness report on data about and needs of Children with Serious Emotional Disturbance. The Disabilities Education Act defines Emotional Disturbance as "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; and a tendency to develop physical symptoms or fears associated with personal or school problems." (Code of Federal Regulations, Title 34, §300.8(c)(4)(i))

The Tehama County Special Education Local Plan Area (SELPA) tracks statistics on students with disabilities, including Emotional Disturbance. In 2016, Tehama County SELPA reported that 48 students with Emotional Disturbance. In 2017, Tehama County SELPA reported 50 students with Emotional Disturbance. This number for each of the last two years makes up 3.5% of the County's total special education population. The number of students with Emotional Disturbance has remained steady over the past 10 years.

Students identified with "Other Health Impairments" by Tehama County SELPA is another window into the extent that external factors may impact the mental health of children. In the last 10 years, students with Other Health Impairments has increased from 58 students to 148 students. Many of these students qualify due to social and emotional issues, and behavioral deficits. About 6% of the County's special education population receive intensive educationally related mental health services.

A.3. Housing Availability and Affordability

The availability and affordability of housing within a community is a principal factor that affects homelessness. Investigation of these conditions involved a review of: U.S. Census and U.S. Department of Housing and Urban Development (HUD) data on demographics, income, and housing; the Tehama County Community Action Agency (CAA) Landlord Survey; Tehama 211 data; and local jurisdiction progress in meeting Regional Housing Needs Allocations set through State Housing Element Law.

U.S. Census and HUD Data

An overview of countywide demographics and household income provides a foundation for understanding housing affordability. The principal data source for this information is the U.S. Census 2012-2016 American Community Survey. Market and affordable rent information is sourced from HUD.

In terms of household income, 29% of all Tehama County households (or an estimated 6,883 households) earn less than $25,000 annually. These households are generally classified as "Very Low Income" by HUD and typically face challenges affording market housing costs. According to HUD, a Very Low Income Household earns 50% of Area Median Income, which was $26,900 for a three-person household in 2018.

The Federal Poverty Threshold is a measure of incomes lower than HUD's Very Low Income definition, and is $20,780 for a three-person household in 2018, which is also 30% of Area Median Income. An estimated 18% of all households in the county (or 4,219 households) have income below the Federal Poverty Threshold. These households are considered to be at a high risk of becoming homeless.

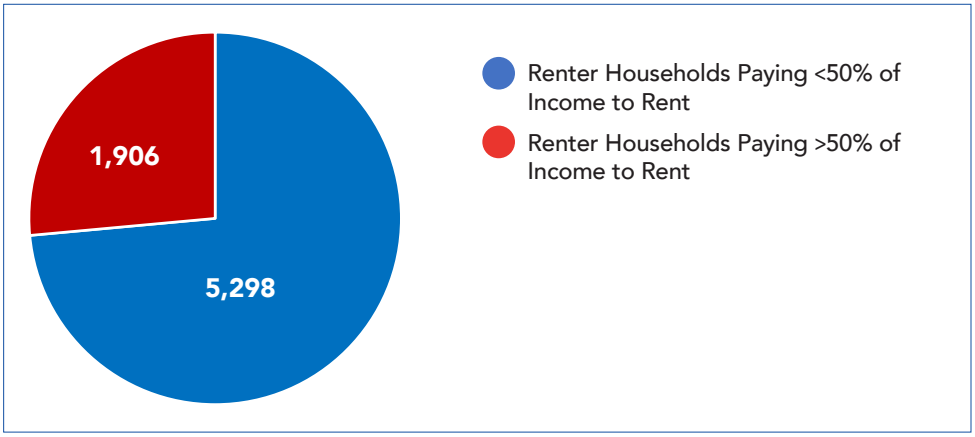
Persons with disabilities often have special housing needs, and also often have fixed, limited incomes. Housing that meets these needs, and housing affordability, are critical issues for this population. An estimated 20% of the Tehama County population (or 12,442 individuals), have a disability. By comparison, there are 181 beds in housing with features and services specifically for disabled persons in the County.

According to the U.S. Census, about 26% of Tehama County renter households pay more than half of their income toward rent, as shown in Chart 8 below. By comparison, the housing affordability standard used by HUD for setting Section 8 rents is 30% of income paid toward rent. The housing affordability standard used by the mortgage industry is generally 35% of income paid toward housing costs.

Fair Market Rent is set by HUD for each county or Metropolitan Statistical Area to determine typical market rent. The Fair Market Rent for a two-bedroom unit in Tehama County was $820 in 2017. Affordable rent is determined by taking 30% of monthly

Chart 8

Cost Burdened Renter Households, 2016

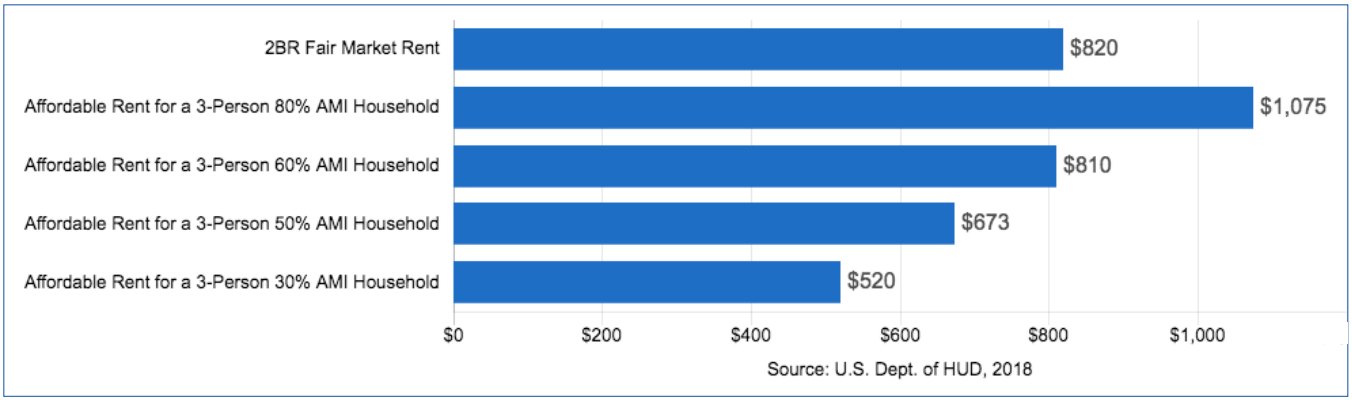


household income. Affordable rent for a three-person household earning 50% of Area Median Income is $673, or $147 less than Fair Market Rent. Chart 9 below shows Fair Market Rent in comparison to what is affordable to households at various percentages of Area Median Income.

As another indicator of housing affordability, one can calculate the number of minimum wage hours per week that would be required to afford a two-bedroom Fair Market Rent unit. At the State of California minimum wage of $11 per hour, an individual would need to work 62 hours per week, in comparison to the full time equivalent of 40 hours per week, to afford Fair Market Rent.

Chart 9

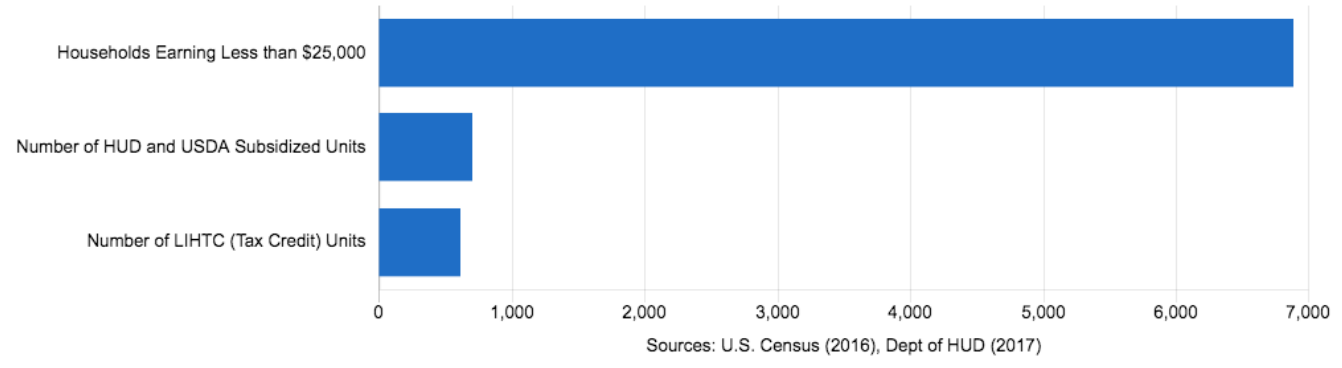
Affordable Rent Compared to FMR, 2017



Publicly subsidized, affordable rental units are typically affordable to Very Low Income Households, or households earning less than 50% of Area Median Income. As shown in Chart 9, these households typically cannot afford market rents. As these households generally earn less than about $25,000, Chart 10 compares the number of these households to the number of publicly subsidized, affordable rental units in the county. The HUD and USDA Subsidized Units category includes public housing, other federally subsidized units, and Section 8 Housing Choice Vouchers. The LIHTC (Tax Credit) Units category includes tax credit financed projects that are generally rent restricted for a shorter period than HUD and USDA subsidized units, and typically with higher, yet still affordable, rents. As Chart 10 shows, the number of publicly subsidized, affordable units in the county falls far short of the need.

Chart 10

Affordable Housing Units and Needs, 2016



Tehama County Community Action Agency (CAA) Landlord Survey

For the purpose of understanding the impact of the housing market on their clients, CAA conducts an annual survey of market rate and subsidized rent landlords each year. CAA surveyed 25 landlords for their 2017 Landlord Survey, including 15 market rent landlords, and 10 subsidized rent landlords. The surveyed landlords own a total of 1,921 rental units. Notable findings from the surveys are summarized below.

Average Number of Households on Waiting Lists:

- Subsidized Projects: 68
- Market Rate Projects: 16

Average Number of Months Spent on Waiting Lists:

- Subsidized Projects: 18
- Market Rate Projects: 2

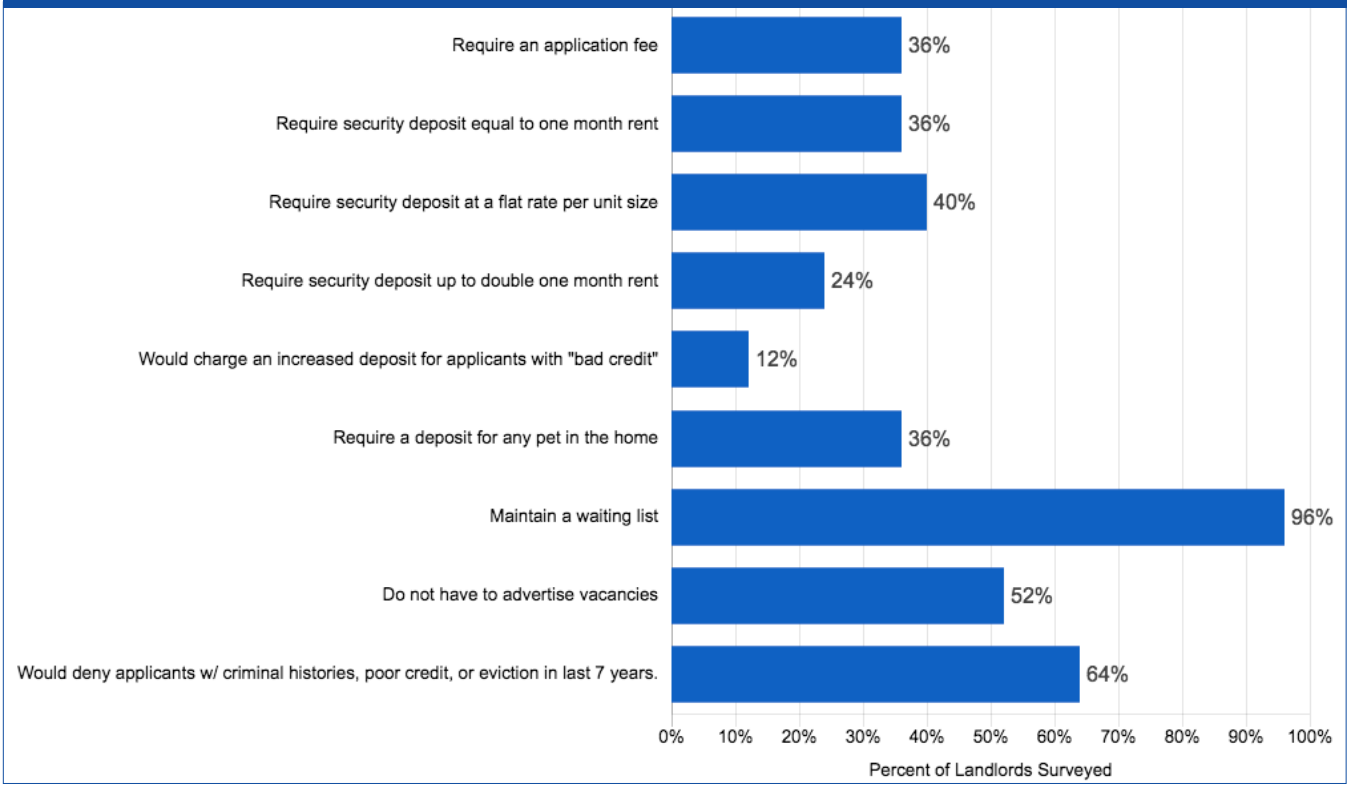
Table 1: Average Rents

	Fair Market Rent	Surveyed Subsidized Rent	Surveyed Market Rent
Average Studio Rents	$570	$313	$550
Average One-Bedroom Rents	$619	$557	$715
Average Two-Bedroom Rents	$823	$559	$960
Average Three-Bedroom Rents	$1,130	$717	$1,380

Chart 11 below shows surveyed landlords responses to various survey questions. Of particular note is the last question, which shows that 64% of landlords would deny applicants with criminal histories, poor credit, or eviction in the last 7 years. Applicants with these characteristics are particularly vulnerable to becoming homeless due to the limited availability of alternative housing.

