2026 - 2029 Integrated Plan

Tehama County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
County

Entity Name
Tehama County

Behavioral Health Agency Name
Tehama County Health Services Agency

Behavioral Health Agency Mailing Address
P. O. Box 400 Red Bluff, CA 96080

Primary Mental Health Contact

Name
Natalie Shepard

Email
natalie.shepard@tchsa.net

Phone
5305278491

Secondary Mental Health Contact

Name
Michelle Schmidt

Email
michelle.schmidt@tchsa.net

Phone
5305278491

Primary Substance Use Disorder Contact

Name
Kerri Mitchell

Email
kerri.mitchell@tchsa.net

Phone
5305278491

Secondary Substance Use Disorder Contact

Name
Brian Emery

Email
brian.emery@tchsa.net

Phone
5305278491

Primary Housing Interventions Contact

Name
Travis Lyon

Email
travis.lyon@tchsa.net

Phone
5305278491

Compliance Officer for Specialty Mental Health Services (SMHS)

Name
Melissa Field

Email
melissa.field@tchsa.net

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name

Email

Behavioral Health Services Act (BHSA) Coordinator

Name	Email address
Travis Lyon	travis.lyon@tchsa.net

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Natalie Shepard	natalie.shepard@tchsa.net

Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email address
Amber Wilson	amber.wilson@tchsa.net

Medical Director

Name	Email address
Ornella Addonizio	capadare62@yahoo.com

County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	**Number of Children and Youth Under Age 21**
Received Medi-Cal Specialty Mental Health Services (SMHS)	180
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	0
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	32
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	<11*

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	0
Were chronically homeless or experiencing homelessness or at risk of homelessness	0
Were in the juvenile justice system	<11*
Have reentered the community from a youth correctional facility	0
Were served by the Mental Health Plan and had an open child welfare case	0
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	0

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	55

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	241
Received Medi-Cal SMHS	771
Received DMC or DMC-ODS services	299
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	94
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	0

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	0
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	0
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	0
Were in the justice system (on parole or probation and not currently incarcerated)	0
Were incarcerated (including state prison and jail)	19
Reentered the community from state prison or county jail	0
Received acute psychiatric services	135

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

431

Admitted for 14-day and 30-day periods of intensive treatment
207

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
0

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
0

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
Yes

Please explain
Multiple data elements entered as zero as this is newly required information that Tehama County will need to implement to have adequate data capture.

Please describe the local data used during the planning process
We used billing information, PIT Count and other state reporting documents to inform data.

If desired, provide documentation on the local data used during the planning process

Local CARE Act Implementation

Identify the specific service components within your 3-year Integrated Plan that will support CARE participants. Explain how the county will ensure these individuals receive priority access and specialized coordination within the broader behavioral health continuum, including housing if appropriate.
Tehama County Behavioral Health will support individuals participating in CARE Court by drawing on a robust set of service components outlined within the county's 3 Year Integrated Plan, ensuring they receive timely, coordinated, and comprehensive care across the behavioral health continuum. The county will prioritize CARE participants for clinical assessment, psychiatric services, intensive case management, crisis

response, and community-based outreach, including co-occurring treatment and field-based engagement for individuals who struggle to access services independently. The Behavioral Health team will provide specialized oversight, working closely with in clinical programs, the courts, housing partners, and community organizations to ensure that each participant's CARE Plan is implemented effectively and updated as needed. Consistent with the county's commitment to recovery-oriented care, CARE participants will receive priority access to Full-Service Partnership–level supports, including housing navigation, benefits assistance, and placement into appropriate shelter, transitional housing, supportive housing, or licensed residential treatment settings when clinically indicated. Peer support services (contracted provider), supported employment, and functional supports further enhance engagement and long-term stability. Through cross-system collaboration, data-driven quality improvement, and dedicated service pathways, Tehama County Behavioral Health will ensure that CARE participants receive integrated, person-centered services that promote safety, clinical stabilization, and sustained community living.

Describe how CARE referral pathways will be integrated into existing referral and service pathways within the county behavioral health system.

Tehama County's CARE referral pathways will be fully integrated into the county's existing behavioral health referral and service systems to ensure that individuals eligible for CARE Court are efficiently identified, connected, and transitioned into appropriate levels of care. CARE referrals—whether initiated by family members, first responders, treatment providers, public agencies, or the court—will be routed through established Behavioral Health access points, including the centralized Access Team and the clinical intake workflow. These access points already manage referrals for outpatient services, crisis care, Full-Service Partnerships, and residential placements, and will incorporate CARE-specific screening criteria to flag individuals who may meet CARE eligibility. Once identified, referrals will be triaged within the standard clinical workflow but assigned priority status, prompting expedited assessment, documentation, and linkage to the CARE Court. The clinical team will collaborate closely with Access staff, crisis teams, and housing navigators to confirm eligibility, develop CARE Plans, and ensure smooth transitions to needed services. Because the CARE referral process is embedded within existing pathways—rather than operating as a separate or siloed track—it leverages the county's well established mechanisms for service authorization, warm handoffs, multidisciplinary case reviews, and cross-system collaboration. This integration ensures that CARE Court participants move seamlessly through the continuum of care, receive timely and appropriate interventions, and remain connected to the broader behavioral health system as they stabilize and transition toward long-term recovery.

Describe the process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. For individuals redirected from CARE, describe how the county will confirm and document successful connection to services.

Tehama County Behavioral Health has established a structured process for identifying and redirecting individuals who appear potentially eligible for CARE but for whom a formal petition is not required or

clinically appropriate. When individuals are referred through the Access Team, Mobile Crisis, law enforcement, hospitals, family members, or community partners, clinicians conduct an initial screening to assess CARE Court eligibility, clinical need, functional impairment, and engagement readiness. If the screening indicates that the individual can be served effectively through voluntary services or an existing behavioral health pathway, the county redirects them to the most appropriate level of care, including outpatient treatment, Full-Service Partnership services, co-occurring treatment, crisis stabilization, or housing and case management supports. In these cases, staff provide active linkage—ensuring a warm handoff to the receiving program, immediate scheduling of assessment or intake appointments, and connection to benefits specialists, peer support, or housing navigators as needed. The CARE Court clinical team is notified of all redirected cases to ensure oversight and to confirm that the individual is adequately connected and engaged without requiring a petition. Tehama County documents this linkage by recording referral outcomes, appointment attendance, and accepted services in the electronic health record, and by conducting follow-up contacts to verify successful engagement. If the individual declines or disengages from services, or if their condition worsens, Access and clinical teams reassess eligibility and may reinitiate the CARE screening process. This integrated and documented approach ensures that individuals receive timely, appropriate services while reserving CARE Court petitions for cases where formal court involvement is necessary to achieve stabilization and recovery.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
Netsmart

County participates in a Qualified Health Information Organization (QHIO)?
Yes

Please select which QHIO the county participates in
SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://fhir.netsmartcloud.com/payer/provider-directory/v2/082dbbe3-c044-4b11-857f-da6b2b457ce7

Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
Yes

Please select all services the county behavioral health system plans to provide under the PATH grant

Case Management Services
Referrals for Primary Health Care, Job Training, Educational Services, and Housing Services
Community Mental Health Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?

Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG

First Episode Psychosis Set-Aside
Dual Diagnosis Set-Aside
Children's System of Care Set-Aside
Discretionary/Base Allocation
Integrated Services Agency Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

Please select all set-asides that the county behavioral health system participates in under SUBG

Primary Prevention Set-Aside
Perinatal Set-Aside
Discretionary
Adolescent/Youth Set-Aside
Syringe Services Program Allowance

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?

Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E

Address The Needs of Criminal Justice-Involved Persons
Address The Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
Connect People Who Need Help to The Help They Need (Connections to Care)
First Responders
Leadership, Planning, and Coordination
Prevent Misuse of Opioids
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
Research
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)
Training

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)

c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).
a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
CSC for FEP

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in DMC Program

Drug Medi-Cal Program (DMC)
The county behavioral health system is mandated to provide the following services as a part of the DMC Program **(no action required)**
a. All Other Medically Necessary Services **for individuals under age 21**
b. Intensive Outpatient Treatment Services
c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)
d. Mobile Crisis Services
e. Narcotic Treatment Program (NTP) Services
f. Outpatient Treatment Services
g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period

Has the county behavioral health system opted to provide the specific services identified in the list below?
Enhanced CHW Services
IPS Supported Employment
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services **(Adult and Youth)?**

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Youth penetration rates in Tehama County remain below the statewide average due to a combination of demographic, geographic, and systems-level factors that influence access and engagement. Tehama County is a largely rural region, and many families face challenges related to limited transportation, long travel distances, and fewer service locations compared to more urbanized counties. These barriers can make it more difficult for youth to consistently access programs and supports.

Adult MHS Demographic Dashboard (AB470) | Behavioral Health Reporting provides TCHSA SMHS Penetration Rates for Adults 21 and Over as follows: 21-32, 33-44, 45-56, 57-68 years of age are all at 3%, with adults 69+ years of age at 1%. Statewide penetration rates are listed as those aged 21-32, 33-44, 45-56, 57-68 years at 4%, with those 69+ years of age at 1%.

According to Children and Youth MHS Demographic Dashboard (AB470) | Behavioral Health Reporting, TCHSA SMHS Penetration Rates for Children and Youth Under the Age of 21 range from 2% for those aged 6-11, 4% for those 12-17 years, and 2% for those 18-20 years, with Statewide penetration rates of 1% for those 0-2 years, 2% for 3-5 years, 4% for 6-11 year, 7% for 12-17 years, and 4% for 18-20 years of age. Furthermore, the penetration rate for those whose primary written language is Spanish, the TCHSA penetration rate is 2%, with a Statewide penetration rate of 4%.

Children and Youth MHS Demographic Dashboard (AB470) | Behavioral Health Reporting shows that penetration rates of NSMHS for children and youth under the age of 21 to be 20% for those 0-2 years, 9% for those 3-5 years, 7% for those 6-11 years, 12% for those 12-17 years, and 10% for those 18-20 years of age. Statewide penetration rates are shown as: 26% for 0-2 years, 14% for 3-5 years, 10% for 6-11 years, 16% for 12-17 years, and 11% for 18-20 years of age.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Tehama County was below the statewide penetrations rates for children and youth access to SMHS and initiation of substance use disorder treatment.

*Strengthen outreach and engagement efforts that move beyond awareness building to ensure identified individuals are directly connected to SMHS treatment through warm hand-offs and closed-loop referral systems.

*Expand children/youth SMHS in outlying areas of the community, Corning, Los Molinos, Gerber, and Rancho Tehama to provide access to treatment.

*Expand Assertive Field-Based SUD Services to meet members where they are to provide on-the-spot assessments and immediate linkage to care.

*Utilize partnerships with local non-profits and other CBOs through housing programs to provide access to SMHS and SURS treatment.

*Renewed focus on engagement from homelessness to permanent housing solutions to encourage engagement with SMHS and SURS to increase access to services.

File Upload

Please identify the category or categories of funding that the county is using to address the access to care goal

BHSA Behavioral Health Services and Supports (BHSS)
BHSA Full Services Partnership (FSP)
1991 Realignment
2011 Realignment
State General Fund
Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
Substance Abuse and Mental Health Services Administration(SAMHSA) Projects for Assistance in Transition from Homelessness(PATH)
Community Mental Health Block Grant (MHBG)
Substance Use Block Grant (SUBG)

BHSA Housing Interventions

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Tehama County is a geographically large and predominantly rural region. Many individuals experiencing homelessness reside in remote or dispersed locations, making consistent outreach, engagement, and transportation to services more challenging. Limited public transit options and long travel distances create significant access barriers for people who are highly mobile or unsheltered.

Utilizing CoC Homeless Populations and Subpopulations Reports - HUD Exchange for Tehama County and the State of California, and comparing the "Total Homeless Persons" to the reported 2024 population of each; Tehama County had a rate of 0.0050, compared to the state rate of 0.0047 for People Experiencing Homelessness Point-in-Time Count.

For Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023-2024, Homeless Enrollment by Dwelling Type - Tehama County (CA Dept of Education) shows that Tehama County had 747 Homeless Student Enrollment, with 81.0% Temporarily Doubled-Up, 5.8% in Temporary

Shelters, 6.8% in Hotels/Motels, and 6.4% Temporarily Unsheltered, with a total rate of 0.065 of enrolled students experiencing homelessness. Statewide numbers demonstrated 286,853 Homeless Student Enrollment, with 83.3% Temporarily Doubled-Up, 7.0% in Temporary Shelters, 5.9% in Hotels/Motels, and 3.9% Temporarily Unsheltered, with a total rate of 0.048 of enrolled students experiencing homelessness.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Homelessness rates in Tehama County remain below the statewide average due to a combination of demographic, geographic, and systems-level factors that influence access and engagement. Tehama County is a largely rural region, and many families face challenges related to limited transportation, long travel distances, and fewer service locations compared to more urbanized counties. These barriers can make it more difficult for youth to consistently access programs and supports.

Tehama County Health Services Agency (the county) is partnering with two housing developers to construct new residential facilities for No Place Like Home (NPLH) and Homekey+ residents. Construction is projected to be completed in early to mid-Calendar Year 2027 and will have a combined total of 84 new housing units, with 34 Permanent Supportive Housing units for NPLH and Project Homekey+ residents. Additionally, the county has partnered with The Poor and the Homeless (P.A.T.H.), a non-profit entity providing services for individuals experiencing homelessness to utilize Behavioral Health Bridge Housing (BHBH) funds for the provision of housing through the placement of Tiny Homes, a modular, and a Transitional Housing facility. These resources will provide housing solutions for 25 individuals as well as Supportive Services and Case Management to ensure transitioning to permanent housing. Also, PLHA funds will be utilized by the P.A.T.H. Navigation Center in assisting participants to obtain and retain housing through supportive services that include case management, resource navigation, and connections to medical, mental health, and substance use recovery services.

The county and P.A.T.H. will be cooperating in the delivery of the Medi-Cal member benefit of Transitional Rent with our Managed Care Provider (MCP) Partnership Health Plan of California.

File Upload

Please identify the category or categories of funding that the county is using to address the homelessness goal

BHSA FSP
BHSA Housing Interventions
SAMHSA PATH
MHBG
Other
Federal Financial Participation (SMHS, DMC/DMC-ODS)
BHSA BHSS
1991 Realignment
2011 Realignment
SUBG

Please describe other

Behavioral Health Bridge Housing (BHBH)

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Not Applicable

30-day involuntary detention rates per 10,000
Not Applicable

180-day post-certification involuntary detention rates per 10,000
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Not Applicable

Permanent Conservatorships
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Below

For children/youth
Below

Crisis Residential Treatment Services

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Tehama County faces significant disparities in both access to and utilization of crisis services across youth and adult populations. These disparities are driven by a combination of geographic, resource, and system-level limitations that restrict timely behavioral health intervention during periods of acute crisis.

SMHS Crisis Service Utilization (Crisis Intervention) as per Adult MHS Demographic Dashboard (AB470) | Behavioral Health Reporting Total Units/Minutes/Hours/Days Per Beneficiary is annotated as 167.65/33 female and 164.52/22 male participants, and a total utilization of 5.5k for female and 3.6k for male individuals. Statewide rates are reported as 225.76/21,500 female and 244.1/25,100 male participants, with a total utilization of 4.9million for female and 6.1million for male individuals.

Per the Children and Youth MHS Demographic Dashboard (AB470) | Behavioral Health Reporting dashboard, it shows that Total Units/Minutes/Hours/Days Per Beneficiary is annotated as 218.66/17 female and 326.08/12 male participants. Statewide rates are reported as 288.32/14,400 female and 275.61/9,200 male participants.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)
None at this time.

File Upload

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

Tehama County faces significant disparities in both access to and utilization of crisis services across youth and adult populations. These disparities are driven by a combination of geographic, resource, and system-level limitations that restrict timely behavioral health intervention during periods of acute crisis. Tehama County has a clinician designated to a caseload that focuses on reducing or transitioning member to a lower level of care by incorporating case management and rehabilitation services to support independence with our members. The county has a Mobile Crisis Team that responds to any call for assistance with immediate mental health concerns and is capable of meeting the individuals where they are most comfortable. The goal of the Mobile Crisis Team is to maintain and stabilize individuals in the community and avoid unnecessary hospitalizations. Future plans include expansion of Enhanced Care Management to stabilize individuals in lower levels of care and reduce institutionalizations.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
BHSA Housing Interventions
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SAMHSA PATH
MHBG
SUBG

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For juveniles
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Tehama County experiences justice-involved rates for both youth and adults that exceed state standards, reflecting a combination of structural, geographic, and service-system challenges. These disparities are influenced by limited local behavioral health resources, socioeconomic pressures, and gaps in early-intervention supports that otherwise help prevent entry into the justice system.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Tehama County experiences justice-involved rates for both youth and adults that exceed state standards, reflecting a combination of structural, geographic, and service-system challenges. These disparities are influenced by limited local behavioral health resources, socioeconomic pressures, and gaps in early-intervention supports that otherwise help prevent entry into the justice system.

Tehama County has the following programs below that we will continue to develop and strengthen to help reduce Justice Involvement for both youth and adults.

Behavioral Health Court
Drug Court
JDF Justice-Involved Youth
Project Restore
Prop 36
AB 109
Adolescent Outpatient Treatment Program

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal
Federal Financial Participation (SMHS, DMC/DMC-ODS)
Other
BHSA FSP
BHSA BHSS
BHSA Housing Interventions
1991 Realignment
2011 Realignment
SAMHSA PATH
MHBG
SUBG

Please describe other
Prop 47, Prop 36, AB 109, Opioid Settlement Funds

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
The Tehama County 2025 PIT Count does not identify population groups affected on an individual basis with regards to the removal of children from home disparity and is the sole-source of information utilized for this measure as annotated in the County Population Behavioral Health Measure Workbook.

Children in Foster Care is reported at Point in Time/In Care Report California Child Welfare Indicators Project (CCWIP), and for Tehama County it shows 123 individuals, with a population-based rate of 0.002, and Statewide there were 38,649 individuals, with a population-based rate of 0.0009.

Open Child Welfare Cases SMHS Penetration Rates can be found at Children And Youth With An Open Child Welfare Case SMHS Performance Dashboard | Behavioral Health Reporting, with Tehama County reported as having a rate of 27.64%, with Statewide rates being 42.96%.

Child Maltreatment Substantiations as reported on Child Maltreatment Substantiation Rates Report California Child Welfare Indicators Project (CCWIP) for Tehama County shows a rate of 11.5 per 1,000 and a Statewide rate of 6.2 per 1,000.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your

status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

"Open Child Welfare Case SMHS Penetration Rates" is the sole measure for Tehama County that is below the statewide average or median. The number of open cases below the statewide measure, and the number of children in foster care measure exceeding the statewide average and median indicates that the identified minors are being assisted by qualified caregivers. TCHSA is currently working with a contracted SMHS provider to deliver High Fidelity Wraparound (HFW) services to those individuals within our community who meet the criteria for this Evidence Based Practice.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal

BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SAMHSA PATH
MHBG
SUBG

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
"Follow-Up After Emergency Department Visit for Substance Use / Mental Illness" do not take into account the Outreach and Engagement efforts of Behavioral Health Substance Use Recovery staff and the methods employed to assists our members with their recovery journey.
"Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs who had No Visits for Mental/Drug/Alcohol Issues in Past Year" is below the Statewide Rate due to our Behavioral Health

Outreach EI measures and stigma reduction which include:
*Continuing to strengthen outreach and engagement efforts that move beyond awareness building to ensure identified individuals are directly connected to SMHS treatment through warm hand-offs and closed-loop referral systems.
*Expanding children/youth SMHS in outlying areas of the community, Corning, Los Molinos, Gerber, and Rancho Tehama to provide access to treatment.
*Expanding Assertive Field-Based SUD Services to meet members where they are to provide on-the-spot assessments and immediate linkage to care.
*Utilizing partnerships with local non-profits and other CBOs through housing programs to provide access to SMHS and SURS treatment.
*Having a renewed focus on engagement from homelessness to permanent housing solutions to encourage engagement with SMHS and SURS to increase access to services.

Follow-up after Emergency Department Visit for Substance Use as reported at Medi-Cal-Managed-Care-Technical-Report-Volume-4.xlsx for Tehama County is grouped into Region 1 with 6 other counties and is split between Anthem Blue Cross Partnership Plan and California Health & Wellness Plan; demonstrating an FUA-30Day rate of 34.23% and 33.93%, both of which are reported to be better than the DHCS-established high performance level of 32.38%.

Follow-Up After Emergency Department Visit for Mental Illness as reported at Medi-Cal-Managed-Care-Technical-Report-Volume-4.xlsx for Tehama County is grouped into Region 1 with 6 other counties and is split between Anthem Blue Cross Partnership Plan and California Health & Wellness Plan; demonstrating an FUM-30Day rate of 59.71% and 51.28% which places Anthem's rate above the minimum performance level of 54.51% and the latter below the MPL.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
"Follow-Up After Emergency Department Visit for Substance Use / Mental Illness" do not take into account the Outreach and Engagement efforts of Behavioral Health Substance Use Recovery staff and the methods employed to assists our members with their recovery journey.
"Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs who had No Visits

for Mental/Drug/Alcohol Issues in Past Year" is below the Statewide Rate due to our Behavioral Health Outreach EI measures and stigma reduction which include:
*Continuing to strengthen outreach and engagement efforts that move beyond awareness building to ensure identified individuals are directly connected to SMHS treatment through warm hand-offs and closed-loop referral systems.
*Expanding children/youth SMHS in outlying areas of the community, Corning, Los Molinos, Gerber, and Rancho Tehama to provide access to treatment.
*Expanding Assertive Field-Based SUD Services to meet members where they are to provide on-the-spot assessments and immediate linkage to care.
*Utilizing partnerships with local non-profits and other CBOs through housing programs to provide access to SMHS and SURS treatment.
*Having a renewed focus on engagement from homelessness to permanent housing solutions to encourage engagement with SMHS and SURS to increase access to services.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SAMHSA PATH
MHBG
SUBG

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For children/youth
Above

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For children/youth
Above

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Above

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Below

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Above

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Below

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Below

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Below

For adults/older adults
Above

For children/youth
Below

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Below

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Below

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Below

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below

the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Suicides

Suicides

Please describe why this goal was selected
Tehama County's rates of completed suicide are 27.8 per 100,000. Placing us well above the average for the statewide measures.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
No data to graph. Rates not available.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Suicides and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Tehama County's rates of completed suicide are 27.8 per 100,000. Placing us well above the average for the statewide measures. TCHSA will strengthen our MCT HMA Policy Academy Outreach Stigma reduction and engaging in a media campaign to highlight the accessibility of services to those in crisis.

Please identify the category or categories of funding that the county is using to address this goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SAMHSA PATH
MHBG
SUBG

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

---

Please indicate the type of engagement used to obtain input on the planning process

Focus group discussions
Meeting(s) with county
County outreach through townhall meetings
Survey participation
Training, education, and outreach related to community planning
Workgroups and committee meetings

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

Training, education, and outreach related to community planning

Date

10/17/2025

Type of engagement

Survey participation

Date

12/4/2025

Type of engagement
Focus group discussions

Date
1/6/2026

Type of engagement
Workgroups and committee meetings

Date
1/8/2026

Type of engagement
Training, education, and outreach related to community planning

Date
1/8/2026

Type of engagement
Training, education, and outreach related to community planning

Date
1/13/2026

Type of engagement
Meeting(s) with county

Date
1/15/2026

Type of engagement
Training, education, and outreach related to community planning

Date
1/15/2026

Type of engagement
County outreach through townhall meetings

Date
1/20/2026

Type of engagement
Workgroups and committee meetings

Date
1/21/2026

Type of engagement
County outreach through townhall meetings

Date
1/22/2026

Type of engagement
Training, education, and outreach related to community planning

Date
1/27/2026

Type of engagement
Training, education, and outreach related to community planning

Date
3/27/2026

Type of engagement
Workgroups and committee meetings

Date
2/18/2026

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals
Community Members, Sunrise Rotary, Tehama County (TC) Police Activities League, TC Continuum of Care, Northern Valley Catholic Social Service, TC Health Services Agency Certified Peer Providers, Rolling Hills Clinic, Empower Tehama, TC Dept of Social Services, Northern California Child Development Inc., Greenville Rancheria, Dignity Health, The Poor and the Homeless (P.A.T.H.), All Weathers Pumps, Corning Health Care District, TC Health Services Agency, TC Department of Education, Veteran's Hall, Red Bluff High School, Restpadd Health, TC Library, Northern Valley Services, Red Bluff Health Care, Northern Valley Indian Health, Paskenta Band of Nomlaki Indians, TC Health Care Coalition, TC Public Health Advisory Board, TC Behavioral Health Advisory Board, TC Sheriff's Office, Sierra-Sacramento Valley EMS Agency, Saint Elizabeth Hospital, TC Veteran Services

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	
2	
3	
4	
5	

Were you able to engage all required stakeholders/groups in the planning process?
Yes

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities
TCHSA engaged in multiple avenues to request input from the community as noted above and demonstrated in the below documents.

Upload File
BHSA Survey Spanish.pdf
BHSA Focus Groups.pdf
BHSA Survey Results Summary.pdf
BHSA Meetings.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities
Behavioral Health contributed to the focus groups throughout the CHA and CHIP process.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.
Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Engagement in School
Engagement in Work
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?
Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Access to Care
Engagement in School
Engagement in Work
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?
No

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)

Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.
Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.
Co-hosted community sessions, listening tours, and/or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.
Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3

Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP

In order to develop an aligned IP, we have drawn from the efforts and insights gained from the LHJ's CHA/CHIP processes and final publications to inform our formulation of a thriving community through appropriate assessment, assurance, and policy development, and thereby meeting the needs of the community as a whole.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes

Partnership Healthplan of California

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

The challenges faced by Tehama County residents include, but are not limited to, high poverty and unemployment rates, low education completion, and restricted access to healthcare.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment
4/1/2026

Date the stakeholder comment period closed
4/30/2026

Date of behavioral health board public hearing on draft IP
3/18/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
Link

Please provide the link to the public posting
https://www.tehamacohealthservices.net/news/

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
None at this time

Summarize the substantive revisions recommended this stakeholder during the comment period
None at this time

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
None at this time

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Tehama County MHP QAPI Plan CY 2026 04172026.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided

Number of contracted BHSA provider locations

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	3
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	0

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	3
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	0

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

33

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

Beginning July 1, 2027, Tehama County Health Services Agency (TCHSA) will implement a multi-year strategy to increase the number of Behavioral Health Safety Net (BHSA) provider locations that establish contracts with Medi-Cal Managed Care Plans (MCPs) for the delivery of Non-Specialty Mental Health Services (NSMHS).

Over the three-year period, TCHSA will:

• Engage all contracted BHSA providers delivering NSMHS to review their current service portfolios and identify services that are reimbursable through MCPs.

• Provide outreach, education, and technical assistance to support providers in understanding MCP requirements, credentialing processes, billing expectations, and contract readiness.

• Facilitate regular coordination meetings with MCPs to improve communication, address contracting barriers, and streamline provider onboarding.

• Encourage and support providers to enter into contracts with at least one MCP, with a goal of increasing MCP participation across all NSMHS provider sites.

• Monitor progress annually and adjust support strategies based on provider needs, MCP feedback, and changes in state policy or Medi-Cal requirements.

Through these efforts, TCHSA aims to expand reimbursement pathways for NSMHS and strengthen the overall sustainability of BHSA provider services within the county.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.
Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)
Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

---

General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Adult and Older Adult System of Care (non-FSP)
Early Intervention Programs (EIP)
Outreach and Engagement (O&E)
Workforce, Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)
Children's System of Care (non-Full Service Partnership (FSP))

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services
Supportive services
Substance Use Disorder treatment services

Please describe the specific services provided

Tehama County Health Services Agency (TCHSA), Behavioral Health (BH) delivers Children's System of Care through a variety of settings, including but not limited to: Behavioral Health Outpatient Clinics and the field-based deployment of Mental Health Educators, Community Health Workers, Case Resource Specialists, and Peers. Care may include linkage to services/programs (including Substance Use Recovery), peer support, engagement, psychosocial rehabilitation, psychoeducation, system navigation, public health campaigns for suicide prevention, adverse childhood experiences (ACEs) awareness, and financial support and management.

Staffing of Behavioral Health providers is a constant challenge within Tehama County, and TCHSA is dedicated to continuing to employ individuals who are dedicated to assisting our members with their recovery journey.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	575
FY 2027 – 2028	600
FY 2028 – 2029	625

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

Projections based on reports delineating the number of individuals receiving SMHS and including an expansion to those members of the community with unmet needs.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program

Supportive services
Mental health services
Substance Use Disorder (SUD) treatment services

Please describe the specific services provided

Tehama County Health Services Agency (TCHSA), Behavioral Health (BH) delivers Adult/Older Adult Systems of Care through a variety of settings, including but not limited to: Behavioral Health Outpatient Clinics, STANS Wellness & Recovery Center, and the field-based deployment of Mental Health Educators, Community Health Workers, Case Resource Specialists, and Peers. Care may include linkage to services/programs (including Substance Use Recovery), peer support, engagement, psychosocial rehabilitation, psychoeducation, system navigation, public health campaigns for suicide prevention, adverse childhood experiences (ACEs) awareness, and financial support and management.
Staffing of Behavioral Health providers is a constant challenge within Tehama County, and TCHSA is dedicated to continuing to employ individuals who are dedicated to assisting our members with their recovery journey.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	775
FY 2027 – 2028	800
FY 2028 – 2029	825

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

Projections based on reports delineating the number of individuals receiving SMHS and including an expansion to those members of the community with unmet needs.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy

Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Mobile Crisis Team (MCT)

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services to address first episode psychosis (FEP)
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
Mobile Crisis, including use of tools such as the Columbia Suicide Severity Rating Scale or the Stanley-Brown Safety Plan
Seeking Safety (SS)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Mobile Crisis - Columbia Suicide Severity Rating Scale, Stanley-Brown Safety Plan, and Seeking Safety

Please describe intended outcomes of the program or service
TCHSA Mobile Crisis Team responds to individuals in a behavioral health crisis to assess and provide services and linkages as appropriate to prevent suicide and hospitalization and/or incarceration. Services are provided where the individual is located, whether at a school, home, or in a public space.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	2000
FY 2027 – 2028	2100
FY 2028 – 2029	2200

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected number of individuals served is based on the data from prior years of service, taking into account the probable increase in access due to consistent outreach and engagement.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the

"Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Early Intervention Education

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Tehama County's Early Intervention program is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling while actively reducing disparities in behavioral health access and outcomes across the community. Through robust outreach, education, and skill building initiatives, the county implements a range of evidence based programs—including Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), Applied Suicide Intervention Skills Training (ASIST), and Nurturing Families (NF)—that equip community members, families, educators, and first responders to recognize early signs of behavioral health challenges and respond with appropriate support. These programs strengthen the county's early identification network and create multiple, culturally responsive pathways into care, helping individuals receive assistance before symptoms progress to more serious levels. They also play a critical role in reducing stigma, improving understanding of behavioral health conditions, and increasing engagement among populations that have historically faced barriers to services. Throughout trainings, self-care practices are emphasized to promote resilience and wellness among both participants and those they support. By expanding early detection, enhancing community capacity, and fostering equitable access, Tehama County's Early Intervention program lays the foundation for a healthier, more connected community and a more responsive behavioral health continuum.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	200
FY 2027 – 2028	225
FY 2028 – 2029	250

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Projected number of individuals served is based on the data from prior years of service, taking into account the probable increase due to consistent outreach and engagement.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Therapeutic Drumming

Please select which of the three EI components are included as part of the program or service

Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

Evidence-Based intervention that reduces stress, boosts immunity, and process emotions.

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Reduce stress, boost immune system, mental health support through grounding techniques, provides emotional expression, social connection, cognitive stimulation, trauma release, and community building.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1300
FY 2027 – 2028	1400
FY 2028 – 2029	1500

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
The Drumming Circle has about 10-15 participants per week, many of whom return every week (~830), and TCHSA Health Educators reach about 250-500 school-aged participants through outreach programs in the public school system. Projected number of individuals served is based on the previous information and continued outreach and engagement.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Peer Advocate Program

Please select which of the three EI components are included as part of the program or service
Outreach
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
TCHSA 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.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	1200
FY 2027 – 2028	1300
FY 2028 – 2029	1400

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected number of individuals served is based on the data from prior years of service, taking into account

the probable increase due to consistent outreach and engagement.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name
Early Psychosis Intervention & Care Coordination (EPICC)

CSC program description
Through early intervention in psychosis and providing immediate access to services, TCHSA aims to decrease hospitalization, institutional placement, incarceration, and morbidity and disability associated with untreated psychosis. Members and families are actively engaged in increasing their knowledge of mental and physical health characteristics while participating in the program. Family involvement is encouraged but not required for members to receive support from the EPICC team, and members can determine which areas of support they wish to engage with. Members and families are provided with an array of services tailored to assist the member while addressing their particular needs and recovery from member-driven goals.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	12
Number of Uninsured Individuals	<11*

CSC Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	4
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	6	7	8
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?
No

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
Community Engagement & Outreach

Please describe the program or activity
Tehama County implements targeted outreach and engagement activities designed to connect unserved and underserved individuals with behavioral health services and support. Health Educators collaborate with community partners, service providers, schools, tribal organizations, and culturally specific groups to identify individuals who may be at increased risk for behavioral health challenges and facilitate access to appropriate resources. Outreach efforts include participation in targeted resource events, small-group educational presentations, referrals from community partners, and engagement in locations frequented by individuals experiencing homelessness, housing instability, social isolation, or other barriers to care.

