Tehama County

Mental Health Services Act (MHSA)

2022-2023 Annual Update (AU)
2018-2021 Prevention and Early Intervention (PEI) 3-Year Evaluation
2020-2021 Innovation (INN) Update

WELLNESS • RECOVERY • RESILIENCE

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Tehama Annual Update

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Mark Montgomery, Psy.D	**Name:** LeRoy Anderson
Telephone: (530) 527-8491	**Telephone:** (530) 527-3474
E-mail: Mark.Montgomery@tchsa.net	**E-mail:** landerson@tehama.us
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral Health Services P.O. Box 400 Red Bluff, CA 96080	

I hereby certify that the Annual Update 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.

Mark Montgomery, Psy.D — Local Mental Health Director (PRINT)

Signature

6/9/22 — Date

"I hereby certify that for the fiscal year ended June 30, 2020, 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 _____ for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, 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 Anderson — County Auditor Controller (PRINT)

Signature

6/10/2022 — Date

MHSA COUNTY CERTIFICATION

County: Tehama

Local Mental Health Director	**Project Lead**
Name: Mark Montgomery, Psy.D **Telephone:** (530) 527-8491 x3026 **E-mail:** Mark.Montgomery@tchsa.net	**Name:** Travis Lyon **Telephone:** (530) 527-8491 x3179 **E-mail:** Travis.Lyon@tchsa.net
Local Mental Health Mailing Address: Tehama County Health Services Agency Behavioral Health Services P.O. Box 400 Red Bluff, CA 96080	

I hereby certify that 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 Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 28, 2022.

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.

Mark Montgomery, Psy.D

Mental Health Director/Designee

6/28/22

Date

COUNTY OF TEHAMA

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

Tehama County Courthouse

TELEPHONE (Area Code 530)

Clerk & Recorder	527-3350
Elections	527-8190
Clerk of the Board of Supervisors	527-3287
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MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

R E G U L A R A G E N D A

30. HEALTH SERVICES AGENCY / MENTAL HEALTH

a) INFORMATIONAL PRESENTATION - Mental Health Services Act (MHSA) Annual Update (AU) FY 22-23; Prevention & Early Intervention (PEI) three (3) year evaluation for FY 18/19, FY 20/21, and FY 21/22, and Annual Innovation Project update FY 20-21.

Mental Health Services Act Coordinator Travis Lyon reviewed the presentation included in the packet. He reviewed slides regarding Proposition 63, MHSA Mission and Vision, and MHSA Programs. In response to Supervisor Moule, Mr. Lyon explained the No Place Like Home program and reviewed the eligibility requirements of homelessness and a mental health diagnosis.

b) Approval by the Board of Supervisors for the Mental Health Services Act (MHSA) Annual Update (AU) FY 22-23; Prevention & Early Intervention (PEI) three (3) year evaluation for FY 18/19, FY 20/21, and FY 21/22, and Annual Innovation Project update FY 20-21.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dennis Garton, Supervisor - District 3
SECONDER:	Bob Williams, Supervisor - District 4
AYES:	Moule, Leach, Garton, Williams, Carlson

STATE OF CALIFORNIA)
) ss
COUNTY OF TEHAMA)

I, JENNIFER VISE, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 28th day of June, 2022.

DATED: June 29, 2022

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

Rachael DeOrta
Deputy

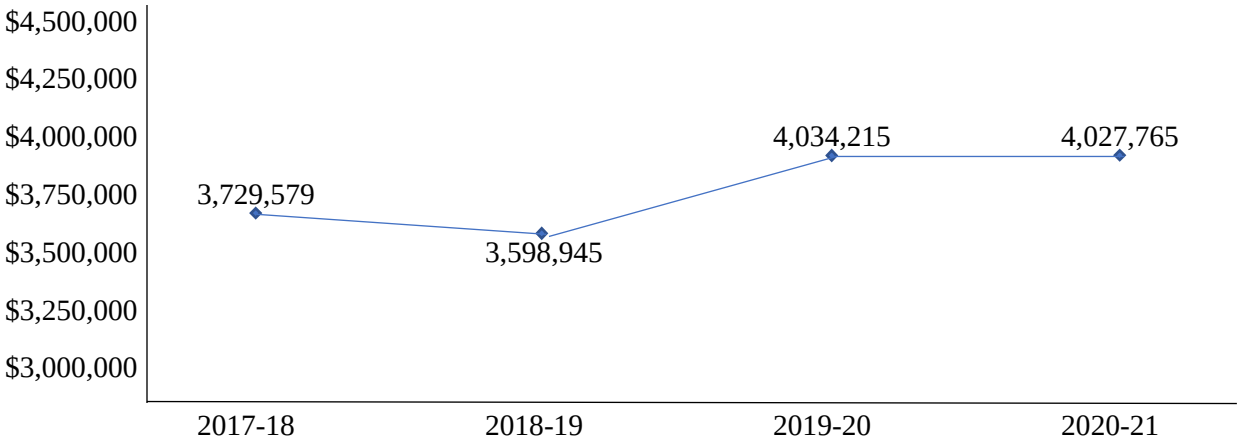
Introduction

Proposition 63, the Mental Health Services Act (MHSA), was passed by California voters in 2004 as a 1% tax on individual taxable income that exceeds $1 million, and is allocated to the counties based on population, poverty level, and prevalence of mental illness.

MHSA law stipulates the five service components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). CSS, PEI, and INN are funded on an on-going basis, with monthly disbursements, while CFTN, WET, and permanent housing are funded through one-time funds or funds for a finite period. A high-level description of services provided through these funding sources is listed in the tables on pages 10-12 of this report.

MHSA spending is strictly structured; requiring specific percentages be allocated to the various components: 76% of the total funds must be spent on CSS (with 51% or more of CSS funding being utilized on Full Service Partnership (FSP) level of care), 19% must be utilized on PEI (with 51% or more PEI funds reserved for services engaging with youth (ages 0-15) and transition-aged youth (TAY) (ages 16-25), and INN receives an allocation of 5%. In addition, up to 20% of the average of the previous five years CSS annual funding can be transferred to WET, CFTN, and/or "prudent reserve". Counties are required to maintain a "prudent reserve" of MHSA funds to help mitigate funding fluctuations throughout fiscal years.

MHSA funds, Tehama County: Fiscal Year (FY) totals, FY 2017-18 through FY 2020-21



https://www.dhcs.ca.gov/formsandpubs/Pages/2020-BH-Information-Notices.aspx

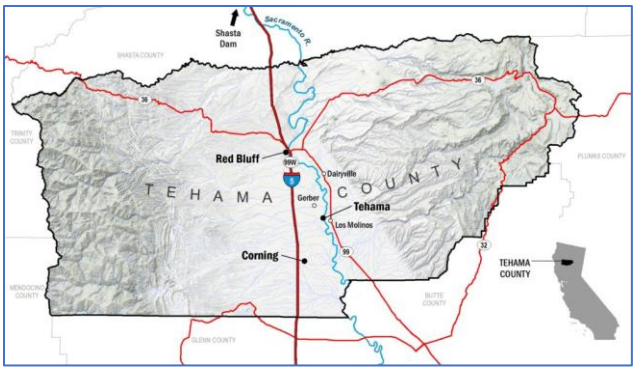
MHSA-mandated approach to services: Examples

The above figure provides a visual representation of the MHSA approach to local services, including client and family driven goals, culturally competent, integrated, wellness, recovery & resilience focused services delivered in collaboration with the community. This process is referred to as the Community Program Planning Process (CPPP).