Chart 11

Landlord Survey Responses



Tehama 211 Data

Tehama 211 is a nonprofit organization that provides information to callers about community resources. Tehama 211 produces an annual report with statistics about calls received during the year. A total of 1,390 calls were received by Tehama 211 in 2017. Caller ages are generally evenly distributed among age groups from 18 to over 60 years old. The majority of callers (65%) resided in Red Bluff.

The top caller need in 2017 was for housing. The top caller unmet needs are listed below.

Tehama 211 Top Caller Unmet Needs (2017):

1. Rent Payment Assistance
2. Utility Service Payment Assistance
3. Rent Deposit Assistance
4. Gas Money
5. Homeless Shelter

The top caller need in 2016 was also for housing. Top caller unmet needs are listed below. They were not ranked in 2016 as they were in 2017.

Tehama 211 Top Caller Unmet Needs (2016):

- Rent Payment Assistance
- Homeless Shelters
- Utility Service Payment Assistance
- Food Pantries/Emergency Food
- Rent Deposit Assistance

Regional Housing Needs Allocation Progress

The Regional Housing Needs Allocation (RHNA) is a State-mandated process of setting regional, county, and city goals for housing production, per Government Code Section 65584 et. seq. Based on income distribution statistics and population growth trends, production goals are set for different affordability levels, including Above Moderate, Moderate, Low, and Very Low. For Tehama County, including the Cities of Red Bluff and Corning, RHNA goals are set every five and a half years. The current RHNA period is January 1, 2014 through June 30, 2019.

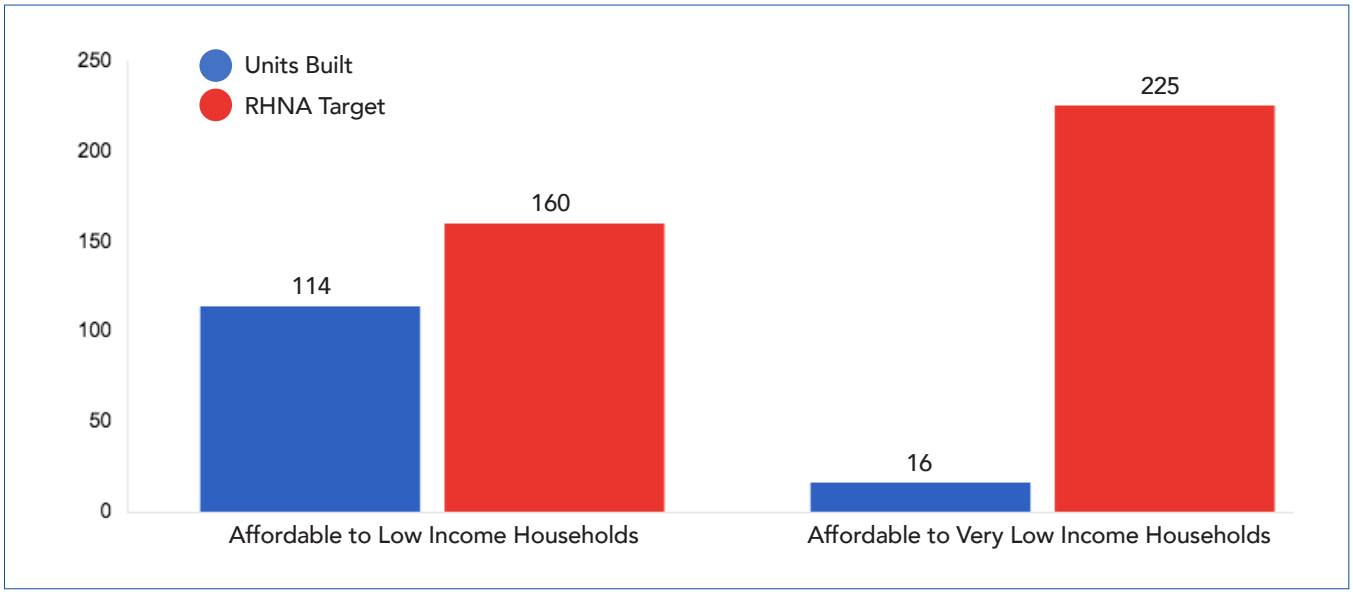
State Housing Element Law requires that every county and city show in their Housing Element how they will accommodate housing production that meets the RHNA for the current period. This is done by identifying an adequate number of properties that are zoned appropriately for accommodating housing at the different income levels. For example, properties identified for development of Low Income and Very Low Income housing units must be zoned for higher multifamily densities than Moderate and Above Moderate housing units. The properties must also be assessed for development feasibility in terms of environmental constraints. In addition, each jurisdiction's housing element must show how they will meet the RHNA by implementing a housing program, with goals that may include funding support, regulatory relief, and other incentives.

State Housing Element Law also requires that each jurisdiction submit an annual Housing Element progress report that identifies how many units have been permitted at the different RHNA income levels. Chart 12 shows the County's progress in meeting its RHNA for Low Income and Very Low

Income units. The progress shown represents development permits through the end of 2017. In the Unincorporated County, Tehama County permitted 16 Very Low Income housing units and 30 Low Income units through 2016, and 40 Low Income units in 2017. The City of Red Bluff permitted 26 Low Income units through 2016, and 18 Low Income units in 2017. While the county is approaching its RHNA for Low Income units, it is far short of reaching RHNA for Very Low Income units.

Chart 12

RHNA Progress through 2017



A.4. Needs Assessment Conclusion

Below is a summary of key findings from a review of homelessness, mental illness, and housing affordability and availability.

Homelessness

A high proportion of homeless individuals in Tehama County have the greatest needs, and are the most difficult to stably house. Noteworthy characteristics of the homeless population gathered from the 2017 CoC Point-In-Time study:

- Over one-third were unsheltered;
- Over half had no income;
- The large majority had been homeless longer than a year; and
- Over one-third were Chronically Homeless.

Clearly, there are critical resources for this population that are not available, or are available and are not being accessed.

Mental Illness

A majority of homeless individuals suffer from mental illness and other disabilities, and a significant proportion have co-occurring disabilities, including substance abuse issues. These disabilities are extremely challenging to overcome without adequate social and financial support. When combined with other hardships, including loss of job, eviction, abuse, family dissolution, and/or other issues, individuals with mental illness and other disabilities become more vulnerable to falling into homelessness. Once homeless, the stresses and negative mental, psychological, and physical impacts of being without regular shelter can then exacerbate the challenges presented by mental illness, making it more difficult to exit homelessness over time. These issues underlie long-term and Chronic Homelessness, which are prevalent conditions among homeless individuals in Tehama County.

Housing Affordability and Availability

Very Low and Extremely Low Income households make up a significant proportion of all households in Tehama County. These households experience challenges in finding affordable housing due to a limited supply of units in general and long waiting lists for publicly subsidized units. Rent restricted affordable housing is limited in comparison to the need, and of the rent restricted housing that is available, very little of it is affordable to Extremely Low Income and homeless individuals and families.

This section demonstrates that there is a significant proportion of Tehama County residents whose basic needs are not being met. A major factor that drives these needs is the lack of affordable housing, particularly for Very Low Income and Extremely Low Income households, and for special needs groups. The gaps in housing and services for this population will be further discussed in Section C.

At-Risk of Chronic Homelessness

Not only do the Chronically Homeless have significant unmet needs in Tehama County, individuals At-Risk of Chronic Homelessness also have unmet needs. The State Housing and Community Development Department (HCD) No Place Like Home Program (NPLH) defines individuals "At-Risk of Chronic Homelessness" as an adult with Serious Mental Disorder or Seriously Emotionally Disturbed Children or Adolescents who meet one of the criteria below:

- Persons exiting institutionalized settings, who were homeless prior to admission;
- Transition-Age Youth experiencing homelessness or with significant barriers to housing stability; or
- Persons who prior to entering institutional care had a history of being homeless.

As summarized above, 30% of individuals surveyed in the Point-In-Time Survey (47 individuals) reported having a Serious Mental Illness. In addition, a majority of those surveyed were either unsheltered or in jail. As documented on Page 12, Tehama County SELPA reported 50 children with Serious Emotional Disturbance in 2017. These statistics point to a significant portion of the homeless population indicating factors of At-Risk of Chronic Homelessness by the State HCD definition.

Existing Resources

Diagram 2 (next page) is a graphic illustration of the current Tehama County Continuum of Care, organized by shelter and services from top to bottom, and stage of care from left to right. The stage of care is summarized by a one-word verb, further described below:

- **Engage—** shelter and services intended to engage homeless individuals so they can enter into a system of care. This is a first step entry point. It includes emergency shelters, and crisis intervention, outreach, and coordinated entry services. In addition, the LIFT event, the Vista Way Recovery Services Center (VWRS) and Youth Empowerment Service (YES) Centers, food programs, and the County library, provide non-threatening venues for engagement. A principal goal of these services is for service providers to build a relationship of trust with the homeless individual.

- **Transition—** housing and services that help homeless individuals to transition out of homelessness and emergency shelters into more stable, long-term permanent housing. The primary goal is to build self-sufficiency and to help prepare individuals to live independently. It includes Transitional Housing and Rapid-Re-Housing. Both of these housing types are temporary for each individual (usually not more than 18 months), and include supportive services such as health services, substance abuse treatment, financial assistance, and assistance accessing mainstream benefits such as Social Security Income, Disability Income, MediCal, CalWorks, CalFresh, and others.

- **Support—** providing permanent housing and supportive services tailored to the individual needs of homeless persons with disabilities. There is no restriction on the amount of time an individual may live in this type of housing. The primary goal is to help formerly homeless individuals live independently and remain stably housed.

- **Empower—** providing affordable housing and resources that will help formerly homeless individuals continue their education, develop leadership skills, find jobs, progress in their careers, learn financial literacy, and build community.

The housing and services that are described in this section of the plan are not intended to be exhaustive of all services available in the County. It is rather a focus on housing and services that are targeted to homeless and formerly homeless individuals. The diagram and organization of this section are not rigid and literal, but provide a way to graphically conceptualize the continuum of care and identify gaps in existing resources. Some types of housing or services may fit into multiple categories, but were placed in the one category that best suits their roles.

A description of housing and services in each of the four stages of care follows below.

Diagram 2: Tehama County Continuum of Care

	Engage	Transition	Support	Empower
Shelter 	**Emergency Shelter** PATH Seasonal Shelter Empower Tehama (ET) Shelter (Victims of Domestic Violence only)	**Transitional Hsg/RRH** PATH Sale House PATH Pathways PATH Rapid Re-Housing ET Transitional Housing Sportsman's Lodge Probation Housing MHSA Gentry and Madison Houses	**Permanent Supportive Housing** Redwood Gardens (11 units) Board & Care/Assisted Living for Disabled (181 beds)	**Permanent Affordable Housing** 19 Projects 994 Units Brickyard Creek Apts. (on-site services)
Services 	**Crisis Intervention** **Outreach** **Coordinated Entry** Community Crisis Response Unit Whole Person Care VWRS and YES Centers Northern Valley Talk Line Medical Services Program County Veterans Service Office LIFT Event ET Domestic Violence and Child Abuse Response Food Programs Child Welfare & Adult Services 2-1-1 Tehama	**Health/Substance Abuse Services** **Financial/Mainstream Benefits** CalWORKS BOOST & HSPL CalWORKS Housing Assistance County Child Welfare/Adult Services CAA Homeless Assistance MHSA Full Service Partnerships Faith Works of Tehama Salvation Army County Employment Services County Substance Use Recovery County Primary Care Clinic County Behavioral Health (MHSA) County Probation/County Sheriff Mainstream Assistance Programs Dept. of Ed. Student Support	**Supportive Services for Special Needs Populations** **Job Training** **Community Resources** Corning Family Resource Center NAMI Job Training Center Legal Services of Northern California Para Transit	**Financial Planning** **Career Development** **Community Building** CAA Financial Literacy Courses CAA VITA Tax Assistance Adult Education On-site Community Building and Leadership Development at Housing Projects Community Colleges

B.1. Engage

Emergency Shelter

Poor And The Homeless (PATH) Winter Shelter— provides 45 beds, housed on a rotating basis by area churches. The shelter operates from Nov. 1 to April 30 each year.

Empower Tehama (formerly Alternatives to Violence) Shelter— provides 24 beds exclusively for victims of domestic violence.

Crisis Intervention

Community Crisis Response Unit (CCRU)— provides crisis stabilization services 24 hours a day, 7 days a week, 365 days a year. The CCRU provides services for community members struggling with a mental health crisis, regardless of their ability to pay. The CCRU is staffed by trained mental health professionals. On average the CCRU serves 10-20 residents in crisis each week. The Talk Line is also available. It is a warm line which is open 365 days a year from 3:00PM-9:00PM. Anyone can call the Talk Line for peer support and help regarding issues that do not reach the level needing crisis counseling.

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI)— services include suicide prevention, stigma and discrimination reduction, increasing access to services for underserved populations, and early intervention. This includes services that prevent mental illness from becoming more severe and disabling.

County Medical Services Program and Whole Person Care— provides holistic services, including physical health, behavioral and substance use disorder treatment, dental care, housing, and employment stability. The programs coordinate with community partners, including St. Elizabeth Community Hospital, Tehama County Behavioral Health, Substance Use Recovery and Public Health, Tehama County Social Services, Faithworks, Empower Tehama, and PATH.