Health Educators provide culturally and linguistically responsive information and support tailored to the needs of specific populations, including Latino/x communities, tribal communities, LGBTQ+ youth, older adults, and individuals with limited access to transportation or technology. Through relationship-building, individualized engagement, and collaboration with trusted community organizations, these activities help

reduce barriers to care, increase awareness of available services, support early identification of behavioral health needs, and facilitate timely connections to treatment and recovery supports. By focusing resources on individuals and groups facing elevated risk or disparities in access, these non-population-based prevention activities strengthen equitable access to behavioral health services and improve outcomes for underserved community members.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	4000
FY 2027 – 2028	4200
FY 2028 – 2029	4500

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs

Projected number of individuals served is based on the data from prior years of service, taking into account the probable increase due to consistent outreach and engagement.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name

TCHSA Staff Training & Education

Please select which of the following categories the activity falls under
Continuing Education

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
Tehama County may utilize Behavioral Health Subaccount (BHSS) funds to strengthen and diversify the behavioral health workforce by supporting activities that increase racial, ethnic, and geographic representation and promote the inclusion of individuals with lived experience. These efforts are incorporated across all Workforce, Education & Training (WET) components in recognition of the need for a culturally and linguistically competent workforce capable of meeting the behavioral health needs of residents from all backgrounds. Strategies may include targeted recruitment in rural and frontier areas, partnerships with schools, colleges, and community-based organizations serving diverse populations, and expanded pathways for peers and individuals with lived experience to enter the workforce through training, internships, and career development opportunities. Additionally, TCHSA provides a three-day, POST-certified Crisis Intervention Training (CIT) for law enforcement and first responders throughout the county as well as an added one-day CIT for all county employees. Tehama County is an equal opportunity employer and values diversity within the organization. The county does not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, marital status, veteran status, or disability status, and ensures that individuals with disabilities receive reasonable accommodations during the application, examination, and interview process, in performing essential job functions, and in accessing employment benefits. To request an accommodation, applicants may contact the Personnel Office at tehamahr@co.tehama.ca.us or 530 527 4183. Through the combined use of BHSS funding and inclusive hiring practices, Tehama County aims to build a behavioral health workforce that reflects the community it serves, reduces care disparities, and enhances the effectiveness and cultural responsiveness of services across the behavioral health system.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Electronic Health Records (EHR) System

Please select the type of project
Technological needs project

If Technological Needs Project, please select the focus area(s) of the project
Electronic health record system

Please describe the project
Providing necessary updates to infrastructure and programming to ensure appropriate access to and functionality of member EHR to facilitate the provision of services in accordance with the CalAim directive of the no wrong door policy.

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

---

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	**Estimates**

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	265
Number of Uninsured Individuals	32
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	131

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	47
Number of Uninsured Individuals	<11*

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	24

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Uninsured Individuals	3

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	<11*
Number of Teams Needed to Serve Total Eligible Population	<11*

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	194
Number of Uninsured Individuals	23

FSP ICM Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	10
Number of Teams Needed to Serve Total Eligible Population	2

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	10	10	10

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	2	2	2

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	58
Number of Uninsured Individuals	12

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	22
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	10	10	10
Total Number of Teams	1	1	1

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	331
Number of Uninsured Individuals	39

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	25
Number of Teams Needed to Serve Total Eligible Population	10

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

No

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

TCHSA employs a culturally competent, strength based, client and family driven, recovery and wellness centered evidenced based approach to help people achieve a high quality of life as integrated members of the community throughout their recovery journey. With an integrative and collaborative approach, TCHSA ensures that we are addressing the issues faced by our members to best meet the needs of those we serve and provide the hope that things can and will get better.

Please describe the county's efforts to reduce disparities among FSP participants

TCHSA consistently employs bilingual service providers at all levels of the agency who are fluent in the county's single threshold language, Spanish. Additionally, the Cultural Competency Committee meets monthly to address any concerns that have been expressed to the agency. The Committee also plans, creates, and presents Cultural Competency training at the Agency quarterly meetings on a semi-annual basis (April and October).

Certified Peer Specialists provide support for individuals through the STANS Wellness & Recovery Center, delivering group and individual interactions to benefit the well-being and progress of our members. Our Member Employment Program allows individuals to engage in rehabilitative employment activities and fosters a sense of accomplishment as they learn marketable skills while earning an income.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Access to care
Homelessness
Institutionalization
Justice involvement
Removal of children from home
Untreated behavioral health conditions
Care experience
Engagement in school
Engagement in work
Overdoses
Prevention of co-occurring physical health conditions
Quality of life
Social connection
Suicides

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Tehama County FSP ICM programs will engage in assertive outreach and engagement to continually engage members in their own care. Treatment plans are individualized and created in collaboration with the member increasing member engagement in their care. TCHSA works to build on members' strengths and to involve members in goal setting based on their readiness for change. TCHSA works to identify barriers to care so that strategies can be implemented to overcome those barriers. TCHSA embraces the 'whatever it takes' approach, which allows staff to be flexible with service delivery and meet clients where they are in the community. TCHSA is working toward expanding our workforce classifications to include the use of Certified Peer Support Providers. Currently, we have staff who have completed their Peer Certification, and we are working through the county process to add a job classification within the county. We have already fully implemented the peer support role with a contracted provider for unbillable services.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

Tehama County has submitted an exemption from providing ACT/FACT.

Please indicate whether the county FSP program will include any of the following optional and allowable services

No

Primary substance use disorder (SUD) FSPs

No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)

No

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
Assisted Outpatient Treatment (AOT)

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
TCHSA will continue collaboration with stakeholders like Interagency Leadership Team, Interagency Child and Family Service Collaborative, and Justice Involved Youth, in additional to the Behavioral Health Advisory Board and Public Health Advisory Board to analyze needs of the youth within our community.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
TCHSA has reached out to the LGBTQ+ community for collaboration concerning this Integrated Plan through surveys and public meetings. Additionally, the Cultural Competency Committee has begun the outreach process in an effort to work with advocacy groups within Northern California and locally to address the needs of those in our community.

In the child welfare system
TCHSA is partnered with the Tehama County Department of Social Services to provide support to the children of our community who are affected by mental health challenges.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults **in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are**

Older adults
TCHSA regularly engages with stakeholders that are representatives of this demographic through our Behavioral Health Advisory Board, service providers, county partners, Homeless Navigation Center, public meetings, and surveys.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
TCHSA has reached out to the LGBTQ+ community for collaboration concerning this Integrated Plan through surveys and public meetings. Additionally, the Cultural Competency Committee has begun the outreach process in an effort to work with advocacy groups within Northern California and locally to address the needs of those in our community.

In, or are at risk of being in, the justice system
TCHSA Behavioral Health Court is designed to connect criminal defendants with diagnosed behavioral health disorders to treatment services in the community and reduce crime recidivism by providing treatment and case management services to persons struggling with mental illness and committing criminal offenses.
Additionally, Adult Drug Court provides Substance Use treatment, community supervision, drug testing, case management, education, and housing support to individuals convicted of a crime directly related to drug and/or alcohol use. Members often have committed a felony and been sentenced to attend all drug court services in lieu of lengthy jail and/or prison time. While in drug court, participants are closely monitored by the Drug Court Judge with frequent court appearances, closely supervised by a dedicated probation officer, and are expected to participate in a comprehensive treatment program.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs
Homeless Outreach

Program descriptions
The Team provides both physical and preventive care while connecting patients to wrap-around services that may include behavioral health support, substance use recovery support, shelter and housing resources, medical insurance registration, and access to food and income.

Current funding source
Homeless Housing, Assistance and Prevention Grant

BHSA changes to existing programs to meet BHSA requirements
Tehama County will leverage its existing Homeless Outreach programs to expand BHSA-supported efforts focused on assertive, field-based initiation of Substance Use Disorder (SUD) treatment services. The county's homeless outreach teams—already active in encampments, shelters, motels, rural areas, and crisis locations—will integrate enhanced BHSA initiatives that allow staff to identify SUD treatment needs earlier, provide immediate engagement, and initiate treatment in the field. Outreach staff will be equipped to conduct brief screenings, facilitate same-day access to medication-assisted treatment when appropriate, and provide warm handoffs to the county's SUD providers and withdrawal management services. These teams will coordinate closely with mobile crisis units, housing navigators, peer specialists, and partnering community organizations to ensure that individuals experiencing homelessness receive low-barrier access to SUD treatment and supportive services. BHSA funds will support training in harm reduction, trauma-informed care, and motivational interviewing to strengthen the capacity of outreach teams to engage individuals who may be ambivalent about treatment. By combining BHSA-funded SUD treatment initiatives with established homelessness outreach infrastructure, Tehama County will deliver a more proactive, responsive, and coordinated approach that connects individuals to treatment earlier, reduces overdose risk, and supports long-term stability through integrated care and housing pathways.

Expected timeline of operation
In operation

Mobile-field based programs

Existing programs
Mobile Crisis Team

Program descriptions
Provides field-based services to individuals when and where it is needed, to include any Behavioral Health service; including Substance Use Recovery and Suicide Intervention services.

Current funding source
MHSA and Medical

BHSA changes to existing programs to meet BHSA requirements
Tehama County will expand its BHSA initiatives for assertive, field-based initiation of Substance Use Disorder (SUD) treatment services by fully integrating these efforts into the county's existing Mobile Crisis and Mobile Clinic programs. The Mobile Crisis Team, already trained in rapid response, de-escalation, and field-based clinical engagement, will incorporate enhanced SUD screening, harm reduction strategies, and immediate referral or transport to SUD services when appropriate. With BHSA support, Mobile Crisis clinicians will be equipped to initiate brief interventions, conduct same-day warm handoffs to SUD treatment providers, and coordinate directly with the county's Homeless Outreach and Access Teams to ensure continuity of care. Similarly, the Mobile Clinic—operated in partnership with physical health and behavioral health providers—will expand its capacity to deliver low-barrier SUD services in the field, including same-day assessments, medication-assisted treatment (MAT) induction when clinically appropriate, and on-site peer support education. Both mobile programs will work collaboratively to reach residents in rural and geographically isolated areas, encampments, motels, and other nontraditional settings where individuals may struggle to access clinic-based care. BHSA funding will support additional training for mobile staff in trauma informed care, motivational interviewing, cultural responsiveness, and co-occurring disorders to enhance engagement with individuals who may be reluctant to seek treatment. Through these coordinated field-based efforts, Tehama County will strengthen early identification, reduce service barriers, expand access to SUD treatment, and support long term recovery for individuals across the county's diverse communities.

Expected timeline of operation
In operation

Open-access clinics

Existing programs
TCHSA Medical Clinic

Program descriptions
Provides MAT services on an outpatient basis during regular operating hours (8:00am-5:00pm, Monday-Friday).

Current funding source
SOR-IV Grant

BHSA changes to existing programs to meet BHSA requirements
Tehama County will integrate low barrier, low threshold, rapid access to Medication-Assisted Treatment (MAT) within its Rural Health Clinic (RHC) services to ensure timely, accessible treatment for residents in remote and underserved areas. The RHCs will adopt open access scheduling models that allow same day walk in assessments and rapid initiation of MAT, including buprenorphine and naltrexone, with streamlined referrals to partnering opioid treatment programs or medication units for individuals requiring methadone. Building upon the capabilities of the Mobile Crisis and Mobile Clinic programs, RHC clinicians will be trained and equipped to conduct field-based MAT initiation and provide direct linkage back to clinic sites for follow-up care. The RHCs will strengthen collaboration with harm-reduction partners, including syringe service programs, to facilitate warm handoffs, provide safer use supplies, and maintain engagement with individuals who are hesitant to access traditional clinic environments. BHSA funding will support additional staff training in trauma informed SUD engagement, motivational interviewing, and culturally responsive practices to meet the needs of rural residents, Latino/x communities, tribal populations, older adults, and individuals experiencing homelessness. By enhancing service accessibility through open access clinics, flexible drop in options, partnerships with harm reduction providers, and rapid linkage to methadone services when appropriate, Tehama County's Rural Health Clinics will expand their capacity to deliver responsive, equitable, and low barrier MAT services that promote early intervention and long-term recovery across the county's diverse and geographically dispersed communities.

Expected timeline of operation
In operation

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs
Nothing planned at this time

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
N/A

Mobile-field based programs

New programs
Nothing planned at this time

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
N/A

Open-access clinics

New programs
Nothing planned at this time

Program descriptions
N/A

Planned funding
N/A

Planned operations
N/A

Expected timeline of implementation
N/A

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
Tehama County will assess the gap between its current MAT resources and the level of services needed to meet community demand through a structured, multi step evaluation process that incorporates data analysis, provider capacity assessments, and stakeholder input. The county will begin by reviewing existing MAT programs and provider capacity across its clinics, Rural Health Clinics, contracted SUD treatment providers, and field-based programs such as the Mobile Crisis and Mobile Clinic teams. This assessment will include an inventory of current prescribers, waivered clinicians, medication units, referral pathways for methadone, and the availability of same day or open-access appointments. Concurrently, the county will analyze local epidemiological data—including overdose trends, emergency department utilization, homelessness outreach data, law enforcement encounters, and prevalence of opioid and stimulant use disorders—to estimate the level of unmet need for MAT across geographic regions and population groups. Tehama County will supplement this data with qualitative input from community partners, individuals with lived experience, rural and tribal community stakeholders, and harm reduction organizations to identify barriers, access disparities, and community specific priorities. By comparing estimated need to current service capacity, the county will identify gaps in provider availability, medication access (including methadone), geographic reach, culturally responsive services, and field-based initiation. The findings will guide operational and funding decisions, including where to expand open-access MAT services, increase training for clinicians, strengthen referral pathways, and enhance partnerships with opioid treatment programs. Through this comprehensive assessment process, Tehama County will ensure its MAT system evolves to meet the needs of its diverse and geographically dispersed population. Tehama has the capacity to provide MAT services to youth; however, this continues to be an unmet need due to lack of awareness of

program availability and services to be offered. Tehama has started conversations internally to make this service more visible in the community.

Select the following practices the county will implement to ensure same day access to MAT
Operate MAT clinics directly
Leverage telehealth model(s)
Partner with neighboring counties
Contract with MAT providers in other counties

Please provide the names of the neighboring counties the county will partner with
TCHSA will provide referrals to NTP clinics located in neighboring Shasta and/or Butte counties.

Please provide the names of other counties the contracted MAT providers are located in
TCHSA will provide referrals to NTP clinics located in neighboring Shasta and/or Butte counties.

What forms of MAT will the county provide utilizing the strategies selected above?
Buprenorphine
Naltrexone

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap –

limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) **to inform responses to this question.**

Supportive housing
Medium gap

Apartments, including master-lease apartments
Medium gap

Single and multi-family homes
Large gap

Housing in mobile home communities
Medium gap

(Permanent) Single room occupancy units
Medium gap

(Interim) Single room occupancy units
Medium gap

Accessory dwelling units, including junior accessory dwelling units
Not applicable

(Permanent) Tiny homes
Medium gap

Shared housing
Medium gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Not applicable

(Interim) Recovery/sober living housing, including recovery-oriented housing
Not applicable

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Small gap

License-exempt room and board
Not applicable

Hotel and Motel stays
Medium gap

Non-congregate interim housing models
Medium gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Medium gap

Recuperative Care
Medium gap

Short-Term Post-Hospitalization housing
Medium gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Medium gap

Peer Respite
Not applicable

Permanent rental subsidies
Large gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals **?**
TCHSA has partnered with two developers to bring a total of 88 apartment units into the City of Red Bluff, the county seat, through No Place Like Home (NPLH) and Homekey+ initiatives. These will include 86 units with project-based vouchers, 50 Low-Income housing units, 10 NPLH units, 13 Homekey+ units, and 13 NPLH/Homekey+ units. Additionally, TCHSA has partnered with the P.A.T.H. Navigation center through a BHBH Grant to provide transitional housing solutions to those in need.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
TCHSA will employ Case Resource Specialists to provide supportive services to our members, assisting them with transitioning to and maintaining positive housing solutions through appropriate Housing Interventions.
TCHSA has completed and put in operation one No Place Like Home (NPLH) housing complex and is currently partnered with two other developers for additional NPLH projects. Additionally, we have a Behavioral Health Bridge Housing grant that we are working collaboratively with our Continuum of Care and our homeless Navigation Center to bring more transitional housing to the area. TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
TCHSA will employ Case Resource Specialists to provide supportive services to our members, assisting them with transitioning to and maintaining positive housing solutions through appropriate Housing Interventions.
TCHSA has completed and put in operation one No Place Like Home (NPLH) housing complex and is currently partnered with two other developers for additional NPLH projects. Additionally, we have a Behavioral Health Bridge Housing grant that we are working collaboratively with our Continuum of Care and our homeless Navigation Center to bring more transitional housing to the area. TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

TCHSA has partnered with two developers to bring a total of 88 apartment units into the City of Red Bluff, the county seat, through No Place Like Home (NPLH) and Homekey+ initiatives. These will include 86 units with project-based vouchers, 50 Low-Income housing units, 10 NPLH units, 13 Homekey+ units, and 13 NPLH/Homekey+ units. Additionally, TCHSA has partnered with the P.A.T.H. Navigation center through a BHBH Grant to provide transitional housing solutions to those in need. Also, PLHA funds will be utilized by the P.A.T.H. Navigation Center in assisting participants to obtain and retain housing through supportive services that include case management, resource navigation, and connections to medical, mental health, and substance use recovery services.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

TCHSA will employ Case Resource Specialists (CRS) to provide supportive services to our members, assisting them with transitioning to and maintaining positive housing solutions through appropriate Housing Interventions.

TCHSA CRS can assist members in acquiring access to any Behavioral Health Service that is appropriate to the member's needs, including, but not limited to: clinical, rehab, group, and supportive services.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

Referrals will be submitted through the member's Case Manager when members are identified as individuals needing assistance with housing. All applications for supportive housing are required to go through the County Coordinated Entry System (CES) and Homeless Management Information System (HMIS) which are accessed through 2-1-1 and/or a housing navigator located at the P.A.T.H. Navigation Center. Individuals in the HMIS are assigned a VISPDAT score based on their answers to the CES Housing Assessment Questionnaire and are placed into HMIS based on that score. Housing providers are required to serve the most vulnerable (including chronically homeless) individuals first in accordance with fair housing laws and state guidance.

TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only?
Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

In the child welfare system
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

In, or are at risk of being in, the justice system
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

In underserved communities
TCHSA hosted town halls, community meetings/trainings, focus groups, and delivered surveys throughout the community during the BHSA CPPP (see uploaded documents under the CPPP for complete details of responses).

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?
TCHSA has a close working collaboration with the Tehama County CoC, and has 1-3 individuals who are capable of accessing the CES and HMIS.
TCHSA Housing Coordinator attends the Housing & Homeless Stakeholders Committee Meetings, General CoC Meeting, Executive Council Committee Meeting, and 4 CoC workgroups on a monthly basis in order to contribute to the County's 10-Year Plan to end Homelessness. Additionally, TCHSA hosts a Community Partner Resource Networking meeting on the first Wednesday and Friday of each month which allows all direct service providers in the county to convene and share resources and contact information in an effort to streamline our community's access to services, including housing and housing services.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC
Tehama County CoC (Vitality Project)
TCHSA has a close working collaboration with the Tehama County CoC, and has 1-3 individuals who are capable of accessing the CES and HMIS.
TCHSA Housing Coordinator attends the Housing & Homeless Stakeholders Committee Meetings, General CoC Meeting, Executive Council Committee Meeting, and 4 CoC workgroups on a monthly basis in order to contribute to the County's 10-Year Plan to end Homelessness. Additionally, TCHSA hosts a Community Partner Resource Networking meeting on the first Wednesday and Friday of each month which allows all direct service providers in the county to convene and share resources and contact information in an effort to streamline our community's access to services, including housing and housing services.

Public Housing Agency
Plumas County Housing Authority has partnered with TCHSA to provide project-based vouchers for our two new NPLH projects that will be under construction through 2026, with an expected lease-up in mid-2027.

MCPs
TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.

ECM and Community Supports Providers
Victor Community Support Services has a contract with TCHSA to provide outpatient SMHS to youth and families in homes, schools, community, office based, and telehealth modalities.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?
TCHSA has a NPLH/Homekey+ project under way in Red Bluff, CA; expected lease-up dates mid 2027. TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
Yes

How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community?
In collaboration with Tehama CoC, TCHSA will provide Supportive Services to address the housing needs of the BHSA eligible individuals in our community when members are identified as individuals in need of housing through the HMIS.

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7, Section C.9.1)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

There is not currently a fulfilable demand

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

<11*

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

Per the Policy Manual Chapter 7.C.9.3, TCHSA will provide operating subsidies to a Shared Housing facility (Gentry House) according to the Policy Manual Chapter 7.C.9.2 in the form of costs associated with the day-to-day physical operation of housing projects and may include utilities (including internet), maintenance and repairs, marketing and leasing costs taxes and insurance, property management, office supplies and expenses, legal and accounting services, security and/or site monitors, cleaning fees, and housing incidentals (refrigerators/appliances, water heater, transportation, furnishings, food, hygiene products etc.). Behavioral health services provided to members by TCHSA Case Resource Specialists will be funded through BHSS in accordance with the Policy Manual.

For which setting types will the county provide operating subsidies?

Non-Time-Limited Permanent Settings: Shared housing

Will this be a scattered site initiative?
No

Will this Housing Intervention accommodate family housing?
No

Total number of units funded with BHSA Housing Interventions per year
5

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
TCHSA partners build operating subsidies into their budgets, and additional county funding is not applicable. Additionally, BHBH funding will be employed through FY 26-27 rather than BHSA Housing.

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
BHBH funding will be employed for this service, not BHSA Housing due to limited funding.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)
Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention
This service is funded through the Managed Care Plan and by BHBH funding.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
Outreach and Engagement for housing services is funded through other sources such as PLHA, BHBH, and ESG funds.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
No

Please explain why the county is not providing this intervention
TCHSA is currently partnered with one completed NPLH project and two NPLH projects entering construction in FY 2025-26.

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention

Is the county providing this intervention to chronically homeless individuals?
Anticipated number of individuals served per year

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
Yes, BHSA Housing Intervention funds will be employed to continue BHBH programs in years 2 and 3 of this Integrated Plan.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
None of the Above

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
No

Housing Deposits
No

Housing Tenancy and Sustaining Services
No

Short-Term Post-Hospitalization Housing
No

Recuperative Care
No

Day Habilitation
No

Transitional Rent
No

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?
Tehama County Health Services Agency, Behavioral Health will refer clients for Community Supports to the Managed Care Provider as needed and in compliance with all associated referral processes.
TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need. No mechanisms to identify, screen, and refer Medi-Cal eligible individuals have been finalized at this time.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
TCHSA is currently coordinating with our MCP and potential CS vendors. TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need. No mechanisms to identify, screen, and refer Medi-Cal eligible individuals have been finalized at this time.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?
The majority of individuals that qualify for MCP housing services are connected to TCHSA services or the P.A.T.H. Navigation Center (shelter). TCHSA and P.A.T.H. continue to nurture a collaborative working relationship to ensure that those who are experiencing challenges have access to services.
TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need. No mechanisms to identify, screen, and refer Medi-Cal eligible individuals have been finalized at this time.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
N/A

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

---

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

---

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
50

Upload any data source(s) used to determine vacancy rate

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Licensed Clinical Social Worker
Mental Health Rehabilitation Specialist
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor
Substance Use Disorder Counselor

Please describe any other key workforce gaps in the county
No other identified workforce gaps at this time.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?
TCHSA expects to continue to recruit and strive to retain, qualified individuals who are dedicated to providing services to our members. These strategies include, but are not limited to, the development and

training of Community Health Workers, EMDR and Flash Technique training for TCHSA therapists, and the CSC for FEP implementation and training requirements. TCHSA CSC for FEP team is continually working with the Center of Excellence, and all currently assigned CSC for FEP members have been trained according to their designated functions.

Tehama County is an equal opportunity employer and values diversity within our organization. We do not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, marital status, veteran status, or disability status. We will ensure that individuals with disabilities are provided with reasonable accommodations to participate in the job application, examination, and interview process, to perform essential job functions, and to receive other benefits and privileges of employment. To request an accommodation, please contact the Personnel Office at tehamahr@co.tehama.ca.us or at 530-527-4183. TCHSA will provide training to the behavioral health workforce as needed to further the goals of the new BHSA programs/requirements as capacity permits without the interruption of services to our current members.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Ensuring prospective applicants are aware of the opportunity, and providing them with the support, training, and direction needed to be successful.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Ensuring prospective applicants are aware of the opportunity, and providing them with the support, training, and direction needed to be successful.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Ensuring prospective applicants are aware of the opportunity, and providing them with the support, training, and direction needed to be successful.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?
No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training
Recruitment efforts for hard-to-fill positions are ongoing, including the formation of eligibility lists once positions are filled. Staff-specific training is being pursued in an effort to increase retention.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Tehama Integrated-Plan-Budget-Template_v3_Revised 06052026.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
0

Full Service Partnership (FSP)
0

Housing Interventions
0

Enter date of last prudent reserve assessment
10/17/2025

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS

0

FSP

0

Housing Interventions

0

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
BHSA BH Director Cert.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template
DHCS County Administrator or Designee Certification.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template
Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Behavioral Health Services Fund (BHSF) Housing Intervention Component

What percentage of funds is the county requesting to utilize for the Housing Intervention Component?
10

Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into

Components	Percentage of funds transferring
Full Service Partnerships	10
Behavioral Health Services and Supports	10

Please select which Housing Interventions exemptions criteria the county meets
Very significant or very limited need (e.g., small/large eligible population)
Sufficient/insufficient funding from other sources to address housing needs

Please provide justification for your request
TCHSA has completed and put in operation one No Place Like Home (NPLH) housing complex and is currently partnered with two other developers for additional NPLH projects. Additionally, we have a Behavioral Health Bridge Housing grant that we are working collaboratively with our Continuum of Care and our homeless Navigation Center to bring more transitional housing to the area. TCHSA and our MCP, Partnership Healthplan of California, are actively working on the Transitional Rent Medi-Cal benefit for an additional layer of support for our community members in need.
With staffing of TCHSA being significantly low, about 50%, we would not be able to adequately administer additional Housing Interventions at this time.

Supporting data

Please upload supporting data
cbh - #2024-087 Advocates for Human Potential - BHBH Program '27.pdf

What is the data source?
Other

Other
BHBH Grant

Supporting data

Please upload supporting data
cbh - 21-NPLH-17340 Department of Housing and Community Development NPLH.pdf

What is the data source?
Housing inventory count

Supporting data

Please upload supporting data
cbh - 21-NPLH-17341 - Department of Housing and Community Development Executed.pdf

What is the data source?
Housing inventory count

Supporting data

Please upload supporting data
cbh-Olive Grove - TAB 4_13 - MOU Tehama County Health Services Agency.pdf

What is the data source?
Other

Other
MOU with PSH NPLH project

Assertive Community Treatment (ACT)

For counties seeking an exemption to the requirement to include ACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
Historically, TCHSA BH has had a 65% vacancy rate over the past several years. In addition to these vacancy rates, due to the rural nature of our community, being able to offer this EBP to fidelity over the next 3 years would be a heavy demand for our current staffing patterns/ratios; as well as limited resources and organizational provider capacity.

Supporting Data

Please upload supporting data
Tehama County Estimates.pdf

Please select the data source
Other

Please describe
Tehama County Estimates for ACT, FACT, and FSP ICM according to the attached document from the California Department of Healthcare Services (DHCS), outlines that there would be a need for 10 practitioners to facilitate the delivery of services. TCHSA BH does not have the additional personnel needed to staff these programs.

Forensic Assertive Community Treatment (FACT)

For counties seeking an exemption to the requirement to include FACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
Historically, TCHSA BH has had a 65% vacancy rate over the past several years. In addition to these vacancy rates, due to the rural nature of our community, being able to offer this EBP to fidelity over the next 3 years would be a heavy demand for our current staffing patterns/ratios; as well as limited resources and organizational provider capacity.

Supporting Data

Please upload supporting data
Tehama County Estimates.pdf

Please select the data source
Other

Please describe
Tehama County Estimates for ACT, FACT, and FSP ICM according to the attached document from the California Department of Healthcare Services (DHCS), outlines that there would be a need for 10 practitioners to facilitate the delivery of services. TCHSA BH does not have the additional personnel needed to staff these programs.

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
Historically, TCHSA BH has had a 65% vacancy rate over the past several years. In addition to these vacancy rates, due to the rural nature of our community, being able to offer this EBP to fidelity over the next 3 years would be a heavy demand for our current staffing patterns/ratios; as well as limited resources and organizational provider capacity.

Supporting Data

Please upload supporting data
Tehama County Estimates.pdf

Please select the data source
Other

Please describe
Tehama County Estimates for ACT, FACT, and FSP ICM according to the attached document from the California Department of Healthcare Services (DHCS), outlines that there would be a need for 25 practitioners to facilitate the delivery of services. TCHSA BH does not have the additional personnel needed to staff these programs.