Multiple budgeting concerns and uncertainties, including proposed changes to the MHSA structure and program functions by the California Governor and State Legislature, have led Tehama County Health Services Agency – Behavioral Health (TCHSA – BH) to recommend that we maintain our focus on existing programs and initiate current plans that have not yet been implemented, in lieu of developing new programs. The focus will be on the continuation and expansion of active programs and services in accordance with the input obtained from the CPPP. Additionally, our current planning process has been directly impacted by the COVID-19 pandemic. This poses a significant challenge with respect to the upcoming MHSA budget allocations due to the economic influence exerted across the United States by this medical emergency. Tehama County will continue to comply with all spending guidance distributed from the Governor and the California Department of Health Care Services (DHCS) to provide quality services to our clients in a respectful and compassionate manner throughout and after this crisis.

Tehama County

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



Tehama County, California has approximately 2,949 square miles of land area and is the 20th largest county in California by total area. As of the 2020 census, Tehama County has a population of 65,829[1]. At 25%, Tehama County's Latino population is higher than the national average of 18% and lower than the California average of 39% The remaining population is predominantly white at 67%, with less than 1% Black or African American, 2.8% American Indian and Alaska Native, 1.6% Asian, and less than 1% Hawaiian and Pacific Islander. Spanish is the county's single threshold language.

Tehama County's poverty rate of 18.8% is significantly higher than both the state of California (12.6%) and the national average (11.4%). Most counties located in the Superior Region have similar poverty levels which may compound the effects of rural poverty including a regional service level that may be significantly low, static, or limited while serving a high-needs population.

Additionally, the median household income in Tehama County is $48,895, or 38% lower than the California median household income of $78,672, and 28% lower than the national median income of $64,994. In contrast, the average price of a home has increased dramatically over the past 10 years, from $180,000 to approximately $280,000. This combination of lower-than-average incomes and the increase in the average cost of a home may result in a steeper curve towards home ownership, and the life stability and benefits that come with it.

Tehama County is a rural and sparsely populated county, with a population density of 22 people per square mile while the state average is 239 people per square mile. Most of the county's services, including the only acute care hospital, are located within the county seat of the City of Red Bluff. However, the nearest major metropolitan area is Sacramento, which is a two-to-three-hour car trip and many Tehama County residents live in unincorporated areas. This illustrates the geographic challenges individuals can face trying to access specialty services.

Due to the county's size and sparse population, travel throughout the area is private-vehicle dependent. Combined with the poverty level experienced by its residents and the distance from services, transportation becomes an economic challenge and potential barrier to care.

In addition, Tehama County continues to experience a workforce shortage in all areas of healthcare, including behavioral health and other public service areas.

In a small, deeply interconnected county where maintaining anonymity and privacy may add a layer of complexity wherein residents are wary of accessing mental health services due to the deeply rooted perception of stigma surrounding county mental health.

[1] Source: 2020 Census Data - U.S. Census Bureau QuickFacts: Tehama County, California

MHSA Component and Program	Program / Location	Service Types / Modes	Evidence-Based Interventions
Community Services & Supports (CSS)			
Access		See CSS, Access	
	Behavioral Health Outpatient Clinic	Case Management, Rehabilitation, Individual Therapy, Group Therapy, Linkage to Other Services, Psychiatry and Tele-Psychiatry	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	STANS Wellness & Recovery Center		
	Corning Center, Los Molinos, and Rancho Tehama	Case Management, Rehabilitation, Individual Therapy, Group Therapy, and Linkage to Other Services	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	On-Call Clinicians	Crisis Intervention	Clinical Assessment, Interventions
	Level 1 Co-Occurring Services	Primary Diagnosis is Substance Use Disorder (SUD) with Mild-to-Moderate Mental Illness	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model
	Community Crisis Response Unit (CCRU)	24/ 7 Crisis Intervention Unit	Seeking Safety
Full-Service Partnership (FSP)		See CSS, Full Services Partnership (FSP)	
	Children (0-15 years), Transition-Aged Youth (TAY) (16-25 years)	Case Management, Rehabilitative Service, Individual Therapy, and Group Rehabilitative Therapy	Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Child & Family Team (CFT) Meetings
	Adults and Older Adults	Case Management, Rehabilitative Service, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Assisted Outpatient Treatment (AOT)	Court-Mandated FSP-Level Care, Including Case Management, Rehabilitation, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Co-Occurring Level Two (Behaviroal Health Co-Occuring or Behavioral Health Court FSP)	Co-Occurring Level Two is for Clients with Co-Occurring Disorders with Severe and Persistent Mental Illness who also Have a Substance Use Disorder (SUD) Diagnosis	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model
Client Employment Programs		See CSS: Client Employment Programs	
	Rehabilitative training and employment as Peer Assistants, supporting services at the STANS Wellness & Recovery Center and/or participating in rehabilitative employment activities (landscaping and others). Peer Assistants are often FSP clients. Peer Advocate is an additional level of employment: Peer Advocates are part of the support system provided to individuals and groups at the STANS Wellness and Recovery Center.		
Transitional Housing		See Transitional Housing	
	Transitional Housing	Case Management, Rehabilitation, Individual Therapy, and Group Therapy	

MHSA Component and Program	Program or Location	Report Section
Prevention & Early Intervention (PEI)		
Community Engagement & Latino Outreach (CELO)		
	Community Outreach Activities and Programs	PEI: Community Engagement & Latino Outreach (CELO)
	Latino/Latina/Latinx Outreach	
Stigma Reduction		PEI: Stigma-Reduction
	Stigma Reduction Education with the National Alliance on Mental Illness (NAMI), Health Educators, etc.	PEI: Stigma-Reduction, Mental Health First Aid
	May is Mental Health Month Events and Marketing	PEI: Stigma-Reduction
	Mental Health First Aid (MHFA) Training	PEI: Stigma-Reduction, Mental Health First Aid
	Crisis Intervention Team (CIT) Training, Law Enforcement & First Responders	PEI: Stigma-Reduction
Suicide Prevention including ASIST and SafeTALK		
	Suicide Prevention Activities, including Events & Social Marketing.	PEI: Suicide Prevention
	ASIST (Applied Suicide Intervention Skills Training)	PEI: ASIST and SafeTALK
	SafeTALK Training.	
Parenting and Family Support		
	Nurturing Families	Parent/Caregiver Training Groups
	Support for Family Members and Caregivers	Support for Family Members and Caregivers
	First Episode Psychosis (FEP) & their Families/Caregivers	Support Groups, First Episode Psychosis (FEP) and their Families/Caregivers
Evidence-Based Interventions		
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
	Parent Child Interaction Therapy (PCIT)	Parent Child Interaction Therapy (PCIT)
	Cognitive Processing Therapy (CPT)	Cognitive Processing Therapy (CPT)
	Therapeutic Drumming	Therapeutic Drumming
Peer Advocate Program		
	TalkLINE Staffing, Phone Coverage Hours, & Community Outreach	PEI: Peer Advocate Program
	Peer Run Groups and Activities	
	Individual Support	

MHSA Component and Program	Program or Location	Report Section
Innovation (INN)		
	Help@Hand	Innovation: Help@Hand
Workforce Education and Training (WET)		
	Supports training and education for TCHSA staff that promotes efficacy, staff expansion, and best practices	Workforce Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)		
	Electronic Health Records (EHR) System	Capital Facilities and Technological Needs (CFTN)
Permanent Supportive Housing (PSH)		
	Supportive housing in which the County agrees to provide services to residents for the term of the loan, approximately 50 years	Housing

Community Program Planning Process (CPPP)

The MHSA stakeholder outreach process for this Annual Update utilized public meetings in conjunction with:

- Tehama County Health Services Agency (TCHSA) providers, Tehama County Mental Health Board, Wellness Center Consumers, Peers, National Alliance on Mental Illness (NAMI) representatives, law enforcement, educators, caregivers, consumers, family members, and community members. The community continues to show interest in the growing need for Prevention and Early Intervention (PEI) programs and their accessibility to the general population of the County, especially those individuals not traditionally served by mental health services.
- Five virtual meetings were held at varying times of the day to accommodate for diverse work schedules and availability. Additionally, two in-person meetings were conducted, one at the Tehama County Library – located in Red Bluff, and the other at the TCHSA offices in Corning.

