



Mental Health Services Act (MHSA)
Three-Year Prevention & Early Intervention (PEI)
Evaluation Report
Fiscal Years 2021-2024



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.

PEI: Allocation

PEI Cost per Person		
Fiscal Year	# of Persons Served	Cost Per Person
2021-22	3391	\$223.20
2022-23	3760	\$286.54
2023-24	3805	\$546.82

MHSA funds vary depending on economic conditions and other factors. Considering the volatility of this funding source, Tehama County Health Services Agency (TCHSA) expects revenue estimates may change. The focus of MHSA will be on the continuation/expansion of existing programs and services. TCHSA will continue to comply with all the spending guidance distributed by the Governor of California and the California Department of Health Care Services (DHCS) to provide services to our members. Any stated budgets are merely current estimates and are not meant to be prescriptive in nature.

FY 2024-25	FY 2025-26
\$928,035	\$933,157

PEI: 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€ 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 2021/22	FY 2022/23	FY 2023/24
0-15 (children/youth)	188	223	216
16-25 (transition age youth)	1,684	1,844	1,864
26-59 (adult)	748	886	878
ages 60+ (older adults)	96	172	223
Declined to answer	675	635	624
Race by category			
American Indian or Alaska Native	118	122	125
Asian	24	27	32
Black or African American	44	53	51
Native Hawaiian or Pacific Islander	34	33	35
White	1,594	2,223	2,313
Other	492	524	498
More than one race	85	107	104
Declined to answer	1,000	671	647
Ethnicity by category			
	Hispanic or Latino/x		
	Caribbean	7	6
	Central American	34	35
	Mexican/Mexican American/Chicano	714	881
	Puerto Rican	8	15
	South American		
	Other	56	79
	Non-Hispanic or Non-Latino/x		
	African	24	25
	Asian Indian/South Asian		5
	Cambodian		
	Chinese		
	Eastern European	119	154
	European	390	581
			885

	Filipino	15	22	24
	Japanese	7	13	14
	Korean			
	Middle Eastern			
	Vietnamese			
	Other	254	356	426
	More than one ethnicity	68	77	114
	Declined to answer	1,695	1,511	1,113
Primary Language				
	English	2,204	2,626	2,758
	Spanish	305	413	442
	Decline to answer	882	721	605
Sexual Orientation				
	Gay or Lesbian	12	27	36
	Heterosexual or Straight	2,221	2,781	2,891
	Bisexual	15	17	18
	Questioning or unsure of orientation	7	12	13
	Queer	5	7	7
	Another Sexual Orientation	7	13	12
	Declined to answer	1,134	903	828
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	67	77	78
	Communication			
	Difficulty seeing	12	22	21
	Difficulty hearing, or being understood	14	18	16
	Other	5	8	9
	Mental domain not including a mental illness			
	(Including, but not limited to a learning disability,			
	developmental disability, dementia)	20	23	22
	Physical/mobility domain	25	27	26
	Chronic health condition (including, but not			
	limited to, chronic pain)	23	26	28

	Other			
No		1,071	2,657	2,548
Declined to answer		2,253	1,026	1,101
Veteran Status				
Yes		135	155	167
No		1,003	1,549	2,265
Declined to answer		2,253	2,056	1,373
Gender				
	Assigned sex at birth			
	Male	407	735	853
	Female	2,153	2,553	2,635
	Declined to answer	831	472	317
	Current Gender Identity			
	Male	408	733	848
	Female	2,142	2,544	2,625
	Transgender			
	Genderqueer			
	Questioning/Unsure			
	Another gender identity	2	3	5
	Declined to answer	839	480	327

PEI: Early Intervention

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

PEI: Early Intervention: Mobile Crisis Team

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

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

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

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

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

Program Name: Mobile Crisis Team

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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Demographics:

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PEI: Early Intervention: Community Engagement & Outreach

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

Tehama is geographically large, and a barrier to accessing care is lack of affordable transportation and/or not being able to travel into Red Bluff or another regional center for

services. Providing services in Manton, Payne's Creek, and other areas of the county remain strong goals of TCHSA.