Data Suppression Notice:
Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"

1.Language

Response	Quantity
English	102
Spanish	0

2. In your opinion, what are the current needs of the community in the following areas? *(Select one option for each category)*

	severe	moderate	mild	problem	response
mental health	68	31	2	0	1
substance use	79	19	4	0	0
housing	67	30	5	0	0

3. Do you believe vulnerable populations in the County are currently receiving adequate Behavioral Health Services?

Response	Quantity
Yes	14
Unsure	30
Prefer not to Answer	1
Unclear who vulnerable populations are	3
No	53
No response	1

4. If you answered 'No' to the previous question, please specify why:

Response	Quantity
Not enough resources	1
Unsure of available resources. Lack of transportation.	1
Not enough services or providers available	1
I believe the County has adequate Behavioral Health Services; it is the majority of the vulnerable population that won't utilize it.	1
In part, severe mental health affects clients' ability to adequately engage in treatment. But also, County Behavioral Health cannot work with all clients requesting services due to mental health diagnosis requirements being severe and persistent.	1
People with addictions that need residential treatment are dying due to no access or funds for appropriate treatment.	1
There are people with severe mental issues throughout Red Bluff and Tehama County not getting services they need.	1
There is not enough practitioners; people have to wait; or the service available is not the right fit. For example a mom with a two year old self harming would not be seen. Additionally the services have barriers to entry and are not available where people need them like the hospital. Lastly, for severely mental needs with self harm or not feeding there is not therapeutic day program. So mostly these individuals go out of county or get referred to a more severe population where there is not therapy.	1

I think our vulnerable populations are those who may be the hardest to reach, they may be the ones lease likely to come through the doors of a treatment facility. I think to better serve our vulnerable populations, we have to do things we have not previously done like providing treatment in alternate settings, meeting people where they are.	1
There are not enough practitioners or programs to meet current needs. Even where services exist, significant barriers prevent families from accessing them. Such as programs only accepting certain insurances, often only partnership because the received an RHS, FQHC, or Indian health MOA rate that is much higher than private insurances. For children ages 1–3 with serious needs, the county has no dedicated program and too few alternatives. For older adults experiencing self-harm, failure to thrive, or difficulty completing daily tasks, there is are no inpatient or outpatient intensive options. As a result, families are often sent out of county or referred to programs intended for much more acute populations, which do not offer the appropriate level of therapeutic support. Overall, the system lacks adequate capacity, accessibility, and developmentally appropriate care, leaving many families without timely and suitable services.	1
I think some our vulnerable populations choose to not seek help especially for substance use and housing concerns	1
No enough services available. Waiting list	1
Options are quite limited, especially in more rural areas of the county. Lack of necessary, long term follow up care/support (that is available locally). Options lack diversity to meet individual needs. Broad public support is often lacking, lots of divide among the public and service providers about what supports are needed/effective	1
I feel like there are many individuals that get denied services that should be provided.	1
Some may be but not enough are, espeically south county.	1
Many individuals do not feel confident or comfortable reaching out for support and the ongoing stigma surrounding mental health makes it difficult for people to seek the help they need	1
Housing is a huge issue in our county and I also believe mental health services for our severe community is lacking- most of the time crisis unit is sent out and it's not severe enough or if they're in the ER they are sent away.	1
I think there are misunderstandings about what good mental/behavioral health is. When you have been living with poor mental health for most of your life, it becomes the norm, especially if those with whom you interact the most also have poor mental health. I think there is a fear, as a person experiencing homelessness or child welfare involved or fleeing domestic violence, if I admit I have a mental health need, my rights might be taken from me. Normalizing counseling and sometimes medication and psychiatry as a way to live a fulfilling and healthy life as a survivor of trauma is a major challenge within these vulnerable populations.	1
Large turnover in staff, no follow up with appointments.	1

I am a 911 Dispatcher, and I regularly receive calls from the same parties over and over again. Usually, their mental health issues are exacerbated by drug and alcohol abuse. There is virtually no assistance for these people. Most concerning is the lack of adequate services for juveniles, especially when they are going to school with mental health issues and putting other kids at risk. There are also very little services for elderly that suffer from dementia and/or Alzheimer's and no resources for the family. Lack of services creates a situation where Law Enforcement Officers are required to figure out solutions when that should not be happening. The Mobile Crisis unit is definitely helpful however lately their response times are too long. There needs to be someone available to respond to calls at all times in a timely manner.	1
I believe the most vulnerable populations do not receive services because they do not qualify due to holding a job. Many times, the current system rewards people who chose not to work at all, leaving those who do work with no other supports, despite low wages and not being able to cover costs of things such as mental health, etc.	1
Too many	1
As the on-site landlord at a very low income apartment complex I personally have seen individuals with mental health and substance abuse problems receiving help to gain housing then never receiving anymore assistance. These individuals have no family or friends. They are "dumped" as we call it. We as landlords have to go above and beyond to help them to include finding them IHSS assistance. They are at risk and living in filth because they have nobody in the world to help them. We can only do so much as landlords and seeing it on a daily basis is heartbreaking. Finding them a place to live then moving on to the next isn't helping.	1
The lack of empathy in some people and work ethic in others makes for poor consistency.	1
The quality and quantity of services that are available are inadequate to meet the needs of the county. Psychiatric services seem limited to telehealth and ineffective to meet the needs of the county. Every encounter with county mental health, I as well as families that I work with have had, has been frustrating, inadequate and has not resulted in the expected outcomes.	1
It can be difficult for families to access services, but the major barrier for students is the parents getting them the support they need.	1
There is not enough staffing at places for people when they DO seek help. The state government has closed down more facilities and prisons that kept bad people off the streets. People with severe mental health and/or drug abuse that are a danger to themselves and others should not be on the streets.	1
There is not enough resources or if we have resources they take years to get people help	1
Limited resources and staff shortages	1
either due to failed systems or mistrust with the current systems that parents and in turn the students have. With this it creates a hesitant to accept services that would help promote well being for the student and possible the family as a whole.	1
The amount of services are not adequate. Mobile crisis is not reliable.	1
From and LE perspective no. I understand the dilemma this state and specifically this county has. However, we need more bodies on staff to go in different directions. Too often, I have asked for a response and have been told they are on a different call and will not be able to respond in a manner timely enough for us. We are the defacto counselors and have other responsibilities.	1
calls for check up from behavioral health do not take place, there needs to be more one to one home visits maybe, so they are there when red flags arise, also some neighbors refuse treatment.	1

There are people stranded, in crisis, and on the streets because there are not enough supports.	1
The lack of adequate funding and accessible programs for our most vulnerable populations remains a critical barrier to progress. When essential resources are scarce, individuals and families are left navigating systemic gaps that perpetuate cycles of poverty, instability, and hardship. This isn't just a funding issue, it's a structural failure that undermines equity and opportunity. Investing in comprehensive support systems isn't optional; it's a moral and economic imperative. Robust programs for housing, healthcare, education, and workforce development create pathways to self-sufficiency and resilience. Without these, we're not just failing individuals, we're failing communities. In short: underfunded programs don't save money, they cost lives, dignity, and potential. It's time to prioritize sustainable solutions that empower rather than suppress progress.	1
I believe there are several barriers including financial, transportation, and distrust of the system that are preventing people from accessing Behavioral Health Services.	1
Our youth need more services.	1
Lack of access to services and extremely long wait time.	1
Limited resources	1
I think there is a lack of availability to access services for certain community members, as well as complications with reaching out to community members for follow up appointments	1
I believe they could be receiving more services.	1
Not enough resources or staff to provide them	1
Lack of resources in rural community	1
It often takes too long to get in and get help. More people should be conserved so they don't die on the streets or end up in prison.	1
Pregnant and postpartum individuals, along with families raising young children, are among the most vulnerable when mental health needs go unmet — yet they are not consistently being reached, and often not with the specialized expertise they deserve. The first 1,000 days of a child's life offer a powerful window to build a strong, healthy foundation for lifelong wellbeing. When systems treat perinatal and postpartum mental health as outside of local responsibility — particularly when serious and persistent mental illness is involved — critical prevention resources are directed elsewhere. Strengthening outcomes for children and families requires a more robust, coordinated system of care with dedicated expertise in perinatal and postpartum mental health.	1
I answered "No" because I believe we must prioritize intervention and prevention beginning at birth rather than waiting to address challenges later in life. The earliest years, especially the prenatal period through age three, are foundational for brain development, attachment, and long-term health. When we delay support until problems become severe or entrenched, we miss a critical window where strategic, specialized care can have the greatest impact. Investing in perinatal mental health expertise and early, coordinated supports for families is not only more effective, but also more equitable and cost-efficient than attempting to remediate issues years down the line. Prevention at the start of life is both the most compassionate and the most responsible approach.	1
N/a	1

People who are pregnant or recently had a baby—and families with little kids—can be especially vulnerable when mental health challenges come up. But too often, they aren't connected to help soon enough, or they don't see providers who truly understand perinatal and postpartum mental health. The first 1,000 days of a child's life are such an important time. It's when we have the biggest opportunity to build stability, strengthen resilience, and set the stage for long-term health and wellbeing. When serious and ongoing mental illness is treated as separate from early childhood prevention work, families fall through the cracks and miss out on the coordinated support they need during this critical period. If we want better outcomes for kids and families, we need a system that responds earlier, focuses on prevention and early intervention, and includes real expertise in perinatal and postpartum mental health.	1
Some people don't want help. Now that we can't force people to receive help, they create issues for the rest of the citizens by supporting their life style by theft, begging etc. This is unacceptable behavior and there are few consequences for the perpetrator and no restitution for the victims.	1
I believe that the majority of the vulnerable population is with the pregnancy and postpartum individuals. There are services for afterwards birth, but there needs to be more services/resources in the system surrounding perinatal care. Individuals need support before, during, and after. Looking for more resources on how to expand perinatal resources or who in the community might be willing to offer deeper help into these things would be beneficial. By searching for more ways to intervene earlier on with vulnerable groups is what we as a community need to strengthen.	1
No Response	52

5. Which populations and/or groups could be better served by County Behavioral Health?*(Please select all that apply)*

Response	Quantity
Young Children 0-5	30
High School Children 13-17	63
Adults 26-59	50
Older Adults 60	39
LGBTQ2S+ Individuals	22
Latinx Communities	16
Individuals with Co-Occurring (MH & SUD disorders)	43
Unhoused Individuals	60
Individuals with criminal justice system involvement	40
Individuals with Substance Use Disorders	51
Elementary/Middle School Children 6-12	33
Transitional Age Youth 18-25	41
Veterans	37
Native/Tribal Communities	17

Caregivers	31
Individuals with Opioid Specific Disorders	25
Other	2

6. If you selected 'Other' on the previous question, please specify:

Response	Quantity
No services for acute drug or alcohol services. Outpatient treatment is not the level of care needed per the ASAM.	1
Many students today have behavioral health issues. Students at schools are not served adequately and schools are having to provide services that they are not in the bussiness to provide. Referal processes need to be streamlined and the appropriate services provided by County Behavioral Health.	1
Individuals with schizophrenia	1
N/A	1
No Response	98

7. Which of the following services or programs in the County have you heard of? *(Please select all that apply)*

Response	Quantity
Mental Health Outpatient Therapy	67
Substance Use Disorder Outpatient Treatment	66
Behavioral Health Court	50
Mobile Crisis Response	89
Suicide Prevention Educational Classes	51
Suicide Prevention Lifeline (9-8-8)	66
School-Based support to help students with their mental health	52
Workshops and classes for parents on mental health-related topics	33
Housing assistance or homelessness support services	57
CARE Court for those experiencing schizophrenia or psychosis	28
Assisted Outpatient Treatment (AOT)	28
I haven’t heard of any of these services	2

8. Please rate each of the Behavioral Health Statewide Goals for the 3-Year Integrated Plan (2026-2029) in order from 1st to 7th	1st	2nd	3rd	4th	5th	6th	7th
suicides	18	11	10	11	9	13	5
overdoses	6	13	19	10	12	11	6
untreated/undiagnosed bh conditions	20	19	10	16	4	5	3
institutionalization	5	2	8	10	17	12	23
chronically homeless	9	12	20	12	11	11	2
legal involvement	3	5	5	6	12	18	28
prevention services within child welfare	16	15	5	12	12	7	10

9. Do you know what zip code you live in?	
Response	Quantity
Yes	95
I don't know	0
I don't have a permanent address	0
prefer not to answer	7

10. If you answered 'Yes' to the previous question, please enter your zip code.	
Response	Quantity
92012	1
95035	1
95926	3
95963	2
95973	1
96001	1
96003	2
96007	3
96021	16
96021/96080	1
96022	6
96035	2
96055	1
96080	50
96080 home 96021 work	1
96921	1

No Response	10

11. How would you describe yourself? *(Please select all that apply)*

Response	Quantity
Behavioral Health Provider	18
Community Advocate or Volunteer	17
Community Member	39
Health Care Provider	10
Law Enforcement	8
School Personnel	18
Tribal Services	1
Person with lived experience of justice system	15
Person with lived experience of mental health challenges	28
Person with lived experience of substance use challenges	22
Person with lived experience of domestic violence or sexual assault	24
Family Member or Caregiver of someone with behavioral health challenges	24
Probation / Justice System Staff	0
Social Services Provider	16
Person with lived experience of homelessness	15
Other	8

12. If you selected 'Other' on the previous question, please specify:

Response	Quantity
Transitional housing provider	1
local government	1
On-site landlord for income based housing complex in Tehama County	1
City worker	1
Care Coordinator	1
Continuum of Care staff; supporting direct services providers in the homeless response system	1
Public Health Nurse	1
No Response	95

13. What is your age group?

Response	Quantity
0-15	0
16-25	5
26-59	90
60+	7
Prefer not to answer	0

14. Which of the following best describes your race/ethnicity?*(Please select all that apply) (Note: We understand that race and ethnicity are complex, and the following categories might not capture everyone's unique identity. This list is not comprehensive. Please choose all the options that best describe you. If you don't see your identity listed, you can write it under "Some other race, ethnicity, or origin."*

Response	Quantity
Asian or Asian American (e.g., Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, etc.)	5
Black or African American (e.g., Ethiopian, Ghanaian, Jamaican, Nigerian, Somali, etc.)	1
Indigenous, Central & South America (e.g., K'iche, Maya, Mixtec, Purépecha, Quechua, Triqui, Zapotec, etc.)	0
Latinx, Hispanic, or Caribbean (e.g., Colombian, Cuban, Guatemalan, Mexican, Puerto Rican, Salvadoran, South American, etc.)	16
Middle Eastern or Arab American (e.g., Algerian, Egyptian, Iraqi, Jordanian, Lebanese, Moroccan, etc.)	0
Native Hawaiian or Other Pacific Islander (e.g., Chamorro, Fijian, Samoan, Tahitian, Tongan, etc.)	2
Native North American or Alaska Native (e.g., Chumash, Inuit, Kumeyaay, Miwok, Pomo, Tongva, Yurok, etc.)	4
Indigenous / Aboriginal, Outside Americas (e.g., Aboriginal Australians, Ainu, Batak, Māori, Sami, Tibetans, etc.)	0
White or European American (e.g., English, European American, German, Irish, Italian, Polish, Russian, etc.)	70
Prefer not to answer	11
Some other race, ethnicity or origin	1

15. If you selected 'Some other race, ethnicity or origin' on the previous question, please specify:

Response	Quantity
A person of Asian Decent raised in a White House Hold	1
I'm human first	1
No Response	100

16. What sex were you assigned at birth? *(Note: We recognize that sex assigned at birth refers to the classification of an individual as male, female or intersex based on physical observation of genitalia, chromosomes, and anatomical structures at the time of birth. This classification is interpreted within a sociocultural context and may not fully encompass the complexities/richness of individual identities.)*

Response	Quantity
Female	76
Male	23
Intersex	0
Prefer not to answer	3

17. Which of the following best describes your gender identity? *(Please select all that apply) (Note: We understand that gender identity is diverse and may not be fully represented by the following categories. Please choose the option(s) that best describes your gender identity. If you don't see your identity listed, you can write it under "I prefer to self-describe.")*

Response	Quantity
Exploring gender identity	0
Gender expansive / non-binary	1
Two-Spirit	0
Man	22
Genderqueer	0
Transgender	1
Woman	74
Prefer not to answer	4
I prefer to self-describe	0
No Response	1

18. If you selected 'I prefer to self-describe' on the previous question, please specify:

Response	Quantity
No Response	102

19. Which of the following best describes your sexual orientation? *(Please select all that apply) (Note: We understand that sexual orientation is complex, and the following categories might not capture everyone's unique identity. Please choose the option(s) that best describes your sexual orientation. If you don't see your identity listed, you can write it under "I prefer to self-describe.")*

Response	Quantity
Asexual	0
Bisexual	3
Demisexual	0
Gay	0
Lesbian	1
Pansexual	4
Heterosexual / Straight	79
Queer	1
Exploring sexual orientation	0
Prefer not to answer	14
I prefer to self-describe	1
No Response	1

20. If you selected 'I prefer to self-describe' on the previous question, please specify:

Response	Quantity
No Responses	102

21. Do you have a disability?

Response	Quantity
Yes	9
No	87
Prefer not to answer	5
No Response	1

22. What else would you like us to know about mental health, substance use, or housing supports?*(Please use the space below to provide your input.)*	
Response	Quantity
More services for those maintaining their wellness.	1
Children need to be more protected from parents with mental health issues.	1
Get residential treatment for suffering drug addicts!	1
The mental crisis response team in Tehama County is a joke. Their response time, if they even response, is extremely slow. I've heard them respond to dispatch by saying the response time was 2 hours because they were at lunch. It's extremely difficult to get people into behavioral health services in Tehama County.	1
It is not enough to only look at the countybeharibove health we need to look at what the community sees as behavior health which includes medical facilitates that don't think they have behavior health attached.	1
There should be an emphasis on normalizing mental/behavioral health treatment	1
Lack of follow through with Behavioral Health services.	1
Law Enforcement should not be expected to be mental health professionals. There should always be someone available from Behavioral Health to respond to someone in crisis.	1
Dumping individuals with mental health, behavioral health struggles especially seniors into apartments then not providing continuing assistance needs to stop! Just finding them an apartment isn't enough they need ongoing care. I have found an average of 3 individuals with these struggles deceased in their units per year and see their lifes every day struggling with nobody in the world that cares about them. Assisted living has a year long waitlists atleast in Tehama County for people who are low income,and landlords are having to find these individuals IHSS workers to help them. More assisted living or more in home care giving is greatly needed after a home is found.	1
Substance abuse seems to most often be at the root of other problems: mental health, homelessness, crime, child welfare, etc.	1
We need to focus on the whole family when it comes to behaviorial health, especially when there is substance abuse involved. Work as a team to cover all our bases.	1
Services need to be better destined to meet the sensitive mental health needs of the community.	1
options for housing supports in our county	1
Drugs, homelessness, and mental health are an epidemic. It's out of control.	1
I feel substance use among youth that are considered mild to mild/moderate especially students could be better served at the school by a trained counselor in SUD and working with students and diverse cultures.	1
We need help in so many areas	1

We urgently need better housing options for our elderly community, along with expanded resources for individuals battling mental health challenges and homelessness. These are not isolated issues, they are interconnected crises that demand comprehensive solutions. Far too often, people experiencing homelessness adapt to life on the streets because they have no other choice. Then society acts shocked when survival behaviors, like relieving themselves outdoors, occur. This isn't a mystery; it's survival mode. When basic human needs go unmet, dignity erodes, and the cycle of marginalization deepens. We need housing that is safe, affordable, and accessible, paired with wraparound services for mental health, addiction recovery, and life skills. Transitional programs should focus on restoring stability, not punishing progress. Every person deserves the opportunity to thrive, not just scrape by. If we truly want change, we must stop asking why people struggle and start addressing the systemic gaps that keep them there.	1
Need more housing ASAP specially for our elderly people, there is way to many out there.	1
I would appreciate having a better understanding of what the process of seeking and engaging in mental health and/or substance use recovery at TCHSA actually "looks like" - what to expect, the steps, etc. We often recommend that providers we support refer individuals to these services, but it can be scary for people to engage if/when they don't know exactly what to expect, so it would be great for referring parties to know more about the process to pass on to potential participants.	1
We need substance use education for all grade levels.	1
I think a big focus should be on parental education and preventing trauma for children. Upbringing has a huge impact on someone's development of mental health issues	1
While I live in Shasta county I have worked in Tehama county for the last 10 years in the school system and feel I know more about what this county has to offer than the one I live in.	1
To better support families in the earliest years, we must shift from a primarily intervention-focused system to one that prioritizes prevention. That means partnering with trusted community organizations — churches, early childhood programs, schools, and neighborhood groups — to reduce stigma and meet families where they already are. By embedding perinatal and postpartum supports in familiar settings, we can strengthen protective factors, identify needs earlier, and build healthier foundations for children from the very beginning.	1
If we really want to support families in those early years, we have to stop focusing mostly on intervention and start putting more energy into prevention. That means working alongside trusted community spaces—like churches, early childhood programs, schools, and neighborhood groups—so families feel comfortable and supported instead of judged. When perinatal and postpartum supports are offered in places families already know and trust, it helps reduce stigma, spot concerns sooner, and build strong foundations for kids right from the start.	1
No Response	78

FOCUS GROUP PROTOCOL

Hello, my name is Travis Lyon, and I am with Tehama County Health Services Agency, Behavioral Health and would like to talk with you about mental health, substance use, and housing services in the county. We are especially interested in services funded through the Behavioral Health Services Act (BHSA).

BHSA is a state law (Proposition 1) that directs the county to provide mental health care, substance use treatment, housing support, and other behavioral health services. It also encourages county agencies and community groups to work together so that services are easier to access and better meet the needs of the public.

The purpose of today's conversation is to hear about our community's experiences, needs, and ideas. We want to understand:

- What challenges or barriers are faced when accessing services?

- What services and/or supports are most helpful?

- Recommendations for improving behavioral health services in the county.

The conversation will take about 90 minutes. Your participation is voluntary. You do not have to answer any question you don't want to. Your answers will be combined with others and reported in a way that does not identify you personally.

Let's agree on some ways to make this a respectful and safe dialogue:

- There are no right or wrong answers
    - What you think matters
    - You don't have to agree with other people here
- Everyone gets a chance to speak
    - One person talks at a time
    - I won't call on you - you choose when and what to share
    - I might ask someone to let another person have a turn
- If anyone feels upset or wants to take a break, just let me know
- You can leave the room anytime you need to

Any questions before we begin?

QUESTIONNAIRE

WARM-UP - Experiences and Community

1. What brought you here today? What made you want to contribute? I work in housing and disability advocacy, and in that encounter many individuals who benefit from BH services.

2. What have you noticed about how people in our community think about mental health, substance use, and homelessness? Are there misunderstandings or unfair judgments you've seen about these things or people experiencing them? I think there is this idea that homelessness and mental health conditions always start with substance abuse, so people in those situations are thought to have done something horrible to put themselves in those circumstances.

3. Think about times when someone you know received help with mental health, substance use, or other challenges. What made that help work? What was different about it? Non-judgmental case management, getting the person connected to trust-worthy providers, giving transportation to services, helping Calendar appointments, continue showing up even when the person "failed", no showed, or just had a setback.

PROMPTS: What did the person or organization do that was helpful? How did they treat the person seeking help? What made it feel comfortable or safe? ↑

HOUSING AND BASIC NEEDS

4. What kind of help would really work for people who need housing support or are worried about losing their place to live? Meeting immediate need through temporary or transitional housing. Case management that helps w/ income building, financial literacy, and other sustainability skills. Help locating permanent housing. Identifying & addressing barriers. like transportation, literacy, access to phone, etc.

PROMPTS: What gets in the way when people try to get housing help? What do people who work in services get wrong about what is needed? How do things like having pets, being in a relationship, or having kids affect getting housing help?

↳ Connect people w/ providers who can write ESA letters, help them write their own to have on file. Teach them how to effectively communicate w/ landlords.

CRISIS RESPONSE AND SAFETY

5. What should happen when people must deal with police, emergency rooms, or crisis situations? What would be better? Non-judgmental care. Just because someone has had substance abuse in the past doesn't mean they are at the ER to seek drugs. More crisis training for first responders + police.

PROMPTS: What has happened when people have had these experiences? What could have made those times better or safer? People just stop seeking help when they are judged. They think, "I'm not worthy of help." A full assessment of the patient + listening w/o pre-judgment.

TRANSITIONS AND FOLLOW-UP CARE

6. Think about times when someone was leaving treatment, the hospital, jail, foster care, or other programs. What kind of follow-up help would have made things better? Leaving jail sober when they may have been abusing substances prior and not having supports lined up has led to people nearly experiencing lethal overdose where intubation and hospitalization was required.

PROMPTS: What was missing between one type of care and the next? What resources would have helped the most? How can planning better include what individuals want and need?

Residential recovery referrals post-incarceration +/or hospitalization. Access to medical devices that can be used in current situation (i.e. an asthmatic homeless patient receiving a nebulizer that requires an outlet). ILS training + income for foster children before they age out.

People leaving aging out of foster care into homelessness w/o ILS.

BUILDING TRUST AND ENGAGEMENT

7. Many people don't trust services because they've had bad experiences before or for other reasons. What works best to help people who need support but don't want traditional services? I think walking people through what is available to them, asking them what worked in the past, what didn't, and asking open-ended questions that lead them to make decisions for themselves, self-determination.

PROMPTS: What makes someone more likely to get help from services? How can workers build trust, especially if it's been broken before? How important is it to have workers who have been through similar things or are from the community?

I think it's important to have some life experience, but empathy is the most important. If you assume you know everything w/o hearing the person's story, then you might have it all wrong.

ACCESS AND SYSTEM DESIGN

8. What would mental health and substance use services look like if they were easier to get and felt safer, based on what you know would work for people seeking help? Services available when people can be seen, rides where transportation is a barrier. Referrals to childcare or facilities that can accommodate children. programs

PROMPTS: What are the biggest things that stop people from getting help? How do things like transportation, childcare, work schedules, or language make it hard to get services? What would make services feel safer and more welcoming?

* Really, the biggest barrier is getting an appointment fast when a person agrees to the help. More availability of providers and appointments.

VISION AND PRIORITIES

9. If you could design these services the way you think they should be, what would be most important? What else should people who make decisions know about individuals' experiences? When a need and a willingness to meet that need are identified, sending through a referral to the appropriate services, following up on the referral and giving the person realistic expectations, warm hand off to the referral so person doesn't need to retell trauma unless necessary.

PROMPTS: What would you do first if you had the money to improve things? What do decision-makers not understand about what it's really like? What gives you hope about making things better? When referring people to outside services when they haven't seen a provider in a long time requires some hand holding. You can't just hand someone a business card. It often takes making that call w/ them, scheduling the appointment, establishing transportation,

Thank you all for sharing your valuable experience and insight. What you've told us today is crucial for helping Tehama County make better decisions. We appreciate your time and thoughtful participation!

Case management has to be in the budget!

Many of
> The front line workers in Tehama County understand most of the barriers here. Understanding is the foundation. Now the County just needs the funds to do what we know is needed.

FOCUS GROUP PROTOCOL

Hello, my name is Travis Lyon, and I am with Tehama County Health Services Agency, Behavioral Health and would like to talk with you about mental health, substance use, and housing services in the county. We are especially interested in services funded through the Behavioral Health Services Act (BHSA).

BHSA is a state law (Proposition 1) that directs the county to provide mental health care, substance use treatment, housing support, and other behavioral health services. It also encourages county agencies and community groups to work together so that services are easier to access and better meet the needs of the public.

The purpose of today's conversation is to hear about our community's experiences, needs, and ideas. We want to understand:

- What challenges or barriers are faced when accessing services?

- What services and/or supports are most helpful?
  Medication, solid place to live, participating in Support groups w peers

- Recommendations for improving behavioral health services in the county.

The conversation will take about 90 minutes. Your participation is voluntary. You do not have to answer any question you don't want to. Your answers will be combined with others and reported in a way that does not identify you personally.

Let's agree on some ways to make this a respectful and safe dialogue:

- There are no right or wrong answers
  - What you think matters
  - You don't have to agree with other people here
- Everyone gets a chance to speak
  - One person talks at a time
  - I won't call on you - you choose when and what to share
  - I might ask someone to let another person have a turn
- If anyone feels upset or wants to take a break, just let me know
- You can leave the room anytime you need to

Any questions before we begin?

QUESTIONNAIRE

WARM-UP - Experiences and Community

1. What brought you here today? What made you want to contribute?
   To interact w people, so I'm not isolated in my house.

2. What have you noticed about how people in our community think about mental health, substance use, and homelessness? Are there misunderstandings or unfair judgments you've seen about these things or people experiencing them?
   Don't want you to use drugs for your mental health. Don't know

3. Think about times when someone you know received help with mental health, substance use, or other challenges. What made that help work? What was different about it? Their knowledge - Knew more about my mental ~~Don't want you to use drugs for your mental health~~ health connection and their knowledge helped me to recover from mental health issues and improve. Not suffering as much - feel more normal.

PROMPTS: What did the person or organization do that was helpful? How did they treat the person seeking help? What made it feel comfortable or safe?

HOUSING AND BASIC NEEDS

4. What kind of help would really work for people who need housing support or are worried about losing their place to live?
   Controlling their behavior, not breaking any laws. Money gets in the way. Have to have good behavior most of the time

PROMPTS: What gets in the way when people try to get housing help? What do people who work in services get wrong about what is needed? How do things like having pets, being in a relationship, or having kids affect getting housing help?

CRISIS RESPONSE AND SAFETY

5. What should happen when people must deal with police, emergency rooms, or crisis situations? What would be better?

Tough when not stable mentally - Scary. Don't feel Safe. A better understanding of Mental Illness would be helpful.

PROMPTS: What has happened when people have had these experiences? What could have made those times better or safer?

TRANSITIONS AND FOLLOW-UP CARE

6. Think about times when someone was leaving treatment, the hospital, jail, foster care, or other programs. What kind of follow-up help would have made things better? Not holding it against the individual when they make a mistake. Having support, understanding. Any kind of planning would be helpful instead of figuring it out on my own

PROMPTS: What was missing between one type of care and the next? What resources would have helped the most? How can planning better include what individuals want and need?

BUILDING TRUST AND ENGAGEMENT

7. Many people don't trust services because they've had bad experiences before or for other reasons. What works best to help people who need support but don't want traditional services?

Very important to interact with people that have been through the same things

PROMPTS: What makes someone more likely to get help from services? How can workers build trust, especially if it's been broken before? How important is it to have workers who have been through similar things or are from the community?

ACCESS AND SYSTEM DESIGN

8. What would mental health and substance use services look like if they were easier to get and felt safer, based on what you know would work for people seeking help?

Having trust that I would get better. Trust in me.

PROMPTS: What are the biggest things that stop people from getting help? How do things like transportation, childcare, work schedules, or language make it hard to get services? What would make services feel safer and more welcoming?

VISION AND PRIORITIES

9. If you could design these services the way you think they should be, what would be most important? What else should people who make decisions know about individuals' experiences?

Reduce Stigma. Building more permanent housing for mental health - until they are in the same shoes. Lived experience helped

PROMPTS: What would you do first if you had the money to improve things? What do decision-makers not understand about what it's really like? What gives you hope about making things better?

That there is hope for mental illness based on my experience.

Thank you all for sharing your valuable experience and insight. What you've told us today is crucial for helping Tehama County make better decisions. We appreciate your time and thoughtful participation!

FOCUS GROUP PROTOCOL

Hello, my name is Travis Lyon, and I am with Tehama County Health Services Agency, Behavioral Health and would like to talk with you about mental health, substance use, and housing services in the county. We are especially interested in services funded through the Behavioral Health Services Act (BHSA).

BHSA is a state law (Proposition 1) that directs the county to provide mental health care, substance use treatment, housing support, and other behavioral health services. It also encourages county agencies and community groups to work together so that services are easier to access and better meet the needs of the public.

The purpose of today's conversation is to hear about our community's experiences, needs, and ideas. We want to understand:

- What challenges or barriers are faced when accessing services?

- What services and/or supports are most helpful? Finding housing caregivers are supportive for stopping

- Recommendations for improving behavioral health services in the county. faster ways of getting meds and taking them

The conversation will take about 90 minutes. Your participation is voluntary. You do not have to answer any question you don't want to. Your answers will be combined with others and reported in a way that does not identify you personally.

Let's agree on some ways to make this a respectful and safe dialogue:

- There are no right or wrong answers
    - What you think matters
    - You don't have to agree with other people here
- Everyone gets a chance to speak
    - One person talks at a time
    - I won't call on you - you choose when and what to share
    - I might ask someone to let another person have a turn
- If anyone feels upset or wants to take a break, just let me know
- You can leave the room anytime you need to

Any questions before we begin?

QUESTIONNAIRE

WARM-UP - Experiences and Community

1. What brought you here today? What made you want to contribute?
   Mental Health rehab groups

2. What have you noticed about how people in our community think about mental health, substance use, and homelessness? Are there misunderstandings or unfair judgments you've seen about these things or people experiencing them? People are Prejudice There's a good understanding of homelessness getting housing

3. Think about times when someone you know received help with mental health, substance use, or other challenges. What made that help work? What was different about it? People were helpful and understanding

PROMPTS: What did the person or organization do that was helpful? How did they treat the person seeking help? What made it feel comfortable or safe?
Got me into appointment.

HOUSING AND BASIC NEEDS

4. What kind of help would really work for people who need housing support or are worried about losing their place to live? Take me to fill out rental applications

PROMPTS: What gets in the way when people try to get housing help? What do people who work in services get wrong about what is needed? How do things like having pets, being in a relationship, or having kids affect getting housing help?
Long waiting lists for low income apartments

CRISIS RESPONSE AND SAFETY

5. What should happen when people must deal with police, emergency rooms, or crisis situations? What would be better? Trainings to help them understand Mental Illness

PROMPTS: What has happened when people have had these experiences? What could have made those times better or safer? Going to church would be supportive

TRANSITIONS AND FOLLOW-UP CARE

6. Think about times when someone was leaving treatment, the hospital, jail, foster care, or other programs. What kind of follow-up help would have made things better? Help with housing

PROMPTS: What was missing between one type of care and the next? What resources would have helped the most? How can planning better include what individuals want and need? referral to Talk Line

BUILDING TRUST AND ENGAGEMENT

7. Many people don't trust services because they've had bad experiences before or for other reasons. What works best to help people who need support but don't want traditional services? Support groups Rehab groups

PROMPTS: What makes someone more likely to get help from services? How can workers build trust, especially if it's been broken before? How important is it to have workers who have been through similar things or are from the community? It's very important

ACCESS AND SYSTEM DESIGN

8. What would mental health and substance use services look like if they were easier to get and felt safer, based on what you know would work for people seeking help? Don't know how to be safer. Refer to county hospital

PROMPTS: What are the biggest things that stop people from getting help? How do things like transportation, childcare, work schedules, or language make it hard to get services? What would make services feel safer and more welcoming?

partying could stop someone from getting help

VISION AND PRIORITIES

9. If you could design these services the way you think they should be, what would be most important? What else should people who make decisions know about individuals' experiences?

Keep regular Dr. appointments

PROMPTS: What would you do first if you had the money to improve things? What do decision-makers not understand about what it's really like? What gives you hope about making things better? Funding for outreach

Thank you all for sharing your valuable experience and insight. What you've told us today is crucial for helping Tehama County make better decisions. We appreciate your time and thoughtful participation!