Empower Tehama Services— includes domestic violence and child abuse response services and counseling.

Outreach

Vista Way Recovery Services (VWRS) Center— offers a variety of programs for adults and older adults including therapy, case management services, rehabilitative services, employment training, and services for individuals with co-occurring issues. The Vista Way Wellness Center is a client driven and staffed support center housed within VWRS. Shower and laundry services are provided to an average of between 25-30 unduplicated individuals each month.

Youth Empowerment Services (YES) Center— offers a variety of programs and is a client-driven support center for transitional age youth (TAY) ages 16-25, including therapy, case management, rehabilitative services, and employment training. Services are also provided to high risk youth and children in foster care. Laundry and shower services are provided as needed.

Tehama County Veteran's Service Office— helps veterans access VA benefits, and referral to community housing and services.

Live Inspired For Tomorrow (LIFT) Event— is a one-day event that provides low-income and homeless individuals and families access to a wide variety of services under one roof.

Food Programs— a number of churches and organizations offer free meals or food to homeless individuals and families, and is a means of outreach to them so they can access other services.

Tehama County Library— the library is a welcoming venue for homeless individuals to read, use computers and charging stations, attend classes, and access other services.

Coordinated Entry

2-1-1 Tehama— is a 24/7 phone and online resource offering live one-on-one referral to community housing and services. This service is a potential entry point for the CoC's Coordinated Entry system that will coordinate and prioritize services for individuals with the greatest needs.

B.2. Transition

Transitional Housing

PATH Sale House— provides 13 beds, along with supportive services and peer support, for homeless women and children.

PATH Pathways— provides six beds of transitional housing for men, along with supportive services and peer support, with plans to add six more beds later this year.

Empower Tehama Transitional Housing— is a 16-bed transitional housing facility for women victims of domestic violence, with an overflow capacity of 32 total beds. Three of the units are dedicated to families with children, while one unit is dedicated to single women.

TCHSA Supported Housing— TCHSA has two shared housing locations for those enrolled in the MHSA Full Service Partnership (FSP) program. They are Gentry House and Madison House, with the capacity for seven mental health consumers, with one floater emergency bed located at Gentry. Both houses are typically at capacity throughout the year.

Tehama County Probation Sportsman's Lodge— provides 24 hotel rooms for individuals exiting jail, along with wrap-around supportive services. The facility helps individuals build self-sufficiency and transition back into the community. These beds are not counted as part of the CoC for HUD applications and reporting because they are not dedicated to homeless individuals and it is not a "housing-first" project by the HUD definition (e.g. they require sobriety in order to participate). However, this facility is critical in preventing homelessness and houses many individuals who would otherwise become homeless.

Rapid Re-housing

PATH Rapid Re-housing— operates a Rapid Re-housing Program with 15 available beds. This program has assisted 25 people in graduating to permanent housing, and is currently providing housing for 9 families.

Wrap-around Services

MHSA Full Service Partnerships— provides a broad array of services for individuals with serious mental illness who are at risk of becoming or are already homeless. Services include: case management, clinical therapy, rehabilitation, medication support, crisis support, housing assistance, board and care support, and employment assistance, as directed by a Full Service Partnership Treatment Plan. Program enrollees in FY 2015-16 included 21 Transition Age Youth (TAY), 66 Adults, and 21 Older Adults, for a total of 108 individuals. The program is currently reviewing proposals to develop permanent housing integrated with Full Service Partnerships. The selected proposal will receive MHSA assistance for construction and operations.

Tehama County Probation— operates evidence-based programs that help felons who are on probation in Tehama County to re-integrate into the community. While these programs are not targeted specifically to homeless individuals, they assist many individuals who are at high risk of becoming homeless, or who were formerly homeless. These programs include case management, the Sportsman's Lodge transitional housing facility, work crews that provide public services and develop job skills, carpentry and welding shops, and a Day Reporting Center.

Tehama County Sheriff— provides job training programs for inmates, including a work farm and an auto shop. The Sheriff's office also coordinates a re-entry group which is a collaborative of County departments, non-profits, and faith groups. The goal of the re-entry team is to help inmates identify and obtain housing, jobs, and other services for successful re-entry into the community.

Tehama County Child and Adult Welfare Services— manages comprehensive services for foster care children and foster families, and youth transitioning out of foster care, or Transition Age Youth (TAY). This includes parenting education, a Multi-Agency Treatment Team focused on reducing risk for foster youth and their families, and participation in TCHSA's Family Treatment Recovery Court to assist families affected by drug abuse. Housing assistance is also available to help prevent homelessness, or to rapidly re-house clients.

Tehama County Department of Education, Student Support Services— provides wrap-around services for students with challenges, including students with Emotional Disturbance and homeless students. Services for homeless students include immediate enrollment without an address, option to remain at the school of origin, transportation, free lunches, after school programs, food assistance, and connection to financial aid and mainstream benefits.

Health Services

Tehama County Behavioral Health— operates Rehabilitation Services (mental health counseling), Outpatient Services (case management, group therapy, crisis intervention), Clozaril Clinic (medication treatment for mental illness), Dual Diagnosis Services (mental illness and substance abuse treatment), Case Management, and Medication Support programs.

Tehama County Medical Clinic— provides primary care for individuals who lack access to medical services due to economic or social barriers. TCHSA provides an integrated approach to primary care with the inclusion of Behavioral Health, Public Health, and Substance Use Recovery Services (ex. Medication Assisted Treatment).

Substance Use Treatment

Tehama County Substance Use Recovery— provides alcohol and other drug prevention, intervention, and treatment services. Fees for services are assessed on a sliding scale based on income. Treatment is coordinated with other County programs and community services.

Tehama County Public Health— provides prevention and early intervention for families through its Healthy Families Tehama home visiting program.

Substance Use Peer Support Groups— include: Alcoholics Anonymous in Red Bluff, Corning, Rancho Tehama, and Los Molinos; and Narcotics Anonymous in Red Bluff, Corning, and Los Molinos.

Financial and Vocational Assistance

Community Action Agency (CAA) Homeless Assistance— provides rental deposit assistance, housing search assistance, financial literacy courses, tax assistance, information, and referral to community services.

Tehama County CalWORKs Temporary Homeless Assistance Program— administered by the Department of Social Services, this program provides temporary one-time assistance for emergency housing needs. This includes deposit and first month's rent for families that are homeless. Once enrolled, it provides two weeks of motel vouchers for the family while they look for housing.

Tehama County CalWORKs BOOST— administered by the Department of Social Services, this program is case management intensive and has a limited caseload capacity. It provides short-term to medium-term financial assistance with some flexibility in what it can cover, including housing related costs. Families are assigned a case manager in addition to their regular Employment and Training Worker.

Tehama County Employment Services— administers the Welfare-to-Work program that provides employment and training to CalWORKs recipients. Based on a needs assessment, individuals may be placed in a job, an education program, training program, or a combination of activities.

Tehama County MHSA Employment Services— a Case Resource Specialist connects consumers with State Department of Rehabilitation training, and community employment opportunities. In addition, consumers at VWRS and YES Centers are trained as volunteer stipend workers and receive training in office duties, program support functions, landscape/general labor, and catering. In FY 2015-16, 31 consumers utilized stipend opportunities.

Mainstream Benefits

The Federal government and Tehama County administer a number of "mainstream benefits" programs that are offered statewide or nationwide, and provide assistance for individuals to transition from homelessness. These programs are often challenging for homeless individuals to access on their own, and frequently require a stable residence and assistance from a social worker. It is a stated goal of HUD CoC programs to help homeless individuals access mainstream benefits as quickly as possible. These mainstream benefits include:

- Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues. It is designed to help aged and disabled people who have little or no income, and provides cash to meet basic needs for food, clothing, and shelter.
- Social Security Disability Insurance (SSDI) is a Federal program that pays benefits to disabled persons and certain family members who have worked and paid into the program through payroll taxes.

- State Disability Insurance (SDI) provides short-term Disability Insurance and Paid Family Leave wage replacement to workers who are unable to work due to illness, injury, pregnancy, or childbirth, or to care for a seriously ill family member.
- Temporary Assistance for Needy Families (TANF) is a federal block grant program intended to help needy families achieve self-sufficiency, and is integrated into the County's CalWORKs and Employment Services programs described above.
- General Assistance (GA) provides federal temporary assistance to needy individuals without children, who do not qualify for TANF, and do not qualify for other mainstream financial assistance programs. The amount of GA assistance is generally lower than SSI, SSDI, SDI and TANF.
- Veterans Affairs (VA) Benefits are available to military service veterans, and include rental assistance vouchers, pension, disability compensation, educational opportunities, health care, financial assistance for spouses and dependents, and other services.
- Medi-Cal offers free or low-cost health coverage for adults and children with limited income. It is jointly funded by the state and federal governments.
- Medicare is a federal program that offers low-cost health coverage for adults over 65 years old or who are disabled.
- Supplemental Nutrition Assistance Program (SNAP) is a federal program, formerly known as "food stamps", offers food and nutrition assistance as the nation's largest program in the domestic hunger safety net.
- Women, Infants & Children's Program (WIC) is a federal nutrition program that provides low-income families with assistance purchasing healthy foods, health care referrals, nutrition education, and post-pregnancy services.

B.3. Support

Permanent Supportive Housing

A tenant household may remain in Permanent Supportive Housing for as long as they choose to do so. This type of housing is affordable for very low-income and extremely low-income populations, and also provides supportive services tailored to the needs of formerly homeless and/or disabled people. The goal of these services is generally to build self-sufficiency and help residents to live independently. There is only one Permanent Supportive Housing project in Tehama County by this definition. Assisted Living and Board & Care Facilities are included in this section because they serve persons with disabilities, and residents may stay there long-term. However, they typically are not affordable and do not provide independent living arrangements.

Redwood Gardens— includes 11 units for households with a member that has developmental disabilities. Owned and operated by Northern Valley Catholic Social Service (NVCSS), this apartment complex also provides on-site supportive services and referral to community services.

Assisted Living and Board & Care Facilities for Persons with Disabilities— According to the State Department of Social Services, Community Care Licensing Division, there are 181 beds in Assisted Living and Board & Care facilities for disabled persons throughout Tehama County. Some of the residents are formerly homeless individuals that are transitioning out of homelessness. However, these facilities do not exclusively serve homeless persons and use fees are generally not restricted to

affordable levels. Many residents at Assisted Living and Board & Care facilities have disabilities that require them to stay much longer than for a temporary transitional period.

Special Needs Advocacy and Support

National Alliance on Mental Illness (NAMI)— is an advocacy and peer support organization, that also provides support for families of persons with mental illness and caregivers. NAMI also raises awareness about mental illness throughout the community to reduce stigma and foster better understanding.

ParaTransit— is accessible public transit with dial-a-ride transportation within the greater Red Bluff area for persons with disabilities.

Community Services

NVCSS Family Resource Center— a welcoming community hub that strengthens families and fights poverty. The FRC connects visitors to a range of services, including CalWORKs employment assistance, job search assistance, a computer lab, technology classes, First 5 School Readiness, and CAA VITA tax assistance.

Job Training

Red Bluff Job Training Center— a walk-in center with job search and career development services. The center includes education and training for career development and job readiness. It is staffed, with high-speed Internet, computers, printers, and job postings.

Legal Services

Legal Services of Northern California— provides no-cost legal advice to clients throughout the North State, specializing in landlord-tenant law and facilitating access to public benefits.

B.4. Empower

Permanent Affordable Housing

For purposes of this section, Permanent Affordable Housing is defined as publicly subsidized housing with rents restricted to affordable levels by means of covenants or regulatory agreements that are recorded on property title. Each tenant holds a lease and lives independently in their own apartment. In Tehama County, there are 994 units in 19 projects that meet this definition. They are funded by a variety of sources, including HUD, the U.S. Department of Agriculture (USDA), federal Low-Income Housing Tax Credits (LIHTC), federal tax-exempt bonds, and state programs. Most projects serve individuals and families regardless of age, while some exclusively serve seniors.

Financial Planning

Tehama County CAA Financial Literacy Courses— offered by appointment or via the internet, these courses are part of the Money Smart financial education curriculum. The curriculum focuses on enhancing financial management skills and creating positive banking relationships.

Tehama County CAA Volunteer Income Tax Assistance (VITA)— connects low-income families with volunteers who guide them through the income tax filing process with the goal of securing earned income tax credits for the families.

Career Development

Tehama County Department of Education, Adult Learning— offers courses and workshops in earning GED diploma, English as a Second Language, Citizenship Preparation, Workforce Entry/Re-entry, Technical Education, and Pre-Apprenticeship.

Shasta College Tehama Campus— uses a combination of on-line and in-person courses for Associates Degrees and a variety of career paths.

On-site Community Building and Leadership Development

A number of Permanent Affordable Housing Projects have an on-site community building(s) and leadership development workshops and activities. On-site service coordinators also connect residents to community services based on their individual needs.

B5. Social Capital

Tehama County has a strong culture of collaboration among government agencies, nonprofits, churches, and volunteers. This collaborative approach is evidenced by the work of two bodies that have been established to reduce homelessness— the Tehama County Homeless Stakeholder Collaborative, and the Tehama County CoC.

Tehama County Homeless Stakeholder Collaborative

The Homeless Stakeholder Collaborative was formed by Tehama County agencies to address community concerns with rising homelessness. Consisting of a membership of diverse disciplines and jurisdictions, the Stakeholder Collaborative held a series of planning meetings in 2017 to identify the County's greatest needs in addressing homelessness and establish goals to meet those needs. The goals are summarized in the Introduction of this report, and they will be explored more in-depth in the Goals Section.