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

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

Concerns from the community included the implementation of the Assisted Outpatient Treatment (AOT) program, limited availability and high turnover of mental health staff, and overall access to services. For convenience and clarity related to requirements in California Code of Regulations, Title 9 section 3650(a)(5), this section contains community-identified needs ("community assessment") and addresses the capacity for meeting those needs.

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

- A CPPP for the current MHSA plan reaching many stakeholders and providing data for future outreach processes.
- Improved agency website to enhance access to information.
- Employing additional on-call clinicians to increase the availability and expediency of after-hour assessments and service referrals.
- Continued growth of bilingual Spanish staff to increase accessibility and culturally competent resources for the Latino community.
- Continued collaboration with local NAMI affiliate. NAMI supports stakeholder input, outreach, collaboration, and information dissemination.
- Increase collaborative efforts with schools and the Department of Education around Nurturing Families. TCHSA will review additional opportunities to collaborate.
- Community members/stakeholders and TCHSA both identified an on-going need for housing options that span temporary shelter, transitional housing, and permanent supportive units. A permanent homeless shelter remains a key goal for TCHSA and collaborators. The Tehama County Housing and

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

Community Services & Supports (CSS)

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

- Provide and improve access to the unserved and underserved populations
- Deliver Full-Service Partnerships (FSP's) (a "whatever it takes" level of service)
- Establish client employment programs
- Assist clients with transitional housing
- Focus on a recovery-based approach to existing systems and services

CSS: Allocation by Fiscal Year

MHSA funds vary depending on economic conditions and other factors. Considering recent COVID-19 influences on economic stability within the State of California, TCHSA expects the revenue estimates listed in the table below to change drastically, as they were calculated pre COVID-19. Our focus will be on the continuation and expansion of existing programs and services in accordance with the input obtained from the CPPP. Our current planning process has been directly impacted by the COVID-19 pandemic. This poses a significant challenge with respect to the upcoming MHSA budget allocations due to the economic influence exerted across the United States by this medical emergency. Tehama County will continue to comply with all spending guidance distributed from the Governor and the DHCS; striving to provide quality services to our clients in a respectful and compassionate manner throughout and after this crisis. In addition, funds can roll forward, and therefore, stated budgets are current estimates.

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

CSS: Focus

Behavioral Health CSS are provided with a focus on wellness, resiliency, and recovery; to include community collaboration, integrated and cultural competence, and dedication to the unserved and underserved within the county.

CSS: Access

TCHSA delivers services, and provides service access, in two ways; the first being physical service locations, and the second type of access is the provision of programs that provide access to mental health services.

Services are delivered primarily at 1860 Walnut Street in Red Bluff, CA and can be found in the following centers: Behavioral Health Outpatient Clinic (BHOP), STANS Wellness & Recovery Center, and the Community Crisis Response Unit (CCRU). Additionally, TCHSA has a Behavioral Health South County Office located at 275 Solano Street in Corning, CA. Access to services include case management, psychosocial rehabilitation, peer supports, and group therapy.

Group therapy focuses on psychosocial rehabilitation by helping people develop the social, emotional, and intellectual skills they need to live happily with the smallest amount of professional assistance possible. Broadly, rehabilitative groups focus on two areas, Coping Skills and Developing Healthy Resources, that help reduce the stresses experienced by clients in recovery from mental illness. By learning coping skills and developing healthy resources (both internal and among peers, friends, and family), the clients are better equipped to successfully navigate stressors, develop resiliency, attain life stability, and minimize crisis events. By decreasing crisis events, the chance of hospitalization, homelessness, and other negative outcomes that are disruptive to the client and the community are also decreased.

Access Centers, Hours of Service by Fiscal Year				
Fiscal Year	YES	CCRU	Vista	Total
2017-18	2,585	5,821	9,553	17,959
2018-19	2,222	6,030	6,931	15,183
2019-20	1,391	5,055	1,554	8,000
2020-21	0	6,872	0	6,872
Total	6,198	23,778	18,038	48,014

Groups enhance individual therapy and provide rehabilitative support with the goal of community integration and stability. Groups also provide structured opportunities for socialization and community building, decreasing the isolation often experienced by those facing mental health challenges.

Evidence-based interventions are employed at the various access centers, focusing on the recovery and resilience of the client, and providing FSP-level care when appropriate. Case Managers are available as part of the Behavioral Health team to assist the clients with their treatment, including Rehabilitation and Wellness services.

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

WRAP's core concepts are:

- Hope. People who experience mental health difficulties can set and meet life dreams and goals.
- Personal responsibility. Clients are active partners in their own care.

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

What does "recovery" mean?

"Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person.

Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports."

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

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

- Education. Client learning about themselves and mental health—on an on-going basis—supports life decisions that, in turn, support recovery.
- Self-advocacy. People learn how to effectively reach out for what they need and want in support of their recovery.
- Support. Providing and receiving support increases life skills and improves quality of life. People identify and/or develop a support network of people who nurture their recovery and, in turn, provide support to others.

Clients develop a WRAP plan in collaboration with their providers and peers, receiving ongoing support and review through groups and peer-to-peer discussion.

CSS Access: Behavioral Health Outpatient Clinic (BHOP)

Available Monday through Friday, 8:00am-5:00pm, the Behavioral Health Outpatient Clinic (BHOP) functions as an entry-point for clients with severe and persistent mental illness to receive services with Tehama County Health Services Agency-Behavioral Health (TCHSA-BH). Clients can receive a mental health assessment, on-going therapy, and case management services by appointment with some walk-in availability.

CSS Access: STANS Wellness & Recovery Center (STANS)

The Wellness & Recovery Center houses the TCHSA Peer services, including peer and staff led groups and activities, peer support, WRAP services, socialization, drumming, employment training opportunities, life skills education, and symptom management. The center is open from 8:00am-5:00pm Monday through Friday, with Peer services available 9:00am-12:30pm daily.

CSS Access: Corning, Los Molinos, and Rancho Tehama

Services through the Behavioral Health South County (Corning) Office are well-established and available to all residents with a focus on serving the Latino community. Behavioral Health staff at the Corning Center are, whenever possible, clinicians and office staff who are bilingual Spanish.

Corning Service Hours		
Fiscal Year	Total Hours Provided	Bilingual Clinician
2017-18	609	538
2018-19	220	220
2019-20	663	663
2020-21	557	557
Total	2,049	1,978

Limited services are provided to the Los Molinos and Rancho Tehama areas due to geographical constraints and limited exposure to mental health services. TCHSA is committed to continually increasing services to our communities as needs present themselves.

CSS Access: On-Call Clinicians

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

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

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

first responders. The on-call clinician program helps ensure that people experiencing mental health crisis are evaluated as soon as possible. Outcomes could include stabilization time at the CCRU, release to home, inpatient hospitalization or other actions depending on assessment and circumstances.

The on-call clinician program will be monitored and evaluated as it is implemented. Evaluation will include a review of the number of evaluations conducted by the on-call clinician and reports from emergency room personnel 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.

CSS Access: Level 1 Co-Occurring Services

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

The goal of TCHSA's Co-Occurring Services, with Substance Use Disorder as a Lead Diagnosis program is to help clients simultaneously address both mental illness and substance use. If a mental health client with substance use issues does not receive services that address both areas, the client does not receive the tools necessary for recovery.