FOCUS GROUP PROTOCOL

Hello, my name is Travis Lyon, and I am with Tehama County Health Services Agency, Behavioral Health and would like to talk with you about mental health, substance use, and housing services in the county. We are especially interested in services funded through the Behavioral Health Services Act (BHSA).

BHSA is a state law (Proposition 1) that directs the county to provide mental health care, substance use treatment, housing support, and other behavioral health services. It also encourages county agencies and community groups to work together so that services are easier to access and better meet the needs of the public.

The purpose of today's conversation is to hear about our community's experiences, needs, and ideas. We want to understand:

- What challenges or barriers are faced when accessing services?
  IT hard to access servites, due to lack of Knowledge.
- What services and/or supports are most helpful?
  talking to my Counsellor.
- Recommendations for improving behavioral health services in the county.

The conversation will take about 90 minutes. Your participation is voluntary. You do not have to answer any question you don't want to. Your answers will be combined with others and reported in a way that does not identify you personally.

Let's agree on some ways to make this a respectful and safe dialogue:

- There are no right or wrong answers
  - What you think matters
  - You don't have to agree with other people here
- Everyone gets a chance to speak
  - One person talks at a time
  - I won't call on you - you choose when and what to share
  - I might ask someone to let another person have a turn
- If anyone feels upset or wants to take a break, just let me know
- You can leave the room anytime you need to

Any questions before we begin?

QUESTIONNAIRE

WARM-UP - Experiences and Community

1. What brought you here today? What made you want to contribute?

   interaction with peers. Express my feelings.

2. What have you noticed about how people in our community think about mental health, substance use, and homelessness? Are there misunderstandings or unfair judgments you've seen about these things or people experiencing them?

   I don't know but I've never been homeless but people that are homeless are descriminated against

3. Think about times when someone you know received help with mental health, substance use, or other challenges. What made that help work? What was different about it?

   Cooperting with program managers. They got them into housing

PROMPTS: What did the person or organization do that was helpful? How did they treat the person seeking help? What made it feel comfortable or safe?

HOUSING AND BASIC NEEDS

4. What kind of help would really work for people who need housing support or are worried about losing their place to live?

   Housing placement

PROMPTS: What gets in the way when people try to get housing help? What do people who work in services get wrong about what is needed? How do things like having pets, being in a relationship, or having kids affect getting housing help?

CRISIS RESPONSE AND SAFETY

5. What should happen when people must deal with police, emergency rooms, or crisis situations? What would be better?

I would like to have a support or program manager.

PROMPTS: What has happened when people have had these experiences? What could have made those times better or safer?

TRANSITIONS AND FOLLOW-UP CARE

6. Think about times when someone was leaving treatment, the hospital, jail, foster care, or other programs. What kind of follow-up help would have made things better?

Housing Programs or for youths, ages 18-25

PROMPTS: What was missing between one type of care and the next? What resources would have helped the most? How can planning better include what individuals want and need?

BUILDING TRUST AND ENGAGEMENT

7. Many people don't trust services because they've had bad experiences before or for other reasons. What works best to help people who need support but don't want traditional services?

Wrap around services from start to finish.

PROMPTS: What makes someone more likely to get help from services? How can workers build trust, especially if it's been broken before? How important is it to have workers who have been through similar things or are from the community?

ACCESS AND SYSTEM DESIGN

8. What would mental health and substance use services look like if they were easier to get and felt safer, based on what you know would work for people seeking help?

more people would be attending it.

PROMPTS: What are the biggest things that stop people from getting help? How do things like transportation, childcare, work schedules, or language make it hard to get services? What would make services feel safer and more welcoming?

VISION AND PRIORITIES

9. If you could design these services the way you think they should be, what would be most important? What else should people who make decisions know about individuals' experiences?

people to talk to. They need to know everything about the person, so they know how to place them.

PROMPTS: What would you do first if you had the money to improve things? What do decision-makers not understand about what it's really like? What gives you hope about making things better?

Thank you all for sharing your valuable experience and insight. What you've told us today is crucial for helping Tehama County make better decisions. We appreciate your time and thoughtful participation!

HOUSING AND BASIC NEEDS

What kind of help would really work for people who need housing support or are worried about losing their place to live?

PROMPTS: What gets in the way when people try to get housing help? What do people who work in services get wrong about what is needed? How do things like having pets, being in a relationship, or having kids affect getting housing help?

Problems
transportation
Convictions
Availability
Substance abuse
Consistency
Mental health

Correct info
where to find Resources

Tough to navigate
with very little
tolerance for mistakes

wrong feels negative
focus on what can be better

private sector do not have to or want to deal with pets. Pets are family & protection

Relationships often have people at different levels of help or wanting help

Finances with children - kids are expensive

Culture tends to fall to its lowest common denominator change is only strongest as its weakest link

Emotional people in a close area feed off of their shared trauma

CRISIS RESPONSE AND SAFETY

What should happen when people must deal with police, emergency rooms, or crisis situations? ~~What~~ would be better?

PROMPTS: What has happened when people have had these experiences? What could have made those times better or safer?

- Attentive, Experienced, Compationate
  - ↓ Being aware Situation in
  - ↓ De Escalation
- Co-response (LEO & Mobile Crisis) → safety & improve response time
- Additional information from law enforcement dispatch (Clarity on if/what diagnosis, not simply state have mental health profile)
- Awareness / assessment of situation
- Training pipeline / continued education

TRANSITIONS AND FOLLOW-UP CARE

Think about times when someone was leaving treatment, the hospital, jail, foster care, or other programs. What kind of follow-up help would have made things better?

PROMPTS: What was missing between one type of care and the next? What resources would have helped the most? How can planning better include what individuals want and need?

transportation clarity
moral support to advocate
explain to the client at their level
more time
more specialization case managers & providers
lack of control of what's happening to being involved
more flexibility on their choices
getting more client input

Keep it simple stupid!

Building Trust & Engagement

- being a reoccuring face + in community meeting individuals where they are at.
- having those peers, people with lived experiences + sharing stories (personal) + open ended ?'s
- having empathy + listening to their Stories.
- recognizing strengths in people, having positive affirmations in regards to peer support
- Frontline Staff (front desk) is approachable, training our staff, makes people want to return.
- making attempts to reengage people with outreach + case management. "We are here for you when you're ready."
- encourage workarounds + problem solving. provide solutions + support.
- ★ Checking in! follow through, making sure basic needs are met. housing + food.

ACCESS AND SYSTEM DESIGN

What challenges or barriers are faced when accessing services?

PROMPTS: What are the biggest things that stop people from getting help?

Not known about availability.
Changes in technology.
Transportation.
Stigma of Behavioral Health
lack of support from friends and family.
The illness itself.
Substance use.
lack of providers.
too long of a wait.
unaware of other resources (Cal-Map)
Age.
No Insurance / High share of cost.
Unstable lifestyle
Inability to keep providers updated with current info.

ACCESS AND SYSTEM DESIGN

What would mental health and substance use services look like if they were easier to get and felt safer, based on what you know would work for people seeking help?

PROMPTS: How do things like transportation, childcare, work schedules, or language make it hard to get services? What would make services feel safer and more welcoming?

- It's hard to first get in the door.
- Provide outreach, community events
- Increase communication about services provided.
  - Mobile crisis line, 211
- After hours support, build healthy collaboratives
- Child care center - don't have to take children to court, etc.
- Bilingual staff, use inviting language
- Peer support groups - community led
- Combine services during funding cuts
- Digital media campaigns for public safety

ACCESS AND SYSTEM DESIGN

What services and/or supports are most helpful, and what could be done to improve those services/supports?

PROMPTS: What would make services feel safer and more welcoming? How can providers assist our members with overcoming barriers to service?

- Path: Community engagement (Positive effect)

- outreach in more rural places such as Rancho Tehama.
- promoting services at back to school events for youth.
- Mobile crisis is not a commonly known service that the count offers.
- Website has alot of information, maybe adding event calendar to the site, if not already available

- members may feel more welcome to reach out for services if they knew TCHSA is a judgment free zone, we are person centered. There are Bilingual staff for those monolingual members.

- Consistant staff, being able to build and maintain a relationship. It is hard to do that when staff constantly come and go.

- Reassurance that what is disclosed is confidential / with exceptions.

- Having transportation available. A system in place and announced to the public so potential members are aware.

VISION AND PRIORITIES

If you could design these services the way you think they should be, what would be most important?

PROMPTS: What would you do first if you had the money to improve things? HIRE/WAGES
What do decision-makers not understand about what it's really like? What gives you hope about making things better?

Community Education - voting
Integration - SUR + BBT

- Community safety for populations being served
  - ↳ more outreach w/ priority populations
  - ↳ meeting ppl where they are (limited transport & comms access)
  - ↳ being more accessible to the community
  - ↳ more staff to lower wait times for assessments & treatment plans

- PSA campaign around destigmatizing mental health services
- CISM - Critical Incident Stress Management

EXPERIENCE & COMMUNITY

What have you noticed about how people in our community think about mental health, substance use, and homelessness? Are there misunderstandings or unfair judgments you've seen about these things or people experiencing them?

- They dont know enough about it.
- the community doesnt know about the services available in the area.
- lack of availability of services (staff, services) appointments offered far out in advance.
- theres a lot of restrictions for the programs.
- everybody thinks the people are on drugs or criminals.
- in rural communities with different cultural backgrounds have different mental health stigmas that dont encourage help.
- Smaller counties have smaller availability or connect them out of county to services.

Experience & Community: Think about times when someone you know received help with mental health, substance use, or other challenges. What made that help work? What was different about it?

PROMPTS: What did the person or organization do that was helpful? What made it feel comfortable or safe?

Based on the radio silence in the chat, it's entirely possible the online crowd hasn't had anyone like that in their life, or have enough knowledge of such a situation to adequately answer.

Is anyone speaking ?

(Glenda and I were talking face to face, but also yes, we don't know anyone in this community who has received services)

Me aren't talking to you, broken up at tables to discuss. The idea was that you use this chat to accomplish.

Sorry busy over here.

If they had prepared we may have been able to do something else. We were told when the meeting started.

No, the online people. Are we suppose to have someone from online speak?

I also don't know anyone that has received services

Alas, unfortunately I only know people who need the services who haven't used them,

Chat works Jennifer, why didn't they use them What would have changed that?

There was a time when someone I knew received help with their substance use issue and looking at prison time. There was success in linking them with out of county residential program. Linking was successful as it involved collaboration between TCHSA, courts, district attorneys and probation from

the other county. I can happily say this persons life has changed and completed the program successfully.

Nothing but communication I think. We didn't tell them to do so

Well, the primary person I'm thinking of doesn't believe she has a problem and even if she does she has stated she has no desire to change

Thank you for sharing Melissa & Jenna ♥

The only other person I can think of was told (I believe erroneously, but I don't know) that she didn't qualify for services

Unfortunately I grew up in the Philippines where mental health was never a subject that was openly discussed and often carried a strong stigma.

Thank you What could be done differently to encourage individuals to seek help?

Being in here in the US, there is a greater focus on mental health awareness, education, and access to support. Conversations about mental health are more normalized, seeking help is encouraged rather that viewed as weakness.

I believe that mental health is crucial in order for the rest of the body to be health. Emotional well-being influences physical health, decision-making, and the ability to cope with stress and illness.

Sonora Rotary Oct 17, 2025

MHSA (Training, Education, & Outreach)

Name	Community Role
Jennifer Torres	TCPAL, NCCDT
Gail Locke	CoC,
Cheryl Boynton	Community member
Tammy Rutherford	Accountant / Treasurer
Randy Holbrook	Potter & Wedding Venue
Kitt Condrey-Miller	Woodworker

Focus group discussions

STANS 1/6/2026 10:00 - 12:00

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Mark Hume	Member	
Joann Williams	Member	
Rebra Arntzen	Member	
Linda Latham	Peer	
Karla Rojas	Peer	
Ron Culver	NVCSS	rculver@NVCSS.org

work groups & committee meetings

1/8/2026 PHAB

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Suzanne Siciliot	Rolling Hills Clinic	SSiciliot@rhclinic.org
Debbie Weaver	Rolling Hills Clinic	dweaver@rhclinic.org
Simon Knopf	TCHSA public health	Simon.knopf@tchsa.net
Minnie Sagar	TCHSA PH	
MARLEEN KUNZ	TCHSA PH	
Jenn Moniz	Empower Tehama	jennifer@empowertehama.org
Matt Sanchez	TCDSS	msanchez@tcdss.org
Teresa Castro de Altamirano	NCCDI	taltamirano@nccdi.com
Carrie Sanborn	Greenville Rancheria	CSanborn@greenvillerancheria.com
Alexis Ross	Dignity Health	Alexis Ross
Ronni Uribe	Dignity Health	
Timothy Peters	TCHSA PH	petersttchsa.net
Tia Branton	TCEH	tbranton@tehama.gov
Sharon Sinclair	Community Rep	slsinclair@charter.net

1/8/2026 PATH

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Cole McClure	P.A.T.H.	cole.mcclure@pathplaza.org
Jimmy Rolson	P.A.T.H.	jimmy@pathplaza.org
Chandell Rolson	Greenville Rancheria	
Brandon Weathers	All Weathers Pumps	
Jennifer Torres	NCCDI	jtorres@nccdh.com

Meuser Bldg 1/13

Behavioral Health Services Act Public Meeting		
Name	Organization	Email
Dani Taylor	TCDE	dtaylor@tehamaschools.org
TINA E HALE	CHD	healthyreminders4U@gmail.com

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Medical Clinic

PRINT NAME	SIGNATURE
Michele Reid	
Carol James	
Laura Perez	

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Public Health

PRINT NAME	SIGNATURE
MARILYN KUNZ	
Tim Peters	
Kelly Burton	
Sharon Atkinson	
Simon Knopf	
Seth Vollintine	
Hannah Bergen Zigadlowa	
Belen Rubio	
Jean Roof	
Myrna Sa	
Aften B. Williams	
MICHELLE ASHLEY	
Maria Elena Valdez	
Brenda Delgado	
Kandace Pendergraft	
Sheila Mickelsen	
Sandra Fuentes	

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Public Health

PRINT NAME	SIGNATURE
Amy Conde	ACJ
Kennedy Jones	Kennedy Jones

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

PRINT NAME	SIGNATURE
Cheyenne Kelley	
Melissa Field	
Rosa Campsen	
Vanessa Thomson	
V. Michele Hoyer	
Bob Benfer	
Tammy Henderson	
Cranzazi Martinez	
Michelle Schmidt	
JAYME BOTTKE	
JOHN WUNDER	
Braden Quigley	
Christopher Toney	
Christen Smith	
Michael Gibson	
Kristin Gracey	
Steven Ramsey	

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

PRINT NAME	SIGNATURE
Sonja Weiss	Sonja Weiss
Stormy Bowman	Stormy Bowman
Kristine Gallegos	Kristine
Susan Risso	Susan R
Susan Woodall	Susan Woodall

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Behavioral Health

PRINT NAME	SIGNATURE
Connie Benson	
Josh Monks	
Kelly Watkins	
Melissa Johnson	
Susan Vance	
Jacqui LaRivi.re	
Aisha Tafoya	
Jeanette Bircher	
Natalie Shepard	
Fernande Villegas	
Jade Gash	
Kylee Lakin	
Amanda Mesa	
Jayson Canty	
McKena Vieth	
Alexia Garcia	

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Behavioral Health

PRINT NAME	SIGNATURE
Vanessa Torres	
Jamie Castro	
Stephanie Burton	
Travis Lyon	
Nicole Nawlty	
Claudia Hinojosa	
Carson Brown	
Jeffrey Prather	
Caleb Harvey	
Vanessa Lister-Mayer	
Fredy Castellon	
Jovita Garcia	
Curtis Barwick	

TEHAMA COUNTY HEALTH SERVICES AGENCY

Agency Staff Meeting/Training

Informational Training
"THE MENTAL HEALTH SERVICES ACT (MHSA) TO
BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION"
BY NATALIE SHEPARD AND TRAVIS LYON

January 15, 2026

Sign-in Sheet

Substance Use Recovery

PRINT NAME	SIGNATURE
MELISSA WILLIAMS	M. Williams
Kerri Mitchell	Kerri Mitchell
Heather Chaplar	
Donald Baltazar	
Amber Natho	
Maria Heredia-Cervantes	

Coming 1/15/2026

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Susana Reyes	Empower Tehama	Susana@empowertehama.org
Enelida Ocampo	Empower Tehama	enelida@empowertehama.org

BHAB 1/21/2026

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Debbie Andrews	RBHS	dandrews@rbhsd.org
Nisha Gall	RBHS	ngall@rbhsd.org
MARIA RAMIREZ	RESTPADD HEALTH	MRAMIREZ@RESTPADDHEALTH.COM
Jaymelee Chambers-Skondin	TCHSA	jaymelee.chambers-skondin@tchsa.net
Liliana Moreno	TCDE	Ymoreno@teharnaschools.org
Jean Shackelford	Public	jshackelforddavis@gmail.com
charla sojka	NVCSS	convertiblelady07@yahoo.com
Wendy Lathum	NVCSS	wendylathum60@gmail.com
Avery Vilche	PAL	vilcheavery@yahoo.com
Tim Peters	PH	petersttchsa.net
Natalie Shepard	TCHSA - BH	natalie.shepard@tchsa.net
Connie Benson	TCHSA-BC	Connie.benson@tchsa.net

Tehama County
Health Services Agency

JAYME BOTTKE
EXECUTIVE DIRECTOR

MICHELLE SCHMIDT
ASSISTANT EXECUTIVE DIRECTOR, PROGRAMS

DEANNA GEE
ASSISTANT EXECUTIVE DIRECTOR, ADMINISTRATION

MELISSA FIELD
COMPLIANCE OFFICER

NATALIE SHEPARD BEHAVIORAL HEALTH DIRECTOR

Jean Shackelford - Chairperson
Patient Care Services

Charla Sojka - Vice Chairperson
Consumer

Matt Hansen
Board of Supervisors Representative

Steven Becker
Law Enforcement

Darbie Andrews
Children's Advocate

Wendy Lathum
Consumer

Avery Vilche
Family Member Representative

Cheryl Boughton
Family Member Representative

Daniel Buchanan
Family Member Representative

Maria Ramirez
Family Member Representative

Michael Logan
Family Member Representative

Nischa Gall
Family Member Representative

Jimmy Rolson
Consumer

BEHAVIORAL HEALTH
1860 WALNUT STREET, BLDG A
MAILING ADDRESS:
PO BOX 400
RED BLUFF, CA 96080
(530) 527-8491
FAX (530) 527-0240

Tehama County

BEHAVIORAL HEALTH ADVISORY BOARD

Agenda

Wednesday, January 21, 2026
12:15pm - 1:30pm
Shasta Room, 1860 Walnut St, Bldg. D, Red Bluff, CA 96080

Click here to join the meeting

Call +1 805-456-4468, 144960451# **Conference ID:** 144 960 451#

Reminder, your microphone should be muted when you are not speaking during the meeting.

I. Welcome/Introductions

II. Public Comment
This is a time set aside for Tehama County residents to address the Behavioral Health Advisory Board on items noted for discussion or consideration on this agenda, or issues under the purview of this Board.

III. Organization Updates & General Announcements
a. NAMI on Campus & New Hope Teen Center
b. Restpadd
c. Wellness Center Group Activities
d. Empower Tehama
e. Children First / Lassen Counseling Services
f. Police Activities League (P.A.L.)

IV. Yuliana - PPP

V. Discussion and Possible Action
a. Review, amend, or approve minutes from November 19, 2025.

VI. Director's Report
a. Health Services Agency- Behavioral Health Updates
   i. Department and State Updates
   ii. Staffing Updates
   iii. Program Updates
b. Health Services Agency- Substance Use Recovery Updates
   i. Department and State Updates
   ii. Staffing Updates
   iii. Program Updates

Tehama County
Health Services Agency

JAYME BOTTKE
EXECUTIVE DIRECTOR

MICHELLE SCHMIDT
ASSISTANT EXECUTIVE DIRECTOR, PROGRAMS

DEANNA GEE
ASSISTANT EXECUTIVE DIRECTOR, ADMINISTRATION

MELISSA FIELD
COMPLIANCE OFFICER

NATALIE SHEPARD
BEHAVIORAL HEALTH DIRECTOR

Jean Shackelford - Chairperson
Patient Care Services

Charla Sojka - Vice Chairperson
Consumer

Matt Hansen
Board of Supervisors Representative

Steven Becker
w Enforcement

Darbie Andrews
Children's Advocate

Wendy Lathum
Consumer

Avery Vilche
Family Member Representative

Cheryl Boughton
Family Member Representative

Daniel Buchanan
Family Member Representative

Maria Ramirez
Family Member Representative

Michael Logan
Family Member Representative

Nischa Gall
Family Member Representative

Jimmy Rolson
Consumer

BEHAVIORAL HEALTH
1860 WALNUT STREET, BLDG A
AILING ADDRESS:
PO BOX 400
RED BLUFF, CA 96080
(530) 527-8491
FAX (530) 527-0240

Tehama County

BEHAVIORAL HEALTH ADVISORY BOARD

VII. Training Opportunities

VIII. Additions or Changes for the next Agenda

IX. Adjournment and Next Meeting Dates

X. Mental Health Services Act Public Meeting

2026 BHAB Meeting Dates

~~January 21st~~	February 18th
March 18th	April 15th
May 20th	June 17th
August 19th	September 16th
October 21st	November 18th

Greenville 1/27/2026 5:30pm

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Chelsea Funtanilla	Greenville Rancheria	cfuntanilla@greenvillerancheria.com

TC Health Care Coalition 2/18/2026

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Mary Thomas	SSV EMS Agency	mary.thomas@SSVems.com
DANIELLE HARRIS	TCSO	DHARRIS@TEHAMASO.ORG
Amy Condie	TCHSA PH	Amy.Condie@TCHSA.NET
Timothy Peters	TCHSA PH	peters@tchsa.net
Ruth Ann Rowen	SECH / TC HPP Coordinator	ruth.rowen@commonspirit.org
Jeannette Lefdal	Rolling Hills Clinic	JLefdal@rhclinic.org
Bryan Johnson	PBNI / RHC	bjohnson@parkcenter.org

Behavioral Health Services Act Public Meeting

Name	Organization	Email
Toni Avery	North Valley Services	tavery@northvalleyservices.org
Kandace Fonseca	Restpadd Health Corp Red Bluff	Kfonseca@restpaddhealth.com
Russ Cobb	Red Bluff Health Care	russ@rbhc.biz
Hannah Bergen Ziyad	Nova TCHSA PH	hannahbergen.ziyad.nova@tchsa.net
Andrea Schulken	NVIH	
Mary Massey	CHA	
Maryann Berry	PH-OP clinics	
Jonathan Checko	Shasta Co HHSA	
Suzanne Cicilio	Rolling Hills	
Tina Hale	Corning Health Services District	
Annette Moskall	Rolling Hills Clinic	

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☒ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☒ Niños pequeños 0–5
☒ Niños de primaria/intermedia 6–12
☒ Adolescentes de preparatoria 13–17
☒ Jóvenes en edad de transición (18–25)
☒ Adultos 26-59
☒ Adultos mayores de 60
☒ Veteranos
☒ Personas LGBTQ2S+
☒ Comunidades Nativas/Tribus
☒ Comunidades Latinas
☒ Personas cuidadoras
☒ Personas sin hogar
☒ Personas con trastornos específicos por uso de opioides
☒ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☒ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☐ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☒ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☒	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	☐	☒	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☒	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☒	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☒	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	☒
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☒	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal

☐ No tengo una dirección permanente

☒ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☒ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☐ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☒ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☒ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☒ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☒ Hombre
☐ Género queer ☐ Transgénero ☒ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☒ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	⊘	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	⊘	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	⊘	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☒ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☒ Niños de primaria/intermedia 6–12
☒ Adolescentes de preparatoria 13–17
☒ Jóvenes en edad de transición (18–25)
☒ Adultos 26-59
☒ Adultos mayores de 60
☐ Veteranos
☐ Personas LGBTQ2S+
☒ Comunidades Nativas/Tribus
☒ Comunidades Latinas
☐ Personas cuidadoras
☒ Personas sin hogar
☒ Personas con trastornos específicos por uso de opioides
☒ Personas con trastornos por uso de sustancias
☒ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☒ Tribunal de Salud Mental
☒ Equipo móvil de respuesta a crisis
☒ Clases educativas para la prevención del suicidio
☒ Línea de Prevención del Suicidio (9-8-8)
☒ Apoyo escolar para salud mental estudiantil
☒ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☑	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☑	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☑	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☑	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☑	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☑

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 90030

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☑ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☑ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☑ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☑ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☒	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☒	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☒	☐	☐	☐

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☐	☐	☐	☒	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☒	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☒	☐	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☒	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☒	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☒	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96080

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☒ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☒ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☒ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **mediorientał o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☒ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☒ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☒ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☑	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☑	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☑	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☑ No. Por favor especifique por qué: no los tiempos de espera son muy largos para ver a alguien.

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☐ Niños de primaria/intermedia 6–12
☐ Adolescentes de preparatoria 13–17
☑ Jóvenes en edad de transición (18–25)
☑ Adultos 26-59
☑ Adultos mayores de 60
☑ Veteranos
☑ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☑ Comunidades Latinas
☐ Personas cuidadoras
☒ Personas sin hogar
☑ Personas con trastornos específicos por uso de opioides
☑ Personas con trastornos por uso de sustancias
☑ Personas involucradas en el sistema de justicia penal
☑ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☑ Tratamiento ambulatorio para trastornos por uso de sustancias
☑ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☑ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☑	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☑	☐	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☑	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☑	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☑	☐	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☑	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96080

☐ No sé mi código postal

☐ No tengo una dirección permanente

☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☑ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☑ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☑ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☑ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☑ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☐ No ☑ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

*USO de sustancias - porque las adicciones son difíciles de dejar
*la salud mental, personas de familiares con enfermedades mentales no quieren aceptar la ayuda.

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☑	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☑	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☑	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☑ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☑ Niños pequeños 0–5
☑ Niños de primaria/intermedia 6–12
☑ Adolescentes de preparatoria 13–17
☑ Jóvenes en edad de transición (18–25)
☑ Adultos 26-59
☑ Adultos mayores de 60
☑ Veteranos
☑ Personas LGBTQ2S+
☑ Comunidades Nativas/Tribus
☑ Comunidades Latinas
☑ Personas cuidadoras
☒ Personas sin hogar
☑ Personas con trastornos específicos por uso de opioides
☑ Personas con trastornos por uso de sustancias
☑ Personas involucradas en el sistema de justicia penal
☑ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☑ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☑ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☑ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☑	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☑	☐	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☑	☐	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☑	☐	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☑	☐	☐	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☑	☐	☐	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96080

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☑ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☑ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☑ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☒	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☒	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☒	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☒ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☒ Niños pequeños 0–5
☒ Niños de primaria/intermedia 6–12
☒ Adolescentes de preparatoria 13–17
☒ Jóvenes en edad de transición (18–25)
☒ Adultos 26-59
☒ Adultos mayores de 60
☒ Veteranos
☒ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☒ Comunidades Latinas
☒ Personas cuidadoras
☒ Personas sin hogar
☒ Personas con trastornos específicos por uso de opioides
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☒ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☒ Tribunal de Salud Mental
☒ Equipo móvil de respuesta a crisis
☒ Clases educativas para la prevención del suicidio
☒ Línea de Prevención del Suicidio (9-8-8)
☒ Apoyo escolar para salud mental estudiantil
☒ Talleres y clases para padres sobre temas relacionados con la salud mental
☒ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☒	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☑	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☒	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☒	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☐	☑	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☒	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal

☐ No tengo una dirección permanente

☑ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☑ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☐ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☒ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☒ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☒ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☒ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☒ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☒	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☒	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☒	☐	☐	☐

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☒	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☒	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☒	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☐	☐	☒	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☒	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☒	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☒ No sé mi código postal

☐ No tengo una dirección permanente

☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☒ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☐ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☒ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☒ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen: _____**
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☒ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☑ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☑ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☑	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☑	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☑	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☑ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☑ Niños pequeños 0–5
☐ Niños de primaria/intermedia 6–12
☐ Adolescentes de preparatoria 13–17
☐ Jóvenes en edad de transición (18–25)
☐ Adultos 26-59
☐ Adultos mayores de 60
☑ Veteranos
☐ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☑ Comunidades Latinas
☐ Personas cuidadoras
☑ Personas sin hogar
☐ Personas con trastornos específicos por uso de opioides
☑ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	☑	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☑	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☑	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☑	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	☑
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☑	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 91005S

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☑ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☑ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☑ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☑ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☒	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☒	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☒	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☒ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☒ Niños pequeños 0–5
☐ Adolescentes de preparatoria 13–17
☐ Adultos 26-59
☒ Veteranos
☐ Comunidades Nativas/Tribus
☐ Personas cuidadoras
☐ Personas con trastornos específicos por uso de opioides
☐ Personas involucradas en el sistema de justicia penal
☐ Niños de primaria/intermedia 6–12
☐ Jóvenes en edad de transición (18–25)
☐ Adultos mayores de 60
☐ Personas LGBTQ2S+
☒ Comunidades Latinas
☒ Personas sin hogar
☒ Personas con trastornos por uso de sustancias
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☒ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☒ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	■	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	■	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	■	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	■	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	■	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	■
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	■	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96055

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
■ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ■ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

■ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ■ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ■ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

■ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ■ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☑	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☑
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☑

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☑ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☑ Niños de primaria/intermedia 6–12
☑ Adolescentes de preparatoria 13–17
☑ Jóvenes en edad de transición (18–25)
☑ Adultos 26-59
☐ Adultos mayores de 60
☑ Veteranos
☐ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☐ Comunidades Latinas
☑ Personas cuidadoras
☒ Personas sin hogar
☐ Personas con trastornos específicos por uso de opioides
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☑ Clases educativas para la prevención del suicidio
☑ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☑	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☑	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☐	☑	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☐	☐	☐	☑
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☑	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☑	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☑	☐	☐	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal

☐ No tengo una dirección permanente

☑ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☐ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☑ Otro, por favor especifique: _____

☐ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☑ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☑ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☑ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☑ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☑ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☑ Adolescentes de preparatoria 13–17
☐ Adultos 26-59
☑ Veteranos
☐ Comunidades Nativas/Tribus
☐ Personas cuidadoras
☐ Personas con trastornos específicos por uso de opioides
☐ Niños de primaria/intermedia 6–12
☑ Jóvenes en edad de transición (18–25)
☐ Adultos mayores de 60
☐ Personas LGBTQ2S+
☐ Comunidades Latinas
☒ Personas sin hogar
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☑ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☐ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen: _____**
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☑ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☐ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☐ Niños de primaria/intermedia 6–12
☐ Adolescentes de preparatoria 13–17
☐ Jóvenes en edad de transición (18–25)
☐ Adultos 26-59
☐ Adultos mayores de 60
☐ Veteranos
☐ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☐ Comunidades Latinas
☐ Personas cuidadoras
☒ Personas sin hogar
☐ Personas con trastornos específicos por uso de opioides
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☐ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☑	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☑	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☐	☐	☑	☐
Personas en situación crónica de vivienda inestable	☐	☐	☑	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☑	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☑

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☑ No sé mi código postal

☐ No tengo una dirección permanente

☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☐ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☑ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☑ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☑ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☑ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☐	☑
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☑
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☑

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☑ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5

☑ Adolescentes de preparatoria 13–17

☑ Adultos 26-59

☑ Veteranos

☐ Comunidades Nativas/Tribus

☐ Personas cuidadoras

☐ Personas con trastornos específicos por uso de opioides

☐ Niños de primaria/intermedia 6–12

☑ Jóvenes en edad de transición (18–25)

☐ Adultos mayores de 60

☐ Personas LGBTQ2S+

☐ Comunidades Latinas

☒ Personas sin hogar

☐ Personas con trastornos por uso de sustancias

☐ Personas involucradas en el sistema de justicia penal

☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)

☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)

☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental

☐ Tratamiento ambulatorio para trastornos por uso de sustancias

☐ Tribunal de Salud Mental

☑ Equipo móvil de respuesta a crisis

☐ Clases educativas para la prevención del suicidio

☑ Línea de Prevención del Suicidio (9-8-8)

☐ Apoyo escolar para salud mental estudiantil

☐ Talleres y clases para padres sobre temas relacionados con la salud mental

☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar

☐ Tribunal de CARE para personas con esquizofrenia o psicosis

☐ Tratamiento Ambulatorio Asistido (AOT)

☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☒	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☒	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☐	☒	☐
Institucionalización (hospitalizaciones)	☐	☐	☒	☐	☒	☒	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☒	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	☒
Servicios de prevención dentro del Sistema de Bienestar Infantil	☒	☐	☐	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal

☐ No tengo una dirección permanente

☑ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☐ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☑ Persona con experiencia en desafíos de salud mental