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

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

Program Name: Community Engagement & Outreach

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Stigma Reduction

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

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

Mental Health First Aid (MHFA) is an international evidence-based program and is comparable to medical first aid training 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.

Surveys are provided to the participants before and after training in accordance with the California Code of Regulations, Title 9 §§ 3750(d); 3755(f)(3), and are provided below:



Adult Mental Health First Aid

Opinions Quiz

Please circle your reaction to each of the following statements.

1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea in their head.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
2. Schizophrenia is one of the most common mental disorders.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
3. If someone has a traumatic experience, it is best to make them talk about it as soon as possible.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
4. Males complete suicide four times more frequently than females.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
5. Antidepressant medication works right away.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
6. It is best to get someone having a panic attack to breathe into a paper bag.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
7. A first-aider can distinguish a panic attack from a heart attack.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
8. Exercise can help relieve depressive and anxiety disorders.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
9. People with psychosis usually come from dysfunctional families.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW

10. It is best not to try to reason with people having delusions.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
11. People who talk about suicide don't attempt suicide.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
12. Psychosis is a lifelong illness.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
13. People with psychosis are more at risk of being victims of violent crime.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
14. Smoking is much more common among people with mental health problems.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW
15. People with mental health problems tend to have a better outcome if family members are not critical of them.
 - a. AGREE
 - b. DISAGREE
 - c. DON'T KNOW



Youth Mental Health Opinions Quiz

Please indicate whether you agree, disagree, or are unsure of the statements below.

- | | | | |
|---|-------|----------|------------|
| Q1. It is not a good idea to ask someone if they are feeling suicidal in case you put the idea into his or her head. | AGREE | DISAGREE | DON'T KNOW |
| Q2. Depression tends to show up earlier in a young person's life than anxiety. | AGREE | DISAGREE | DON'T KNOW |
| Q3. If a young person experiences a trauma, it is best to make him or her talk about it as soon as possible. | AGREE | DISAGREE | DON'T KNOW |
| Q4. They may not need it right away, but eventually everyone with a mental health problem needs professional treatment. | AGREE | DISAGREE | DON'T KNOW |
| Q5. Knowledge about the impact of medication for youth is limited compared to what we know about adults. | AGREE | DISAGREE | DON'T KNOW |
| Q6. It is best to get a person having a panic attack to breathe into a paper bag. | AGREE | DISAGREE | DON'T KNOW |
| Q7. A first-aider can distinguish a panic attack from a heart attack. | AGREE | DISAGREE | DON'T KNOW |
| Q8. Exercise can help relieve depressive and anxiety disorders. | AGREE | DISAGREE | DON'T KNOW |
| Q9. Schizophrenia is a relatively common diagnosis for youth under the age of 18. | AGREE | DISAGREE | DON'T KNOW |
| Q10. It is best not to try to reason with people having delusions. | AGREE | DISAGREE | DON'T KNOW |
| Q11. People who talk about suicide don't complete suicide. | AGREE | DISAGREE | DON'T KNOW |
| Q12. When talking to someone about suicide, it is best to be indirect and not use the word "kill" so that you don't upset the person. | AGREE | DISAGREE | DON'T KNOW |
| Q13. Trauma is a risk factor in almost every type of mental illness. | AGREE | DISAGREE | DON'T KNOW |
| Q14. Spirituality can be a protective factor --- keeping a young person from developing a mental illness or minimizing the impact of the illness. | AGREE | DISAGREE | DON'T KNOW |
| Q15. People with mental health problems tend to have a better outcome if family members are not critical of them. | AGREE | DISAGREE | DON'T KNOW |

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

Program Name: Mental Health First Aid (MHFA) Training

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2023/2024:

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

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

Surveys are provided to the participants before and after training in accordance with the California Code of Regulations, Title 9 §§ 3750(d); 3755(f)(3), and are provided below:

PRE TEST

CRISIS INTERVENTION TEAM TRAINING

Name: _____ Date: _____

1. A police officer must obtain an emergency protective order from a judge or magistrate prior to placing a person in a mental health facility for 72 hours of evaluation and treatment.
 - a. True
 - b. False
2. Some factors for career resilience are:
 - a. Remember to express gratitude.
 - b. Exercise
 - c. Stay socially connected
 - d. Focus on what you can control
 - e. All of the above
3. Which are signs of psychosis?
 - a. Hearing or seeing things which don't actually exist
 - b. Mistaken perceptions
 - c. Fixed false beliefs
 - d. All of the above
4. Key factors in Suicide by Cop are all EXCEPT:
 - a. Look for abnormally, abnormal behavior with the subject
 - b. Be aware of "countdown behavior"
 - c. Always maintain officer safety
 - d. Take extra ordinary steps to prevent suicidal behavior from being carried out.
5. What should you consider when contacting a citizen with mental illness?
 - a. Demeanor
 - b. Environment
 - c. Awareness of you as a peace officer
 - d. All the above

6. An officer describing a suspect as being "in a state of excited delirium" is technically a descriptive phrase.
 - a. True
 - b. False
7. A person with autism spectrum disorder may.....
Exhibit self-endangering behaviors
 - a. Not perceive danger as others might perceive
 - b. Run Away
 - c. Echo others words
 - d. All the above
8. Persons with developmental disabilities usually do not begin to show symptoms until their early 20's.
 - a. True
 - b. False
9. Persons may be taken into custody pursuant to 5150 W & I if:
 - a. They are refusing to take their medications as prescribed by their physician
 - b. They are, as a result of a mental disorder, a danger to themselves, a danger to others or gravely disabled
 - c. They walk around talking to themselves
 - d. All the above
10. The percent of the US population with a diagnosable mental illness is:
 - a. 1%
 - b. 5%
 - c. 20%
 - d. Over 40%
11. Suicide "predictors(s)" is/are:
 - a. Current plan
 - b. Prior suicidal behavior
 - c. Lack of resources/support
 - d. All of the above
12. When dealing with someone who is in a mental health crisis, it often helps to turn down your police radio, reduce outside distractions, and talk calmly but firmly

- a. May not communicate at age level
 - b. May not behave at age level
 - c. Will completely understand consequences of the situation
 - d. All the above
 - e. A and B only
20. Which is **NOT** true?
- a. Schizophrenia has a genetic component related to it
 - b. Schizophrenia may possibly have environmental factors related to it
 - c. Schizophrenia can be induced by illicit drugs, such as marijuana
 - d. Schizophrenia is somewhat manageable with proper medication compliance
 - e. Schizophrenics should always be placed on a "5150" hold if found wandering the streets at 0300 hours.
21. In Bipolar Disorder, symptoms of mania may include
- f. Increased energy and activity
 - g. Pressured speech
 - h. Grandiosity
 - i. Racing thoughts
 - j. All the above
22. Which of the following is not included in the directions as stated in the case of Glenn vs Washington County
- a. Slow it down
 - b. Do not increase the subjects level of anxiety or excitement
 - c. Remember your duty to prevent harm
 - d. Attempt to develop rapport
 - e. Time is on your side
23. Instantaneous death is defined by the World Health Organization as death that Occurs within 5 minutes after the onset of symptoms.
- a. True
 - b. False
24. An example of a "critical incident" that can personally affect a first responder is:
- a. Death of the family pet
 - b. Divorce
 - c. Officer involved shooting
 - d. Witnessing a terrible accident
 - e. The loss of a fellow employee
 - k. Any, or all the above
- a. True
 - b. False
13. A developmental disability is a disability resulting from cognitive impairment such as cerebral palsy, autism, epilepsy, or other disabling conditions, has its onset before the age of 18 and has the probability of continuing throughout the life of the individual.
- a. True
 - b. False
14. Section 8102 W & I authorize a police officer to confiscate the following firearms from an individual detained pursuant to 5150 W & I.
- a. Any firearm in his/her possession
 - b. Any firearm under his/her control
 - c. Any firearm he/she is found to own
 - d. All the above
15. Which of the following can contribute to an Agitate Chaotic Event (ACE)?
- a. Alcohol withdrawal
 - b. Energy drinks
 - c. Traumatic Brain Injury
 - d. Drug addiction
 - e. All the above
16. According to HIPPA regulations, what information can police officers expect when they contact mental health?
- a. Most recent therapy notes
 - b. Detailed client history
 - c. Number of psychiatric hospitalizations
 - d. "Minimal necessary" to perform job function
17. Which of the following are common symptoms of major depression?
- a. Decreased sleep, decreased appetite, sad mood
 - b. Increased sleep, increased appetite, feeling numb
 - c. Agitation, irritability, poor concentration
 - d. All the above
18. Schizophrenia is a psychotic disorder that describes an individual who has difficulty distinguishing fantasy from reality.
- a. True
 - b. False
19. A person with an intellectual or developmental disability