Co-Occuring Level 1, Staff Hours	
Fiscal Year	Staff Hours
2017-18	183.00
2018-19	169.50
2019-20	171.50
2020-21	119.50
Total	643.50

Co-Occurring Level 1 serves clients who would not usually receive mental health services because their primary diagnosis is a substance use disorder, have a significant gap in both stabilization and on-going care. To mitigate this gap in services, Level 1 services are funded under MHSA CSS Access. The criteria for Level 1 treatment specifies that clients have a primary diagnosis of substance use disorder and a secondary diagnosis of a mild-to-moderate mental health issue (DSM 5). Level 1 clients receive services through Substance Use Recovery Services (SURS) and, in addition to the core SURS program, receive a specialized group curriculum focusing on co-occurring issues that is co-led by SURS and Behavioral Health staff. Level 1 groups include Seeking Safety and WRAP. Where appropriate, clients also receive individualized counseling from Behavioral Health clinicians, or treatment may include a trauma-based modality (most commonly Cognitive Processing Therapy).

CSS Access: Community Crisis Response Unit (CCRU)

Rehabilitation

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

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

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

The CCRU's second function is as the designated facility for the evaluation of individuals related to "5150" processes for when people, as the result of a mental health issue, can be held for up to 72 hours due to being gravely ill or a danger to themselves or others. The CCRU's weekly 5150-related volume

ranges from 10 to 20 clients. By providing a safe therapeutic setting, some individuals avoid being sent to a higher level of care and can return to the community with a Seeking Safety action plan in place.

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

CCRU Clients Who Received Services		
Fiscal Year	Unique Clients Who Received CCRU Services	Unique Clients Who Received Seeking Safety Services, Who had a CCRU Visit
2017-18	432	398
2018-19	417	363
2019-20	341	250
2020-21	352	305
TOTAL*	1,542	1,316

*Not a Unique Count

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

CSS: Full-Service Partnership (FSP)

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

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

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

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

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

"FSP clients experienced decreased rates of homelessness and justice system detention, as well as decreased utilization of inpatient hospitalization for mental health."

Evaluation of the Mental Health Services Act in Los Angeles County. RAND Corporation, 2018

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) WRAP. WRAP requires clients' active

involvement in their own recovery and is a cornerstone of FSP and other TCHSA programs. In addition to mental health recovery services, FSP services include supports for housing, employment, and training/education. TCHSA connects FSP-level clients to services that stabilize their health benefits and finances. These evidenced-based practices are provided by TCHSA-BH and through TCHSA partnering with outside providers to serve clients within Tehama County.

FSP # of Clients by Fiscal Year and Age Group

Fiscal Year	Children (0-15)	Transition-Aged Youth (16-25)	Adult (26-59)	Older Adult (60+)	Total
2017-18		14	65	25	104
2018-19		7	76	23	106
2019-20		1	12	3	16
2020-21	3	0	43	15	61

Within the FSP level of care, clients that have co-occurring mental health and substance use issues receive services that address both areas. In the FSP specialized program, mental health is the lead diagnosis, as a co-occurring level two. Co-occurring level one programs are funded under CSS Access.

CSS FSP: Children (0-15 years), Transition-Aged Youth (TAY) (16-25 years)

The County has engaged with contracted entities to provide FSP-level care for this demographic.

Remi Vista, Inc. provides Assessment, Collateral, Group Therapy, Individual Therapy, Plan Development, Group and Individual Rehabilitation, Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Brokerage and Linkage, Crisis Intervention, and Medication Support Services for those aged 0-15 years.

Victor Community Support Services, Inc. provides Assessment, Collateral, Group Therapy, Individual Therapy, Plan Development, Group and Individual Rehabilitation, Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Brokerage and Linkage, Crisis Intervention, and Medication Support Services for those aged 16-25 years.

CSS FSP: Adults (26-59 years) and Older Adults (60+ years)

These services are provided through the Tehama County Health Services Agency-Behavioral Health (TCHSA-BH) Behavioral Health Outpatient Clinic (BHOP) and are delivered on-site by Therapists and Case Resource Specialists.

CSS FSP: Assisted Outpatient Treatment (AOT)

Assisted Outpatient Treatment (AOT) is a modality used to implement "Laura's Law". An AOT program involves other agencies including law enforcement and the court system and involves the use of a court order when no other options are available. The mental health treatment portion of AOT is eligible for MHSA funding.

AOT services are community-based mental health services under specific circumstances in which an individual is not engaging in mental health services and presents a danger to themselves or others. To become an AOT client, the court must find that non-compliance with mental health treatment has been a significant factor resulting in at least two hospitalizations within the immediately preceding 36 months, and/or mental illness

resulted in one or more acts of serious and violent behavior towards self or others within the immediately preceding 48 months.

The table below summarizes basic criteria for AOT candidacy:

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

CSS FSP: Co-Occurring Level Two

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

The goal of TCHSA's Co-Occurring Services, with Severe and Persistent Mental Illness as a Lead Diagnosis program is to help clients simultaneously address both mental illness and substance use. If a mental health client with substance use issues does not receive services that address both areas, the client does not receive the tools necessary for recovery.

Co-occurring Level 2 is a specialized FSP program and is funded under CSS FSP. The criteria for Co-Occurring Level 2 is a primary diagnosis of severe and persistent mental illness (DSM 5) and a secondary moderate-to-severe substance use diagnosis. Level 2 clients receive services through the FSP program and, in addition to core FSP services, clients receive a specialized group curriculum (again, co-led by Behavioral Health and SURS) that includes WRAP, Seeking Safety and the Matrix model (an evidence-based intensive outpatient treatment program for alcohol and drugs, with proven efficacy in methamphetamine addiction). If appropriate, clients may also receive individualized counseling with a TCHSA clinician (most commonly Cognitive Processing Therapy).

CSS: Employment Programs

Behavioral Health provides both vocational training to adult and older adult clients, including the employment of Peer Advocates. Formerly TCHSA "stipend" workers, in 2016 and 2017, TCHSA restructured and improved

the client employment program including moving the program under a contract with North Valley Catholic Social Service (NVCSS). The employment program has fewer employees who receive more training and gain the experience of being full employees of a non-profit agency. As paid employees, these positions more fully mirror "real world" employment experience and therefore, better support the goals of growth and employment in the community.

As vocational trainees, Peer Assistants complete wellness and recovery-focused training provided by NVCSS supervisors. After training, participants are assigned to work in one of several areas: STANS Wellness & Recovery Center, Behavioral Health Outpatient (BHOP) Clinic, or a landscaping program. Peer Assistants are hired for a nine-month period (additional employment series are considered depending on circumstances), receive supportive employment, develop marketable skills with the goal of finding work in the community.

Peer Assistants are often FSP clients who participate in rehabilitative training and employment, supporting services at the STANS Wellness & Recovery Center.

CSS: Transitional Housing

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

Transitional housing is a key tool in stabilization and rehabilitation. Existing transitional housing in Tehama County is insufficient to serve the needs of its severely mentally ill clients. TCHSA has one transitional housing unit, Gentry House, which can accommodate five clients and is typically full. The limited space within transitional housing creates issues for both clients and Behavioral Health programs/staff.

As of Spring 2021, homeless sheltering in Tehama County is provided in Red Bluff only, at separate church locations on a rotating schedule and limited to winter months (November through April). Clients who are not yet stabilized are often homeless, on the verge of homelessness, or are under-housed (staying in a series of temporary situations). Severely mentally ill clients often face homelessness again when they have been stable and housed but experience a crisis.