Tehama County CoC

The Tehama County CoC was established in 2015 to coordinate homeless housing and services more effectively and efficiently, prioritize federal and state funding, and prepare the County to receive additional federal funding. The CoC has set up a Governance Charter, including a decision-making body, a Homeless Management Information System (HMIS), a review and ranking process for CoC and ESG funding applications, a process for submitting a joint application to HUD, and has planned for a Coordinated Entry system. The CoC has been established in accordance with HUD regulations and guidelines, and has positioned the County to receive federal funding in the future.

Volunteerism

The Tehama County effort to reduce homelessness has benefitted from extensive volunteer efforts. Many of the nonprofits that provide shelter and services to people experiencing homelessness are led by volunteers. Their active participation extends the reach and efficacy of nonprofit missions beyond what would otherwise be possible in an area with limited financial resources. Volunteers have also been instrumental in driving forward the collaborative efforts described above.

B6. Financial Capital

Tehama County

As an administrator of multiple federal and state funding streams targeted to low-income and disabled residents, Tehama County is a central financial resource for addressing homelessness. A large portion of the housing and services programs within the County's Continuum of Care are funded through the County. The most significant funding sources for directly addressing homelessness include:

- ***Community Services Block Grant (CSBG)—*** used by the Tehama County CAA to fund services directed to individuals and families in poverty.
- ***Mental Health Services Act (MHSA) Funds—*** used by Tehama County Health Services Agency to house and support homeless persons with mental illness, funded through a statewide tax that is then allocated to counties based on need. MHSA funds Full Service Partnerships, and has allocated funds for development of a new Permanent Supportive Housing project for homeless individuals.
- ***No Place Like Home (NPLH) Funds—*** new program that will allocate State bond funds to counties for the development of permanent supportive housing for homeless persons with mental illness. The funding will be administered by the Tehama County Health Services Agency.
- ***Mainstream Benefit Programs—*** as described earlier in this section, the County administers nationwide and statewide benefit programs, which can also provide critical assistance for homeless individuals and families.

Local Government

The cities of Red Bluff and Corning are too small to receive annual affordable housing funding allocations directly from the federal government. However, these cities, as well as Tehama County, are eligible to apply to the State. The relevant programs include:

- ***Community Development Block Grants (CDBG)—*** these funds may be used to build shelters and transitional housing, and fund predevelopment and site costs for permanent affordable housing. In addition, CDBG may fund facilities that house services, and support nonprofit organizations that provide services. Empower Tehama secured a State CDBG grant to build their transitional housing facility.
- ***HOME—*** provides loans specifically for the development of permanent affordable housing. The housing must predominantly serve Very Low-Income households earning less than 50% of Area Median Income.

Local governments have also allocated general fund dollars to address homelessness over the years. For example, the City of Red Bluff has budgeted $15,000 over the past two years, and $10,000 for 2018-19.

Tehama County CoC

The CoC reviews and ranks grant applications for homeless housing and services, and submits a consolidated application to HUD. By coordinating services and bringing local efforts within HUD's guidelines, the CoC is able to position the County for future CoC funding support. In addition, the CoC reviews and ranks State Emergency Shelter Grant (ESG) applications that will fund projects within the County. ESG provides funding for shelters, transitional housing, and rapid re-housing.

Section 8- Plumas County Community Development Commission and Housing Authority (Plumas CDC)

Plumas CDC administers about 300 Section 8 Housing Choice Vouchers in Tehama County. Currently, these vouchers are not prioritized for homeless individuals and families, nor are any project-based to housing complexes serving homeless people. At the request of the Tehama County Board of Supervisors, the County is exploring options for administering Section 8 within the County, contracting with another housing authority, or continuing their current contract with Plumas CDC. The County Department of Social Services is conducting a financial and organizational assessment of these options, and a recommendation will be presented to the Board of Supervisors later this year.

Private Sector

The Private Sector is an important resource that will be essential to addressing homelessness. Businesses and private foundations can provide funding that is much more flexible and responsive to local needs than government programs. Private sector funding can also effectively leverage additional government funding, as most public funding sources look to the financial commitment of local private parties as an indicator that their funds will be used more effectively and efficiently. Potential sources of private funding include:

- ***Dignity Health—*** hospitals have a vested interest in reducing homelessness. Homeless individuals are frequent users of their emergency room and outpatient services, and can stretch hospital resources as they try to provide support and stability that could be offered at a much lower cost with permanent supportive housing. As a result, Health care providers in the Sacramento area, and across the state, have begun to invest in housing and supportive services for homeless people. Dignity Health recently produced its 2018 Community Health Needs Assessment for St. Elizabeth Community Hospital, which drew on members of its Advisory Council, the County Health Services Agency, and the Elder Services Group, as primary sources of information. Participants in these groups identified homelessness as one of the community's prioritized health needs. Other priority needs included mental health and substance abuse. This document can be a springboard to explore further collaborations between the County and Dignity Health.
- ***United Way—*** a means to fundraise and focus contributions on a common cause for maximum public benefit. United Way chapters are often involved in raising funds to address homelessness, and by doing so also raise community awareness of the problem and proven solutions.
- ***Sierra Health Foundation—*** based in Sacramento and focused on the North State, including rural areas, the Sierra Health Foundation recognizes the link between housing and health. The foundation supported the creation of Butte County's 10-Year Plan to End Homelessness in 2015.

B7. Public Policy Support

Zoning and land availability are critical conditions in facilitating the development of shelters, transitional housing, and permanent housing. The State of California has mandated certain zoning policies through Housing Element Law to create a consistent regulatory environment that is more amenable to affordable housing. The most significant and noteworthy requirements of this law with regard to homelessness include:

- permit emergency shelters by right, without discretionary review, in at least one zoning district (Government Code 65583(a)(4));
- permit residential care facilities (or "shared housing") with six or fewer residents by right, and subject to only those restrictions that apply to other residential dwellings of the same type in the same zone (Health and Safety Code Section 1566.3);
- define "Transitional Housing" and "Supportive Housing" and allow these housing types as a residential use, and subject to only those restrictions that apply to other residential dwellings of the same type in the same zone (Government Code 65583(a)); and
- comply with State Housing Density Bonus Law found in Government Code 65915, which offers density bonuses and other concessions to affordable housing developers.

In addition to zoning mandates, State Housing Element Law requires jurisdictions to demonstrate that they have adequate appropriately zoned land available to meet their RHNA goals. This is demonstrated through vacant land inventories that are included in the Housing Elements (Government Code 65583.2).

Zoning

Tehama County

- Emergency Shelters are permitted by right in the C3/M1/M2 Zoning Districts.
- Density bonus provision as required by State Housing Density Bonus Law.
- Transitional and Supportive Housing is permitted in all districts and is subject only to those restrictions that apply to other residential dwellings of the same type in the same zone.
- Residential care facilities of 6 or fewer clients permitted by right in all residential zones and is subject only to those restrictions that apply to other residential dwellings of the same type in the same zone. Residential care facilities with 7 or more clients require a Conditional Use Permit in zones RE, R-1, and R-2, and are allowed by right in zones R-3 and R-4.
- Single-room occupancy units (SROs) are permitted by right within the R-3, R-4, and C-3 zoning districts.

City of Red Bluff

- Emergency shelters are allowed by right in the General Industrial District M-2, and are allowed with a use permit in the Light Industrial M-1 District. However, there is only one area in town that is zoned M-2 and it is not near any services or transit.
- Single Room Occupancy Hotels (SROs) are permitted by right within the R-4 Residential and all Commercial zoning districts except Freeway Commercial.
- As amended by the City Council on April 17, 2018, residential care facilities of 6 or fewer clients are permitted by right in all residential zones and is subject only to those restrictions that apply to other residential dwellings of the same type in the same zone. Residential care facilities with 7 or more clients require a Conditional Use Permit.
- As amended by the City Council on April 17, 2018, the zoning code incorporates State Housing Density Bonus Law.

City of Corning

- The Alternative Housing Combining Zoning District (AH) permits by right emergency shelters, and transitional and supportive housing. This Zoning District allows up to two persons per bedroom and 10 persons per group quarters room, one bathroom for every two bedrooms, and two bathrooms for a group quarters room.
- The zoning code incorporates State Housing Density Bonus Law.

Vacant Land Inventories

Tehama County

The County completed a vacant land inventory for its 2014-2019 Housing Element utilizing information from the County Assessor's Office and County zoning maps and codes. The potential number of units for each identified site varied depending on zoning, location, lot size, environmental constraints, and availability of infrastructure. The inventory found that there is land available to develop a potential 638 multifamily units for Lower Income (Low, Very Low, and Extremely Low Income) households in the R-3 and R-4 districts, as shown below. The "Potential Units" column is based on the maximum capacity of the sites. The "Realistic Units" column is based on historical county residential densities, not the maximum units allowed.

Table 2: Tehama County Vacant Land Identified for Lower Income Housing

Zoning	Density	Parcels	Acres	Potential Units	Realistic Units
R-3	8 du/ac	12	5.15	43	43
R-4	16 du/ac	3	37.25	595	475

Many of the R-3 identified sites are less than a half-acre in size, which makes them challenging to develop with affordable housing unless they are combined. However, most of them are located in well-developed communities with sewer and water infrastructure, which distinguishes them from most other parts of the County. Two of the parcels included in this inventory are 36 acres in size and were rezoned from AG-2 to R-4 in March 2014. However, these parcels are not currently served by sewer and water infrastructure. A proposal to create an assessment district to fund infrastructure did not move forward due to lack of support from area residents. Further, almost all parcels in the Tehama County jurisdiction have limited capacity for multi-family development due to lack of access to sewer and water infrastructure. This includes the Antelope area adjacent to Red Bluff, which currently does not have a zoning district for high density housing. There is a R-4 zoned 10-acre parcel in Los Molinos that is just east of the Antelope area, but it also does not have water and sewer infrastructure.

City of Red Bluff

The City of Red Bluff completed a vacant land inventory for its 2014-2019 Housing Element that included all land that permits residential development, including vacant sites and sites that could potentially be redeveloped. The number of units that could be developed was assumed by taking 25%-75% of the maximum build-out capacity, as determined by lot size, location, existing zoning, and environmental constraints. The inventory determined that there was a realistic build-out capacity to develop 2,064 units affordable to Lower Income (Low, Very Low, and Extremely Low Income) households, out of a maximum build-out capacity of 2,351 units.

Table 3: Tehama County Vacant Land Identified for Lower Income Housing

Zoning	Density	Parcels	Acres	Max Build-Out Capacity
R-3	15 du/ac	1	15	225
R-4	20 du/ac	19	198	2,126

Almost all of the sites zoned R-3 or R-4 in the inventory are on the periphery of the city, and are not located close to existing services.

City of Corning

The City of Corning is currently in the process of updating the Housing Element for the 2014-2019 period. Therefore, the Vacant Land Inventory from the 2009-2014 Housing Element was reviewed. The inventory identified 36 potential Low Income dwelling units and no potential Very Low Income dwelling units. All but 2 units were in single-family residential zoning districts.

Table 4: City of Corning Vacant Land Identified for Lower Income Housing

Zoning	Density	Parcels	Acres	Max Build-Out Capacity
R-4	20 du/ac	1	0.15	2
R-1-2	10 du/ac	1	0.29	1
R-1	6 du/ac	5	29.51	17
R-1-A	6 du/ac	3	21.41	13
R-1-8	4 du/ac	1	6.99	3

In addition to the potential units that could be developed on vacant land summarized above, the 2009-2014 Housing Element identified additional units that could potentially be developed in General Plan Amendment areas and annexations, as summarized below.

Table 5: City of Corning Vacant Land, Rezones, and Annexations for Lower Income Housing

Income	Existing	City Rezone	Annexation
Very Low	0	102	58
Low	36	254	220

B8. Systems in Place to Collect NPLH Data

The Tehama County Health Services Agency (TCHSA) has systems in place to provide regular reports to its various federal and state funders, as required by regulations and contractual relationships. Within this infrastructure, TCHSA has organized how it will conduct reporting for new State funding sources that address homelessness. For the No Place Like Home (NPLH) Program, the Intensive Case Management Team, under the direction of TCHSA management, will be responsible for completing annual compliance reports. The Intensive Case Management Team will coordinate with lead service providers, property managers, and the CoC's HMIS. The CoC's HMIS uses Clarity Data Services, a certified HUD HMIS vendor. Clarity Data Services collects all HUD required data, and will be set up on all of the data points listed in Section 214(e) of the NPLH Guidelines. The County will incorporate data sharing requirements into its loan and regulatory agreements to facilitate collection of data from NPLH-funded housing providers.

The CoC will also make all efforts to enhance HMIS to track data on health care outcomes and utilization, and incarceration outcomes and utilization, per Section 214(g) of the NPLH Guidelines. This data will be extremely helpful to track the effectiveness of County and CoC efforts to improve health, and reduce incarceration, for homeless individuals. The data will also be an evaluation tool for improving shelter and services. Collection of the data will require close collaboration with local health care providers and the criminal justice system. The CoC is in the very early stages of cultivating these relationships for data sharing. Some of the challenges involved with collecting health care and incarceration data include:

- Differing systems for data collection among health care providers, the criminal justice system, and the CoC, including methodology, terminology, and software;
- HIPAA privacy rules that are closely adhered to in the health care industry; and
- Capacity of all entities involved in data collection to layer an additional data collections system on top of systems that are already in use.

B9. Coordinated Entry System and Referral to NPLH Units

The CoC has set up a Coordinated Entry system in adherence to HUD guidelines for the purpose of efficiently matching homeless individuals to appropriate housing and services, and prioritizing care for individuals with the greatest needs. To this end, the CoC has put in place a preliminary survey, and ViSPDAT form, to understand the needs of homeless individuals. Current entry points to the CoC system through Coordinated Entry are the PATH Emergency Shelter and the annual LIFT event. In addition, the CoC is currently exploring a partnership with Tehama 211 to provide entry point services. PATH Rapid Re-housing, and Empower Tehama Transitional Housing, are currently accepting referrals from the Coordinated Entry system. The Coordinated Entry system is planned for expansion following incorporation of 211 to include more housing providers, and will include all NPLH housing providers.