☑ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **medioriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☑ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☑ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☑ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☐	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☐	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☐ Prefiero no responder ☑ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☐ Niños de primaria/intermedia 6–12
☐ Adolescentes de preparatoria 13–17
☑ Jóvenes en edad de transición (18–25)
☑ Adultos 26-59
☐ Adultos mayores de 60
☐ Veteranos
☐ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☐ Comunidades Latinas
☐ Personas cuidadoras
☒ Personas sin hogar
☐ Personas con trastornos específicos por uso de opioides
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☐ Equipo móvil de respuesta a crisis
☐ Clases educativas para la prevención del suicidio
☐ Línea de Prevención del Suicidio (9-8-8)
☑ Apoyo escolar para salud mental estudiantil
☑ Talleres y clases para padres sobre temas relacionados con la salud mental
☑ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☐	☑	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☒	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☒	☐	☐	☐
Personas en situación crónica de vivienda inestable	☑	☐	☐	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? _____

☐ No sé mi código postal

☐ No tengo una dirección permanente

☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental

☐ Defensor(a) comunitario(a) o voluntario(a)

☒ Miembro de la comunidad

☐ Proveedor(a) de atención médica

☐ Autoridad policial

☐ Personal escolar

☐ Servicios tribales

☐ Persona con experiencia en el sistema de justicia

☐ Persona con experiencia en desafíos de salud mental

☐ Persona con experiencia en desafíos por uso de sustancias

☐ Persona con experiencia en violencia doméstica o agresión sexual

☐ Familiar o persona cuidadora de alguien con desafíos de salud mental

☐ Empleados del Sistema de Justicia (incluida libertad condicional)

☐ Proveedor(a) de servicios sociales

☐ Persona con experiencia vivida de falta de vivienda

☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☐ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☐ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☐ Mujer
☒ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☐ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☒ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☒	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☒	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☒	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?
   ☐ Sí ☒ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables
   ☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?
   (Marque todas las que correspondan)
   ☐ Niños pequeños 0–5
   ☐ Niños de primaria/intermedia 6–12
   ☐ Adolescentes de preparatoria 13–17
   ☐ Jóvenes en edad de transición (18–25)
   ☐ Adultos 26-59
   ☐ Adultos mayores de 60
   ☐ Veteranos
   ☐ Personas LGBTQ2S+
   ☐ Comunidades Nativas/Tribus
   ☐ Comunidades Latinas
   ☐ Personas cuidadoras
   ☒ Personas sin hogar
   ☐ Personas con trastornos específicos por uso de opioides
   ☐ Personas con trastornos por uso de sustancias
   ☐ Personas involucradas en el sistema de justicia penal
   ☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
   ☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
   ☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?
   (Por favor seleccione todos los que apliquen)
   ☒ Terapia ambulatoria de salud mental
   ☐ Tratamiento ambulatorio para trastornos por uso de sustancias
   ☐ Tribunal de Salud Mental
   ☐ Equipo móvil de respuesta a crisis
   ☐ Clases educativas para la prevención del suicidio
   ☐ Línea de Prevención del Suicidio (9-8-8)
   ☐ Apoyo escolar para salud mental estudiantil
   ☐ Talleres y clases para padres sobre temas relacionados con la salud mental
   ☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar
   ☐ Tribunal de CARE para personas con esquizofrenia o psicosis
   ☐ Tratamiento Ambulatorio Asistido (AOT)
   ☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☒	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☒	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☐	☒	☐	☐
Institucionalización (hospitalizaciones)	☒	☐	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☒	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☐	☐	☒	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96090

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☒ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☐ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☒ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☑ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☒ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☒ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☒ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	☑	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☑	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☑	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☐ No estoy seguro ☑ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5
☐ Niños de primaria/intermedia 6–12
☐ Adolescentes de preparatoria 13–17
☐ Jóvenes en edad de transición (18–25)
☐ Adultos 26-59
☐ Adultos mayores de 60
☐ Veteranos
☐ Personas LGBTQ2S+
☐ Comunidades Nativas/Tribus
☐ Comunidades Latinas
☐ Personas cuidadoras
☒ Personas sin hogar
☐ Personas con trastornos específicos por uso de opioides
☐ Personas con trastornos por uso de sustancias
☐ Personas involucradas en el sistema de justicia penal
☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)
☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)
☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☑ Terapia ambulatoria de salud mental
☐ Tratamiento ambulatorio para trastornos por uso de sustancias
☐ Tribunal de Salud Mental
☑ Equipo móvil de respuesta a crisis
☑ Clases educativas para la prevención del suicidio
☑ Línea de Prevención del Suicidio (9-8-8)
☐ Apoyo escolar para salud mental estudiantil
☐ Talleres y clases para padres sobre temas relacionados con la salud mental
☑ Asistencia para vivienda o servicios de apoyo para personas sin hogar
☐ Tribunal de CARE para personas con esquizofrenia o psicosis
☐ Tratamiento Ambulatorio Asistido (AOT)
☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☑	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☑	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☐	☐	☑	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☑	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☑	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☑	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☑	☐	☐	☐

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96021

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☑ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☑ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☐ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☑ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☑ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☑ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☑ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☑ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☑ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	Grave (Es un problema importante)	Moderado (Es un problema)	Leve (Es un problema menor)	No es un problema
Salud Mental (estrés, ansiedad, depresión, etc.)	☑	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☑	☐	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	☐	☑	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☐ Sí ☒ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5

☒ Niños de primaria/intermedia 6–12

☒ Adolescentes de preparatoria 13–17

☒ Jóvenes en edad de transición (18–25)

☒ Adultos 26-59

☒ Adultos mayores de 60

☒ Veteranos

☒ Personas LGBTQ2S+

☒ Comunidades Nativas/Tribus

☐ Comunidades Latinas

☐ Personas cuidadoras

☒ Personas sin hogar

☐ Personas con trastornos específicos por uso de opioides

☐ Personas con trastornos por uso de sustancias

☒ Personas involucradas en el sistema de justicia penal

☒ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)

☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)

☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☐ Terapia ambulatoria de salud mental

☐ Tratamiento ambulatorio para trastornos por uso de sustancias

☐ Tribunal de Salud Mental

☐ Equipo móvil de respuesta a crisis

☐ Clases educativas para la prevención del suicidio

☒ Línea de Prevención del Suicidio (9-8-8)

☐ Apoyo escolar para salud mental estudiantil

☐ Talleres y clases para padres sobre temas relacionados con la salud mental

☐ Asistencia para vivienda o servicios de apoyo para personas sin hogar

☐ Tribunal de CARE para personas con esquizofrenia o psicosis

☐ Tratamiento Ambulatorio Asistido (AOT)

☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☐	☐	☐	☐	☑	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☒	☐	☐	☐	☐	☐	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☒	☒	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☐	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☒	☐	☐	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☒	☐	☑	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 91080

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☐ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☒ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☐ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ☐ 26-59 ☒ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)

☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)

☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)

☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)

☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)

☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)

☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)

☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)

☐ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)

☐ **Otra raza, etnicidad u origen:** _____

☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

☑ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ☒ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ☒ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ☒ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Salud Mental del Condado de Tehama
Encuesta del Plan de Servicios 2026-2029

Nos estamos acercando a nuestros vecinos y miembros de la comunidad para conocer su opinión sobre los servicios de Salud Mental en el Condado de Tehama, incluyendo salud mental, uso de sustancias y apoyo para la vivienda. Sus comentarios influirán directamente en cómo se diseñan los servicios de salud conductual para servir mejor a nuestro Condado.

En respuesta a la nueva Ley de Servicios de Salud Mental (BHSA) de California, la Agencia de Servicios de Salud del Condado de Tehama (TCHSA) está transformando la forma en la que ofrecemos estos servicios, priorizando en estos a personas con necesidades y trastornos más severos de salud mental y uso de sustancias, mientras también ampliamos los apoyos para la vivienda.

Esta encuesta tomará aproximadamente 3 a 5 minutos en completarse y sus respuestas serán estrictamente confidenciales y anónimas. Todos los miembros de la comunidad están invitados a participar, independientemente de si han utilizado los servicios de TCHSA o no. Juntos podemos construir un sistema de salud conductual que sirva mejor a nuestra comunidad diversa.

¡Gracias por su tiempo!

1. En su opinión, ¿cuáles son las necesidades actuales de la comunidad en las siguientes áreas?
   (Seleccione una opción para cada categoría)

Área de Necesidad	**Grave** (Es un problema importante)	**Moderado** (Es un problema)	**Leve** (Es un problema menor)	**No es un problema**
Salud Mental (estrés, ansiedad, depresión, etc.)	◉	☐	☐	☐
Uso de Sustancias (alcohol, drogas, etc.)	☐	◉	☐	☐
Vivienda (tener un lugar seguro y estable para vivir)	◉	☐	☐	☐

2. ¿Cree que las poblaciones vulnerables del condado están recibiendo actualmente servicios de salud mental adecuados?

☒ Sí ☐ No estoy seguro ☐ Prefiero no responder ☐ No tengo claro quiénes son las poblaciones vulnerables

☐ No. Por favor especifique por qué: _____

3. ¿Qué poblaciones y/o grupos podrían recibir mejores servicios de Salud Mental del Condado?

(Marque todas las que correspondan)

☐ Niños pequeños 0–5

☒ Niños de primaria/intermedia 6–12

☒ Adolescentes de preparatoria 13–17

☐ Jóvenes en edad de transición (18–25)

☒ Adultos 26-59

☐ Adultos mayores de 60

☐ Veteranos

☐ Personas LGBTQ2S+

☐ Comunidades Nativas/Tribus

☐ Comunidades Latinas

☐ Personas cuidadoras

☒ Personas sin hogar

☐ Personas con trastornos específicos por uso de opioides

☒ Personas con trastornos por uso de sustancias

☒ Personas involucradas en el sistema de justicia penal

☐ Personas con trastornos concurrentes (Salud Mental y Uso de Sustancias)

☐ Personas que reciben Tratamiento Asistido con Medicamentos (MAT)

☐ Otro (por favor, especifique): _____

4 ¿De cuáles de los siguientes servicios o programas del Condado ha escuchado antes?

(Por favor seleccione todos los que apliquen)

☒ Terapia ambulatoria de salud mental

☒ Tratamiento ambulatorio para trastornos por uso de sustancias

☐ Tribunal de Salud Mental

☒ Equipo móvil de respuesta a crisis

☐ Clases educativas para la prevención del suicidio

☒ Línea de Prevención del Suicidio (9-8-8)

☒ Apoyo escolar para salud mental estudiantil

☐ Talleres y clases para padres sobre temas relacionados con la salud mental

☒ Asistencia para vivienda o servicios de apoyo para personas sin hogar

☐ Tribunal de CARE para personas con esquizofrenia o psicosis

☐ Tratamiento Ambulatorio Asistido (AOT)

☐ No he escuchado sobre ninguno de estos servicios

5 Por favor, califique del 1.º (prioridad más alta) al 7.º (prioridad más baja) las Metas Estatales de Salud Mental para el Plan Integrado de 3 Años (2026–2029).

Metas Estatales	1.º	2.º	3.º	4.º	5.º	6.º	7.º
Suicidios	☒	☐	☐	☐	☐	☐	☐
Sobredosis (hasta e incluyendo la muerte)	☐	☐	☐	☐	☐	☒	☐
Condiciones de salud mental no tratadas / no diagnosticadas	☐	☒	☐	☐	☐	☐	☐
Institucionalización (hospitalizaciones)	☐	☐	☒	☐	☐	☐	☐
Personas en situación crónica de vivienda inestable	☐	☐	☐	☐	☒	☐	☐
Participación en el sistema legal (encarcelamiento / involucramiento con la justicia)	☐	☐	☐	☒	☐	☐	☐
Servicios de prevención dentro del Sistema de Bienestar Infantil	☐	☐	☐	☐	☐	☐	☒

Nos gustaría hacerle algunas preguntas sobre sus antecedentes para ayudarnos a entender cómo servir mejor a todas las personas de nuestra comunidad.

6 ¿Cuál es el código postal donde vive? 96080

☐ No sé mi código postal
☐ No tengo una dirección permanente
☐ Prefiero no responder

7 ¿Cómo se describiría a usted mismo(a)? (Por favor seleccione todas las que correspondan)

☐ Proveedor de salud mental
☐ Defensor(a) comunitario(a) o voluntario(a)
☒ Miembro de la comunidad
☐ Proveedor(a) de atención médica
☐ Autoridad policial
☐ Personal escolar
☐ Servicios tribales
☐ Persona con experiencia en el sistema de justicia
☒ Persona con experiencia en desafíos de salud mental
☐ Persona con experiencia en desafíos por uso de sustancias
☒ Persona con experiencia en violencia doméstica o agresión sexual
☐ Familiar o persona cuidadora de alguien con desafíos de salud mental
☐ Empleados del Sistema de Justicia (incluida libertad condicional)
☐ Proveedor(a) de servicios sociales
☐ Persona con experiencia vivida de falta de vivienda
☐ Otro, por favor especifique: _____

8 ¿Cuál es su grupo de edad?

☐ 0-15 ☐ 16-25 ■ 26-59 ☐ 60+ ☐ Prefiero no responder

9 ¿Cuál de las siguientes opciones describe mejor su raza/etnicidad? (Por favor seleccione todas las que correspondan)

(Nota: Entendemos que la raza y la etnicidad son temas complejos y que las siguientes categorías pueden no reflejar la identidad única de cada persona. Esta lista no es exhaustiva. Por favor elija todas las opciones que mejor lo/la representen. Si no ve su identidad incluida, puede escribirla en "Otra raza, etnicidad u origen".)

☐ **asiático(a) o asiático(a) estadounidense**
(p. ej., chino, filipino, indio, japonés, coreano, vietnamita, etc.)
☐ **negro(a) o afroestadounidense**
(p. ej., etíope, ghanés, jamaiquino, nigeriano, somalí, etc.)
☐ **indígena de Centroamérica o Sudamérica**
(p. ej., K'iche', maya, mixteco, purépecha, quechua, triqui, zapoteco, etc.)
☐ **latinx, hispano(a) o caribeño(a)**
(p. ej., colombiano, cubano, guatemalteco, mexicano, puertorriqueño, salvadoreño, sudamericano, etc.)
☐ **mediooriental o arabe estadounidense**
(p. ej., argelino, egipcio, iraquí, jordano, libanés, marroquí, etc.)
☐ **nativo(a) de Hawái u otra isla del Pacífico**
(p. ej., chamorro, fiyiano, samoano, tahitiano, tongano, etc.)
☐ **nativo(a) de Norteamérica o nativo(a) de Alaska**
(p. ej., chumash, inuit, kumeyaay, miwok, pomo, tongva, yurok, etc.)
☐ **indígena / aborigen de fuera de las Américas**
(p. ej., aborígenes australianos, ainu, batak, maorí, sami, tibetanos, etc.)
■ **blanco(a) o europeo(a) estadounidense**
(p. ej., inglés, europeo estadounidense, alemán, irlandés, italiano, polaco, ruso, etc.)
☐ **Otra raza, etnicidad u origen:** _____
☐ **Prefiero no responder**

10 ¿Cuál fue el sexo que le asignaron al nacer?

(Nota: Reconocemos que el sexo asignado al nacer se refiere a la clasificación de una persona como masculino, femenino o intersexual basada en la observación física de los genitales, cromosomas y estructuras anatómicas en el momento del nacimiento. Esta clasificación se interpreta dentro de un contexto sociocultural y puede no abarcar completamente la complejidad y riqueza de las identidades individuales.)

■ Femenino ☐ Masculino ☐ Intersexual ☐ Prefiero no responder

11 ¿Cuál de las siguientes opciones describe mejor su identidad de género? *(Por favor seleccione todas las que correspondan)*
(Nota: Entendemos que la identidad de género es diversa y puede que las siguientes categorías no representen completamente todas las identidades. Por favor elija la(s) opción(es) que mejor describa(n) su identidad de género. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirla por mí mismo/a".)

☐ Explorando mi identidad de género ☐ Género expansivo / No binarie ☐ Dos espíritus ☐ Hombre
☐ Género queer ☐ Transgénero ■ Mujer
☐ Prefiero no responder
☐ Prefiero describirme por mí mismo/a/e, por favor especifique: _____

12 ¿Cuál de las siguientes opciones describe mejor su orientación sexual? *(Por favor seleccione todas las que apliquen)*
(Nota: Entendemos que la orientación sexual es compleja, y las siguientes categorías podrían no representar completamente la identidad de cada persona. Por favor elija la(s) opción(es) que mejor describa(n) su orientación sexual. Si no ve su identidad en la lista, puede escribirla en "Prefiero describirme por mí mismo/a/e".)

☐ Asexual ☐ Bisexual ☐ Demisexual ☐ Gay ☐ Lesbiana ☐ Pansexual ■ Heterosexual / Hetero
☐ Queer ☐ Explorando mi orientación sexual ☐ Prefiero no responder
☐ Prefiero autodescribirme, por favor especifique: _____

13 ¿Tiene alguna discapacidad?

☐ Sí ■ No ☐ Prefiero no responder

14 ¿Qué más le gustaría que supiéramos sobre la salud mental, el uso de sustancias o los apoyos para vivienda?
(Por favor, use el espacio a continuación para proporcionar sus comentarios.)

Tehama County Mental Health Plan

Quality Assessment and Performance Improvement Workplan

Calendar Year 2025

Quality Assessment and Performance Improvement Plan

The following document describes the quality improvement program structure of the Tehama County Mental Health Plan (MHP), an evaluation of quality improvement goals and to date, and goals and areas of focus for Calendar year 2025.

It is the responsibility of the Tehama County MHP to ensure that all services authorized are delivered with the appropriate standard of care; ongoing quality improvement activities are undertaken with the goal of fulfilling that responsibility. The purpose of this plan is to provide up-to-date information about those ongoing quality improvement activities.

Quality Improvement Program Description

Overview

The Quality Improvement (QI) Program is designed to develop, implement, coordinate, monitor and evaluate performance activities throughout the Mental Health Plan (MHP). The primary concerns of the QI Program include, but are not limited to:

- MHP Medi-Cal member access to services
- Program compliance monitoring
- Collection and evaluation of data or other measures to inform QI activities
- Grievances and appeals
- Member and provider satisfaction
- Gathering and utilizing input from providers, members, and their family members
- Performance improvement projects and identifying opportunities for system and process improvement
- Utilization management and clinical reviews

The QI program is comprised of the Quality Improvement Committee (QIC), Quality Assurance Manager (QAM), and service teams. The QI program is accountable to the Mental Health Director and includes a QI Workplan which is evaluated annually for effectiveness; QI goals are updated and new goals created based on this evaluation.

Quality Improvement Committee (QIC)

The purpose of the QIC is to improve the quality of mental health care and services provided by Tehama County Health Services Agency (TCHSA). It is the aim of TCHSA to provide accessible, timely, culturally competent, professional, and cost-effective services to the community. The QIC monitors and evaluates quality and appropriateness of services at the member, provider, and system levels. The QIC is responsible for recognizing inefficient processes, assessing barriers to quality of care, identifying solutions with measurable objectives and goals, taking actions to meet these objectives and goals, and evaluating the subsequent outcomes.

Integral to the QIC's success in improving TCHSA services and quality of care is the continued integration of mental health services among TCHSA's other agency centers and between vendor providers and community health care providers, especially primary care providers. Collaboration among clinicians, supervisors, outside providers, consumers, patients' rights

advocates, and community partners is essential to improve the integration of health care services.

QIC membership includes:

- Quality Assurance Manager (QAM) [CHAIR]
- Mental Health Director
- Contract Provider Representative(s)
- Business Operations Supervisor
- Licensed Clinical Supervisor(s)
- Cultural Competency Committee representative(s)
- Clinician(s)
- Medical Support staff
- Case Resource Specialist(s)
- Patients' Rights Advocate(s)
- Consumer(s)*
- Consumer family members*

* Although we have continued to try to recruit mental health consumers and family members, in 2024 we were unsuccessful in recruiting consumers and family members for direct participation in QIC meetings. This is an active QI work plan goal (see goal A2 below). In 2025 we will also identify TCHSA forums that consumers and family members already attend, such as the Behavioral Health Board, with the goal of taking consumer-specific issues to those forums and bring input back to the QIC meetings. This will address requirements from Title 9 and MHP Contract for participation of consumers and family members in the planning, design and execution of the QI Program.

The QIC functions include (but are not limited to):

- Review new or pending laws, regulations, or policies in mental health.
- Review issues, challenges, improvements, and successes related to quality of care.
- Review and evaluate the results of QI activities including Performance Improvement Projects.
- Initiate necessary QI actions and follow-up of QI processes.
- Review of grievances, appeals, expedited appeals, and state fair hearings to identify trends and areas for improvement as a system.
- Monitor and evaluate the quality and appropriateness of services at the member, provider and system levels and recommend solutions to identified issues.
- Review and evaluate the results of QI activities (internal and external) such as medication monitoring, audits of providers, internal audits, annual reviews by an external quality review organization (EQRO) contracted by the State, and triennial review by the State.
- Review concerns of substandard care.
- Recommend policies, procedures, and system changes to improve member care and outcomes as a result of QI activities or QIC actions.
- Review and evaluate data to identify strengths, common trends, compliance, and areas for improvement.

- Document all activities through dated and signed minutes of committee meetings that reflect QIC decisions and actions.
- Standard report evaluations quarterly with an annual review.

Quality Assurance Manager (QAM)

The QAM is responsible for coordinating, managing, and reporting on all aspects of the QI processes of the MHP. The QAM chairs the QIC, coordinates or creates standard reports, coordinates annual consumer satisfaction surveys, manages all grievances and appeals, provides liaison services with Department of Health Care Services personnel, audits contracted providers (both individual and organizational), audits TCHSA providers and services, performs site certification reviews for private and organizational providers, and develops Performance Improvement Projects in cooperation with systems of care.

Service Teams

The service teams consist of representatives from Adult Outpatient, Crisis, Medication Support, Case Management, Adult Drop-In Center, Transitional Age Youth, and Mental Health Services Act programs. The teams work on QI from a clinical perspective in conjunction with and at the direction of the QAM and the QIC.

Data Monitoring

The QI Program monitors and tracks data for the following quality-related quantitative and qualitative reports:

- Service delivery capacity/network adequacy
    a. Network Adequacy Certification Tool (NACT)
    b. Medi-Cal penetration rates
- Accessibility of services
    a. Timeliness of access to services
    b. Timeliness of authorizations
- Member satisfaction of services provided
    a. Change of provider requests
    b. No-show rates
    c. Trends of member grievances, appeals, and fair hearings
    d. Results of consumer satisfaction surveys, including comments
- Service delivery system, including meaningful clinical issues and safety/effectiveness of practices
    a. Results of internal chart reviews
    b. Results of medication compliance monitoring
    c. 24/7 Access/Crisis Line test call reports
- Continuity of care with physical health care and other providers
    a. Inpatient hospitalization follow-up appointments
    b. Re-hospitalization rates
- Provider appeals and satisfaction
    a. Timeliness of Treatment Authorization Requests (TARs)
    b. Trends of provider grievances and appeals

The QI Program may collect additional data in response to changes in regulations, ongoing QI projects, or as requested by management. Data is analyzed and evaluated at QIC meetings to identify quality issues, establish improvement initiatives, set goals, and document progress toward these quality improvement initiatives quarterly and annually.

Performance Improvement Projects

The MHP is committed to sustaining improvement gained through performance improvement projects (PIP). The QI Program will have at least one clinical PIP and one non-clinical PIP every year. A PIP may last more than one year, but once finished, a new PIP will be started. PIPs are determined by the QIC based on data collected by the QI Program.

Evaluation and Goal Setting

The QI Workplan will be evaluated annually, demonstrating that QI activities have contributed to meaningful improvement in clinical care and member service, and describing completed and in process QI activities, including performance improvement projects. Upon completion of this evaluation, new goals for the QI Program will be set.

Review of Fiscal Year 2024-2025 Goals and Calendar Year 2025 Goals

A. Quality Improvement Program

1. Quality Improvement Committee

FY 24-25 Goal: Continue to engage direct-care staff in QIC..

Background: Staff shortages and leadership changes impacted the QI program and the ability to have full QIC membership or regular meetings in the past, but we have been meeting monthly since March 2023. The Quality Assurance Manager position is currently vacant as well as many TCHSA direct service positions. Remaining direct care staff, in particular clinicians, have limited time available to participate in QIC. TCHSA was able to hire a new Mental Health Director in September 2024 who is to provide leadership and invest in building QIC membership and participation.

Update for CY 2025: Despite ongoing staffing shortages and a vacant Quality Assurance Manager position, with the support of contracted staff, QIC was able to meet monthly for all of 2024. Prior FY 24-25 goal: MET. Since the QIC has been meeting monthly since March 2023 and this goal continues to be met, we will discontinue this goal for CY 2025 and replace it with a new goal related to a QIC topic. The QIC will continue to meet monthly throughout 2025.

CY 2025 Goal: The new goal for A1 will be to discuss practice guidelines at least quarterly during the QIC. The discussion of practice guidelines will serve the following purposes:

a. Ensure all QIC members including network providers are aware of the practice guideline requirements.

b. Meet the requirement in regulations and county policy to adopt specific practice guidelines in consultation with behavioral health care professionals.
c. Enlist QIC participants, including network providers in the periodic review and update of the practice guidelines.
d. Coordinate the planning of training for implementing new practice guidelines or updating existing ones.

2. Consumer Involvement in the Quality Improvement Program

FY 24-25 Goal: Engage beneficiaries with lived experience and/or beneficiary family members in QIC.

Background: Staffing and leadership challenges outlined above have significantly impacted TCHSA's ability to recruit and retain members and/or their family members as QIC members who can share valuable insights and perspectives from their lived experience coping with mental health disorder symptoms and of being a TCHSA Mental Health Services consumer.

Update for CY 2025: In 2024 we continued to be unsuccessful in recruiting consumers and family members with lived experience to participate in the QIC meeting. Prior FY 24-25 goal was NOT MET.

CY 2025 Goal: Continue to try to recruit mental health consumers and family members for direct participation in QIC meetings. Also identify TCHSA forums that consumers and family members already attend, with the goal of taking consumer-specific issues to those forums and bring input back to the QIC meetings.

3. Quality Improvement Work Plan and Evaluation

FY 24-25 Goal: Engage QIC membership in ongoing evaluation of plan goals and actions taken to meet those goals, development of new goals, and completion of a new QI Workplan for the FY 25-26 cycle by March 31, 2025.

Background: Completion of workplans, including appropriate follow up, has been a challenge in past years due to staffing shortages and the lack of a consistent Quality Assurance Manager to spearhead QIC initiatives.

Update for CY 2025: Despite the Quality Assurance Manager position being vacant, current QIC leadership was able to begin updating the QAPI Work Plan in a timely manner in early 2025 and are on target to complete it by March 31, 2025. To align with state priorities and the due date for submission, TCHSA has changed the QAPI Work Plan from Fiscal Year to Calendar Year. Prior FY 24-25 goal: MET.

CY 2025 Goal: Continue to keep the QAPI Work Plan current and completed by March 31 of each year. Use project management tools and begin work on the updated plan at the beginning of each year.

B. Monitoring Service Delivery Capacity

1. Network Adequacy

FY 24-25 Goal: Increase the number of filled positions, particularly for direct service staff, in order to meet network certification standards for provider capacity. We are developing a PIP around this goal, noting that the average time from service request to offered psychiatry appointment is skewed by outliers.

Background: Contracts are in place with Victor Community Support Services and Remi Vista for youth services, and Children First for adult and youth services. We have also contracted with Iris Telehealth for three clinicians, one of whom is bilingual. We are continuing our recruitment efforts to fill direct care positions. TCHSA has had prior 2022-2023 Network Adequacy Certification Tool (NACT) plans of correction to increase staffing and has increased contracts with network providers and developed contracts with staffing agencies as a means to improve network adequacy. TCHSA's ability to meet network adequacy standards has been impacted both by shortages in mental health professionals statewide and by Tehama's status as a small rural county.

Update for CY 2025: TCHSA is currently working with a recruiting company and continuing to pursue available options to improve staffing and thus Network Adequacy findings. Prior FY 24-25 goal: PARTIALLY MET.

CY 2025 Goal: This ongoing goal continues to be to increase the number of filled positions, particularly for direct service staff, in order to meet network certification standards for provider capacity.

2. Penetration Rates for the Latino/Hispanic Population

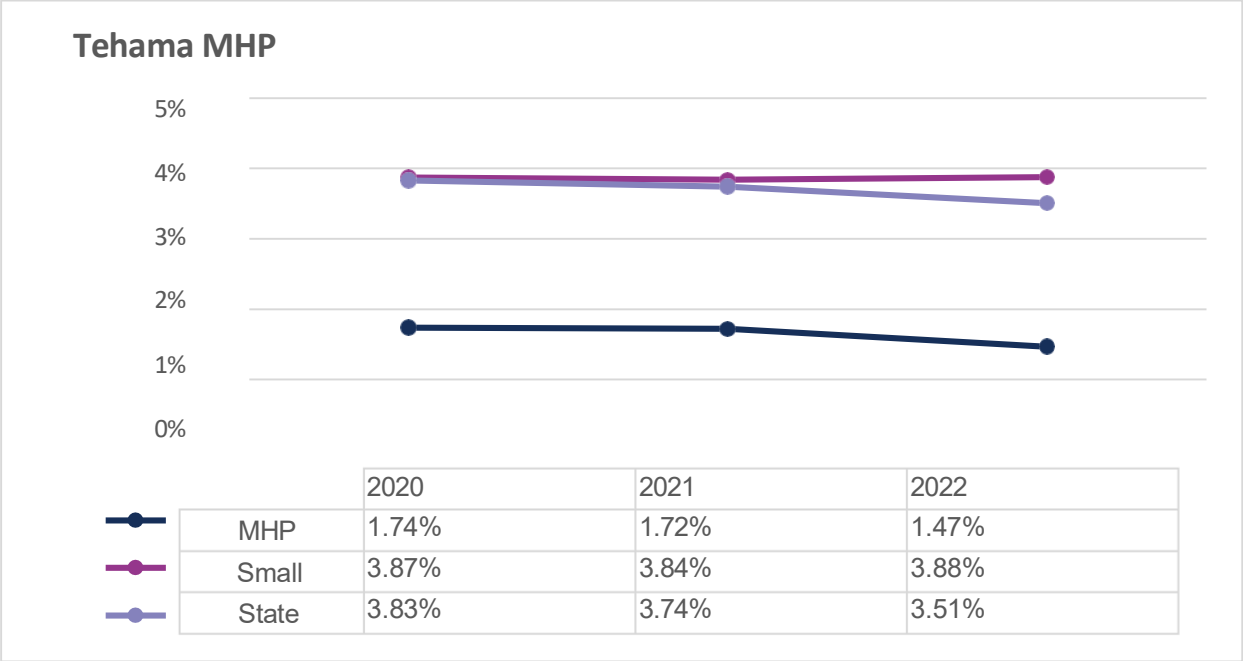
FY 24-25 Goal: Re-invigorate services in Corning by increasing hours of services provided after staffing issues are addressed. We anticipate this will improve penetration rates in following years.

Background: TCHSA continues to have a lower penetration rate for the county's threshold population (Latino/Hispanic) compared to other small counties.

Update for CY 2025: Penetration rates for the Latino/Hispanic population are provided annually by the EQRO. The most recent data is from calendar year (CY) 2020-2022 (see figures 2A and 2B below). In order to improve penetration rates for the Latino/Hispanic population, TCHSA will continue and expand Latino outreach by providing services in Corning, which has a large Latino population. We currently have one telehealth clinician that is working in Corning. We have recently hired an in-person bilingual therapist for Corning. We also have a Clinician III-bilingual, who can support the work in Corning. Prior FY 24-25 goal: PARTIALLY MET. (Please note that for future QAPI updates we will rely on data from TCHSA's Electronic Health Record provider (Avatar) since the new DHCS EQRO, Health Services Advisory Group, Inc. (HSAG) will not be providing penetration rate data.)