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

Prevention & Early Intervention (PEI)

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

MHSA funds vary depending on economic conditions and other factors. Considering recent COVID-19 influences on economic stability within the State of California, TCHSA expects the revenue estimates listed in the table below to change drastically, as they were calculated pre COVID-19. Tehama County will continue to comply with all spending guidance distributed from the Governor and the DHCS to provide quality services to our clients in a respectful and compassionate manner throughout and after this crisis. In addition, funds can roll forward, and therefore, stated budgets are current estimates.

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

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

Demographics:			
With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA - Article 5 Reporting Requirements, Section 3560.010, 8 (e) and will report demographics for the County's entire Prevention and Early Intervention Component instead of by each program or strategy.			
Age Groups	FY 2018/19	FY 2019/20	FY 2020/21
0-15 (children/youth)	13	1	1
16-25 (transition age youth)	55	25	10
26-59 (adult)	133	160	80
ages 60+ (older adults)	13	31	9
Declined to answer	60	34	68
Race by category			
American Indian or Alaska Native	8	13	3
Asian	6	1	1
Black or African American	5	2	4
Native Hawaiian or Pacific Islander		4	1
White	105	133	69
Other	67	59	9
More than one race	20	5	5

Declined to answer		63	34	76
Ethnicity by category				
	Hispanic or Latino/x			
	Caribbean		1	
	Central American	2	3	2
	Mexican/Mexican American/Chicano	60	59	26
	Puerto Rican			1
	South American	2		
	Other	23	4	3
	Non-Hispanic or Non-Latino/x			
	African	2	1	2
	Asian Indian/South Asian	1		1
	Cambodian			
	Chinese	1		
	Eastern European	10	10	5
	European	38	31	19
	Filipino	2	1	1
	Japanese	1	1	
	Korean	1		
	Middle Eastern			
	Vietnamese			
	Other	11	25	8
	More than one ethnicity		3	5
	Declined to answer	120	109	95
Primary Language				
English		168	187	93
Spanish		18	30	10
Decline to answer		88	34	65

Sexual Orientation			
Gay or Lesbian	59	2	1
Heterosexual or Straight	94	178	100
Bisexual	7	9	4
Questioning or unsure of orientation	4	2	
Queer	3		1
Another Sexual Orientation	3	2	
Declined to answer	104	58	62
Disability (Physical or Mental Impairment or Medical Condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.			

Yes		104	38	9
	Communication			
	Difficulty seeing	10	8	
	Difficulty hearing, or being understood	2	9	1
	Other		2	
	Mental domain not including a mental illness (Including, but not limited to a learning disability, developmental disability, dementia)	15	13	6
	Physical/mobility domain	13	10	
	Chronic health condition (including, but not limited to, chronic pain)	22	14	3
	Other			
No		121	152	89
Declined to answer		49	61	70
Veteran Status				
Yes		4	5	10
No		140	145	94
Declined to answer		130	101	64
Gender				
	Assigned sex at birth			
	Male	53	31	19
	Female	162	188	88
	Declined to answer	59	32	61
	Current Gender Identity			
	Male	40	31	20
	Female	138	187	78
	Transgender	1		
	Genderqueer			
	Questioning/Unsure			
	Another gender identity			1
	Declined to answer	95	33	69

PEI: Community Engagement & Latino Outreach (CELO)

Community Engagement and Latino Outreach (CELO) encompasses a variety of activities including expanding services for the Latino community including bilingual Spanish clinicians, provision of cultural sensitivity training to service providers, Latino community outreach activities, and general community education activities. Corning (south county) and Los Molinos (east county) are key communities that need bilingual 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. Providing services in Manton, Payne's Creek, and other areas of the county remain strong goals of TCHSA.

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

PEI: Stigma Reduction

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

Community Education & May is Mental Health Month

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

Mental Health First Aid (MHFA) Training

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

Crisis Intervention Team (CIT) Training

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

PEI: Suicide Prevention including ASIST and SafeTALK

Suicide Prevention Activities, including Events & Social Marketing

The goal of Behavioral Health's suicide prevention activities is to educate community members to be familiar with the signs and symptoms of suicide through training, information campaigns, events, and suicide screening. Additionally, the overall objective of suicide prevention training is for community members to become

proficient in identifying the signs of suicidality and become comfortable in helping individuals reach out for help when needed.

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

Applied Suicide Intervention Skills Training (ASIST)

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

SafeTALK Training

SafeTALK – Suicide Awareness for Everyone (also developed by Living Works Education) is a three-hour workshop focused on the warning signs indication 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.

PEI: Parenting and Family Support

Nurturing Families (NF)

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

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

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

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

Episode Psychosis (FEP) for youth and TAY, and their family members/caregivers. TCHSA is committed to providing support for family members and care givers. This will include supporting NAMI who will be providing a family-to-family classes, on-going support groups, and other NAMI groups as needed.

TCHSA collaborates with Tehama NAMI to provide "family-to-family" support groups. The NAMI website describes NAMI's Support Groups as following a structured model, ensuring participants receive the information and support they need:

> By sharing your experiences in a safe and confidential setting, you gain hope and develop supportive relationships. This group allows your voice to be heard and provides an opportunity for your personal needs to be met. It encourages empathy, productive discussion, and a sense of community. You'll benefit through other's experiences, discover your inner strength, and learn now to identify local resources and how to use them[2].

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

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

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

- Individual or group psychotherapy is typically based on cognitive behavior therapy (CBT) principles. CBT helps people solve their current problems. The CBT therapist helps the patient learn how to identify distorted or unhelpful thinking patterns, recognize, and change inaccurate beliefs, relate to others in more positive ways and change problematic behaviors.

- Family support and education teaches family members about psychosis, coping, communication, and problem-solving skills. Family members who are informed and involved are more prepared to help loved ones through the recovery process.

- Medications (also called pharmacotherapy) help reduce psychosis symptoms. Like all medications, antipsychotic drugs have risks and benefits. Clients should talk with their health care providers about side effects, medication costs and dosage preferences (daily pill or monthly injection, for example).

[2] Source: www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health

- Supported Employment/Education (SEE) services help clients return to work or school and achieve personal life goals. Emphasis is on rapid placement in a work or school setting combined with coaching and support to ensure success.

- Case management helps clients with problem solving. The case manager collaborates on solutions to practical problems and coordinates social services across multiple areas of need.

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

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

PEI: Evidence-Based Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a therapy model used for children ages 3 to 18 who have experienced one or more significant traumatic life events, resulting in PTSD symptoms or functional impairments[3]. 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)

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

Cognitive Processing Therapy (CPT)

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

[3] Source: cibhs.org

CPT is a modality suited for treatment of trauma and PTSD. The American Psychological Association's website describes CPT as "a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events[4]."

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

Therapeutic Drumming

During the first year of the drumming program (2013-14), an effort was made to engage a statistically significant number of participants (247 participants). Data showed clear positive trends and program efficacy was confirmed. Specifically, pre-, and post-survey data showed a 50% reduction in key symptoms: types of depression, anxiety, worry and frustration. Overall, post-drumming surveys indicated a significant reduction in 12 symptom types when compared to the pre-drumming surveys.

PEI: Peer Advocate Program

TalkLINE Staffing, Phone Coverage Hours, & Community Outreach

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

The TalkLINE originated through Butte County's MHSA programs and a partnership with TCHSA. In collaboration with Butte County, TCHSA is increasing the capacity of the TalkLINE and providing an important independent service to Tehama County. TalkLINE staff participated in outreach events through Shasta College, the community's "LIFT" event and resource fairs throughout the community. TCHSA 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.

Peer Run Groups and Activities

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

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

> Peer Specialists are empathetic guides and coaches who understand and model the process of recovery and healing while offering moral support and encouragement to people who need it. Moral support and

[4] Source: www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy.aspx

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[5].