The CoC's HMIS will incorporate the State NPLH "At Risk of Chronic Homelessness" definition found in the NPLH Guidelines. The Clarity software system is adequately flexible to include this data point for collection and reporting. All referrals to NPLH-funded units will be made on a non-discriminatory basis for all federal and state protected classes, consistent with CoC referrals to all shelter, housing and services. The CoC has established non-discrimination organizational policies that govern all of its work, which includes its policies and procedures for operating Coordinated Entry.

Gaps

The needs described in Section A of this report were compared to the existing resources described in Section B. This comparison revealed gaps, where existing resources are not adequately addressing needs. These gaps will be discussed in this Section C. The gaps will then be compared to the goals already established by the Homeless Stakeholder Collaborative in order to establish comprehensive Plan goals.

C1. Street Outreach

Particular statistics of the 2017 Point-In-Time Count show that a significant proportion of homeless individuals are unsheltered or in jail, are difficult to house, and are not receiving financial assistance or services that will help them secure a stable housing situation. Studies show that the longer an individual remains homeless, the more difficult it is for him or her to find housing and participate in programs that develop self-sufficiency. Many of these individuals lack trust in government agencies and other institutions that could provide assistance, and therefore avoid proactively seeking help.

Unsheltered or Imprisoned

The 2017 CoC Point-In-Time Count surveyed 56 unsheltered homeless individuals. The Point-In-Time Count also surveyed 33 homeless individuals in jail, who will face challenges in finding permanent housing when they exit jail. Respondents who are unsheltered or in jail make a majority of the total number of homeless individuals counted.

Table 6: CoC Point-In-Time Count— Where do you sleep?

Where do you sleep?	# of Respondents	% of Total
Unsheltered	56	36%
In Jail	33	21%
Total of Above	89	57%

As another indication of the large proportion of homeless that are unsheltered, the 2017 LIFT Survey reported that 87 respondents (53% of total respondents) spent time over the previous two years living on the street or in a car.

Longtime and Chronically Homeless

A majority of Point-In-Time respondents had been homeless longer than one year, with 56 individuals homeless 1-5 years, 9 individuals homeless for 6-10 years, and 11 individuals homeless for 11-20 years. Of the respondents, 18 did not answer the question, and 51 individuals were homeless less than one year. Over one-third of Point-In-Time respondents (56 individuals) were also Chronically Homeless. Chronically Homeless individuals are defined by the U.S. Department of Housing and Urban Development as individuals with a disabling condition that have been homeless for one year or longer, or with a disabling condition that have had at least four episodes of homelessness in the last three years.

Table 7: CoC Point-In-Time Count— Length of Time Homeless and Chronically Homeless

	# of Respondents	% of Total
Homeless One Year or Longer	76	55%
Chronically Homeless	56	36%

Lack of Income or Financial Assistance

The 2017 Point-In-Time Survey reported that a majority of respondents had no income— a total of 78 individuals, or 61% of all those surveyed. By comparison, there were 42 individuals, or 33% of all those surveyed, with some type of public financial assistance. While most homeless individuals would qualify for a form of public assistance, the majority do not have it, most likely because they are not seeking help in navigating and applying for financial assistance.

Identified Gap: Street Outreach

The high proportion of homeless individuals that are unsheltered or in jail, longtime and/or chronically homeless, and without income or financial assistance, points to the need for proactive street outreach to homeless populations. This form of outreach would take the approach of "meeting homeless individuals where they are", at camps, bridges, and other locations where homeless people congregate, outside of formal or institutional venues. It would involve consistent contact and rapport building in order to form relationships of trust that will encourage homeless individuals to participate in shelter and supportive service programs. Successful outreach strategies often employ a multi-disciplinary team that includes professionals trained in mental health, and also offer practical services and information that meet immediate needs. The outreach team would best coordinate with "welcome centers", such as the One Stop Centers proposed by the Homeless Stakeholder Collaborative, that offer food and access to shelter in a non-threatening environment.

C2. Temporary Shelter

Without a large stock of available affordable housing, it is challenging to immediately house homeless individuals, particularly those that have been homeless for a long period of time or who are Chronically Homeless. This is the case in Tehama County, where permanent supportive housing is almost non-existent and permanent affordable housing is in short supply. As an interim measure, temporary housing is needed to provide immediate relief, and help those who are hard to house to prepare to live independently. This challenge is extenuated by the fact that the County does not have a year-round shelter with on-site supportive services.

Shortage of Temporary Shelter Beds

The data summarized in the Needs Section demonstrates that Tehama County is in need of shelter for homeless persons, particularly those that have disabilities and high service needs. There are a number of shelter and transitional housing facilities in the County that have successfully moved many people out of homelessness. However, a small portion of those beds are targeted specifically to homeless individuals, and very few are dedicated to the Chronically Homeless.

Transitional housing beds targeted to homeless individuals include the following facilities:

Table 8: Year-Round Transitional Housing Facilities Targeted to Homeless Individuals

Facility	Beds
PATH Sale House	13
PATH Pathways	6
PATH Rapid Re-Housing	15
MHSA Gentry and Madison Houses	7
Total	41

The above table does not include the Empower Tehama Shelter or Empower Tehama Transitional Housing because they serve victims of domestic violence, and are not open to all homeless individuals and families. It also does not include the PATH Winter Shelter because it is currently seasonal.

The comparison of year-round transitional housing beds targeted to homeless individuals to the 2017 Point-In-Time Count shows a gap in temporary shelter bed availability (Table 9). There is a smaller gap when including the PATH Winter Shelter in the comparison (Table 10).

Table 9: Year-Round Transitional Housing Beds Targeted to Homeless Individuals Compared to Number of Homeless Individuals

Year-Round Transitional Housing Beds	
Beds Targeted to Homeless Individuals	41
Homeless Individuals (2017 CoC PIT)	157
Difference	116

Table 10: Emergency Shelter and Transitional Housing Beds Targeted to Homeless Individuals Compared to Number of Homeless Individuals

Emergency Shelter and Transitional Housing	
Beds Targeted to Homeless Individuals	86
Homeless Individuals (2017 CoC PIT)	157
Difference	71

These gaps in temporary shelter bed availability are likely low estimates. The Point-In-Time Count is a one-day survey, so while it provides a snapshot of homelessness on one day of the year, it is not a comprehensive count of all homeless individuals living within the County throughout the year. Other surveys and data indicate that the number of homeless individuals in the County is probably larger. The Tehama County Department of Education reported that there are 506 students lacking a regular nighttime residence, and this number is likely under-reported by schools. The TCHSA,

Behavioral Health Division, reported that 185 of their clients were homeless at program registration over a two-year period from 2016-17. These numbers that capture homeless statistics for two sub-populations (students and TCHSA Behavioral Health clients) indicate a larger homeless population than the Point-In-Time Count.

Identified Gap: Temporary Shelter Dedicated to Homeless Individuals

Tehama County is in need of additional temporary shelter beds dedicated to homeless persons, especially Chronically Homeless individuals. The most pressing immediate need is for a year-round emergency shelter that can host on-site services and housing navigators that can match guests with appropriate, individualized resources and housing. In addition, more beds targeted to homeless individuals and families, similar to the PATH Sale House and Pathways House, are needed. Due to the shortage of permanent affordable housing in the community, these facilities can meet immediate shelter needs and prepare guests to transition to permanent housing as more options become available.

C3. Permanent Supportive Housing

A majority of homeless persons in Tehama County have a mental illness. A significant portion also have co-occurring disabilities, and substance use disorders. These individuals require service-enriched housing that helps them manage their disabilities, and live independently. While there are some Board & Care facilities in the County for persons with mental illness, there are no independent living, rent-restricted, publicly subsidized Permanent Supportive Housing projects within the County for this population.

Housing for Homeless Persons with Mental Illness

The 2017 Point-In-Time Count reported that 89 homeless individuals (61% of all respondents) had a mental illness, and that 47 homeless individuals (37% of all respondents) had a serious mental illness. In addition, 56 homeless individuals (39% of all respondents) had co-occurring disorders. Another data set, a TCHSA survey of MHSA Full Service Partnership Clients taken on June 22nd, 2017, found that 30% of their clients were homeless in the past three years. Clearly, mental illness is a significant factor in homelessness, and homelessness tends to make mental illness more difficult to manage, creating additional barriers to finding stable housing.

Overall Housing for Persons with Disabilities

Persons with disabilities, particularly those that do not have strong financial support from their family, are at high risk of becoming homeless due to lack of employment, limited income, and other challenges. According to the U.S. Census, 2012-2016 American Community Survey, there are an estimated 12,442 people with a disability in Tehama County. This is 20% of the population. By comparison, there are 181 beds in Assisted Living and Board & Care facilities that serve persons with disabilities. These facilities are not fee-restricted to be permanently affordable for low-income residents.

Identified Gap: Permanent Supportive Housing

There is a critical need for Permanent Supportive Housing in Tehama County to meet the needs of homeless persons with mental illness, as well as low-income persons with disabilities in general. This type of housing is rent-restricted permanently to affordable levels, accommodates independent living, and provides services, such as mental health care, that help residents enhance quality of life. While there is no Permanent Supportive Housing for persons with mental illness currently available

in the County, TCHSA Behavioral Health is in the process of facilitating development of this type of housing with MHSA funds, and this will be discussed further in the Section D.

C4. Permanent Affordable Housing

While not specialized for homeless families and individuals, the availability of Permanent Affordable Housing is a major impact on homelessness. The shortage of available housing stock relative to need has created long waiting lists for publicly subsidized housing. This is a high barrier to those seeking to exit homelessness, especially when temporary shelter is limited as well. In addition, the limited supply of housing overall creates an upward pressure on rents, and allows landlords to be more selective of tenants.

Supply of Publicly Subsidized Affordable Units Relative to Demand

According to U.S. Census 2012-2016 American Community Survey estimates, there are 6,883 households earning less than $25,000 annually in Tehama County. This is roughly equivalent to the level set by HUD for a three-person Low Income Household in the County earning 50% of Area Median Income. As illustrated in Table 11 below, a household at this income level cannot afford Fair Market Rent for a two-bedroom apartment. The majority of these households are renters, and there are about 3,126 renter households that pay more than 35% of income to rent. As shown in Table 11 below, the number of publicly subsidized affordable units in the County falls far short of the need for Low Income Households.

Table 11: Publicly Subsidized Affordable Units Compared to Need

Households Earning less than $25,000 Annually	6,883
Publicly Subsidized Affordable Units	1,319
Gap	5,564

The Publicly Subsidized Affordable Units include HUD, USDA, tax credit, bond, and state program subsidized units, as well as Section 8 Housing Choice Vouchers.

Unaffordable Rent

Limited housing supply relative to demand has pushed rents to unaffordable levels for Very Low Income households. Table 12 below compares household ability to pay to market rents.

Table 12: Market Rent and Ability to Pay

Two-Bedroom Fair Market Rent	$820
Affordable Rent for a 3-Person 50% AMI Household	$673
Affordable Rent for a 3-Person 30% AMI Household	$520
50% AMI Household Gap	$147
30% AMI Household Gap	$300

Waiting Lists

The housing shortage has also driven down vacancies, which in turn drives up waiting lists, especially for rent-restricted housing. The 2017 CAA Landlord Survey found that the average waiting list for subsidized housing units was 68 households. The same survey found that the average time spent on waiting lists for subsidized housing units was 18 months. This extreme demand allows landlords to be more selective of tenants. This creates more barriers to housing for homeless families and individuals with challenging housing histories, poor credit, and little money for deposits. The 2017 CAA Landlord Survey also found that 64% of landlords surveyed, including those that own both subsidized and market rate rentals, would deny a unit to applicants with criminal histories, poor credit, or any evictions within the last 7 years.

Identified Gap: Permanent Affordable Housing

The shortage of publicly subsidized affordable housing, and housing stock overall, has pushed up rents, reduced vacancies, and extended waiting lists in a way that negatively impacts Low Income households. This makes it extremely difficult for homeless families and individuals to move directly out of homelessness into permanent housing without rental assistance or other forms of support. More housing in general is needed in order to loosen up the housing market, and more publicly subsidized permanent affordable housing in particular is needed to serve lower income level households and homeless persons.

Goals

The identification of gaps in housing and services in the previous section provides a framework for setting Plan goals. These gaps will be compared to the Priority Areas already established by the Homeless Stakeholder Collaborative. Based on additional input from the Collaborative after a plan development meeting on April 18th, 2018, additional goals were added to the original Collaborative Priority Areas.

D1. Tehama County Homeless Stakeholder Collaborative Priority Areas

The Homeless Stakeholder Collaborative has been meeting for more than a year, starting in June 2017. A committee has been set up for each Priority Area to lay out goals and work plans associated with the Priority Areas. The Priority Areas, and current progress in implementing goals, are described below.

One Stop Navigation Center

The concept of a One Stop Center is a central location or locations that can offer a wide range of services that are needed by the homeless population in a welcoming environment. The co-location of services will address the challenges homeless people face in securing transportation, and navigating programs. Services could include a laundry room, showers, lockers, mail service, cell phone chargers, bathrooms, computers with wi-fi, information bulletin boards, a mobile library, and offices and meeting rooms to meet with service providers.

The One Stop Committee is currently researching potential sites for the center. Prioritized properties will be characterized by appropriate zoning, accessibility for homeless people, and adequate size. In order to identify feasible sites, the Committee is completing a grid that identifies priority property characteristics, and how each potential property addresses those characteristics.