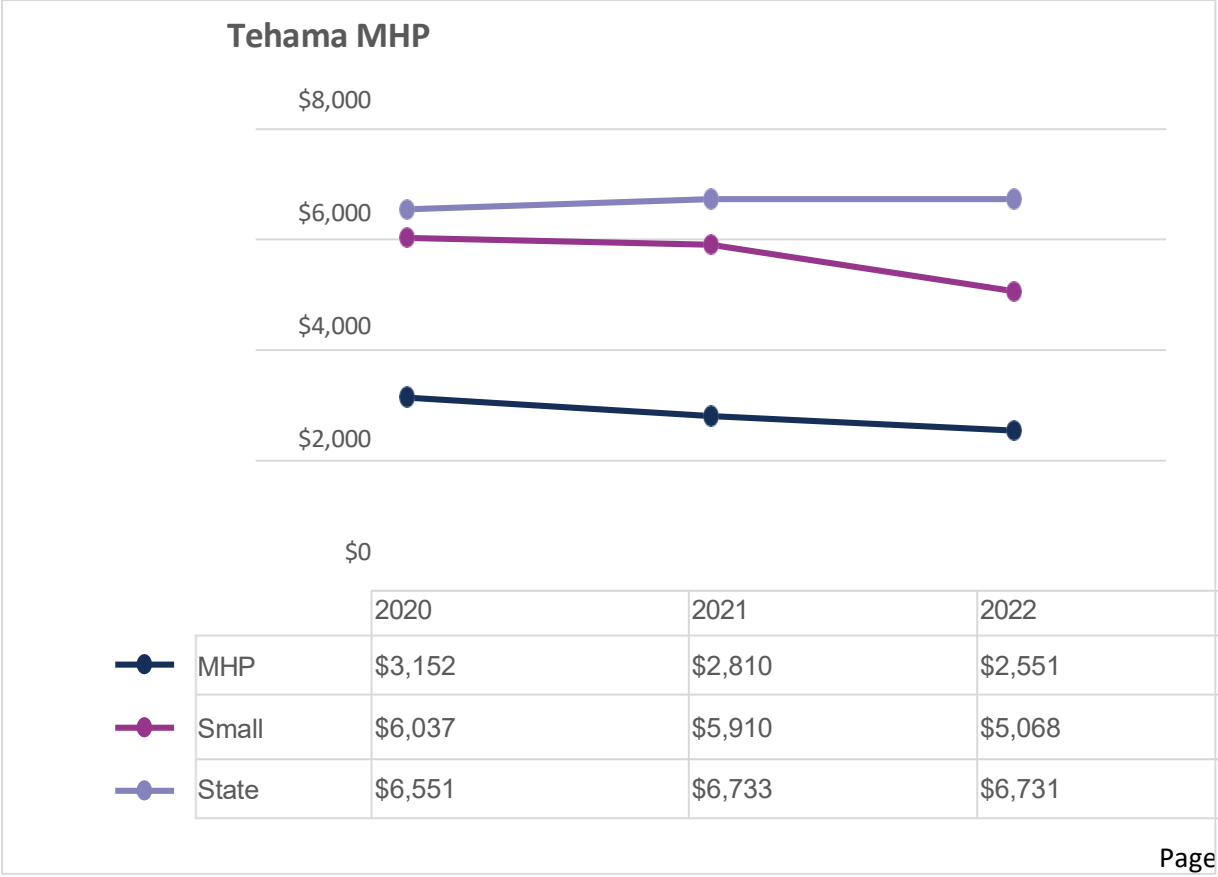
CY 2025 Goal: Re-invigorate services in Corning by increasing hours of services provided after staffing issues are addressed. We anticipate this will improve penetration rates in following years.

Figure 1: Latino/Hispanic Penetration Rates CY 2020-22



	2020	2021	2022
MHP	1.74%	1.72%	1.47%
Small	3.87%	3.84%	3.88%
State	3.83%	3.74%	3.51%

Figure 2: Latino/Hispanic Avg Annual Cost per Member (AACM) CY 2020-22



	2020	2021	2022
MHP	$3,152	$2,810	$2,551
Small	$6,037	$5,910	$5,068
State	$6,551	$6,733	$6,731

C. Monitoring Member Satisfaction

1. No Shows

FY 24-25 Goal: Continue to track and report no show rates for psychiatry quarterly in QIC. Develop a PIP for psychiatry no show rates with the goal of meeting the 10% standard.

Background: This data was regularly reviewed in QIC in CY 2023, was reported on for EQRO and is made easier to track and report with the implementation of the Electronic Health Record (EHR) in June 2022. The average no-show rate for psychiatry appointments in CY 2023 was 24%, which is well above the set standard of 10%.

Update for CY 2025: We continue to track the percentages of no-shows in monthly QIC meetings and informally discuss trends and strategies for improving appointment attendance. This year our EHR was able to provide us with data to analyze missed visits, by separating out member no shows from appointments that were cancelled by either members or staff. Agency-wide, the percentage of member no shows (not cancelled) was 10.81%, including 17.24% for psychiatric appointments and 9.03% for non-psychiatric appointments. TCHSA recognizes that many factors contribute to lack of appointment attendance; our agency standard for no-shows continues to be 10%. TCHSA management will discuss use of strategies such as reminder calls and texts, as well as no show groups for members who missing multiple appointments including medication management. Please refer to Table 3 below for detailed information.

Prior 24-25 Goal: PARTIALLY MET (The goal to review no show numbers in QIC monthly was met; the goal to develop a PIP to address psychiatry no show rates was not met.)

Table 3: Missed Visit Summary Table – CY 2024

		TOTAL - TCHSA only		TOTAL - TCHSA including Vendors	
Scheduled Psychiatry Visits (based on staff above who provide med support services)	Percentage of Client No Shows	16.71%		17.24%	
	Percentage Client Cancellation	7.00%	TOTAL MISSED %	7.02%	TOTAL MISSED %
	Percentage of Staff Cancellations	8.23%	31.94%	7.89%	32.15%
Scheduled Non-Psychiatry Visits	Percentage of Client No Shows	13.05%		9.03%	
	Percentage Client Cancellation	5.36%	TOTAL MISSED %	9.09%	TOTAL MISSED %
	Percentage of Staff Cancellations	4.08%	22.49%	2.19%	20.31%
Total - All Scheduled Visits	Percentage of Client No Shows	14.97%		10.81%	
	Percentage Client Cancellation	6.22%	TOTAL MISSED %	8.61%	TOTAL MISSED %
	Percentage of Staff Cancellations	6.25%	27.44%	3.59%	23.00%

CY 2025 Goal: Continue to monitor no show rates and, where applicable, implement projects or policies identified by TCHSA management that may reduce no show rates. Discuss possible reasons for differences in no show rates for psychiatry and for TCHSA and vendor providers, which may be related to the mix of services provided.

2. Consumer Satisfaction Surveys

FY 24-25 Goal: Improve numbers of submitted and completed Consumer Satisfaction Surveys by improving support for consumers or their family members to complete the surveys. TCHSA hopes to use the survey data to identify trends to inform QI projects.

Background: Consumer Perception Surveys provide invaluable insight into the experiences of consumers and their family members and help to guide system improvements.

Update for CY 2025: TCHSA successfully obtained 66 completed Consumer Perception Surveys in 2024, out of 187 surveys that were submitted (35%). Of the 66 surveys completed, 15 were from family members, 19 from youth, 25 from adults and 7 from older adults. In 2023, only 12 surveys were completed out of 48 that were submitted (25%). We did not compare the scores across years because the 2023 survey count was too low to yield reliable results. Prior FY 24-25 Goal: MET (Complete and Consumer Satisfaction Surveys during the time period specified by DHCS and submit them according to DHCS guidance). The following tables (4 through 7) summarize the mean satisfaction score (on a scale of 1 to 5) by survey domain area for youth (ages 13-17), families of children and youth (ages 0-17), adults, and older adults compared to statewide data:

Table 4: Satisfaction Score by Families of Children and Youth – Tehama County and Statewide May 2024

	Tehama Mean Score	Tehama Percent Agree	Statewide Mean Score	Statewide Percent Agree
Access	4.46	100.0%	4.43	94.5%
General Satisfaction	4.50	100.0%	4.38	93.0%
Outcome	3.55	53.8%	3.98	79.0%
Participation in Treatment Planning	4.67	100.0%	4.31	91.4%
Quality	4.75	100.0%	4.57	97.4%
Social Connectedness	3.51	84.6%	4.27	92.2%
Functioning	4.07	46.1%	3.99	77.8%

For most of the domains (except for outcome and social connectedness), the mean scores for Tehama County families were higher than the statewide mean scores.

Table 5: Satisfaction Score by Youth - Tehama County and Statewide May 2024

	Tehama Mean Score	Tehama Percent Agree	Statewide Mean Score	Statewide Percent Agree
Access	4.34	94.7%	4.23	91.9%
General Satisfaction	4.37	94.7%	4.24	90.4%
Outcome	4.16	100.0%	3.86	75.4%
Participation in Treatment Planning	4.18	84.2%	4.09	84.1%
Quality	4.61	100.0%	4.39	95.5%
Social Connectedness	4.32	100.0%	4.12	88.3%
Functioning	4.20	84.2%	3.91	75.4%

For all seven domains the mean satisfaction score for youth in Tehama County was higher than the statewide mean scores.

Table 6: Satisfaction Score by Adult – Tehama County and Statewide May 2024

	Tehama Mean Score	Tehama Percent Agree	Statewide Mean Score	Statewide Percent Agree
Access	4.29	90.9%	4.35	91.4%
General Satisfaction	4.24	81.8%	4.45	91.7%
Outcome	3.92	81.8%	4.04	78.8%
Participation in Treatment Planning	4.11	86.4%	4.33	91.8%
Quality	4.37	90.9%	4.36	91.4%
Social Connectedness	4.11	72.7%	4.04	78.9%
Functioning	3.96	72.7%	4.03	76.2%

For Tehama adults the mean satisfaction scores tended to be lower than the statewide mean satisfaction scores, except for in the domains of quality and social connectedness where they were slightly higher than in the statewide scores.

Table 7: Satisfaction Score by Older Adult – Tehama County and Statewide May 2024

	Tehama Mean Score	Tehama Percent Agree	Statewide Mean Score	Statewide Percent Agree
Access	4.70	100.0%	4.31	90.3%
General Satisfaction	4.50	85.7%	4.46	92.5%
Outcome	4.29	83.3%	4.02	79.4%
Participation in Treatment Planning	4.36	85.7%	4.30	91.5%
Quality	4.58	100.0%	4.31	90.5%
Social Connectedness	4.22	83.3%	4.02	79.6%
Functioning	4.20	83.3%	3.99	77.2%

For all seven domains the mean satisfaction score for older adults in Tehama County was higher than the statewide mean scores.

CY 2025 Goal: Improve numbers of submitted and completed Consumer Satisfaction Surveys by improving support for consumers or their family members to complete the Consumer Satisfaction Surveys during the specified time. TCHSA hopes to use this more robust data to identify trends that may inform QI projects, to decrease the number of surveys given to members and not completed, and to improve on the mean scores from year to year.

D. Monitoring the service delivery system regarding clinical issues

1. Chart Reviews

FY 24-25 Goal: Implement a chart review program for internal TCHSA charts using a CalAIM-compliant chart review tool currently under review at the time of this writing. This program shall include regular monthly chart audits of both TCHSA MH and vendor charts to ensure compliance with CalAIM service provision and documentation requirements, including but not limited to those from BHIN 21-073, 22-011, BHIN 23-068, and BHIN 22-065.

Background: TCHSA has had challenges with fully implementing California Advancing and Innovating Medi-Cal (CalAIM) service and chart documentation requirements due to critical vacant positions. During FY 24-25, monthly chart reviews continued for our contract providers, though using an out-of-date chart review tool.

Update for CY 2025: TCHSA is in the process of updating the chart audit tool consistent with CalAIM documentation requirements from BHIN 23-068. Contract provider chart audits occurred in 2024-25 using the existing tool. Staff completed trainings conducted by the California Mental Health Services Authority (CalMHSA) on CalAIM documentation requirements and transition the triage process from an authorization focus to a utilization management and review focus to be consistent with updated regulations. Our goal is to have the CalAIM documentation standards, policy and procedure by the end of this fiscal year and have all staff trained with the new updated forms in AVATAR. We are working with AVATAR to get the Assessment and Targeted Case Management Care Plan in the system to begin training. We will be adopting CalMHSA Documentation Standards and Practice Guidelines. Prior FY 24-25 Goal: NOT MET

CY 2025 Goal: Implement a chart review program for internal TCHSA charts and contract providers using a CalAIM-compliant chart review tool. This program shall include regular monthly chart audits of both TCHSA MH and vendor charts to ensure compliance with CalAIM service provision and documentation requirements, including but not limited to those from BHIN 21-073 (Access Requirements), 22-011, BHIN 23-068 (Documentation Requirements, and BHIN 22-065 (Transition of Care Tools) and subsequent BHINs that supersede this guidance.

2. Medication Compliance/Medication Monitoring

FY 2024-25 Goal: Re-implement the medication monitoring process. TCHSA continues to pursue hiring of a provider to monitor Medication Compliance and Medication Monitoring.

Background: For several years, TCHSA has been working to hire a contractor to provide this service for our agency. TCHSA experienced challenges finding a psychiatrist or pharmacist who was interested in providing this oversight for our agency despite multiple attempts including reaching out through staffing agencies and reaching out to known providers. TCHSA has now contracted with Community Behavioral Health and anticipates this contract will yield providers with the appropriate experience and credentials to undertake monitoring.

Update for CY 2025: We have contracted with a pharmacist this year. The contractor is reviewing 10 charts randomly monthly and starting last month she is reviewing 5 charts for each month for the previous FY. Prior FY 24-25 Goal: MET

CY 2025 Goal: TCHSA will continue to monitor Medication Compliance and Medication Monitoring consistent with state requirements. TCHSA will establish a baseline for

percentage of medication monitoring reports that reveal compliance issues. Following the establishment of a baseline, future goals will address specific improvements needed.

3. Access/Crisis line test calls

FY 2024-25 Goal: Conduct at least three test calls per quarter and at least one test call in a language other than English at least once per quarter. Improve test call results for logging compliance. All TCHSA staff will receive updated training for call handling; Mobile Crisis staff will receive updated training for call handling, including the provision of work aids, work flows, etc., to improve staff's ability to handle calls efficiently and appropriately, direct calls correctly, and meet state and federal requirements for information and service provision.

Background: In CY 2023, TCHSA was able to meet goal of conducting at least three test calls per quarter and at least one test call in a language other than English at least once per quarter. TCHSA's goal to improve test call results for logging compliance were also met with 21 of 22 test calls providing the information requested (access to SMHS, urgent condition need, or problem resolution information) and 20 of 22 test calls being logged. Review of test call results indicate ongoing need for test calls conducted before or after business hours and ongoing need to ensure test calls are performed in non-English languages, especially Spanish which is the sole Tehama County threshold language.

Update for CY 2025: In CY 2024, 21 of 27 test calls (78%) provided the information requested (access to SMHS, urgent condition need, or problem resolution information) and only 5 of the 18 calls (28%) required to be logged met all the requirements for information to be included in the log (name of member, date of the request and initial disposition). Each quarter, calls were made in a non-English language and after hours. The calls that did not log the required information were for both business hours and after hours. All staff who answer the Access line were provided mandatory training, and additional resource materials, including a decision tree, were provided to staff. Prior FY 24-25 Goal: PARTIALLY MET. We will need to improve the percentage of calls logged.

CY 2025 Goal: Conduct at least three test calls per quarter and at least one test call in a language other than English at least once per quarter. Improve test call results, including for logging compliance. All TCHSA staff will receive updated training for call handling; Mobile Crisis staff will receive updated training for call handling, including the provision of work aids, work flows, etc., to improve staff's ability to handle calls efficiently and appropriately, direct calls correctly, and meet state and federal requirements for information and service provision. Call logging will be tracked quarterly. Focused and individual training provided when compliance issues arise.

E. Continuity of Care with Physical Healthcare and Other Agencies

1. Inpatient Hospitalization Follow-Up and Re-Hospitalization Rates

FY 24-25 Goal: Begin to track this data quarterly in QIC meetings and develop a PIP focused on improving the percentage of services delivered within 7 and 30 days of inpatient discharge. Continue to show improvement in meeting required standards for follow-up appointments after psychiatric hospitalization. TCHSA will be opting into Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) and will be working with the National Committee for Quality Assurance (NCQA) on Healthcare Effectiveness Data and Information Set (HEDIS) measures including the 7-day and 30-day outpatient follow-up rates after a psychiatric inpatient discharge as part of their assessment.

Background: According to data from the FY 2023-24 EQRO report, 49% of members received follow-up appointments after psychiatric hospitalization within 7 days and 47% received follow-up appointments after psychiatric hospitalization within 30 days.

Update for CY 2025: TCHSA will be contracting with CalMHSA to help with calculating the HEDIS measures. These are the data measures for our current PIP that we will need to be tracking. Prior FY 24-25 goal was PARTIALLY MET, as TCHSA will be measuring follow up after inpatient discharge through a PIP with help tracking HEDIS measures from CalMHSA.

CY 2025 Goal: Continue to show improvement in meeting required standards for follow-up appointments after psychiatric hospitalization. TCHSA will be opting into Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) and will be working with the National Committee for Quality Assurance (NCQA) on Healthcare Effectiveness Data and Information Set (HEDIS) measures including the 7-day and 30-day outpatient follow-up rates after a psychiatric inpatient discharge as part of their assessment.

F. Provider Appeals and Satisfaction

1. Provider Appeals

FY 24-25 Goal: Report at least annually in QIC on number of provider appeals and any relevant trends. Provider appeals, including appeals for denied TAR authorization, shall be tracked and reviewed.

Background: Records indicate that no provider appeals were received during 2023 and QIC minutes indicate that provider appeals were not reviewed in QIC.

Update for CY 2025: Records indicate that no provider appeals were received during 2024 and QIC minutes indicate that provider appeals were not reviewed in QIC. Prior FY 24-25 Goal: NOT MET.

CY 2025 Goal: Since no provider appeals have been received in the last two years or more, this goal will be discontinued due to lack of system-wide impact.

G. Significant Changes and Current Initiatives

1. Outcome Measures

FY 24-25 Goal: Decide whether to implement MORS once a year or FIT. Continue the use of the CANS-50, PSC-35, and PQ-16.

Background: These outcome measures have not been implemented yet. Due to ongoing staffing shortages, TCHSA did not have the capacity to determine if it would be feasible to implement FIT or Milestones of Recovery Scale (MORS). TCHSA continues to implement the CANS, PSC and PQ.

Update for CY 2025: TCHSA will continue the use of CANS and PCS-35 and implement ANSA and PQB. We will be implementing ANSA (just waiting to pay for the trainings) and the PQ-16 has been replaced already and implemented the PQB instead. Prior FY 24-25 Goal: MET.

CY 2025 Goal: TCHSA will continue the use of the CANS-50, PSC-35, and PCB, and implement ANSA once staff are trained in its use. This goal may be discontinued once all outcome measure tools are implemented and being used regularly.

2. Performance Improvement Projects (PIPs)

FY 24-25 Goal: Implement the following PIPs:

- Identify Substance Use Disorder clients who are eligible for SMHS using the Adult Screening Tool and connecting those beneficiaries to SMHS assessment appointments in order to increase the number of participants who have co-occurring disorders and are receiving both SUD and MH services.
- Implement a co-occurring treatment group for individuals receiving mental health services who identify or are identified as having co-occurring treatment needs and for individuals who are receiving SUD and MH services. The goal of this PIP is to increase and improve co-occurring treatment at TCHSA.

Background: With the departure of the last Quality Assurance Manager (QAM) in Spring of 2023, implementation of PIPs was not possible given lack of other staff to cover this duty.

Update for CY 2025: There were no PIPs active, and with the changes at the state level regarding PIPs, no efforts were made to create PIPs. However, some work was done around this area, as a co-occurring community group was started. There were two co-occurring group implemented this year. One group is for primary substance disorders and the other is for primary mental health. Prior FY 24-25 Goal: NOT MET.

CY 2025 Goal: DHCS is requiring all MHPs to conduct new clinical and non-clinical PIPs to begin in 2025 (with the first annual submissions due in July 2025) and conclude in 2027 (with the final annual submission due in July 2028). TCHSA's PIP selections will be as follows:

1. Non-Clinical PIP: Improve timely access from first contact from any referral source to first offered appointment for any SUD service or SMHS.

- Timeliness Standard: First contact/appointment offered from any referral within 10-days.
- Most Recent 12 Month Data Measurement Period: 12/12/2023-12/12/2024
- Numerator: 110
- Denominator: 180
- Rate: 61%

2. Clinical PIP: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - Improving the FUM measure rate
    - Most Recent 12 Month Data Measurement Period: This not something that we were currently tracking, and we will need to establish a baseline.
    - Numerator: N/A
    - Denominator: N/A
    - Rate: N/A

Instructions
Counties shall report their planned expenditures for all behavioral health funding sources, not limited to only BHSA, along the Behavioral Health Care Continuum in Tab One.
For Annual Updates, counties should review and make updates only to the next fiscal year. For Intermittent Updates, counties should review and make updates to the current fiscal year.
Column C: counties shall indicate whether they provide each category of services using the check box.
Columns D through I: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources and programs
by each Behavioral Health Care Continuum category. Counties should consider children/youth as 21 and under for Columns G - I.
Columns J and K: counties shall input their estimated total count of all individuals served through the county behavioral health system across all funding sources/programs.
These counts may be duplicated. Counties should consider eligible children/youth as 21 and under for Column K.
Row 38: the total projected expenditures in columns D through I and total projected individuals served annually in columns J and K will be auto-populated from rows 20 through 36.
Note: For a list of all funding streams that should be included in the projected expenditures calculation for each BH Care Continuum Category, please see the Behavioral Health
Services Act (BHSA) County Policy Manual Chapter 3, Section A.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws,
regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined
in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's
Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.
These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table One: Behavioral Health Care Continuum Projected Expenditures									
	Services Are Provided in County	Total Projected Expenditures On Adults and Older Adults (Year One)	Total Projected Expenditures On Adults and Older Adults (Year Two)	Total Projected Expenditures On Adults and Older Adults (Year Three)	Total Projected Expenditures on Children/Youth (under 21) (Year One)	Total Projected Expenditures on Children/Youth (under 21) (Year Two)	Total Projected Expenditures on Children/Youth (under 21) (Year Three)	Projected Individuals to be Served Annually (May be duplicated) Eligible Adults and Older Adults	Projected Individuals to be Served Annually (May be duplicated) Eligible Children/Youth (under 21)
Substance Use Disorder (SUD) Services									
Primary Prevention Services	☑	$ 253,950.00	$ 266,756.00	$ 279,205.00	$ 66,000.00	$ 66,000.00	$ 66,000.00	94.00	50.00
Early Intervention Services	☑	$ 1,903,643.00	$ 1,954,635.00	$ 1,987,462.00	$ 131,366.00	$ 137,410.00	$ 141,675.00	299	32.00
Outpatient Services	☑	$ 761,188.00	$ 794,049.00	$ 827,703.00	$ 54,000.00	$ 56,563.00	$ 58,569.00	299	32.00
Intensive Outpatient Services	☑	$ 332,519.00	$ 348,640.00	$ 359,919.00	$ 6,735.00	$ 6,284.00	$ 6,507.00	94	10.00
Crisis and Field-Based Services	☑	$ 250,000.00	$ 250,000.00	$ 250,000.00	$ 22,000.00	$ 22,000.00	$ 22,000.00	50	25.00
Residential Treatment Services	☑	$ 120,000.00	$ 126,000.00	$ 132,300.00	$ 10,000.00	$ 10,500.00	$ 11,025.00	15	1.00
Inpatient Services	☐	$ -	$ -	$ -	$ -	$ -	$ -	0	0.00
Mental Health (MH) Services									
Primary Prevention Services	☑	$ 253,950.00	$ 266,756.00	$ 279,205.00	$ 253,950.00	$ 266,756.00	$ 279,205.00	150	150
Early Intervention Services	☑	$ 4,007,891.00	$ 4,066,438.00	$ 4,122,590.00	$ 4,171,478.00	$ 4,232,414.00	$ 4,290,858.00	3288	3424
Outpatient and Intensive Outpatient Services	☑	$ 4,266,125.00	$ 4,289,639.00	$ 4,313,449.00	$ 4,011,050.00	$ 4,160,744.00	$ 4,318,920.00	1206	1056
Crisis Services	☑	$ 1,674,085.00	$ 1,722,574.00	$ 1,768,357.00	$ 1,742,415.00	$ 1,792,885.00	$ 1,840,536.00	980	1020
Residential Treatment Services	☑	$ 32,547.00	$ 34,174.00	$ 35,883.00	$ 13,259.00	$ 13,922.00	$ 14,618.00	7	3
Hospital and Acute Services	☑	$ 618,397.00	$ 649,317.00	$ 681,783.00	$ 251,931.00	$ 264,528.00	$ 277,754.00	135	55
Subacute and Long-Term Care Services	☑	$ 120,000.00	$ 126,000.00	$ 132,300.00	$ -	$ -	$ -	20	0
Housing Services (MH + SUD)									
Housing Services	☑	$ 565,854.00	$ 627,593.00	$ 685,328.00	$ -	$ -	$ -	5	0
Total Projected Expenditures and Individuals Served									
Total Projected Expenditures and Individuals Served (auto-populated)		$ 15,160,149.00	$ 15,522,571.00	$ 15,855,484.00	$ 10,734,184.00	$ 11,030,006.00	$ 11,327,667.00	6642	5858

Instructions
Counties shall report their planned expenditures for all behavioral health services and activities, not limited to only BHSA funded services and activities,
other than those that are part of the Behavioral Health Care Continuum in Tab Two.

Rows 17 through 20: counties shall include their estimated total expenditures for the Integrated Plan period across all behavioral health funding sources
and programs for each category listed. These costs are those that do not easily fit under the categories in Tab One, "BH CoC Expenditures."
Row 22: total projected expenditures will be auto-populated from rows 17 through 20.
For a list of all funding streams that should be included in the projected expenditures calculation for Table Two: Other County Expenditures please see
the Behavioral Health Services Act County Policy Manual Chapter 3 Section A.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in
applicable laws, regulations, and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of
state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill
appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from
Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA funding
and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Two: Other County Expenditures

Other Expenditures	Total Projected Expenditures (Year One)	Total Projected Expenditures (Year Two)	Total Projected Expenditures (Year Three)
Capital Infrastructure Activities	$ 55,000.00	$ 55,000.00	$ 55,000.00
Workforce Investment Activities	$ 71,000.00	$ 57,000.00	$ 57,000.00
Quality & Accountability, Data Analytics, and Plan Management & Administrative Activities (including indirect administrative activities)	$ 1,525,350.00	$ 1,545,490.00	$ 1,589,725.00
Other County Behavioral Health Agency Services/Activities (e.g., Public Guardian, CARE Act, LPS Conservatorships, DSH for Housing, Court Diversion Programs)	$ 1,536,134.00	$ 1,536,134.00	$ 1,536,134.00
Total Projected Expenditures			
Total Projected Expenditures (auto-populated)	$ 3,187,484.00	$ 3,193,624.00	$ 3,237,859.00

Instructions
Counties shall report their planned revenue across the county behavioral health delivery system to support all behavioral health services and programs by funding source
in Tab Three.
Rows 18 through 33: counties shall report projected expenditures for each funding source/program.
Row 21: for State General Fund, include funds received for the non-federal share of Medi-Cal payments.
Row 26: for Commercial Insurance (including Medicare), reporting reflects planned reimbursement obtained by county-operated providers, not county-contracted providers.
Row 35: total expenditures will be auto-populated from rows 18 through 33.
Row 36: will be auto-validated by DHCS against rows 35, 37, and 38. Validation: total projected expenditure variance should total out to $0.
Rows 37 and 38: will be auto-validated by DHCS against total projected expenditures in Tabs One and Two.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws,
regulations, and guidance, including the BHSA County Policy Manual.
2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual,
including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith
effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for
both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Three: Projected Annual Expenditures by County BH Funding Source			
	Total Annual Projected Expenditures (Year One)	Total Annual Projected Expenditures (Year Two)	Total Annual Projected Expenditures (Year Three)
BHSA	$ 5,658,534.00	$ 6,275,935.00	$ 6,853,280.00
1991 Realignment (Bronzan-McCorquodale Act)	$ 2,191,439.00	$ 2,191,439.00	$ 2,191,439.00
2011 Realignment (Public Safety Realignment)	$ 132,056.00	$ 132,056.00	$ 132,056.00
State General Fund	$ 11,171,743.00	$ 11,171,743.00	$ 11,171,743.00
FFP (SMHS, DMC/DMC-ODS, NSMHS)	$ 1,540,138.00	$ 1,540,138.00	$ 1,540,138.00
Projects for Assistance in Transition from Homelessness (PATH)	$ 894,696.00	$ 894,696.00	$ 894,696.00
Community Mental Health Block Grant (MHBG)	$ 393,493.00	$ 393,493.00	$ 393,493.00
Substance Use Block Grant (SUBG)	$ 862,112.00	$ 862,112.00	$ 862,112.00
Commercial Insurance	$ 45,000.00	$ 45,000.00	$ 45,000.00
County General Fund	$ 25,944.00	$ 25,944.00	$ 25,944.00
Opioid Settlement Funds	$ 173,393.00	$ 173,393.00	$ 173,393.00
Other Funding Sources	**Total Annual Projected Expenditures (Year One)**	**Total Annual Projected Expenditures (Year Two)**	**Total Annual Projected Expenditures (Year Three)**
Other federal grants	$ -	$ -	$ -
Other state funding (including DSH funding)	$ 3,908,390.00	$ 3,908,390.00	$ 3,908,390.00
Other county mental health or SUD funding	$ 2,084,879.00	$ 2,131,862.00	$ 2,229,326.00
Other foundation funding	$ -	$ -	$ -
Summary	**Total Annual Projection (Year One)**	**Total Annual Projection (Year Two)**	**Total Annual Projection (Year Three)**
Total projected expenditures (all BH funding streams/ programs) (auto-populated)	$ 29,081,817.00	$ 29,746,201.00	$ 30,421,010.00
Total Projected Expenditure Variance	$ -	$ -	$ -
Auto-validation: Table 1: Behavioral Health Care Continuum Projected Expenditures	$ 25,894,333.00	$ 26,552,577.00	$ 27,183,151.00
Auto-validation: Table 2: Other County Expenditures	$ 3,187,484.00	$ 3,193,624.00	$ 3,237,859.00

Instructions
Counties shall report their base BHSA funding allocations, approved Housing Intervention Component Exemptions, and planned transfers on this sheet. **All counties must complete this sheet.**

Rows 38-40: input your county's base BHSA funding allocation by component and year.
Rows 43-54: this section will be auto-populated from the sections below it.
Rows 43, 49, and 53: the total adjusted allocation percentages for each component, inclusive of both exemptions and transfers.
Rows 44, 50, and 54: is the projected amount of funding, in dollars, based on the adjusted total allocation percentages.
Row 45: reflects the unspent MHSA funding that will be transferred to each of the Behavioral Health Services Act (BHSA) component allocations.
Row 46: reflects the excess prudent reserve funding that will be transferred to each of the BHSA components.
Rows 58, 80, and 102: the base funding amount for Housing Interventions will auto-populate from Column C, rows 38-40.
Rows 59, 81, and 103: if your county has an approved housing exemption, enter the percent of funds you are moving out of Housing Interventions into the other components. Enter this percentage as a positive value.
It will automatically display as a negative value in the cell.
Rows 60, 82, and 104: if your county has an approved housing exemption, enter the percent of funds you are moving out of the other components and into Housing interventions.
Enter this percentage as a positive value.
Rows 63, 85, 107: the base funding amount for Full Service Partnerships will auto-populate from Column D, rows 38-40.
Rows 68, 90, 112: the base funding amount for Behavioral Health Services and Supports will auto-populate from Column E, rows 38-40.
Rows 64, 69, 86, 91, 108, and 113: enter the percentage transferred out of Full Service Partnerships (FSP) and Behavioral Health Services and Supports (BHSS) into Housing Interventions, respectively.
Rows 65, 70, 87, 92, 109, and 114: enter the percentage transferred from Housing Interventions into Full Service Partnerships (FSP) and Behavioral Health Services and Supports (BHSS), respectively.
Rows 74, 96, 118: the updated base percentage will be auto-populated for Housing Interventions, FSP, and BHSS, respectively. Ensure the validation states "Row Equals 100%."
Rows 75, 97, 119: enter the amount you are transferring out of each component as a positive number. It will automatically display as a negative value. Ensure the validation states, "Row Does Not Exceed 14%."
Rows 76, 98, 120: enter the amount you are transferring into each component as a positive number. Ensure the validation states, "Transfers Out and In Equal."
Note: If your county plans to use Housing Intervention funds (up to 7 percent) to provide outreach and engagement, the amount of funds the county can transfer out of the Housing Intervention component (Row 75)

must be decreased by the corresponding amount. Counties will document the amount dedicated to outreach and engagement in Tab 5. Housing Interventions.

Rows 77, 99, 121: the updated base percentage will be auto-populated for Housing Interventions, FSP, and BHSS, respectively. Ensure the validation states, "Row Equals 100%."