Peer advocates receive on-going training and supervision and provide services to clients at the STANS Wellness & Recovery Center. Through Peer Advocates, clients receive more "one on one" support and individualized support from someone who has been through, or is still in recovery from, major mental illness. Peer Advocates demonstrate resilience and paths to recovery. For the Peer Advocate, employment can lead to future opportunities.

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

Innovation (INN)

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

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

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

INN: Project Introduction

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

[5] Source: www.dhcs.ca.gov/services/MH/Documents/CMHPCPeerCertPaper.pdf

Primary Problem Being Addressed

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

Project Purpose

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

Project Need

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

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

1. Poverty: The poverty level in Tehama County is twice that of state and national averages (2010 census data). The poverty rate for young people is substantially higher than the poverty rate of people 65 and older (2010 census). As of the 2010 census, 34% of Tehama County residents are below the age of 24 and 16% of residents are 65 and older. The rate of children in foster care is more than twice the state average (Lucille Packard foundation's "Kid Facts" website).
2. Geographic isolation: Most major services, including the county's single acute care hospital, are in the town of Red Bluff, in neighboring counties or beyond. Geographic distances in Tehama County are significant: From the rural community of Manton to the town of Red Bluff is 37 miles on an isolated road; Rancho Tehama is another isolated community, 25 miles from Red Bluff; another community, Los Molinos, is 22 miles from Red Bluff. Because of the county's size and sparse population, public transportation is limited. When communities are served by bus service, it can be limited or cumbersome: The community of Rancho Tehama receives bus service to Red Bluff one day a week. Tehama County has a significant migrant worker population that faces myriad challenges, including geographic and logistical isolation (significant amounts of time spent working away from home), in accessing services.
3. Limited transportation options: Because of the County's size and lack of public transportation, travel is private-vehicle dependent. As noted, the County has a significant poverty rate. Poverty, geographic barriers, lack of public transportation and large distances result in transportation becoming an economic challenge and a barrier to care.
4. Workforce shortage: Tehama has significant behavioral health workforce shortage. As a behavioral health employer, the County struggles to find and retain qualified behavioral health staff (psychiatrists, clinicians, nurses, and case managers).
5. Stigma discourages individuals from seeking services: Stigma and a lack of understanding about of mental illness symptoms are challenges for Tehama County. Individuals can be wary of using services in a small, deeply interconnected county wherein maintaining anonymity and/or privacy may seem difficult.

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

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

Primary Problem Being Addressed: Target Population

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

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

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

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

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

Los Angeles County writes in its *Innovation Plan*:

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

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

Proposed Project

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

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

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

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

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

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

TCHSA-BH has determined that this approach is appropriate because it directly addresses the need for decreased isolation, increased social engagement, a private way of accessing services which would be easily accessible for those who feel stigma when accessing traditional services, and increased access to services in

remote, rural Tehama County. It also directly addresses the need for identification of early onset of mental illness.

How Tehama's Use of Help@Hand is Unique

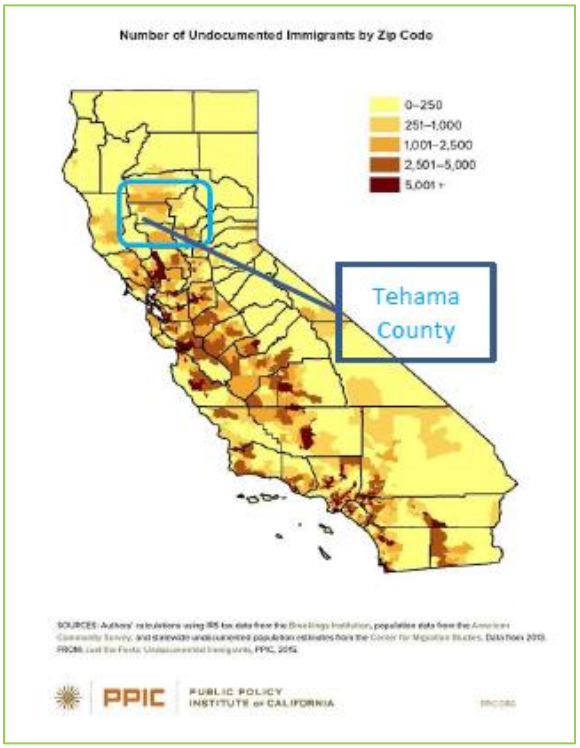
How will Help@Hand in Tehama County be different than Help@Hand in other counties? First: Tehama County Behavioral Health uses no on-line system or virtual tools to provide care and has a limited web presence. As a result, in many ways Help@Hand will begin the County's entry into an on-line presence,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

Unique Needs

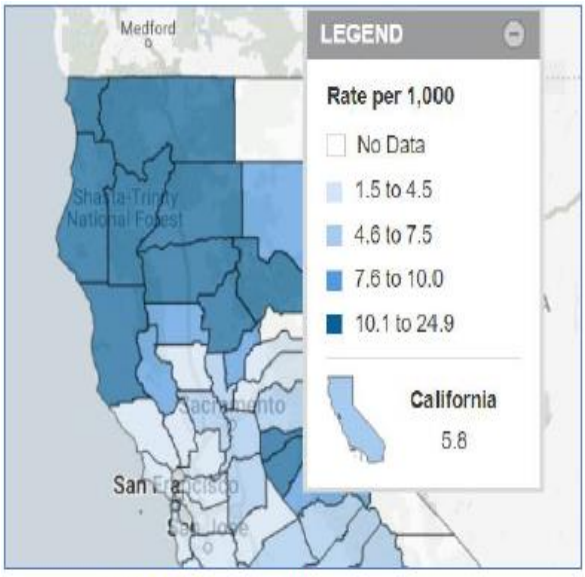
The Help@Hand platform may also be a sea change for Tehama County in ways that are unique and significant to rural counties with large geographic areas.