One Year Goal: Acquire a location for the One Stop Day Center.

Temporary Housing

The Homeless Stakeholder Collaborative identified Temporary Housing as a Priority Area. This is housing that can immediately be made available to homeless individuals, with support services that help them prepare to move into permanent housing. This would include Transitional Housing and temporary housing at licensed facilities such as a Mental Health Rehabilitation Center. Examples of Temporary Housing that are currently in operation in Tehama County include the PATH Sale House and Pathways House, the PATH Winter Shelter, and the Empower Tehama Shelter and Transitional Housing, as described in Section B.

The Temporary Housing Committee is working to build political support for this type of housing. They plan to do this by employing social media, traditional media outlets such as newspapers, PATH volunteers, and service clubs. The desired outcome is to hold meetings with the City and community that will result in commitments to support the development of Temporary Housing. This Committee is currently building a list of supporters as a first step to building political support. The primary purpose of building political support is to develop a permanent year-round emergency shelter. The Committee has set a goal of identifying 3-6 potential locations within the first year

One Year Goals: Build a list of Temporary Housing supporters. Identify potential locations for a year-round emergency shelter.

Affordable, Sustainable Housing

Affordable, Sustainable Housing is permanently affordable housing that will help homeless individuals stabilize and build self-sufficiency. Examples of this type of housing are HUD-financed developments, tax credit projects, and public housing. This type of housing usually allows the tenant to live independently in an apartment as long as they choose to remain there. The MHSA Housing Committee plans to assist with the development of MHSA-funded housing for homeless individuals with disabilities, as described in Section B. The desired outcome is to have entered into contract with a qualified developer for the project. A longer-term goal is to utilize Section 8 and VASH vouchers to develop more affordable housing.

One Year Goal: Start construction on an affordable housing project.

Awareness Campaign

Community education and raising awareness are key elements of the three Priority Areas described above. Community support is essential to martialing the resources necessary to realize the Homeless Stakeholder Collaborative goals. Therefore, the Stakeholders established Awareness as a critical fourth goal that is integral to implementation of the Priority Area goals. A specific work plan for raising awareness of the need for homeless resources has not yet been established, but this will be discussed in Section E.

D2. Gaps and Stakeholder Priority Areas

Diagram 3 illustrates how Stakeholder Priority Areas align with the Plan's identified Gaps. The Mobile and Permanent One Stop Navigation Centers are goals within the One Stop Concept Priority Area. The Year-Round Emergency Shelter and Additional Transitional Housing Beds are goals within the Temporary Housing Priority Area. The Permanent Supportive Housing Project utilizing MHSA and Utilizing Section 8 and VASH to Develop Affordable Housing are goals of the Affordable, Sustainable Housing Priority Area.

Diagram 3

Gaps and Stakeholder Goals

Gaps	5-Year Goals	10-Year Goals
Street Outreach	Mobile One Stop Day Center	Permanent Location One Stop Day Center
Temporary Housing		Year-Round Emergency Shelter Additional Transitional Housing Beds
Permanent Supportive Housing	Permanent Supportive Housing utilizing MHSA	
Permanent Affordable Housing	Utilize Section 8 and VASH Vouchers to Develop Affordable Housing	

Street Outreach Gap— Stakeholder Goals

In this Plan, Street Outreach has been identified as a critical Gap in services. The One Stop Concept addresses this gap by setting up a welcoming, community-based center with practical services for homeless people. This will foster mutual support among homeless individuals, as well as form relationships of trust with service providers. The One Stop Navigation Centers have the potential to act as "front doors" for homeless individuals to access housing and services by breaking down barriers that currently impede many people from seeking help. They may also be referral points for homeless individuals to register for CoC Coordinated Entry in order to efficiently allocate services to those with the greatest needs. In addition, the One Stop Navigation Centers could play a supporting role in other street outreach efforts.

- **Mobile One Stop Navigation Center—** This would be a more achievable short-term, or 5-Year, goal than a Permanent One Stop Navigation Center. The mobile center could be housed at existing public or nonprofit facilities in Red Bluff, Corning, and perhaps other locations throughout the County. The services could be provided at existing facilities and possibly utilizing a mobile vehicle/trailer for added capacity. In this way, it could fulfill some of the roles of a mobile street outreach unit. While the One Stop Mobile Center would not offer the full array of services offered by a permanent center, trained professionals could counsel visitors and refer them to community services.
- **Permanent Location One Stop Navigation Center—** The permanent center would offer a wide array of amenities and services needed by homeless people, which could include: laundry, showers, computers with wi-fi, phones, phone charging stations, a lounge, bulletin boards, and offices and meeting rooms for on-site services. One of the principal goals of the center is to provide a welcoming community hub that connects people to housing and services.

Temporary Housing Gap— Stakeholder Goals

Temporary Housing can include emergency shelter and transitional housing. The Gap Section discussed how this type of housing is needed for Chronically Homeless and long-time homeless individuals in a market with limited availability of permanent affordable housing. Temporary Housing provides immediate shelter and an opportunity to prepare to live more independently. There is a strong focus on services at Temporary Housing that help individuals stabilize and transition back into permanent housing, including mental health counseling, substance use treatment, management of medications, health services, and access to mainstream benefits.

- **Year-Round Emergency Shelter—** A year-round shelter is currently not in operation in Tehama County, as the only emergency shelter open to homeless persons operates during the winter and the location rotates among partner churches. The principal goal of the Stakeholder Temporary Housing Committee is to establish a permanent Year-Round Emergency Shelter with space for beds, registration, a kitchen, dining room, showers, and on-site services.
- **Additional Transitional Housing Beds—** Transitional Housing Beds are needed for populations that are not ready to immediately transition into permanent housing. This type of housing helps residents stabilize and prepare for independent living by repairing credit and housing history, and connecting with essential services and mainstream benefits. Transitional Housing Beds are especially needed for Chronically Homeless individuals and homeless individuals with mental illness and co-occurring disorders.

Permanent Supportive Housing Gap— Stakeholder Goal

The Needs and Gaps Sections emphasized the housing needs of homeless persons with disabilities, especially Chronically Homeless individuals, and homeless persons with mental illness and co-occurring disorders. Many of these individuals are not able or prepared to enter the private housing market, and would most appropriately be housed in long-term housing with on-site services that provide the necessary support to help them live independently. Currently there are no Permanent Supportive Housing projects in Tehama County for persons with mental illness.

- Permanent Supportive Housing Utilizing MHSA— The TCHSA Behavioral Health Division is in the process of reviewing proposals to use MHSA funds to develop Permanent Supportive Housing for homeless persons who meet medical necessity requirements for mental health services. Development of this project will be an important first step for addressing Permanent Supportive Housing needs in the County. The Sustainable Housing Committee has identified this project as their primary goal in the immediate future.

Permanent Affordable Housing Gap— Stakeholder Goal

Tehama County has a shortage of permanently affordable housing, and housing for all income levels in general. Expansion of the housing stock helps relieve pressure on rising rents, and opens up opportunities for all residents, including those with the lowest incomes. Operating subsidies facilitate the development of affordable housing as they fill the gap between what renters can afford, and the cost to debt service and operate the apartment complexes.

- Utilize Section 8 and VASH Vouchers to Develop Affordable Housing— The Sustainable Housing Committee has recognized that the Section 8 and VASH programs are important resources that can be targeted for the development of new affordable units. The value of these rental assistance programs is that policies can be put in place that leverage their value for multiple projects by underwriting debt for development, and covering operating costs.

D3. Gaps and New Goals

Diagram 4 illustrates the Gaps, with the Stakeholder goals described above in black, and new goals that fill the remaining Gaps in orange. These new goals were identified by the Homeless Stakeholder Collaborative in a 10-Year Plan meeting on April 18th, 2018. The selection of these goals was based on a review of the Needs and Gaps identified and described in the Plan.

Diagram 4

Gaps and Goals

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

Street Outreach Gap— New Goals

Proactive street outreach is an outstanding need that had not yet been directly addressed by the Stakeholder Priority Areas. This is needed to engage homeless individuals, including those that have avoided participating in housing and service programs. Consistent contact, and meeting people where they are, is key to building relationships of trust between service providers and homeless individuals.

- **Mobile Crisis Unit—** In the 10-Year Plan Stakeholder Meeting, the TCHSA Behavioral Health Division shared that they have plans for mobile crisis services, staffed by mental health professionals, that will respond to mental health crises out in the community. It is recommended that the Mobile Crisis Services is a primary Stakeholder goal to be achieved in the first five years of the 10-Year planning period. The Mobile Crisis Services should work closely with Coordinated Entry partners, the One Stop Navigation Centers, St. Elizabeth's Hospital, the County Sheriff's Office, and local police. Mobile Crisis Services will be able to access individuals and refer them to ongoing intensive services as appropriate. These ongoing services will help individuals access housing and reduce the need for intervention by law enforcement and emergency medical services over time, thus reducing the level of care needed over time.
- **Sobering Center—** The TCHSA Substance Use Recovery Division would like to find a way to develop the resource for a Sobering Center, where homeless individuals under the influence of drugs or alcohol can be safe and sheltered, and receive the help they need to successfully manage substance use challenges. It is yet to be determined whether Tehama County has the economy of scale to develop a sobering center, or if they will need to join with other counties and develop a regional Sobering Center project. While a licensed detox facility

would be prohibitively expensive at this time, a lower service level Sobering Center would fill an important gap within the County. This is another key access point for homeless individuals with substance use challenges to connect with services and transition out of homelessness. It is anticipated that the Sobering Center could be realized within the first five years of the 10-year Plan period.

Temporary Housing Gap— New Goals

Establishing a year-round emergency shelter is a central goal in addressing temporary housing needs, as discussed above. Other forms of transitional housing, with more intense and sustained levels of service for special needs guests, are also needed to fill remaining Temporary Housing gaps.

- **Mental Health Housing –** The County Health Services Agency–Behavioral Health and the County Public Guardian would like to see a continuum of housing in Tehama County that is available to those with mental health issues. These include a Mental Health Rehabilitation Center, Mental Health IMD, a psychiatric skilled nursing facility, and increased board and care facilities as needed. These would provide a continuum of levels of care that would allow individuals to live in a place that could provide for their specific needs while they remain close to their homes in Tehama County. Having these facilities locally allows the transition to lower levels of care to take place seamlessly.
- **Transitional Housing Beds for Families—** Transitional housing facilities currently in operation predominantly serve individuals. Stakeholder participants emphasized the need for more transitional housing for families as well. This is supported by the Department of Education statistics cited in the Section A.

Permanent Supportive Housing— New Goal

In addition to MHSA funds that are allocated to counties throughout California, other new programs are opening funding streams for Permanent Supportive Housing. Tehama County is currently preparing to utilize these funds to address the critical need for permanent, service-enriched apartments.

- **Permanent Supportive Housing Project utilizing NPLH or VHHP—** The No Place Like Home program will be launched within the next year and will provide funding for counties to build Permanent Supportive Housing for homeless persons with mental illness. The Veterans Housing and Homeless Prevention Program (VHHP), has been operating for a few years now, and funds the construction of housing and supportive services for homeless veterans. These programs open up exciting opportunities to address the County's unmet needs for this housing type. A NPLH or VHHP funded project should be planned for development soon after development of MHSA housing that is currently in process.

Permanent Affordable Housing— New Goal

The Stakeholders have set a 5-Year goal to utilize Section 8 and VASH Vouchers for the development of affordable housing. To build on these efforts, the County and cities should implement other policies that will cultivate an environment that is friendly to the development of housing overall.

- **Implement Policies that Will Incentivize the Development of More Housing Overall—** As detailed in the Needs and Gaps Sections, Tehama County residents struggle to find housing due to the shortage of supply for all income levels. Local governments have the power to address this shortage with incentives and regulatory relief. Implementation of these strategies will lead to an increased supply of housing stock, and a more affordable residential market. Potential policy strategies are discussed in more detail in the New Resources Section.

Securing New Resources

Section B described a variety of resources that currently exist in Tehama County. These resources have been developed and strengthened by a strong network of agencies and volunteers, demonstrating that an ethic of collaboration has been foundational to the County's successful initiatives. The County's strengths in collaboration and volunteerism can be employed to secure new resources that will be needed to achieve the 10-Year Plan goals.

E1. Private, State and Federal Resources

The goals laid out in the previous section cannot be realized without securing new resources from outside Tehama County. The resources most pertinent to the development of shelters and housing are outlined below.

Private Resources

Development Expertise— Partnership with nonprofit and for-profit firms that are experienced in developing shelters and affordable housing is essential to achieving Plan goals. Competitive funding programs require that the developer involved in a proposed project meets minimum thresholds for experience, performance and capacity. Because they have deep knowledge of funding program requirements and the development process, developers can also help localities strategically identify and prepare the most feasible properties for construction.

Financial Equity— Investors provide financial equity to projects in exchange for receiving tax credits. The most commonly used tax credit program for investing in affordable housing is the Federal Low Income Housing Tax Credit (LIHTC). Some investors also access the New Markets Tax Credit (NMTC) program for housing and community development projects. Most affordable housing projects require an investor to make them financially feasible.

Debt— Most affordable housing projects will require loans provided by banks or community development lenders. While public lenders are more patient about when loans will be repaid, commercial lenders will typically require monthly payments on a loan, with interest amortized over a predetermined period of time.

State Resources

State Resources listed below include programs that are directly funded by the State of California, and programs that are funded by the federal government and administered by the State of California. There are three State agencies that administer shelter and housing funds: the California Tax Credit Allocation Committee (CTCAC), the California Debt Limit Allocation Committee (CDLAC), and the State Department of Housing and Community Development (HCD).