Rows 124-130: enter the amount of MHSA funds by component allocation transferring to each BHSA component. Encumbered unspent MHSA funds tied to WET, CFTN, or INN should be included; unencumbered INN

funds should also be included. Please see Policy Manual Chapter 6, Section 7 for additional information.

Row 130: the total dollar amount of MHSA Transfers to BHSA is auto-populated.

Row 133: enter the dollar amount of prior year prudent reserve ending balance

Row 134: enter the prudent reserve maximum for your county.

Row 135: the dollar amount of excess prudent reserve funding to be transferred out of the prudent reserve will auto-populate. **Negative values indicate no transfer is necessary.**

Rows 136-138: enter the amount of excess prudent reserve funds allocated to each component.

Row 139: the total transferred excess prudent reserve is auto-populated.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County Policy

Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to

bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.

These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Four: BHSA Transfers

	County Base BHSA Funding Allocations Housing Intervention	County Base BHSA Funding Allocations Full-Service Partnership	County Base BHSA Funding Allocations Behavioral Health Services and Support	County Base BHSA Funding Allocations Total
Year One Component Allocation (dollars)	$ 1,697,562.00	$ 1,980,486.00	$ 1,980,486.00	$ 5,658,534.00
Year Two Component Allocation (dollars)	$ 1,882,781.00	$ 2,196,577.00	$ 2,196,577.00	$ 6,275,935.00
Year Three Component Allocation (dollars)	$ 2,055,984.00	$ 2,398,648.00	$ 2,398,648.00	$ 6,853,280.00

BHSA Transfers Year One Summary (auto-populated)				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Totals**
Adjusted Total Allocation Percentages (Exemptions and Transfers)	10%	45%	45%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 565,854.00	$ 2,546,339.14	$ 2,546,339.14	$ 5,658,532.29
Unspent Mental Health Services Act (MHSA) to BHSA	$ -	$ 2,242,955.00	$ 1,586,144.00	$ 3,829,099.00
Excess Prudent Reserve (PR) to BHSA	$ -	$ -	$ -	$ -

BHSA Transfers Year Two Summary (auto-populated)				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Totals**
Adjusted Total Allocation Percentages (Exemptions and Transfers)	10%	45%	45%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 627,593.67	$ 2,824,170.43	$ 2,824,170.43	$ 6,275,934.52

BHSA Transfers Year Three Summary (auto-populated)				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Totals**
Adjusted Total Allocation Percentages (Exemptions and Transfers)	10%	45%	45%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 685,328.00	$ 3,083,976.00	$ 3,083,976.00	$ 6,853,280.00

Funding Transfer Request Allocations

Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage) (Year One)		
Base Component (Year One)	**Housing Intervention Percentage (Year One)**	**Housing Intervention Funds (Year One)**
Base Percentage and Funding	30%	$ 1,697,562.00
Percentage Reduced	-20%	$ 1,131,708.00
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	10%	$ 565,854.00
Transferred To/From	**Full Service Partnership Percentage (Year One)**	**Full Service Partnership Funds (Year One)**
Base Percentage and Funding	35%	$ 1,980,486.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 565,853.14
New FSP Base Percentage (auto-populated)	45%	$ 2,546,339.14
Transferred To/From	**Behavioral Health Services and Support Percentage (Year One)**	**Behavioral Health Services and Support Funding (Year One)**
Base Percentage and Funding	35%	$ 1,980,486.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 565,853.14
New BHSS Base Percentage (auto-populated)	45%	$ 2,546,339.14

Funding Transfers (Year One)				
	Housing Intervention (Year One) (1)	Full-Service Partnership (Year One)	Behavioral Health Services and Support (Year One)	Validation
Base Percentage after Housing Intervention Component Exemption (auto-populated)	10%	45%	45%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	10%	45%	45%	Row Equals 100%

Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage) (Year Two)		
Base Component (Year Two)	**Housing Intervention Percentage (Year Two)**	**Housing Intervention Funds (Year Two)**
Base Percentage and Funding	30%	$ 1,882,781.00
Percentage Reduced	-20%	$ 1,255,187.33
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	10%	$ 627,593.67
Transferred To/From	**Full Service Partnership Percentage (Year Two)**	**Full Service Partnership Funds (Year Two)**
Base Percentage and Funding	35%	$ 2,196,577.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 627,593.43
New FSP Base Percentage (auto-populated)	45%	$ 2,824,170.43
Transferred To/From	**Behavioral Health Services and Support Percentage (Year Two)**	**Behavioral Health Services and Support Funding (Year Two)**
Base Percentage and Funding	35%	$ 2,196,577.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 627,593.43
New BHSS Base Percentage (auto-populated)	45%	$ 2,824,170.43

Funding Transfers (Year Two)				
	Housing Intervention (Year Two) (1)	Full-Service Partnership (Year Two)	Behavioral Health Services and Support (Year Two)	Validation
Base Percentage after Housing Intervention Component Exemption (auto-populated)	10%	45%	45%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	10%	45%	45%	Row Equals 100%

Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage) (Year Three)		
Base Component	**Housing Intervention Percentage (Year Three)**	**Housing Intervention Funds (Year Three)**
Base Percentage and Funding	30%	$ 2,055,984.00
Percentage Reduced	-20%	$ 1,370,656.00
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	10%	$ 685,328.00
Transferred To/From	**Full Service Partnership Percentage (Year Three)**	**Full Service Partnership Funds (Year Three)**
Base Percentage and Funding	35%	$ 2,398,648.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 685,328.00
New FSP Base Percentage (auto-populated)	45%	$ 3,083,976.00
Transferred To/From	**Behavioral Health Services and Support Percentage (Year Three)**	**Behavioral Health Services and Support Funding (Year Three)**
Base Percentage and Funding	35%	$ 2,398,648.00
Percentage Reduced	0%	$ -
Percentage Added	10%	$ 685,328.00
New BHSS Base Percentage (auto-populated)	45%	$ 3,083,976.00

Funding Transfers (Year Three)				
	Housing Intervention (Year Three) (1)	Full-Service Partnership (Year Three)	Behavioral Health Services and Support (Year Three)	Validation
Base Percentage after Housing Intervention Component Exemption (auto-populated)	10%	45%	45%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	10%	45%	45%	Row Equals 100%

MHSA Transfers to BHSA				
MHSA Component	Available Unspent BHSA Funds	Transferred to Housing Intervention	Transferred to Full-Service Partnership	Transferred to Behavioral Health Services and Support
CSS	$ 1,242,955.00	$ -	$ 1,242,955.00	$ -
PEI	$ 2,460,144.00	$ -	$ 1,000,000.00	$ 1,460,144.00
Encumbered INN	$ -	$ -	$ -	$ -
Unencumbered INN	$ -	$ -	$ -	$ -
WET	$ 71,000.00			$ 71,000.00
CFTN	$ 55,000.00			$ 55,000.00
Total (auto-populated)	$ 3,829,099.00	$ -	$ 2,242,955.00	$ 1,586,144.00

Excess Prudent Reserve to BHSA Components	
Transfer from Prudent Reserve to BHSA Component Allocation	Amount
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	$ 550,618.00
Local Prudent Reserve Maximum (2)	$ 1,397,657.11
Excess Prudent Reserve Funding that must be transferred	**$ (847,039.11)**
Housing Intervention (3)	$ -
FSP	$ -
BHSS (4)	$ -
Total Transferred Excess Prudent Reserve (auto-populated)	$ -

References

1. BHSA County Policy Manual section 6.B.5 states counties may use up to seven percent of Housing Interventions component funds on outreach and engagement. The amount of funds transferred out of the Housing Interventions component into another funding component must be decreased by a corresponding amount. Counties are not required to use Housing Intervention component funding for outreach and engagement, or other funding transfer requests. It remains at the discretion of the counties to transfer up to a total of 14 percent of its BHSA funds in a fiscal year.

2. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).

3. W&I Code § 5892, subdivision (b)(6)(B) states prudent reserve funding cannot be spent on capital development.

Instructions
Counties shall report their projected expenditures for their BHSA Housing Interventions allocation component. Counties shall report projected expenditures for all
other non-BHSA funding sources in Tab Five.
Rows 39-42: input the estimated total Housing Intervention component allocation received for each year. Row 39 will auto-populate from Tab Four in the BHSA Transfers tab.
Input unspent MHSA dollars carried over to this component into row 42. Row 43 will auto-populate the sum of rows 40-42 to account for total funding.
Row 40: input the total dollar amount projected to be added to Housing Intervention component funds from the prudent reserve, if applicable. If you reported on Tab 4, row 136 that you will be
transferring excess PR funds to Housing Interventions please report them here.
Rows 47-64: input the projected expenditures for each Housing Intervention component service category or program for each year.
Row 46: the aim of Housing Interventions is to help individuals achieve permanent housing stability. To the maximum extent possible, counties should seek to place
individuals in permanent housing settings. Housing Interventions may only be used for placement in interim settings for a limited time, 6 months for BHSA eligible
individuals who have exhausted the Transitional Rent benefit and 12 months for BHSA eligible individuals not eligible to receive Transitional Rent
through their Medi-Cal MCP.
Row 51: pursuant to W&I Code section 5830, subdivision (c)(2), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal Managed
Care Plans (MCP). Please indicate the projected expenditures for BHSA funding ONLY in columns C, D, and E. Please indicate the projected expenditures for all other
funding sources excluding BHSA in columns F, G, and H.
Row 63: input expenditures for BHSA-funded innovation pilots or projects.
Row 64: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.

Row 65: the sub-total will be auto-populated, excluding the percentage of rental and operating subsidies administered through Flex Pools.
Row 67: input the total dollar amount projected to be transferred out of Housing Intervention component funds into the prudent reserve.
Row 69 enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).
Row 70: the overall total of Housing Intervention expenditures will be auto-populated from rows 65, 67, and 69.
Row 72: input the total dollar amount for Housing Intervention component programs and services that will be dedicated to the chronically homeless population.
This amount should equal 50% of Housing Interventions component allocation.
Row 73: input the total dollar amount for Housing Intervention component programs and services that will be dedicated to serving individuals with only a substance
use disorder, if provided by the county. DHCS recognizes there may be duplication with funds captured in row 72.
Row 75: the proportion of funds dedicated to capital development will be auto-populated**.**
Row 76: the proportion of funds dedicated to the chronically homeless population will be auto-populated**.**
Row 77: the proportion of funds dedicated to Outreach and Engagement will be auto-populated.
Rows 79-80: input the estimated unduplicated count of individuals that will be served across all Housing Intervention component services.
Row 82: auto-populates projected estimated amount of MHSA Encumbered INN funds that will be available in the BHSA HI component for each year.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws,
regulations, and guidance, including the BHSA County Policy Manual.
2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including
requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to
seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services that are eligible for both BHSA

funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Five: BHSA Components			
	Total Housing Interventions Funding (Year One)	**Total Housing Interventions Funding (Year Two)**	**Total Housing Interventions Funding (Year Three)**
Total Estimated Housing Intervention Funding Received (BHSA Funds)	$ 565,854.00	$ 627,593.00	$ 685,328.00
Transfers into Housing Intervention component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Housing Intervention Funding Allocated (MHSA - Unspent Carryover Funds)	$ -	$ -	$ -
Total Estimated Housing Intervention Funding (BHSA + MHSA Funds)	$ 565,854.00	$ 627,593.00	$ 685,328.00

Housing Interventions Category						
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year One)**	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Two)**	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Three)**	**Projected Expenditures - All Other Funding Sources (Year One)**	**Projected Expenditures - All Other Funding Sources (Year Two)**	**Projected Expenditures - All Other Funding Sources (Year Three)**
Housing Interventions Component Programs/Services						
Non-Time Limited Permanent Settings (e.g., supportive housing, apartments, single and multi-family homes, shared housing) (2)						
Rental Subsidies	$ -	$ -	$ -	$ -	$ -	$ -
Operating Subsidies	$ 565,854.00	$ 627,593.00	$ 685,328.00	$ -	$ -	$ -
Bundled Rental and Operating Subsidies	$ -	$ -	$ -	$ -	$ -	$ -
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%

Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care) (2)						
Rental Subsidies	$ -	$ -	$ -	$ -	$ -	$ -
Operating Subsidies	$ -	$ -	$ -	$ -	$ -	$ -
Bundled Rental and Operating Subsidies	$ -	$ -	$ -	$ -	$ -	$ -
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%
Other Housing Interventions						
Other Housing Supports: Landlord Outreach and Mitigation Funds (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Participant Assistant Funds (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Outreach and Engagement (2)	$ -	$ -	$ -	$ -	$ -	$ -
Capital Development Projects	$ -	$ -	$ -	$ -	$ -	$ -
Housing Flex Pool Expenditures (start-up expenditures)	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative Housing Intervention Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 565,854.00	$ 627,593.00	$ 685,328.00	$ -	$ -	$ -

Housing Interventions Transfer Information	**Year One**	**Year Two**	**Year Three**
Transfers out of Housing Intervention component into Local Prudent Reserve (6)	$ -	$ -	$ -

Housing Interventions Component Administrative Information	**Year One**	**Year Two**	**Year Three**
Housing Interventions Component Admin Expenses	$ -	$ -	$ -
Total Housing Interventions Expenditures (auto-populated)	$ 565,854.00	$ 627,593.00	$ 685,328.00

Housing Interventions Populations to be Served	**Year One**	**Year Two**	**Year Three**
Total Housing Interventions Component Funds Dedicated to Chronically Homeless Population (5)	$ 282,927.00	$ 313,797.00	$ 342,664.00
Total Housing Interventions Component Funds Dedicated to Serving Individuals with a SUD only (5)	$ 141,463.00	$ 156,898.00	$ 171,332.00

Housing Interventions Component Funds Validation (auto-populated based on inputs above)	Year One	Year Two	Year Three
Housing Intervention Component Funds Dedicated to Capital Development/Total Housing Interventions Funding (7) (auto-populated)	0.0%	0.0%	0.0%
Housing Interventions Component Funds Dedicated to Chronically Homeless Population/Total Housing Intervention Component Funding (8) (auto-populated)	50.0%	50.0%	50.0%
Housing Interventions Component Funds Used for Outreach and Engagement (2) (auto-populated)	0.0%	0.0%	0.0%
Projected Individuals to be Served (Unduplicated)	**Year One**	**Year Two**	**Year Three**
Eligible Children/TAY (25 years and younger)			
Eligible Adults/Older Adults	5	5	5
Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year One**	**Year Two**	**Year Three**
MHSA "Encumbered" INN	$ -	$ -	$ -

References
1. W&I Code § 5892, subdivision (a)(1)(A)(i) states 30% of BHSA funds distributed to counties shall be used for Housing Interventions.
2. See Policy Manual Section 7.C.9 Allowable Expenditures and Related Requirements for further information regarding allowable Housing Interventions expenditures.
3. Single room occupancy and recovery housing can be interim or permanent. If interim, Housing Interventions is limited to 6 months for those who have exhausted Transitional Rent or 12 months for those not eligible for Transitional Rent. Appendix B of the Policy Manual includes a crosswalk of coverage by select programs.
4. Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls) and does not include behavioral health residential treatment settings.
5. Counties must provide Housing Intervention services to eligible children, youth, and adults (defined in W&I Code section 5892) who are chronically homeless, experiencing homelessness, or at risk of homelessness. The provision of BHSA-funded Housing Interventions specifically for individuals with a substance use disorder is optional for counties, per W&I Code section 5891, subdivision (a)(2).
6. W&I Code § 5892, subdivision (b)(2).
7. W&I Code § 5892, subdivision (a)(1)(A)(iii) states no more than 25% of Housing Interventions funds may be used for capital development.
8. W&I Code § 5892, subdivision (a)(1)(A)(ii) states 50% of Housing Interventions funds shall be used for housing interventions for persons who are chronically homeless, with a focus on those in encampments.

Instructions
Counties shall report their projected expenditures of their Full Service Partnership (FSP) funding for their BHSA allocation component, federal financial participation, and all other non-BHSA funding sources in Tab Six.
Rows 24-27: input the total estimated FSP component allocation received for each year. Row 24 will auto-populate from Tab Four in the BHSA Transfers tab.
Input unspent MHSA dollars carried over to this component into row 26. Row 27 will auto-populate the sum of rows 24-26 to account for total funding.
Row 26: input the total dollar amount projected to be added to FSP from the prudent reserve, if applicable. If you reported on Tab 4, row 137 that you will be transferring excess PR funds to FSP please report them here.
Rows 31-40: input the projected expenditures for each FSP service category or program for each year.
Note: DHCS expects other required uses of FSP funding (e.g., mental health services, supportive services, substance use disorder (SUD) treatment services, ongoing engagement services) to be captured within rows 31-36.
Any mental health and supportive service or SUD treatment service expenditures not included in these rows should be accounted for in rows 37-38, accordingly.
Row 39: input expenditures for BHSA-funded innovation pilots or projects.
Row 40: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.
Row 41: the subtotal of FSP programs/services will be auto-populated from rows 31-40.
Row 43: input the total dollar amount projected to be transferred out of FSP into the prudent reserve.
Row 45: enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).
Row 46: total projected expenditures for FSP for each year will be auto-populated from rows 41, 43, and 45.
Rows 48 and 49: input the estimated unduplicated count of individuals that will be served across all FSP programs.
Row 51: auto-populates projected estimated amount of MHSA Encumbered INN funds that will be available in the BHSA FSP component for each year.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations, and guidance, including the BHSA County
Policy Manual.

2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill
appropriately for services covered by the county's Medi-Cal Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.
These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Six: BHSA Components

	Total Full Service Partnership (FSP) Funding (Year One)	Total Full Service Partnership (FSP) Funding (Year Two)	Total Full Service Partnership (FSP) Funding (Year Three)
Total Estimated Full Service Partnership Funding Received (BHSA Funds)	$ 2,546,339.00	$ 2,824,170.00	$ 3,083,976.00
Transfers into Full Service Partnership component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Full Service Partnership Funding Allocated (MHSA - Unspent Carryover Funds)	$ 2,242,955.00	$ 1,954,875.00	$ 1,755,640.00
Total Estimated Full Service Partnership Funding (BHSA + MHSA Funds)	$ 4,789,294.00	$ 4,779,045.00	$ 4,839,616.00

Full Service Partnership Category (1)									
Type of Service	Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year One)	Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Two)	Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Three)	Projected Expenditures - Federal Financial Participation (Year One)	Projected Expenditures - Federal Financial Participation (Year Two)	Projected Expenditures - Federal Financial Participation (Year Three)	Projected Expenditures - All Other Funding Sources (Year One)	Projected Expenditures - All Other Funding Sources (Year Two)	Projected Expenditures - All Other Funding Sources (Year Three)
FSP Programs/Services									
Assertive Community Treatment (ACT)(2)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Forensic Assertive Community Treatment (FACT) Fidelity (2)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FSP Intensive Case Management	$ 1,881,382.00	$ 1,907,026.00	$ 1,932,339.00	$ -	$ -	$ -	$ 1,509,105.00	$ 1,509,105.00	$ 1,509,105.00
High Fidelity Wraparound	$ 250,000.00	$ 250,000.00	$ 250,000.00	$ -	$ -	$ -	$ 250,000.00	$ 250,000.00	$ 250,000.00
Individual Placement and Support (IPS) Model of Supported Employment (2)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Assertive Field-Based Initiation for SUD Treatment Services	$ 332,519.00	$ 348,640.00	$ 359,919.00	$ -	$ -	$ -	$ -	$ -	$ -
Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Please define	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative FSP Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 2,463,901.00	$ 2,505,666.00	$ 2,542,258.00	$ -	$ -	$ -	$ 1,759,105.00	$ 1,759,105.00	$ 1,759,105.00

FSP Transfer Information	Year One	Year Two	Year Three
Transfers out of FSP component into Local Prudent Reserve	$ -	$ -	$ -
FSP Administrative Information	**Year One**	**Year Two**	**Year Three**
FSP Component Admin Expenses	$ 992,889.00	$ 1,018,533.00	$ 1,043,847.00
Total Full Service Partnership Expenditures (auto-populated)	$ 3,456,790.00	$ 3,524,199.00	$ 3,586,105.00
Projected Individuals to be Served (Unduplicated)	**Year One**	**Year Two**	**Year Three**
Eligible Children/TAY (25 years and younger)	70	70	70
Eligible Adults/Older Adults	1206	1206	1206
Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year One**	**Year Two**	**Year Three**
MHSA "Encumbered" INN	$ -	$ -	$ -

References
1. W&I Code § 5892, subdivision (a)(2)(A) states 35% of BHS funds distributed to counties shall be used for Full Service Partnership Programs.
2. May be bundled or un-bundled depending on county BH-CONNECT opt-in.

Instructions
Counties shall report their projected expenditures of their Behavioral Health Services and Supports funding for their BHSA allocation component, federal financial participation, and all other non-BHSA funding sources in Tab Seven.
Row 26-29: input the total estimated BHSS component allocation received for each year. Row 26 will auto-populate from Tab Four in the BHSA Transfers tab.
Row 27: input the total dollar amount projected to the BHSS funding component from the prudent reserve (if applicable). If you reported on Tab 4, row 138 that you will be transferring excess PR funds to BHSS please report them here.
Input unspent MHSA dollars carried over to this component into row 28. Row 29 will auto-populate the sum of rows 26-28.
Rows 33-46: input the projected expenditures for each BHSS service category or program for each year. Rows 35, 39, and 42 auto-populate from their sub rows.
Row 45: input expenditures for BHSA-funded innovation pilots or projects.
Row 46: input expenditures for any encumbered MHSA INN Projects with services that do NOT align with the sub-allocations above.
Row 47: the subtotal for projected expenditures will be auto-populated from rows 33 - 35, 38, 39, 42, 45, and 46.
Row 49: input the total dollar amount projected to be transferred out of the BHSS funding component into the prudent reserve.
Row 51: enter the total amount of direct and indirect costs required to implement this component. (See Policy Manual Chapter 6. BHT Fiscal Policies, Section B.8.2 Direct Costs and Indirect Costs).
Row 52: the total for projected BHSS expenditures will be auto-populated from rows 47, 49, and 51.
Row 54: input the total dollar amount of Youth-Focused (25 years and younger) Early Intervention Expenditures.
Row 56: the proportion of EI funds will auto-populate from rows 29 and 35. Note: MHSA WET, INN, and CF/TN funds in Rows 65-67 will be deducted from the revenue (excluded from the denominator).
Row 57: the proportion of Youth-Focused (25 years and younger) EI funds will auto-populate from rows 35 and 54.
Rows 59-60: input the estimated unduplicated count of individuals that will be served across all BHSA-funded programs.
Rows 62-63: input the estimated amount of BHSS funds that will be transferred to WET and CF/TN for each year.
Rows 65-67: auto-populates projected estimated amount of MHSA WET, CF/TN, and Encumbered INN funds that will be available in the BHSA BHSS component for each year.

Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws, regulations,
and guidance, including the BHSA County Policy Manual. 2) Counties must promote access to care through efficient use of state and county resources as outlined in
Chapter 6, Section C of the BHSA County Policy Manual, including requiring BHSA-funded providers to bill appropriately for services covered by the county's Medi-Cal
Behavioral Health Delivery System and make a good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance.
These policies apply only to non-Housing services that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Seven: BHSA Components

	Total Behavioral Health Services and Supports (BHSS) Funding (Year One)	Total Behavioral Health Services and Supports (BHSS) Funding (Year Two)	Total Behavioral Health Services and Supports (BHSS) Funding (Year Three)
Total Estimated Behavioral Health Services and Support Funding Received (BHSA Funds)	$ 2,546,339.00	$ 2,824,170.00	$ 3,083,976.00
Transfers into Behavioral Health Services and Support component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Behavioral Health Services and Support Funding Allocated (MHSA - Unspent Carryover Funds)	$ 1,532,144.00	$ 1,100,000.00	$ 900,000.00
Total Estimated Behavioral Health Services and Support Funding (BHSA + MHSA Funds)	$ 4,078,483.00	$ 3,924,170.00	$ 3,983,976.00

Behavioral Health Services and Supports Category (1)									
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year One)**	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Two)**	**Projected Expenditures - Unspent MHSA and BHSA Funding Only (Year Three)**	**Projected Expenditures - Federal Financial Participation (Year One)**	**Projected Expenditures - Federal Financial Participation (Year Two)**	**Projected Expenditures - Federal Financial Participation (Year Three)**	**Projected Expenditures - All Other Funding Sources (Year One)**	**Projected Expenditures - All Other Funding Sources (Year Two)**	**Projected Expenditures - All Other Funding Sources (Year Three)**
BHSS Programs/Services									
Children's System of Care-Non FSP (25 years and younger)	$ 820,281.00	$ 801,255.00	$ 801,408.00	$ -	$ -	$ -	$ 595,295.00	$ 595,295.00	$ 595,295.00
Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)(1) and 5892(a)(2)-Non FSP	$ 820,280.00	$ 801,255.00	$ 801,407.00	$ -	$ -	$ -	$ 595,294.00	$ 595,294.00	$ 595,294.00
Early Intervention Expenditures	$ 2,278,988.00	$ 2,120,430.00	$ 2,178,631.00	$ -	$ -	$ -	$ 1,850,362.00	$ 1,850,362.00	$ 1,850,362.00
Coordinated Specialty Care for First Episode Psychosis	$ 213,897.00	$ 221,098.00	$ 249,250.00	$ -	$ -	$ -	$ -		$ -
All Other EI Expenditures	$ 2,065,091.00	$ 1,899,332.00	$ 1,929,381.00	$ -	$ -	$ -	$ 1,850,362.00	$ 1,850,362.00	$ 1,850,362.00
Outreach and Engagement	$ 86,934.00	$ 89,230.00	$ 90,530.00	$ -	$ -	$ -	$ -	$ -	$ -
Workforce Education and Training (WET)	$ 71,000.00	$ 57,000.00	$ 57,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated BHSA WET funds		$ 57,000.00	$ 57,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated MHSA WET funds	$ 71,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Facilities and Technological Needs (CFTN)	$ 55,000.00	$ 55,000.00	$ 55,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated BHSA CF/TN funds		$ 55,000.00	$ 55,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated MHSA CF/TN funds	$ 55,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative BHSS Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 4,132,483.00	$ 3,924,170.00	$ 3,983,976.00	$ -	$ -	$ -	$ 3,040,951.00	$ 3,040,951.00	$ 3,040,951.00

BHSS Prudent Reserve Transfer Information	**Year One**	**Year Two**	**Year Three**
Transfers out of BHSS component into Local Prudent Reserve	$ -	$ -	$ -

BHSS Administrative Information	**Year One**	**Year Two**	**Year Three**
BHSS Component Admin Expenses	$ 157,567.00	$ 160,194.00	$ 162,819.00
Total Behavioral Health Services and Supports Expenditures (auto-populated)	$ 4,290,050.00	$ 4,084,364.00	$ 4,146,795.00

Youth-Focused Early Intervention Expenditures	**Year One**	**Year Two**	**Year Three**
Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ 1,162,284.00	$ 1,081,420.00	$ 1,111,102.00

Behavioral Health Services and Supports Validation (auto-populated based on inputs above)	Year One	Year Two	Year Three
BHSS Funds Early Intervention Expenditures/Total BHSS Funding (2)	57.7%	54.0%	54.7%
Youth-Focused (25 years and younger) Early Intervention Expenditures/Total Allocated Early Intervention Funds (3)	51.0%	51.0%	51.0%
Projected Individuals to be Served (Unduplicated)	**Year One**	**Year Two**	**Year Three**
Eligible Children/TAY (25 years and younger)	3424	3500	3554
Eligible Adults/Older Adults	3288	3350	3415
Projected BHSS Funds transferred to WET or CF/TN	**Year One**	**Year Two**	**Year Three**
BHSS transfer to WET		$ 57,000.00	$ 57,000.00
BHSS transfer to CF/TN		$ 55,000.00	$ 55,000.00
Projected MHSA-Origin WET, CF/TN and Encumbered INN Funds Available (exempt from suballocation requirements)	**Year One**	**Year Two**	**Year Three**
Estimated MHSA WET Funds	$ 71,000.00	$ -	$ -
Estimated MHSA CF/TN Funds	$ 55,000.00	$ -	$ -
MHSA "Encumbered" INN	$ -	$ -	$ -

References
1. W&I Code § 5892, subdivision (a)(3)(A) states 35% of BHS funds distributed to counties shall be used for Behavioral Health Services and Supports (BHSS).
2. W&I Code § 5892, subdivision (a)(3)(B)(i) states counties shall utilize at least 51% of BHSS funding for early intervention programs.
3. W&I Code § 5892, subdivision (a)(3)(B)(ii) states that at least 51% of funds allocated for early intervention programs must serve individuals 25 years of age and younger.
4. BHSA Policy Manual Ch. 6 § B.7.3 states that MHSA WET or CFTN funds transferred into BHSA BHSS will remain WET or CFTN funds and will not be subject to the suballocation requirements. Counties may set aside BHSS funds for WET and CFTN; the reversion period for these specific funds is ten years. All transfers into WET and CFTN are irrevocable and cannot be transferred out of WET and CFTN. Counties may continue to keep separate fund accounts to track their WET and CFTN funds.
5. BHSA Policy Manual Ch. 6 § B.8.2.2 states that the share of indirect costs attributed to BHSA funding should be in proportion to the extent the BHSA program benefits from the support activity. Proportional administrative and indirect costs will be verified through the Behavioral Health Outcomes Accountability and Transparency Report (BHOATR). Counties should ensure that their cost-allocation methodology complies with 2 CFR 200 and appropriately distributes costs in proportion.

Instructions
Counties shall report their projected spending for Behavioral Health Services Act (BHSA) plan administration in Tab Eight.
Row 27: the total dollar amount of BHSA component allocations dedicated to improvement and monitoring activities, including plan
operations, quality and outcomes, data reporting pursuant to W&I Code § 5963.04, and monitoring of subcontractor compliance for all
county behavioral health programs, including, but not limited to, programs administered by a Medi-Cal behavioral health delivery system,
as defined in subdivision (i) of Section 14184.101, and programs funded by the Projects for Assistance in Transition from Homelessness
grant, the Community Mental Health Services Block Grant, and other Substance Abuse and Mental Health Services Administration grants
by year. Under W&I Code § 5892 (e)(2)(B), the total amount shall equal 2% or less of total projected annual revenues of the local
behavioral health services fund for counties with a population over 200,000 or 4% of the total projected annual revenues of the local
behavioral health services fund for counties with a population of less than 200,000. Any costs that exceed that amount will be
included in the governor's budget. Administrative costs for improving and monitoring will only be reported on this tab, not the BHSA component tabs.
Row 28: input amounts of BHSA component allocations dedicated to county Integrated Plan annual planning costs,
including stakeholder engagement in planning and local Behavioral Health Board activities by year. Under W&I Code § 5892 (e)(1)(B), this
amount shall be 5% or less of total projected annual revenues of the local behavioral health services fund. Any costs that exceed
that amount will be included in the governor's budget. Planning costs will only be reported on this tab, not the BHSA component tabs.
Row 29: input total dollar amount of new and ongoing county and behavioral health agency administrative costs to implement W&I
Code § 5963-5963.06 and § 14197.71.

Row 30: select your county population size. This will ensure the formatting in the Admin Spending Overages section presents accurately.
Row 32: total projected annual revenues of the Local Behavioral Health Services Fund.
Row 33: the proportion of funding used for improvement and monitoring will be auto-populated from rows 32 and 27.
Row 34: the proportion of funding used for planning expenditures will be auto-populated from rows 28 and 32.
Row 36-38: based upon the county population size selected in row 31, this calculator will auto-populate any Improvement and Monitoring
expenditures that exceed (2%/4%) of the total projected annual revenues of the Local Behavioral Health Services Fund and any County Integrated
Plan Annual Planning expenditures that exceed 5% of the total projected annual revenues of the Local Behavioral Health Services Fund.

Table Eight: BHSA Plan Administration			
INTEGRATED PLAN ADMINISTRATION AND MONITORING	**Year One**	**Year Two**	**Year Three**
Total Projected Improvement and Monitoring Expenditures	$ 425,000.00	$ 430,000.00	$ 445,000.00
Total Projected County Integrated Plan Annual Planning Expenditures	$ 525,000.00	$ 530,000.00	$ 550,000.00
New and Ongoing Administrative Costs	$ 575,350.00	$ 585,490.00	$ 594,725.00

Administrative Information Validation			
Total Projected Annual Revenues of Local Behavioral Health Services Fund	$ 10,708,900.00	$ 10,825,079.00	$ 11,140,653.00
Improvement and Monitoring Expenditures/Total Annual Revenues of Local Behavioral Health Services Fund (auto-populated)	4.0%	4.0%	#SPILL!
Total Projected Planning Expenditures/Total Projected Annual Revenues for Local Behavioral Health Services Fund (auto-populated)	4.9%	4.9%	4.9%
Admin Spending Overages (in Dollars)			
Improvement & Monitoring	$ -	$ -	$ -
Planning	$ -	$ -	$ -
Total	**$ -**	**$ -**	**$ -**

References
1. W&I Code § 5963, subdivision (c) states that any costs incurred for BHSA implementation exceeding the required maximums set forth in W&I Code § 5892, subdivision (e)(1)(B) and W&I Code § 5892, subdivision (e)(2)(B) will be included in the Governors 2024-2025 May Revision.