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

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



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



www.kidsdata.org accessed 4/18/19

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

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

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

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

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

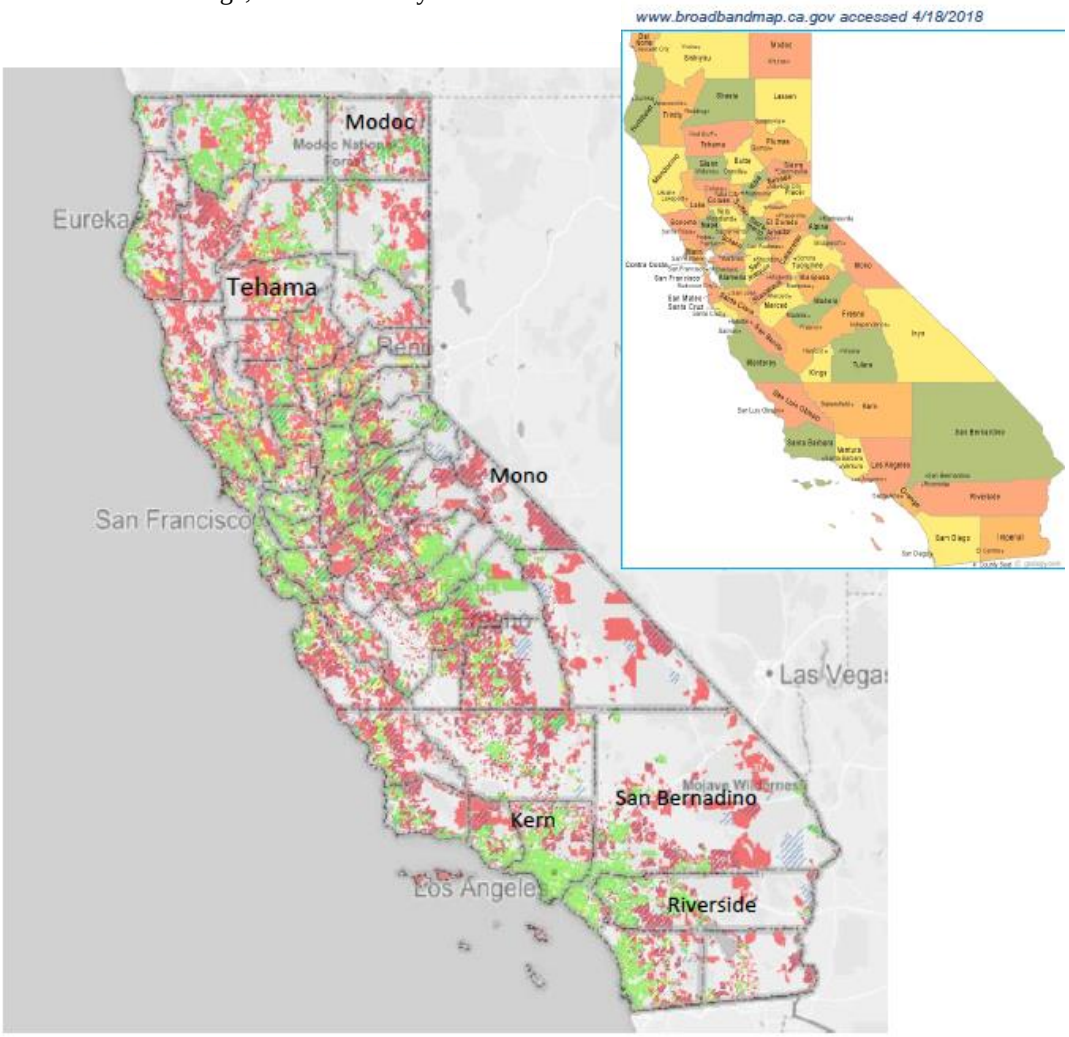
The rural male population is a difficult population to approach around self-care and mental health.

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

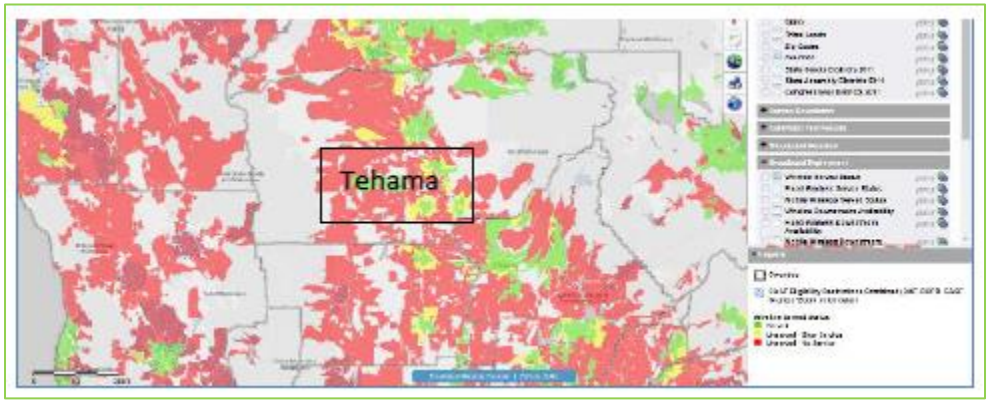
Evaluation of Bandwidth Needed to Access Help@Hand Platforms

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

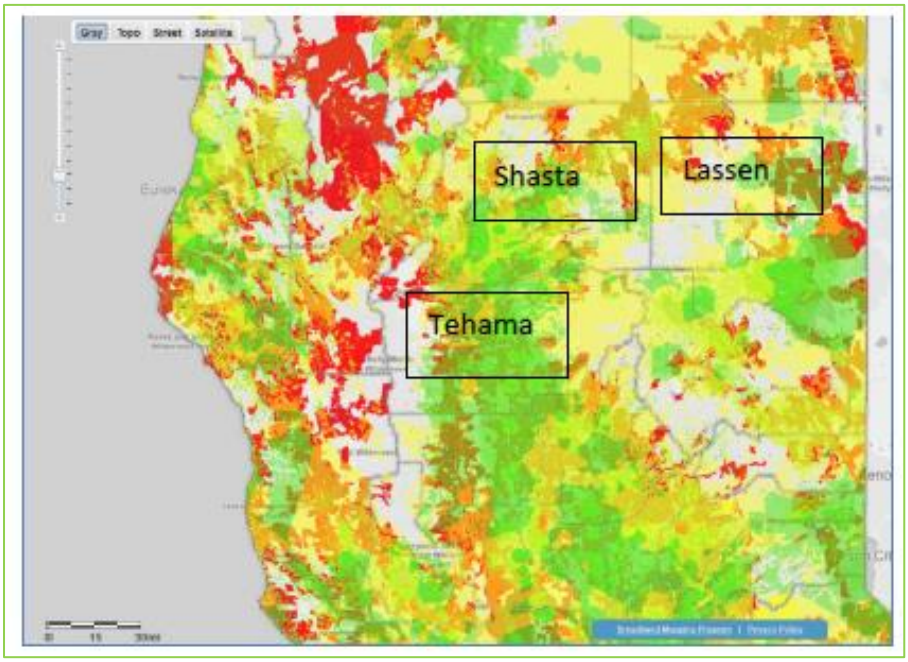
California broadband coverage, Tehama County in context



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



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



Components of Help@Hand

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

Overall Goals

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

Learning Goals

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

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

Evaluation

This project will be evaluated by tracking and analyzing passive data, reach of users, level of user engagement, changes in access to care and clinical outcomes. Furthermore, data from mobile devices would be analyzed to detect changes in mental status and responses to online peer support, digital therapeutics, and virtual care. Continuous assessment and feedback would drive the interventions. Specific outcomes are listed below. *Please note that as with the learning questions, the following list of evaluation outcomes has been adapted from the list of evaluation outcomes proposed by other partners participating in this multi-county Innovation plan. TCHSA-BH has added verbiage to make these evaluation outcomes more specific to its own local climate. This verbiage is noted in [brackets].*

1. Increased purpose, belonging and social connectedness for users [especially for individuals living in remote, isolated areas].
2. Increased ability for users to identify cognitive, emotional, and behavioral changes and act to address them [among both target populations].
3. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.) [among both target populations].

4. For high utilizers of inpatient or emergency services, decreases in utilization for those services.
5. Reduced stigma of mental illness as reported by user [among both target populations].
6. Comparative analyses of population level utilization data [in Tehama County] over the life of the project to determine impact on various types of service utilization. a. [Reach of technology products (number of users, demographics of users) in Tehama County.]
7. For clients with biomarkers (characteristics identified either through history or digital phenotyping analysis), how many clients respond well to treatment options identified through this project?
8. What is the role of this technology as a source of information that can help guide the interventions provided by mental health clinicians [at TCHSA-BH]?
9. Examine penetration or other unmet need metrics to understand how the technology suite has impacted [TCHSA-BH's] ability to serve those in need.

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

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

Additional Information for Regulatory Requirements

Contracting

Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products. Specifically, in Tehama County, TCHSA-BH's MHSA Coordinator and Fiscal Services Officer will coordinate with CalMHSA to ensure regulatory compliance. The TCHSA-BH Director and MHSA Coordinator will participate as a partner in selecting tools and components. Tehama County will continue to engage with project lead at CalMHSA to advocate for Tehama's unique county needs.

Certification

Original documentation published in the County's Innovation Plan.