Federal and State Low Income Housing Tax Credits (LIHTC)— The California Tax Credit Allocation Committee (CTCAC) manages the State's allocation of federal LIHTC. CTCAC also manages an annual allocation of State tax credits. They administer a competitive and non-competitive program in which allocations of tax credits are committed to specific projects. The projects can then offer the tax credits to investors who provide cash equity for their construction.

Federal Tax-Exempt Bonds— The California Debt Limit Allocation Committee (CDLAC) manages the State's allocation of federal tax-exempt bonds. Public entities called "Bond Issuers" apply for an allocation of tax exempt bonds for specific projects that can then be purchased by banks. The banks then use the tax-exempt status of the bonds to loan funds to projects at below-market interest rates.

Federal Funds Administered by the State to Localities Competitively

- ***Community Development Block Grant (CDBG)—*** may fund shelters, transitional housing, and community facilities.

Federal Funds Administered by the State to Nonprofits and Developers Competitively

- ***HOME Investment Partnership Act (HOME)—*** awarded to developers to fund permanent affordable housing.
- ***Emergency Solutions Grant (ESG)—*** awarded to nonprofits for the development and operation of emergency shelters, and for Rapid Re-Housing programs.

State HCD Funds Allocated to Counties Noncompetitively

- ***MHSA—*** funds permanent supportive housing and Full Service Partnerships for homeless individuals with mental illness.
- ***NPLH (Noncompetitive Portion)—*** funds permanent supportive housing for homeless individuals with mental illness within mixed population projects.
- ***SB 2 Funds—*** SB 2 was legislation passed last year that establishes a permanent source of funding for affordable housing. In the first year of funding in 2019, half of the projected $250 million will be allocated to local governments for planning and technical assistance to streamline housing development, and half will be allocated to programs targeted to homelessness. At this point, it is unknown how the homeless funding will be allocated. After the first year, 70% of the funding will be allocated to local governments for homeless rapid re-housing, rental assistance, navigation centers, shelters, and transitional and permanent housing.

State HCD Funds Awarded to Counties Competitively

- ***NPLH (Competitive Portion)—*** additional NPLH funds that are awarded on a competitive basis.

State HCD Funds Awarded to Developers Competitively

- ***VHHP—*** funds permanent supportive housing for Extremely Low Income veterans, and homeless veterans with disabilities.
- ***Multifamily Housing Program—*** funds permanent affordable housing, including Extremely Low Income households. This program is not currently funded, but may be funded in the next two years if Statewide Ballot Initiative SB 3 passes this November.
- ***Affordable Housing and Sustainable Communities Program (AHSC)—*** uses cap and trade fees to fund the production of affordable housing and infrastructure projects that reduce greenhouse gas emissions. Developers apply for these funds in partnership with local governments.

Federal Resources

Federal housing and community development funding is administered by the Department of Housing and Urban Development (HUD) and the Department of Agriculture (USDA). These federal funding programs include resources for construction, operating subsidies, and tenant rental assistance.

Federal Funds Allocated to Local Housing Authorities Noncompetitively

- Section 8 Housing Choice Vouchers (HCV)— Rental assistance provided directly to tenants that pays the difference between 30% of their income and Fair Market Rent to the landlord. Section 8 can be "project-based", meaning that the rental assistance can be attached to a unit rather than a tenant family, which allows the project to underwrite more debt.
- Veterans Affairs Supportive Housing (VASH)— Rental assistance similar to HCV that is provided to homeless veterans.

Federal Funds Awarded to CoCs Competitively

- Continuum of Care (CoC) Program— formerly "McKinney-Vento", provides rental assistance, capital grants, supportive services grants, and operating subsidies to nonprofits for the purpose of eliminating homelessness, with an emphasis on assisting Chronically Homeless individuals.

Federal Funds Awarded Developers Competitively

- HUD 811, 202, 236, 203K, 221d3 Loans— for the development (rehabilitation and new construction) of permanent affordable housing.
- USDA 514, 515, 516, 521, 524 Loans— for the development (rehabilitation and new construction) of permanent affordable housing in rural areas.

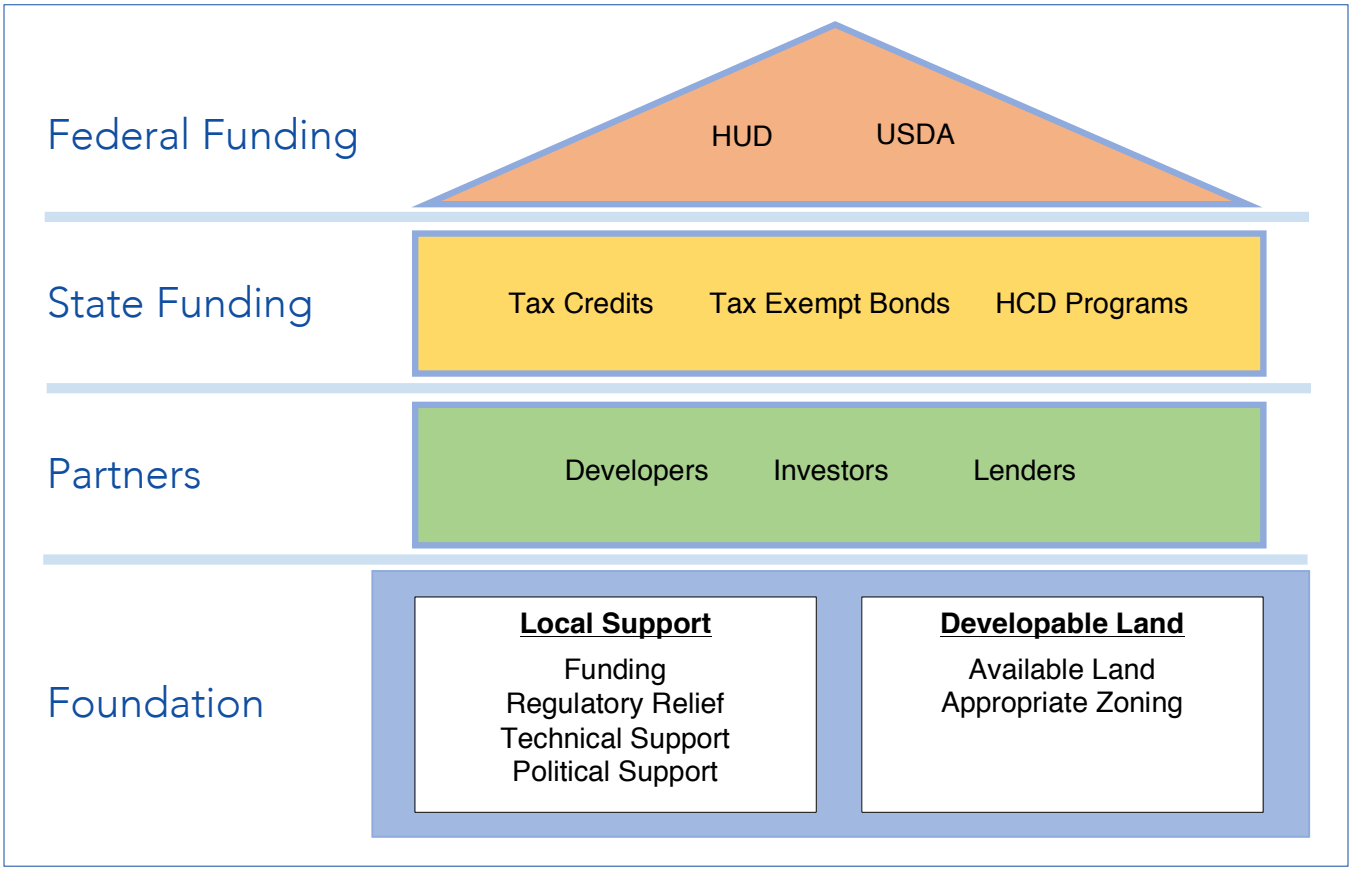
E2. Building the Foundation

The funding sources listed above can only be secured in localities with a strong foundation of local support. Even programs that provide noncompetitive allocations set minimum thresholds that localities must meet. Developers, private and public lenders, and investors competitively select communities to work in based on their perceived ability to get projects built efficiently. This can only be accomplished through partnerships with effective local partners.

Diagram 5 illustrates the critical role of a countywide "Foundation" in attracting new resources that will help Tehama County achieve the Plan goals. Without this foundation, resources will be inadequate to meet the scale of the homeless problem. Below is a description of the Foundation elements, and how they work together with Partners, State Funding, and Federal Funding.

Diagram 5

Securing New Resources



Local Support

Funding— Local funding is key to leveraging the additional State and Federal funding that is needed to produce shelters and housing. The County and localities must strategically direct the funding under their control in order to make this happen. In addition, local governments must also marshal their collaborative networks and expertise to apply for additional funding that will allow them to control expenditure decisions in line with local needs, planning objectives, and strategy.

- ***Noncompetitive Allocations to Counties—*** Noncompetitive allocations of funding include MHSA and a portion of NPLH funds, which are both allocated to Tehama County government. These funding sources are important resources for filling funding gaps for construction, operating subsidies, and supportive services. The County is currently using MHSA to attract development partners, and plans to do the same with NPLH.
- ***Noncompetitive Allocations to Cities and Counties—*** Last year, the State Legislature passed SB 2, which will provide an estimated $250 million in grants to cities and counties to reduce homelessness. The funding notice is anticipated to be released in the Spring of next year.
- ***Noncompetitive Allocations to Housing Authorities—*** Housing Authorities administer the Section 8 HCV and VASH programs, which provides rental assistance to tenants in the form of vouchers paid to landlords.

- ***Section 8 HCV—*** This program is a powerful tool to unlocking housing opportunities for homeless families and individuals. For example, the vouchers can be prioritized for homeless applicants, and for persons with disabilities. In addition, the vouchers can be "project-based", or dedicated to housing units. This allows projects with this commitment to raise additional funding for construction, and it makes project operations more sustainable.
- ***VASH—*** This is a tenant-based voucher program similar to Section 8 HCV that is dedicated to homeless veterans. Housing Authorities must collaborate with their local Veteran's Affairs (VA) office to secure these funds. After receiving a funding commitment, the Housing Authority manages the housing assistance operations, and the VA office manages the delivery of supportive services.

- ***Competitive Allocations—*** Competitive allocations for which counties, cities, CoCs, and nonprofits are eligible to apply for include:
  - NPLH (competitive portion)— counties, with developers
  - CDBG— counties and cities
  - ESG— nonprofits
  - Federal CoC NOFA— CoCs

Regulatory Relief— When local governments identify affordable housing as a high priority community asset, they put in place regulatory reforms that facilitate its development. These reforms create an environment that reduces risk and cost for affordable housing developers by providing a predictable, efficient, less expensive path to receiving development approvals, otherwise known as "entitlements." Below are examples of regulatory relief that can be helpful in enabling more efficient affordable housing production.

- ***Impact Fee Reductions, Waivers and Deferrals—*** Impact Fees are a significant portion of the cost to develop housing. They generally cost a developer $12,000 to $20,000 per newly constructed residential unit. Reductions or waivers to impact fees can make housing more affordable to produce. Certain impact fee schedules may have been formulated for larger single-family residential units, and may not directly correlate to affordable multifamily development, particularly SROs, studios, and one-bedroom apartments. In these cases, impact fees charged on a per-square-foot basis, rather than a per-unit basis, may be more appropriate for smaller, more affordable units. Deferral of the payment of impact fees from the time of pulling a building permit until after a project is constructed, can save money by reducing finance costs during the construction period.
- ***Expedited Permit Review—*** Extended permit review timelines can cause unplanned delays for developers. Delays add additional costs and unpredictability to the development process, resulting in greater risks to its completion. Some localities shorten the review timeline for affordable housing projects. Permit review timelines can be shortened by reducing staff review periods, and by eliminating the number of public hearings or discretionary review meetings.
- ***Improved Communication and Collaboration—*** When developers can meet with local government staff prior to submitting a permit application, it can make the process more efficient for all parties involved, and remove much uncertainty for the developer. In this pre-application meeting, some local governments involve staff members from all departments that will be involved in reviewing a project in order to share information and better coordinate the process moving forward.

Technical Support— Tehama County businesses and government agencies have expertise in the local characteristics of their communities. This includes the real estate market, the political environment and decision-making processes, and a general understanding of the area's culture and values. This is valuable information for housing developers as they try to navigate critical aspects of the real estate development process, such as community acceptance, entitlements, and securing local funding. In addition, local professionals such as real estate brokers, attorneys, architects, engineers, general contractors, and property managers can use their local knowledge to facilitate the development of housing and improve outcomes for the community's benefit.

Political Support— Political support is a key factor in facilitating affordable housing development, especially in communities where affordable housing has been opposed in the past. Political support drives the other forms of local support described in this Section. It can fuel the implementation of funding programs and policies described above, and it can be called upon to support discretionary review entitlements in places where such decisions are closely contested. The growth of political support is dependent on the strength of local collaborations and associations such as those listed below, and described in other parts of this Plan.

- ***Tehama County Homeless Stakeholder Collaborative—*** composed of government, nonprofit, and faith-based leaders that are focused on taking concrete action steps to eliminate homelessness.
- ***Tehama County Continuum of Care—*** government agencies and nonprofits that are coordinating the delivery of housing and services.
- ***Tehama Together—*** a collaboration of key stakeholders in Tehama County seeking to improve their community by identifying and seeking solutions for unmet needs.
- ***PATH Organization, Volunteers and Partner Churches—*** energized by community volunteers and partner churches to house the homeless.
- ***LIFT Event Collaborators—*** brings together a wide variety of entities and interests in a collaborative effort to offer services to low-income residents under one roof.
- ***Tehama 211—*** provides a widely valued service to the community, and interacts with a large portion of the community.
- ***United Way of Northern California—*** a collaboration of citizens, businesses, nonprofits, and government agencies to improve life in Northern California.