25. Mental illness is

- a. A medical condition
- b. A sign of weakness
- c. Volitional (a choice)

26. Which of these factors can contribute to mental illness?

- a. Nature (Genetics)
- b. Nurture (Family environment, other illnesses, substance use)
- c. Trauma exposure including Adult and Adverse Childhood Experiences (ACE)
- d. All the above

POST TEST

CRISIS INTERVENTION TEAM TRAINING

Name: _____

Date: _____

WOULD YOU RECOMMEND THIS CLASS TO OTHERS (circle one)

YES NO

1. A police officer must obtain an emergency protective order from a judge or magistrate prior to placing a person in a mental health facility for 72 hours of evaluation and treatment.
 - a. True
 - b. False
2. Some factors for career resilience are:
 - a. Remember to express gratitude.
 - b. Exercise
 - c. Stay socially connected
 - d. Focus on what you can control
 - e. All of the above
3. Which are signs of psychosis?
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15. Which of the following can contribute to an erratic behavior and risk of sudden in custody death?
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5. What should you consider when contacting a citizen with mental illness?
 - a. Demeanor
 - b. Environment
 - c. Awareness of you as a peace officer
 - d. All the above
6. An officer is prohibited from using the term "excited delirium" to categorize the behavior of an individual, but may describe the actual behavior that is observed.
 - a. True
 - b. False
7. A person with autism spectrum disorder may.....
Exhibit self-endangering behaviors
 - a. Not perceive danger as others might perceive
 - b. Run Away
 - c. Echo others words
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24. An example of a "critical incident" that can personally affect a first responder is:
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 - c. Trauma exposure including Adult and Adverse Childhood Experiences (ACE)
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Reporting Requirements Specific to Title 9 California Cod of Regulations, Division 1 Chapter 14 MHSA – Article 5 Reporting Requirements.

Program Name: Crisis Intervention Training (CIT)

PEI Component Type: Stigma Reduction

Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Suicide Prevention

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

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

A key resource in suicide prevention is information and social marketing campaigns. A state-wide California Mental Health Services Authority (CalMHSA) Campaign, "Know the Signs",

focuses on recognizing the warning signs of suicide, finding the words to use with someone in crisis and finding professional help and resources. TCHSA “Know the Signs” materials are used heavily during May is Mental Health Month. The core refrain of “Know the Signs” is know the signs, find the words, and reach out. Behavioral Health integrates suicide prevention materials into May is Mental Health Month to leverage this set period of intense community outreach.

Additionally, TCHSA has joined with various community members, non-profits, tribal health organizations, tribal social services, educators, and the Tehama County Arts Council to form a collective of Native American and Alaskan Native Culture Bearers. This collaboration has resulted in an annual Native American Cultural Celebration which takes place every September and seeks to encourage the appreciation of area cultures while fostering intergenerational learning and bringing resources to an under-served population.