Community Program Planning Process (CPPP)

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

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

1. Re-invigorating the County's MHSA Stakeholder Committee, a standing subcommittee of the County's Mental Health Board. Restructuring of the subcommittee included increasing and deepening the committee's membership, and membership includes adult consumers; families of consumers; seniors; law enforcement; local NAMI; director-level staff of public medical, substance abuse and child

protective services; Latino; LGBTQ+; K-12 educators and administrators; health care; social services; faith-based organizations; local non-profit service providers; advocates. The subcommittee met and recommended a draft Community Participation Plan for Mental Health Board approval.
2. A series of four widely publicized public community stakeholder meetings in diverse county locations, two with bilingual Spanish support. Each meeting lasted 1.5 hours. TCHSA-BH staff recorded significant community input. Significant trends in the public meetings are
3. A series of targeted meetings including LGBTQ+, transition age youth consumers and adult consumers. Each meeting lasted 1.5 hours. TCHSA-BH staff recorded significant input.

Stakeholder input contained multiple trends, including:

- The need for information on available to be increased, consistent and readily available in a variety of formats appropriate for all consumers and in a way that demystifies and de-stigmatizes the process of accessing services. Help@Hand was discussed as a solution and platform for one-stop public information.
- Increasing youth and TAY appropriate services including on-line and tech-based solutions.
- Support for TAY parents "meeting them where they are" including on-line and tech-based solutions.
- Addressing needs of the migrant worker population in a way that is logistically and culturally appropriate (smart phone usage was specifically discussed as a unique opportunity.
- Increasing training options—for example, parenting classes—including remote (on-line or app based) training options.
- Increased support for geographic and logistically isolated populations in a way that covers all of Tehama County's large geography.
-

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

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

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

Primary Purpose

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

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

MHSA Innovative Project Category

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

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

MHSA General Standards

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

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

Continuity of Care for Individuals with Serious Mental Illness

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

Cultural Competence and Stakeholder Involvement in Evaluation

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

Innovation Project Sustainability

Analytics associated with the suite of technology services, coupled with a comprehensive evaluation, will inform actions taken by TCHSA-BH at the conclusion the project. Factors to be considered will include user satisfaction and outcomes, the state of technology after the project and the overall effectiveness of these tools for specific populations. As mentioned above, TCHSA-BH plans to transition the program to CSS and PEI funding sources.
If the technology suite is not "successful"—is not being used for whatever reason with no way to adjust the platform to improve usage—TCHSA-BH has a transition plan for any existing users. The plan would depend on the demographic, and would consist of—at minimum—the following:

1. A culturally and linguistically accessible content warning that the platform is being discontinued. This announcement would be connected to a description of existing services that equate as closely as possible to what the platform was providing (as one example, if the user accessed peer advocacy via the platform TCHSA-BH would recommend peer advocacy via Tehama's similar programs a MHSA-funded "warmline" that is staffed by peer advocates and/or peer advocates available in person at both the adult

and TAY recovery centers). Engagement in services would be encouraged in as many ways possible, and in ways most effective for each user demographic.
2. For any users who may be known or accessible via chat, email or other platform mechanisms, TCHSA-BH would reach out directly to those users to make every effort to engage the user in continuing services.
3. Finally, for any portion of the platform that could be continued in whole or in part, within TCHSA-BH capacity, TCHSA-BH would plan for that transition. One example could be if the Help@Hand provided an on-line or app-based one-stop-shop for mental health services information, TCHSA-BH would plan to transition to other options (for example, maintaining any existing service information and transitioning it to a robust and well-branded web presence).

Communication and Dissemination Plan

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

Project Budget and Source of Expenditures

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

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

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

Workforce Education and Training (WET)

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

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

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

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

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

Another component of WET is providing evidence-based training to staff and consumers allowing for the development of new and effective skills. As new services are introduced in our MHSA components, there is often a need for staff training. WET funding is utilized to provide that training for new programs and to ensure that new staff are fully trained to existing standards and programs.

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

Capital Facilities and Technological Needs (CFTN)

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

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

FY 2020-21	FY 2021-22	FY 2022-23
$300,000	$320,000	$340,000

CFTN provides additional infrastructure needed for increased services, such as clinics and facilities. CFTN also develops technological infrastructure for the mental health system, such as electronic health records (EHR) for mental health services.

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

As noted above, TCHSA may elect to use CSS funds for CFTN projects including, but not limited to, improvements to the EHR system that support efficiency, accuracy, regulatory compliance, required reporting, best practices or functional requirements.

Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) is affordable, long-term, multifamily housing that is linked with supportive services for people with disabilities who are homeless. The supportive services assist the tenant to retain housing, improve his or her health, and increase self-sufficiency. Supportive services will be provided on and off site by TCHSA-BH and other community-based service providers.

MHSA Local Government Special Needs Housing Program (SNHP)

TCHSA-BH received an allocation of housing development funds from Proposition 63, Mental Health Services Act. By 2017, these MHSA funds were rolled over into the Local Government Special Needs Housing Program (SNHP), administered by the State's California Housing Finance Agency (CalHFA). Eligible use of the funds is the construction of permanent supportive rental housing that is linked with supportive services. The SNHP units are restricted for occupancy by individuals with serious mental illness who are homeless or at risk of homelessness.

In 2019, the MHSA Housing Committee reviewed and recommended a permanent supportive rental housing project to utilize this funding. In January of 2020, CalHFA approved and issued a SNHP initial commitment letter in the amount of $877,773.00 to TCHSA-BH for its project.

No Place Like Home (NPLH)

In 2019, Tehama County fulfilled the requirements to accept HCD's allocation of noncompetitive NPLH funds in the amount of $500,000.00. Tehama County previously accepted technical assistance funds from HCD's NPLH program, which were used to create the Tehama County Homeless Continuum of Care's 10-Year Plan to End Homelessness. This plan incorporates HCD's NPLH key elements and is a threshold item to receive funding for the NPLH program.

The California Department of Housing and Community Development (HCD) administers the NPLH funding. There are three categories of NPLH funds:

- Technical Assistance
- Noncompetitive (allocated through a formula)
- Competitive funds (four rounds issued through Notice of Funding Availability by HCD)

NPLH funds are to be used to finance capital costs and capitalized operating subsidy reserves for the development of PSH. PSH is housing without limits to length of stay, however, PSH must be occupied by an eligible NPLH target population, and the housing must be linked with on-site and off-site supportive services to assist the tenant maintain housing and increase the tenant's self-sufficiency.

NPLH target populations are:

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

Project

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

TCHSA-BH will be the primary supportive services provider. Services will be provided both on-site and off-site. Behavioral Health will also partner with other community-based partners. The types of services provided to the supportive housing tenants will be:

- Mental Health
- Case Management
- Substance Use Recovery Services
- Linkage to Physical Health Care
- Budgeting
- Basic Housing Retention Skills

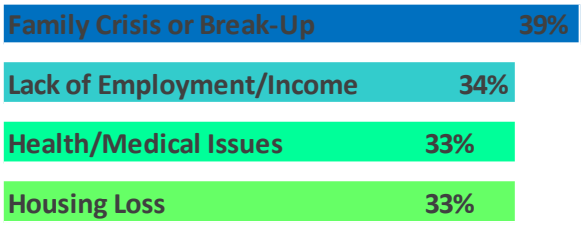
The supportive housing tenants will be referred to the project by the areas Coordinated Entry System (CES). CES is a countywide queue of individuals who are homeless that are enrolled into the system by referring agencies. CES provides a universal assessment that ranks the vulnerability of the participants.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

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

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

Tehama County, Homeless Contributing Factors
(Tehama County Continuum of Care Coalition point in time survey. Jan 2019)

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



In January 2019, Tehama County Continuum of Care conducted a point-in-time homeless survey and count, surveying 347 people who are homeless.