Developable Land

Developable land is an obvious element of facilitating the production of affordable housing. This is a variable that can be strongly influenced by local government actions. While the amount of land in a jurisdiction is fixed, public policies can be employed to more efficiently utilize available land. These policies include annexations, expansion of public infrastructure, and the zoning code. In addition, local governments can share information about housing opportunities of which developers may not be aware.

Adequate Availability of Land— Housing development is constrained by its access to public infrastructure and compatible services. This is especially true for multifamily and supportive housing because they have higher densities, and residents are more dependent on public transit and walking to services. Annexations and public infrastructure expansion can open access to more housing production. While development in areas outside town centers may be less appropriate for affordable housing, expanding these areas may relieve development pressure in other areas more optimally

located for multifamily construction. In many instances, land appropriate for affordable housing is available but developers are unaware of it. Tools such as the vacant land inventories described in Section B may be used to make this information more available.

Appropriate Zoning— Housing development is also constrained by zoning that does not allow multifamily and other more affordable forms of residential construction. Zoning standards that significantly impact the feasibility of affordable housing include:

- Use Restrictions
- Density Limits
- Open Space Minimums
- Parking Requirements
- Setback Standards

State Housing Element Law has mandated that localities implement some specific zoning policies over the years, as detailed in Section B. An important tool to incentivize affordable housing development are density bonuses, such as the State Housing Density Bonus law that Tehama County localities have adopted. Density bonuses permit developers with a minimum proportion of rent restricted units to build more units per acre than would otherwise be allowed. Beyond compliance with the State Housing Element and Density Bonus Laws, Tehama County localities should consider additional changes to address the housing shortage. Recommendations include:

- ***Increase the Number of Parcels that are Zoned Multi-Family in Appropriate Locations—*** Many of the Multi-Family zoned properties identified in the Housing Element Land Inventories are not near services, and have inadequate infrastructure. Local jurisdictions should zone more land as R3 or R4 near bus lines, retail, schools and other amenities, that are also served by sewer and water infrastructure.
- ***Expand Zoning Districts that Permit Emergency Shelters by Right—*** State Law requires localities to permit Emergency Shelters by right in at least one zoning district. Unfortunately, emergency shelters are sometimes assigned to zoning districts that have limited land availability and are far from services and public transit, such as industrial districts on the outskirts of town. Because guests usually depend on walking, biking, or taking public transit to get around, emergency shelters should be permitted in zoning districts that are within walking distance of bus stops and services. For example, emergency shelters should be permitted in some commercial districts.
- ***Expand Zoning Districts that Permit Smaller Units by Right—*** Smaller units are in short supply in Tehama County. One of the benefits of smaller units is that they tend to be more affordable than larger units. They include SROs, studios, one-bedrooms, manufactured or mobile homes, and tiny houses. Most localities are very restrictive of where they allow smaller units and there is usually an inadequate land supply to meet demand. As a positive example, the City of Red Bluff permits SROs by right within the R-4 Residential District and all Commercial zoning Districts except Freeway Commercial.
- ***Reduce Parking, Open Space, and Setback Requirements in Appropriate Areas—*** Parking requirements, minimum open space thresholds, and setbacks reduce land that is available for housing, and makes development more expensive. In many cases, these standards can make a property infeasible for development. Most studies show that Low-Income households tend to own fewer cars and drive less than higher income households. As a result, affordable housing complexes are often under-parked, wasting valuable space. Allowing some flexibility in these standards may make sense in certain areas, such as on public transit corridors and downtown/main street corridors.

Objectives

The previous section provided a general overview of a community's Foundation elements that can be strengthened to secure new resources. This Section F identifies specific Objectives that will strengthen the Foundation in Tehama County. The purpose of these Objectives is to attract targeted resources necessary to achieve the goals laid out in Section D.

The Objectives are more specific than the Goals, but they are not action steps that assign responsibilities and schedules. These details are left to local entities that have better information about how to implement initiatives. Rather, the Objectives provide a framework for moving forward that is adequately flexible to adapt to changing conditions and evolving local priorities over time.

F1. Street Outreach Gap

One Stop Navigation Centers

Objective SO1. Start small by setting up mobile One Stop Centers in Red Bluff and Corning at sites currently used for similar services. Employ currently available resources. Consider using a mobile shower trailer. Track results and share success stories to raise awareness, build political support, and raise funds.

Goal: Mobile One Stop Navigation Center
Foundation Element: Technical Support, Political Support, Funding
Timeframe: 0-5 Years

Objective SO2. Work with the Cities of Red Bluff and Corning to apply for State CDBG funds that can be used for the construction (or rehabilitation) and operation of the One Stop Navigation Centers. Explore combining the Permanent One Stop Navigation Center with the Year Round Emergency Shelter.

Goal: Permanent One Stop Navigation Center
Foundation Element: Funding
Timeframe: 5-10 Years

Objective SO3. Position the County, Red Bluff, and Corning to secure SB 2 homeless funds for the One Stop Centers. Track funding program guidelines and notices, and make necessary preparations and investments so that the proposal is competitive.

Goal: Permanent One Stop Navigation Center
Foundation Element: Funding
Timeframe: 5-10 Years

Mobile Crisis Services

Mobile Crisis Services are in the planning stage and will begin with on-call clinician services by July 1, 2018. Implementation should be coordinated with Coordinated Entry partners, the One Stop Navigation Centers, the County Sheriff's Office, and local police. Data regarding these services will be reviewed and used to refine and modify services to meet the needs of Tehama County.

Goal: Mobile Crisis Services during peak non-business hours
Funding: MHSA CSS
Timeframe: 0-5 years

Sobering Center

TCHSA-SUR will work with the Homeless Stakeholder's group to identify how to assess the need for a sobering center and specifically whether or not Tehama County has the economy of scale to develop a sobering center exclusively for Tehama County. If it is not feasible to develop a sobering center exclusively for Tehama County a regional approach will be explored by contacting surrounding counties and identifying funds for a sobering center.

Goal: A Sobering Center that can be used by Tehama County Residents
Funding: Unknown
Timeframe: 0-5 years

F2. Temporary Housing Gap

Continuum of Mental Health Housing Options

TCHSA-MH will work with Homeless Stakeholder's group to approach businesses that operate Mental Health Rehabilitation Centers, Mental Health IMDs, psychiatric nursing facilities, and increased board and care facilities with the idea of opening such facilities in Tehama County.

Goal: A Mental Health Rehabilitation Center with 16-24 beds operating in or within 30 minutes of Tehama County.
Funding: Private Business
Timeframe: 0-5 years

Year-Round Emergency Shelter

TH1. Organize the Political Support associations and collaborations listed on page 51 to raise community awareness about the need for a Year-Round Emergency Shelter, its positive impact, and personal success stories that showcase its value.

Goal: Year-Round Shelter
Foundation Element: Political Support
Timeframe: 0-5 Years

TH2. Persuade the City of Red Bluff to expand the Zoning Districts where Emergency Shelters are permitted by right, without further discretionary review.

Goal: Year-Round Shelter
Foundation Element: Appropriately Zoned Land
Timeframe: 0-5 Years

TH3. Work with the City of Red Bluff to identify potential sites for the Emergency Shelter. Utilize the City's Vacant Land Inventory. Consider combining the Year-Round Emergency Shelter with the Permanent One Stop Navigation Center.

Goal: Year-Round Shelter
Foundation Element: Adequate Availability of Land
Timeframe: 0-5 Years

TH4. Work with the City of Red Bluff to apply for State CDBG funds to support Emergency Shelter acquisition and predevelopment costs.

Goal: Year-Round Shelter
Foundation Element: Funding
Timeframe: 5-10 Years

TH5. Apply for State ESG and SB 2 funds to support Emergency Shelter construction costs.

Goal: Year-Round Shelter
Foundation Element: Funding
Timeframe: 5-10 Years

Transitional Housing (20-40 additional beds, including for families)

TH6. Collaborate through the Stakeholders and the CoC to identify the highest priority need for Transitional Housing in terms of population served, housing type, and services. Form a partnership of entities that will work together to own and operate the project.

Goal: Transitional Housing
Foundation Element: Technical Support
Timeframe: 0-5 Years

TH7. Work with the County, the City of Red Bluff, and the City of Corning to identify potential sites for Transitional Housing. Utilize the Vacant Land Inventories prepared for Housing Elements as tools.

Goal: Transitional Housing
Foundation Element: Adequate Availability of Land
Timeframe: 5-10 Years

TH8. Form a public/private partnership with Dignity Health and St. Elizabeth's Hospital to provide financial, technical and political support for building Transitional Housing.

Goal: Transitional Housing
Foundation Element: Funding, Technical Support, Political Support
Timeframe: 0-5 Years

TH9. Position the County, City of Red Bluff, and City of Corning to secure SB 2 homeless funds for Transitional Housing. Track funding program guidelines and notices, and make necessary preparations and investments so that the proposal is competitive.

Goal: Transitional Housing
Foundation Element: Funding
Timeframe: 0-10 Years

F3. Permanent Supportive Housing Gap

Permanent Supportive Housing Project Utilizing MHSA

PSH1. Form a political support task force from among the Political Support associations and collaborations listed on page 51 to advocate for project permitting approval and any necessary local funding.

Goal: Permanent Supportive Housing Utilizing MHSA
Foundation Element: Political Support
Timeframe: 0-5 Years

PSH2. Provide local technical support as described on page 51 to the developer selected to receive MHSA funding.

Goal: Permanent Supportive Housing Utilizing MHSA
Foundation Element: Technical Support
Timeframe: 0-5 Years

Permanent Supportive Housing Utilizing NPLH and/or VHHP

PSH3. Position the County to receive NPLH noncompetitive and competitive allocations.

Goal: Permanent Supportive Housing Utilizing NPLH and/or VHHP
Foundation Element: Funding
Timeframe: 0-5 Years

PSH4. Outreach to potential NPLH and VHHP developers. Present the benefits of working in Tehama County.

Goal: Permanent Supportive Housing Utilizing NPLH and/or VHHP
Foundation Elements: Technical Support, Funding
Timeframe: 0-5 Years

PSH5. Provide local technical support as described on page 51 to the developer selected to receive NPLH or VHHP funding.

Goal: Permanent Supportive Housing Utilizing NPLH and/or VHHP
Foundation Element: Technical Support
Timeframe: 5-10 Years

PSH6. Work with the CoC to apply for Permanent Supportive Housing funding through the annual CoC NOFA.

Goal: Permanent Supportive Housing Utilizing NPLH and/or VHHP
Foundation Element: Funding
Timeframe: 5-10 Years

PSH7. Position the County, City of Red Bluff, and City of Corning to secure SB 2 homeless funds for Permanent Supportive Housing. Track funding program guidelines and notices, and make necessary preparations and investments so that the proposal is competitive.

Goal: Permanent Supportive Housing Utilizing NPLH and/or VHHP
Foundation Element: Funding
Timeframe: 5-10 Years

F4. Permanent Affordable Housing Gap

Utilize Section 8 Vouchers and VASH to Develop Affordable Housing

PAH1. Collaborate with the Plumas Community Development Commission (CDC) to identify opportunities to expand the Section 8 program to serve more homeless families and individuals.

Goal: Utilize Section 8 Vouchers and VASH to Develop Affordable Housing
Foundation Element: Funding
Timeframe: 0-5 Years

PAH2. Work with the local VA Office and Plumas CDC to identify opportunities to apply for VASH Vouchers. Organize political support from Veterans Groups.

Goal: Utilize Section 8 Vouchers and VASH to Develop Affordable Housing
Foundation Elements: Funding, Political Support
Timeframe: 0-5 Years

Implement Policies that Will Incentivize the Development of More Housing Overall

PAH3. Coordinate with the Political Support associations and collaborations listed on page 51 to organize a public awareness campaign about the need for more housing options throughout the County. Advocate that local governments provide some of the regulatory relief measures described on page 50, make more land available for residential development, and adopt some of the changes to the zoning code described on page 52.

Goal: Implement Policies that Will Incentivize the Development of More Housing Overall
Foundation Elements: Political Support, Regulatory Relief, Adequate Availability of Land, Appropriately Zoned Land
Timeframe: 5-10 Years

PA4. Work with local governments to make information about development opportunities and incentives more available to developers. Update Vacant Land Inventories.

Goal: Implement Policies that Will Incentivize the Development of More Housing Overall
Foundation Elements: Adequate Availability of Land, Technical Support
Timeframe: 5-10 Years

PA5. Provide local technical support as described on page 51 to affordable housing developers that work in Tehama County. Identify a contact person or group from the Stakeholders to collaborate with developers and refer them to technical support.

Goal: Implement Policies that Will Incentivize the Development of More Housing Overall
Foundation Element: Technical Support
Timeframe: 5-10 Years

Conclusion

This 10-Year Plan provides a framework that will inform the funding, budgeting, workplans and schedules of Tehama County, the Homeless Stakeholder Collaborative, and the CoC in their efforts to end homelessness. The next steps will be for these entities to identify responsible parties and timelines for each of the Objectives.

Tehama County has made significant and impressive progress in addressing homelessness over the last five years. In that time period, the CoC and Stakeholders were organized, and the CoC governance charter and infrastructure were established. The process of forming these entities has demonstrated and enhanced the community's unique capacity to collaborate around a shared vision. These initiatives have laid the groundwork for a vibrant and sustainable 10-Year Plan. The County, Homeless Stakeholder Collaborative, and the CoC can build a solid foundation of local resources upon that groundwork. These entities can now capitalize on their efforts to attract new resources that will help them realize their goals.