This year, the Culture Bearers of Tehama County (the originators of the event) have altered the event slightly to an inclusive, Multicultural Celebration, as it will highlight all the various cultures within and around Tehama County.

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

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

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2023/2024:

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Demographics:

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

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

ASIST, developed by Living Works Education, is a standardized, evidence-based, and customizable two-day, two-trainer workshop designed for members of all care-giving groups. The emphasis is on teaching suicide first-aid to help an at-risk person stay safe and seek help. Participants learn how to identify people 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.

Program Name: Applied Suicide Intervention Skills Training (ASIST)

PEI Component Type: Suicide Prevention

Unduplicated Number of Individuals Served in FY 2023/2024:

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

Demographics:

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PEI: Parenting and Family Support

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

PEI: Parenting and Family Support: Nurturing Families

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

Classes are designed to build nurturing skills, and the parent/caregiver is shown how to identify, use, and expand alternatives to abusive or neglectful parenting. Behavioral Health (BH) collaborates with Substance Use Recovery Services (SURS) to provide NF, which supports parents and caregivers in 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.

Program Name: Nurturing Families (NF)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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

Demographics:

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

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

The FEP program serves individuals aged 15-30 who have been experiencing psychotic symptoms for less than 5 years. These individuals will receive 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 member 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. Members should talk with their health care providers about side effects, medication costs and dosage preferences (daily pill or monthly injection, for example).
- Supported Employment/Education (SEE) services help members 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 members with problem solving. The case manager collaborates on solutions to practical problems and coordinates social services across multiple areas of need.

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

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

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

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

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2022/2023:

The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical

Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

Demographics:

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PEI: Evidence-Based Interventions

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

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

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

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

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

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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

Demographics:

With a population less than 100,000, Tehama County will abide by California Code of Regulations Title 9, Division 1, Chapter 14 MHSA – Article 5 Reporting Requirements, Section

3560.010, 8 (e) and will report demographics for the county's entire PEI component instead of by each program or strategy.

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

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

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

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

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

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

Program Name: Cognitive Processing Therapy (CPT)

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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Demographics:

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PEI: Evidence-Based Interventions: Therapeutic Drumming

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

A key factor in the drumming protocol allows the process to be adapted to situations, environments, participant demographics, and participants' cultural norms. A portion of the protocol for drumming ends with a period of guided imagery and a wellness exercise. By combining the psycho-physical activity of drumming with time dedicated to guided mediation and wellness, participants receive a "dose" of therapy at the end of each drumming session.

Drumming is also a community outreach tool. Delivering drumming classes is a fun and effective way to introduce the community to TCHSA. Drumming is widely accessible: The drumming program was designed to have cross-cultural linkages. Drumming is appropriate for all ages, and some participants may find that a physical focus (drumming) is a helpful therapeutic communication prompt. Drumming is accessible to people with physical and/or cognitive challenges.

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

Program Name: Therapeutic Drumming

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Peer Advocate Program

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

PEI: Peer Advocate Program: TalkLINE Staffing & Community Outreach

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

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

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

TalkLine		
Fiscal Year	Staff Hours	# of Calls
2021-22	1290	1970
2022-23	950	1016
2023-24	1095	1115

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

Program Name: TalkLINE Staffing & Community Outreach

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Peer Advocate Program: Groups & Social Engagements

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

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

- **Arts & Crafts:** Find your muse! Fun Arts and Crafts activities. Supplies provided.
- **Book Club:** Time to exercise our minds! We will read together and discuss a book! Books provided.
- **CalFresh Healthy Living:** Discussions on health topics with cooking and nutrition tips to live a healthy life!
- **Computer Lab:** Need access to a computer? Visit the computer lab! Laptops available.
- **Discovery Group:** Do you like variety? Do you enjoy learning about different things? Take a dive into diverse topics to promote wellness.
- **Drumming:** Let's make some noise! Drums are provided, or you can bring your own.
- **Game Day:** Shall we play a game? Have some fun playing a game of your choice!
- **Gardening:** Come join us in our community garden! Get your hands dirty and learn about plants!
- **Let's Go!** Time for a little gentle exercise. Walks, Qigong, Tai Chi, and gentle stretching are just some of the things we will explore! No experience necessary.
- **Meditation:** Join us for a brief check-in and 20-30 minutes of meditation to promote wellness.
- **Member's Meeting:** Meet to discuss the goings on at your Wellness Center and make suggestions for improvements. A snack will be provided.
- **Mindful Meals:** Let's get cooking! Learn basic culinary skills to create healthy meals. Registration required.
- **Movie Day:** Let's socialize and watch a movie or a documentary! There may even be popcorn.
- **Outing:** Various adventures around Red Bluff and the surrounding area!

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

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

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

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

Program Name: Groups & Social Engagements

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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PEI: Peer Advocate Program: Peer Counseling

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

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

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

Program Name: Peer Counseling

PEI Component Type: Early Intervention

Unduplicated Number of Individuals Served in FY 2023/2024:

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APPENDIX

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 A (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2023-24

Information Worksheet

1	Date:	3/7/2025
2	ARER Fiscal Year (20YY-YY):	2023-24
3	County:	Tehama
4	County Code:	52
5	Address:	P.O.Box 400
6	City:	RED BLUFF
7	Zip:	96080
8	County Population: Over 200,000? (Yes or No)	No
9	Name of Preparer:	ROSA CUMPSTON
10	Title of Preparer:	FISCAL DATA SUPERVISOR
11	Preparer Contact Email:	ROSA.CUMPSTON@TCHSA.NET
12	Preparer Contact Telephone:	(530) 528-3208

DHCS 1822 D (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Prevention and Early Intervention (PEI) Summary Worksheet

County: Tolono Date: 3/7/2025

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 PEI Annual Planning Costs	\$1,511.43					\$1,511.43
2 PEI Evaluation Costs	\$3,022.86					\$3,022.86
3 PEI Administration Costs	\$31,073.63					\$31,073.63
4 PEI Funds Expended by CalMHSA for PEI Statewide						\$0.00
5 PEI Funds Transferred to JPA						\$0.00
6 PEI Expenditures Incurred by JPA						\$0.00
7 PEI Program Expenditures	\$1,921,157.08	\$123,890.53	\$0.00	\$0.00	\$0.00	\$2,045,047.61
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$1,956,771.06	\$123,890.53	\$0.00	\$0.00	\$0.00	\$2,080,661.59

SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
3	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	71.17%	

SECTION THREE

#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	52	COMMUNITY EDUCATION & LATINO OUTREACH	COMMUNITY EDUCATION & LATINO OUTREACH	Standalone	Prevention		100%	67%	67.4%	\$155,676.94						\$155,676.94
11	52	STIGMA REDUCTION	STIGMA REDUCTION	Standalone	Stigma & Discrimination Reduction		100%	86%	85.5%	\$81,875.14						\$81,875.14
12	52	SUICIDE PREVENTION INCLUDING ASSIST AND SAFE TALK	SUICIDE PREVENTION	Standalone	Suicide Prevention		100%	71%	71.2%	\$1,026,318.52						\$1,026,318.52
13	52	PARENTING AND FAMILY SUPPORT	PARENTING TRAINING & SUPPORT (NURTURING PARENTING & GROUP)	Standalone	Prevention		100%	100%	100.0%	\$54,434.89						\$54,434.89
14	52	PEER ADVOCATE PROGRAMS	PEER ADVOCATES IN PEI PROGRAMS	Standalone	Early Intervention		100%	0%	0.0%	\$170,197.30						\$170,197.30
15	52	EVIDENCE-BASED INTERVENTIONS	EVIDENCE-BASED INTERVENTIONS	Standalone	Early Intervention		100%	100%	100.0%	\$432,054.29		\$123,890.53				\$555,944.82