Instructions
Counties shall report their estimated local prudent reserve maximums for each allocation
component in Tab Nine.
Rows 18-19: dollar amounts will be auto-populated from Tab 4 rows 133-134.
Row 20: total excess prudent reserve dollars will be auto-populated from rows 18-19.
Rows 21-23: total dollar amounts will be auto-populated from Tab 4, rows 136-138.
Row 24: total excess prudent reserve funds allocated to BHSA components will be auto-populated
from rows 21-23.
Row 25: auto-validates from rows 20 and 24 to check if the county has "No Excess" or if county
must "Reduce Excess" prudent reserve.
Row 26: the total amount of planned contributions into the prudent reserve from all BHSA
components allocations across all plan years will be auto-populated from Tab 5 row 67, Tab 6
row 43, and Tab 7 row 49.
Row 27: the total amount of planned distributions from the prudent reserve into the BHSA
component allocations across all plan years will be auto-populated from Tab 5 row 40, Tab 6
row 25, and Tab 7 row 27.

Table Nine: Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	$ 550,618.00
Local Prudent Reserve Maximum (1)	$ 1,397,657.11
Excess Prudent Reserve Funds (auto-populated)	$ (847,039.11)
Total prudent reserve funds above prudent reserve maximum allocated to Housing Interventions	$ -
Total prudent reserve funds above maximum allocated to Full Service Partnerships	$ -
Total prudent reserve funds above maximum allocated to Behavioral Health Services and Supports	$ -
Total Excess Prudent Reserve Funds allocated to BHSA Component Allocations (auto-populated)	$ -
Auto-validation: allocation of all excess Prudent Reserve Funds	NO EXCESS
Total Contributions Into the Local Prudent Reserve (auto-populated)	$ -
Total Distributions From the Local Prudent Reserve (auto-populated)	$ -

References
1. W&I Code § 5892, subdivision (b)(3)-(4) states a county's prudent reserve must not exceed 20% of average of the total funds distributed to the county Behavioral Health Services Fund over past five years (25% for counties with a population of less than 200,000).

Instructions
Counties will complete Tabs One through Nine prior to completing Tab Ten. Data on other tabs will auto-populate to Tab Ten.
Rows 25, 28, and 31: the new base percentage for each component will be auto-populated from Tab 4, rows 43, 49, and 53.
Rows 26, 29, and 32: the dollar amount allocated to each component for each year of the Integrated Plan will be auto-populated from Tab 5, row 39; Tab 6, row 24;
and Tab 7, row 26, respectively.

Row 35: the total amount of BHSA funding for each component auto-populated from Tab 5, row 39; Tab 6, row 24; and Tab 7, row 26.
Rows 36, 44, and 52: the total amount of funding transferred from the prudent reserve into each BHSA component allocation for each plan year will be
auto-populated from Tab 5, row 40; Tab 6, row 25; and Tab 7, row 27.
Row 37: the total amount of unspent MHSA-carryover funds from prior fiscal years, will be auto-populated from Tab 5, row 41; Tab 6, row 26; and Tab 7, row 28.
Rows 38, 46, and 54: estimated total available funding will be auto-populated from rows 35-37, 43-45 and 51-53.
Rows 39, 47, and 55: the total amount of funding transferred from each BHSA component into the prudent reserve for each plan year will be auto-populated from
Tab 5, row 67; Tab 6, row 43; and Tab 7, row 49.
Rows 40, 48, and 56: estimated expenditures for each component will be auto-populated from Tab 5, row 70; Tab 6, row 46; and Tab 7, row 52.
Rows 45 and 53: auto-populated by adding the existing year's carryover MHSA funds to any remaining funds (from all sources) not spent from the previous year.
Rows 59-61: the total amount of annual BHSA plan administration expenses from Tab 8, rows 27-29.
Reminder: 1) Counties must comply, and must ensure their providers comply, with all applicable conditions for each source of funding, as defined in applicable laws,
regulations, and guidance, including the BHSA County Policy Manual.
2) Counties must promote access to care through efficient use of state and county resources as outlined in Chapter 6, Section C of the BHSA County Policy Manual,
including requiring BHSA-funded providers to bill appropriately for services covered by the county’s Medi-Cal Behavioral Health Delivery System and make a
good faith effort to seek reimbursement from Medi-Cal managed care plans and commercial health insurance. These policies apply only to non-Housing services
that are eligible for both BHSA funding and another funding source, such as Medi-Cal payment, commercial payment, etc.

Table Ten: BHSA Funding Summary (auto-populated)				
	Housing Interventions	Full-Service Partnerships	Behavioral Health Services and Supports	Total
Year One				
Allocation Percentage, with Transfers	10%	45%	45%	100%
Component Allocations	$ 565,854.00	$ 2,546,339.00	$ 2,546,339.00	$ 5,658,532.00
Year Two				
Allocation Percentage, with Transfers	10%	45%	45%	100%
Component Allocations	$ 627,593.00	$ 2,824,170.00	$ 2,824,170.00	$ 6,275,933.00
Year Three				
Allocation Percentage, with Transfers	10%	45%	45%	100%
Component Allocations	$ 685,328.00	$ 3,083,976.00	$ 3,083,976.00	$ 6,853,280.00

BHSA Funding Summary (Year One)				
	Housing Interventions (Year One)	Full Service Partnerships (Year One)	Behavioral Health Services and Supports (Year One)	Year One Totals
Estimated Year One Component Allocations *(BHSA Funding Only)*	$ 565,854.00	$ 2,546,339.00	$ 2,546,339.00	$ 5,658,532.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds) *(Unspent Carryover MHSA Funds)*	$ -	$ 2,242,955.00	$ 1,532,144.00	$ 3,775,099.00
Estimated Total Available Funding for Year One	$ 565,854.00	$ 4,789,294.00	$ 4,078,483.00	$ 9,433,631.00
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year One Expenditures	$ 565,854.00	$ 3,456,790.00	$ 4,290,050.00	$ 8,312,694.00

BHSA Funding Summary (Year Two)				
	Housing Interventions (Year Two)	Full Service Partnerships (Year Two)	Behavioral Health Services and Supports (Year Two)	Year Two Totals
Estimated New Year Two Component Allocations *(BHSA Funding Only)*	$ 627,593.00	$ 2,824,170.00	$ 2,824,170.00	$ 6,275,933.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	$ -	$ 3,287,379.00	$ 888,433.00	$ 4,175,812.00
Estimated Total Available Funding for Year Two	$ 627,593.00	$ 6,111,549.00	$ 3,712,603.00	$ 10,451,745.00
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year Two Expenditures	$ 627,593.00	$ 3,524,199.00	$ 4,084,364.00	$ 8,236,156.00

BHSA Funding Summary (Year Three)				
	Housing Interventions (Year Three)	Full Service Partnerships (Year Three)	Behavioral Health Services and Supports (Year Three)	Year Three Totals
Estimated New Year Three Component Allocations *(BHSA Funding Only)*	$ 685,328.00	$ 3,083,976.00	$ 3,083,976.00	$ 6,853,280.00
Transfers From PR Into Component	$ -	$ -	$ -	$ -
Estimated Unspent Funds From Prior Fiscal Years (Including MHSA Funds)	$ -	$ 4,342,990.00	$ 528,239.00	$ 4,871,229.00
Estimated Total Available Funding for Year Three	$ 685,328.00	$ 7,426,966.00	$ 3,612,215.00	$ 11,724,509.00
Transfers from Component Into PR	$ -	$ -	$ -	$ -
Estimated Total Year Three Expenditures	$ 685,328.00	$ 3,586,105.00	$ 4,146,795.00	$ 8,418,228.00

BHSA Plan Admin Expenses				
Plan Admin Category	Year One	Year Two	Year Three	Total
Total Projected Improvement and Monitoring Expenditures	$ 425,000.00	$ 430,000.00	$ 445,000.00	$ 1,300,000.00
Total Projected County Integrated Plan Annual Planning Expenditures	$ 525,000.00	$ 530,000.00	$ 550,000.00	$ 1,605,000.00
Total Projected New and Ongoing Administrative Expenditures	$ 575,350.00	$ 585,490.00	$ 594,725.00	$ 1,755,565.00

Budget Template Updates			
Version	Revision Date	Description of Changes	Effective Date of Change
2.0	10/25/2025	Tab 10 (BHSA Summary): Formula updated to avoid double counting of MHSA unspent carryover funds.	10/25/2025
2.0	10/25/2025	Tab 7 (BHSS): EI Threshold calculation should exclude MHSA transferred WET and CFTN funds as they are exempt from suballocation requirements, formula revised to remove WET and CFTN. Added a BHSS transfer to WET/CFTN for reversion tracking.	10/25/2025
2.0	10/25/2025	Tab 8 (BHSA Plan Admin): Updated instructions to clarify DHCS will not pre-populate data for "Total Projected Annual Revenues of BHSF". Counties must enter in the data.	10/25/2025
2.0	10/25/2025	Tab 5, 6, 7 (BHSA Conponents): Added unspent MHSA funds row for year 1, 2 and 3.	10/25/2025
2.0	10/25/2025	Tab 7 (BHSS): Added separate rows for unspent MHSA WET/CFTN expenditures.	10/25/2025
2.0	10/25/2025	Tabs 1-10: Fixed formula and instruction errors	10/25/2025
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added Year 2 and Year 3 for exemption requests	2/18/2026
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added validation check for funding transfers	2/18/2026
3.0	2/18/2026	Tab 4 (BHSA Transfers): Added two new rows for unspent MHSA “Encumbered” INN Funds and unspent MHSA “Unencumbered” INN Funds.	2/18/2026
3.0	2/18/2026	Tab 5, 6 and 7 (BHSA Components): Moved transfers from prudent reserve into the BHSA component funding section to be included with total revenue	2/18/2026
3.0	2/18/2026	Tab 5, 6, and 7 (BHSA Components): Included prudent reserve transfers as an expenditure	2/18/2026
3.0	2/18/2026	Tab 5, 6, and 7 (BHSA Components): Included prudent reserve transfers as an expenditure	2/18/2026
3.0	2/18/2026	Tab 5, 6 and 7 (BHSA Components): Added a row for projected MHSA “Encumbered” INN Project expenditures.	2/18/2026
3.0	2/18/2026	Tab 5 (Housing Interventions): Removed projected encumbered MHSA INN fund expenditures from the 50% HI funds dedicated to chronically homeless suballocation requirement calculation.	2/18/2026
3.0	2/18/2026	Tab 7 (BHSS): Removed projected encumbered MHSA INN fund expenditures from the 51% BHSS funds dedicated to Early Intervention suballocation requirement calculation	2/18/2026
3.0	2/18/2026	Tab 8 (BHSA Plan Admin): Updated to include a validation check for “Improvement and Monitoring” (2% or 4%) and “Planning” (5%)	2/18/2026
3.0	2/18/2026	Tab 9 (Prudent Reserve Assessment): Updated PR validation checks to “No Excess” or “Reduce Excess”	2/18/2026
3.0	2/18/2026	Tab 10 (BHSA Summary): Included component percentage breakdowns for all three years	2/18/2026
3.0	2/18/2026	Tab 10 (BHSA Summary): Include total administrative and planning expenditures from tab 8	2/18/2026

DHCS | County Portal

Behavioral Health Director Certification

Certification

1. I hereby certify that Tehama County has complied with all statuses, regulations, and guidelines in preparing and submitting this Three-Year Plan (IP) for Behavioral Health Services and Outcomes, including all fiscal accountability and stakeholder participation requirements. I further certify that:

   - [x] The information, statements, and attachments included in the Three-Year IP are, to the best of my knowledge and belief, true and correct
   - [x] I understand and agree that the Department of Health Care Services (DHCS) reserves the right to request clarification regarding unclear or ambiguous statements made in the IP and other supporting documents submitted in the IP
   - [x] The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute, regulations, and guidance
   - [x] Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute, statute, regulations, and guidance
   - [x] BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)
   - [x] The IP was submitted to the local behavioral health board

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?

   - [ ] Yes
   - [x] No

a. Please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

---

County Behavioral Health Agency Director contact information

3. County Name
   Tehama

4. Certification for
   - [x] Three-Year Integrated Plan
   - [ ] Annual Update
   - [ ] Intermittent Update

4a. Submission type
   - [x] Draft
   - [ ] Final

5. County Behavioral Health Agency Director name
   Natalie Shepard

6. County Behavioral Health Agency Director phone number
   (530) 527-8491

7. County Behavioral Health Agency Director email
   Natalie.Shepard @tchsa.net

Additional contact information for counties with separate MH and SUD directors (optional)

8. Name

9. Title

10. Phone

11. Email

County Behavioral Health Agency Director signature

12. Print name

Natalie Shepard

13. Title

Mental Health Director

14. Date

3/18/24

15. Signature

Additional signature for counties with separate MH and SUD directors (optional)

16. Print name

17. Title

18. Date

19. Signature

DHCS | County Portal

County Administrator or Designee Certification

The County Administrator may be known by other titles such as Chief Executive, County Manager, or Chief Administrative Officer. The County Administrator must be the individual who serves as the top staff member in county government and hold the highest level of administrative authority in the county or be the designee of that individual. This individual or their designee must work within the executive office of county government, and they may not be the county behavioral health director.

Certification

1. I hereby certify that:
   - ✔ The County will use Behavioral Health Services Act (BHSA) funds to serve the targeted population(s) as described in statute
   - ✔ Behavioral Health funding from all sources will be spent only on allowable uses as stated in statute
   - ✔ BHSA funding will supplement, and not supplant, other funding available from existing state or county funds utilized to provide mental health services or substance use disorder treatment services (except that this non-supplant rule does not apply to the use of 2011 realignment funds provided to counties from the Behavioral Health Subaccount or Behavioral Health Services Growth Special Account)

2. Does the county wish to disclose any implementation challenges or concerns with these requirements?
   - ○ Yes
   - ◉ No

a. If answered yes above, please describe any implementation challenges or concerns with the BHSA fiscal accountability and stakeholder participation requirements

Signature

3. Print name
   Gabriel Hydrick
4. Date
   3/26/26
5. Signature

Contact information

6. County Name
   Tehama
7. Certification for
   - (•) Three-Year Integrated Plan
   - ( ) Annual Update
   - ( ) Intermittent Update

7a. Submission type
   - (•) Draft

8. County Chief Administration Officer Name
   Gabriel Hydrick
9. County Chief Administration Officer Phone number
   (530) 527-4655
10. County Chief Administration Officer Email
    cofficer@tehama.gov

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SUBCONTRACT AGREEMENT
SUMMARY COVER SHEET

Subcontract ID:	**20456-CA BHBH- bhbh_632_bhbh_tehama_county -01**
Effective Date:	**June 23, 2023**
Contractor:	**ADVOCATES FOR HUMAN POTENTIAL, INC. (AHP)** 490-b Boston Post Road, Sudbury, MA 01776-3365 Tel: (978) 443-0055 ♦ Fax: (978) 261-1467 **AHP Contracting Officer:** Charles Galland, CLC cgalland@ahpnet.com/978-261-1425 **AHP Project Director:** Deborah Werner 131 N. El Molino, Suite 380, Pasadena, CA 91101 Tel: 818-999-6985 (o) / dwerner@ahpnet.com **AHP Direct Staff Contact:** Michael Helmick **Deputy Project Director** 131 N. El Molino, Suite 380, Pasadena, CA 91101 Tel: 323-843-2750 (c) / mhelmick@ahpnet.com
Subcontractor:	County of Tehama, a Political Subdivision of State of California ("_____") acting through it's Health Services Agency Address: PO Box 400, Red Bluff, CA 96080 Phone: 530 -527 - 8491 **Project Contact:** Jayme S. Bottke Email address: jayme.bottke@tchsa.net
Prime Contract Identification:	**Client: California Department of Health Care Services** **Agreement No.: 22-20456** **Contract Title: "Behavioral Health Bridge Housing (BHBH)" Program**
Subcontract Type:	Deliverable Based-Type Contract
Period of Performance:	**June 23, 2023** through **June 30, 2027**
Consideration/Budget:	Professional Services NTE **$**2,371,591
Billing Terms:	Monthly Invoicing, per **Attachments C** (SOW) **and D** (RATE SCHEDULE)
Payment Terms:	Payment remitted fifteen (15) business days after receipt of undisputed invoice.

(This Page is not part of the Subcontract Agreement and is for Summary/Reference Purposes Only)

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SUBCONTRACT AGREEMENT

20456-CA BHBH- bhbh_632_bhbh_tehama_county -01

THIS SUBCONTRACT AGREEMENT (the "Subcontract" or "Subcontract Agreement") is entered into by and between **ADVOCATES FOR HUMAN POTENTIAL, INC.,** with offices located at **490-B Boston Post Road, Sudbury, MA 01776,** ("**AHP**" or the "Contractor"), and County of Tehama, a Political Subdivision of State of California acting through it's Health Services Agency, with offices at PO Box 400, Red Bluff, CA 96080 **("_____"** or the "Subcontractor" or "County 'Behavioral Health Agency'" or "County BHA," also referred to as a "BHA" and together with AHP, collectively the "Parties").

WITNESSETH:

WHEREAS the State of California through the Department of Health Care Services ("DHCS") is administering the Behavioral Health Bridge Housing Program ("BHBH Program"), including noncompetitive predetermined maximum funding to be awarded to county behavioral health agencies ("Behavioral Health Agencies" or "BHAs") in order to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including serious mental illness (SMI) and/or substance use disorder (SUD);

WHEREAS the BHBH Program, which was signed into law in September 2022 under Assembly Bill (AB) 179 (Ting, Chapter 249, Statutes of 2022), provided $1.5 billion in funding through June 30, 2027, to address the immediate housing and treatment needs of people experiencing unsheltered homelessness who have serious behavioral health conditions;

WHEREAS DHCS requires BHAs applying for funding to clearly demonstrate how they will reach these historically underserved client populations that are most in need of supportive services;

WHEREAS BHBH Program funding is available for all bridge housing costs including program implementation, outreach and engagement, bridge housing costs and bridge housing start-up infrastructure costs provided beds are made available within one-year of execution of this Agreement;

WHEREAS DHCS has engaged AHP, pursuant to Project No.: 22-20456, hereinafter the "Contract" or "Prime Contract," to serve as the administrative entity supporting the implementation of the BHBH Program, including reviewing BHBH program plans submitted by the BHAs (each a "BHBH Program Plan"), engaging additional consultants to support the BHBH Program implementation, and providing general grant training and technical assistance during the application process and throughout the life of the BHA's BHBH Program Plan; and

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

WHEREAS AHP and Subcontractor desire and have agreed to enter this Subcontract **20456-CA BHBH-_bhbh_632_bhbh_tehama_county_-01** to assist in the implementation of the BHBH Program Plan of Subcontractor, and Subcontractor desires to pursue its BHBH Program Plan with DHCS acting through AHP pursuant to the Prime Contract.

NOW, THEREFORE, based upon the foregoing premises, and in consideration of the mutual covenants and agreements herein set forth, the Parties agree as follows:

This Subcontract, and its Attachments (collectively, the "Agreement"), constitutes the entire agreement and understanding between the Parties as to the matters set forth herein. It supersedes all prior understandings, written or oral, between the Parties with respect to the subject matter hereof and has been induced by no representations, statements, or agreements other than those herein expressed. By accepting this Agreement, the Subcontractor agrees to be bound by all terms and conditions and provisions that may be incorporated by reference, and all other Attachments to this Agreement.

IN WITNESS THEREOF, the Parties hereto have executed this Agreement by their duly authorized respective officers as of the day and year last written below.

ADVOCATES FOR HUMAN POTENTIAL, INC. ("AHP")

By: DocuSigned by: Charlie Galland AFB9BF9892E5471...

CHARLES GALLAND, CHIEF LEGAL COUNSEL

Date: 4/20/2024

County of Tehama, a Political Subdivision of State of California

acting through it's Health Services Agency

("_____")

By: DocuSigned by: Jayme Bottke E28E8F189E62493...

Jayme Bottke

Executive Director

Date: 4/19/2024

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

TABLE OF CONTENTS

SECTION **PAGE NO.**

SECTION 1. PRIVITY OF CONTRACT 4
SECTION 2. NATURE OF THE SUBCONTRACT 4
2.1 Type of Subcontract 4
2.2 Funding 4
SECTION 3. SUBCONTRACTOR PERFORMANCE AND DELIVERY 5
3.1 Period of Performance 5
3.2 Time of the Essence 5
3.3 Delivery Schedule 5
3.4 BHBH Program Plan; Reporting and Monitoring 6
SECTION 4. STATEMENT OF WORK / START-UP INFRASTRUCTURE 6
SECTION 5. SUBCONTRACTOR TRAVEL 8
SECTION 6. CONTRACT ADMINISTRATION DATA 8
6.1 Contractor Representatives: 8
6.2 Subcontractor Representatives 9
6.3 Compensation, Billing Instructions, and Payment 9
6.4 Final Payment and Closeout 11
SECTION 7: CHANGES AND MODIFICATIONS 11
SECTION 8: CANCELLATION / TERMINATION 12
SECTION 9: SUBCONTRACTOR OBLIGATIONS 12
SECTION 10: DATA COLLECTION AND PERFORMANCE 13
SECTION 11: ORGANIZATIONAL CONFLICT OF INTEREST 13
SECTION 12: INDEMINIFACTION 14
SECTION 13: DISPUTES/APPLICABLE LAWS 14
13.1 Disputes 14
13.2 Applicable Laws 15
SECTION 14: CERTIFICATIONS 16
SECTION 15: RECORDS AND RECORD KEEPING 17
SECTION 16: EXPENSE ALLOWABILITY/FISCAL DOCUMENTATION 17
SECTION 17: RECOVERY OF OVERPAYMENTS 18
SECTION 18: BEST EFFORTS 18
LIST OF ATTACHMENTS 19
Attachment A - Standard Subcontract Terms and Conditions
Attachment B - Special Terms and Conditions
Attachment C - Statement of Work
Attachment D - Rate Schedule
Attachment E - Intentionally Left Blank
Attachment F - Special Real Estate Requirements
Attachment G - Subcontractor Certification
Exhibit G - Executive Order Sanction Notification

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SECTION 1. PRIVITY OF CONTRACT

This Agreement is funded in whole with funds from the State of California Department of Health Care Services ("DHCS" or "Client") through DHCS's BHBH Program. Neither the DHCS nor any of its departments, agencies, or employees is or will be a party to this Agreement or any lower tier subcontract/consulting arrangement. No privity between DHCS and Subcontractor is established by this Agreement, and no privity exists between AHP, DHCS and Subcontractor under the Prime Contract.

SECTION 2. NATURE OF THE SUBCONTRACT

2.1 Type of Subcontract

This is a **Deliverable Based-type Subcontract Agreement.** Subcontractor's account system must be capable of allocating and segregating costs applicable to this Subcontract Agreement.

2.2 Funding

All amounts under this Subcontract Agreement reference US dollars. No costs will be incurred except those specifically proposed by the Subcontractor to and approved by AHP in the Subcontractor's Statement of Work, specified in **Attachment C** ("SOW"), and Subcontractor shall perform the work within the funding allocations/budget/rates, specified in **Attachment D** ("Rate Schedule").

This Subcontract Agreement is entered into, and the obligation to fund is made, based upon the appropriation under the Prime Contract. Should this appropriation or any funds allocated to the Prime Contract be reduced subsequent to the entering into this Subcontract Agreement or should the scope of the SOW be redirected by AHP or DHCS so as to affect the work envisioned to be subcontracted, AHP shall have the right to reduce the funds allocated to the Subcontractor pursuant to this Subcontractor Agreement or cease to provide funding to the extent that funds are no longer available under the Prime Contract to affect a termination (at its sole discretion) pursuant to the termination provisions of Section 8 of this Agreement.

2.3 This Agreement hereby incorporates by reference, the Request for Applications ("RFA"), Subcontractor's application in response to the RFA (the "Application") and Subcontractor's BHBH Program Plan or DHCS approved Program Plan update, including any associated budget, or DHCS approved associated budget update, incorporated in the BHBH Program Plan. Subcontractor shall comply with the terms and conditions outlined in the RFA, the Application, and Subcontractor's DHCS approved BHBH Program Plan or Program Plan update, including any associated budget, or DHCS approved budget update, incorporated therein.

Total funds currently available for payment and allotted to this Subcontract Agreement are NOT TO EXCEED (NTE) **Two MILLION Three HUNDRED Seventy One THOUSAND Five HUNDRED Ninety One DOLLARS ($2,371,591.)**

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SECTION 3. SUBCONTRACTOR PERFORMANCE AND DELIVERY

3.1 Period of Performance

The Base performance period is **June 23, 2023, through June 30, 2027,** unless sooner terminated in accordance with the terms of this Subcontract Agreement. Any extensions to the period of performance will be supported by a written modification to the Subcontract Agreement, and any changes or additions to the Agreement's SOW deliverables/days of performance shall be determined at that time.

BHBH Program funding must be spent no later than June 30, 2027. BHA funding will be monitored and paid through reimbursement invoicing, based on the achievement of identified milestones provided through required reporting, as outlined below. Changes to the BHBH Program Plan, including the timeline, and budget modifications will be accepted only by written request and must be approved by DHCS. BHA progress will be reviewed annually. If a county BHA is not on track to meet funding deliverables and spend its full contracted amount, DHCS reserves the right to redistribute those grant funds to other eligible county BHAs.

Whenever Subcontractor knows, or reasonably should know, that any actual or potential condition is under delay, or threatens to be under delay, of the timely performance of work, it shall, within ten (10) calendar days, provide AHP with written notice, including all relevant information with respect to the condition(s) and delay.

3.2 Time of the Essence

TIME IS OF THE ESSENCE in Subcontractor's performance of its obligations under this Agreement.

3.3 Delivery Schedule

Satisfactory performance of deliverables shall be deemed to occur upon delivery and acceptance by the Project Director or another appointed AHP Staff ("Staff") of the items as described in the SOW. All deliverables shall be submitted as directed by the Project Director or Staff. In no event shall Subcontractor submit a deliverable directly to the DHCS unless specifically directed to do so by the Project Director/AHP Direct Staff Contact or his/her designee or DHCS.

Upon request, a copy of all written deliverables shall also be delivered to:

Mr. Charles Galland, Chief Legal Counsel
Advocates for Human Potential, Inc.
490-B Boston Post Road, Sudbury, MA 01776 | **cgalland@ahpnet.com**

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

3.4 BHBH Program Plan; Reporting and Monitoring

Upon receipt of notice that a Subcontractor's Application is approved, the Subcontractor shall submit its BHBH Program Plan to AHP together with its SOW and payment Schedule as addendum for this Subcontract Agreement. The BHBH Program Plan must include the minimum County BHA program requirements as set forth by DHCS, the RFA, the BHBH Program Plan, and all other applicable local, state, and federal laws (collectively, the "Program Requirements"). The BHBH Program Plan shall include a monitoring and reporting plan that the Subcontractor is responsible for implementing.

Any amendment to the BHBH Program Plan must be submitted to AHP in writing and forwarded to and approved by DHCS. AHP shall notify the Subcontractor of DHCS' approval or disapproval of any amendment within fifteen (15) days of receipt of such approval or disapproval. No amendment to the BHBH Program Plan shall be valid until DHCS approves the same. The previously approved BHBH Program Plan shall remain in effect until approval is communicated to the Subcontractor by AHP via in accordance with the notice provisions of this Subcontract Agreement. Any approved amended BHBH Program Plan shall be incorporated into this Agreement upon such approval.

The Subcontractor shall comply with all reporting and monitoring requirements in the BHBH Program Plan, Program Requirements, or as directed by AHP and DHCS.

SECTION 4. STATEMENT OF WORK / START-UP INFRASTRUCTURE

a) This Agreement is entered under the authority of and in furtherance of the BHBH Program and the RFA issued by DHCS and the Subcontractor's Application. In addition, this Agreement hereby incorporates by reference the Subcontractor's approved Application, BHBH Program Plan, any DHCS approved BHBH Program Plan update, budget, any DHCS approved budget update, and any report submitted by Subcontractor which has relied upon by AHP.

b) Seventy-five percent (75%) of BHBH Program funding must be used for the costs of operating bridge housing, including shelter and interim housing, rental assistance, auxiliary funding for assisted living settings and housing navigation. Up to twenty-five percent (25%) may be used for (i) Program Implementation, (ii) outreach and engagement, and/or (iii) bridge housing infrastructure start-up costs.

   i. Bridge housing infrastructure start-up funding shall be limited to Seventy-five Thousand Dollars ($75,000) per bed and shall not exceed twenty-five percent (25%) of the total amount of BHBH program funds awarded under this Agreement. All bridge housing infrastructure start-up activities must be complete, and beds made available within one (1) year of execution of this Agreement. Subcontractor shall provide a schedule that demonstrates that the BHBH Project can be completed within the allowable timeline.

   ii. If the BHBH Program Plan requires the utilization of BHBH Program funds for the acquisition (or renovation) of real estate, then Subcontractor shall obtain the preapproval of DHCS, through AHP, and shall provide AHP with evidence of site control. "Site control" shall mean deeded ownership,

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

executed purchase and sale agreement, or other binding agreement to the satisfaction of AHP.

iii. Subcontractor is eligible to receive up to ninety percent (90%) of the costs of acquisition up front upon meeting site control documentation requirements set forth in this Section 4. Upon reconciliation of the expenditure of theses up-front funds, Subcontractor is then eligible to receive the balance of the BHBH Program funds for acquisition with reconciliation upon completion of the acquisition.

iv. If the BHBH Program Plan requires funds addressing the renovation of real estate, BHAs are eligible to receive up to fifty percent (50%) of the costs up front upon presentation of documentation that substantiates the expenditure. Upon reconciliation of the expenditure of these up-front funds, the BHA is then eligible to receive the next forty percent (40%) of renovation costs upon the reconciliation of same and a so called "desk review" conducted for all expenditures up to ninety percent (90%), with the balance of the BHBH Program funds with reconciliation upon completion of the remaining expenditures and project completion. Desk reviews under this Agreement shall be inclusive of the documentation required to be retained by the BHA and a random sampling of invoices/charges for expenditures.

v. In order to meet the one (1) year completion requirement, Subcontractor may begin incurring expenses (at its own risk) for reimbursement upon receipt of conditional award by DHCS.

c) For all other BHBH Program Plans, funding will be obtained in increments of twenty-five percent (25%) upon meeting the documentation requirements required by DHCS. BHBH Program projects are subject to review, annually, at AHP's and/or DHCS's sole determination.

d) The Subcontractor's BHBH Program funds as set forth herein shall be used solely for the purposes set forth within this Agreement, the BHBH Program Plan and as detailed in the SOW, contained herein. The Subcontractor shall be solely responsible for any costs to complete the BHBH Program Plan in excess of the funds awarded herein and as set forth in **Attachment D**. The Subcontractor shall return any excess or remaining BHBH Program funds to the State of California upon completion of its BHBH Program Plan.

e) Subcontractor is solely liable and responsible for any increases in costs that exceed those awarded to the Subcontractor under the BHBH Program. In the event costs exceed the award, the Subcontractor shall provide a financial plan, to AHP for review for an increase to its Program costs within thirty (30) days of having to pay for the additional costs. AHP, at the sole discretion of DHCS, will either approve or deny Subcontractor's request. Neither DHCS nor AHP are obligated to approve any request to increase funding and shall not be liable or responsible for any increased costs necessary for the Subcontractor to complete the BHBH Program Plan.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

f) In the event AHP or DHCS determines the BHBH Program is behind schedule and/or may not meet funding deliverables, based upon the monitoring reports submitted by Subcontractor, AHP, at the sole discretion of DHCS, may refuse to disburse additional Program Funds and reduce the amount of the Program Funds.

g) Subcontractor, or any lower-tiered subcontractor or independent consultant, is solely responsible and liable for the Subcontractor's or any lower-tiered subcontractor or independent consultants, performance and compliance with the terms and conditions within this Agreement, and the BHBH Program requirements.

h) AHP reserves the right to subcontract with a third party in order to review and validate any requests for funding, site visits, inspections, reviews, or other items, AHP deems necessary and shall notify Subcontractor of the same.

i) Subcontractor shall maintain an internal quality control program adequate to ensure that the requirements of this Agreement are fully satisfied throughout the term of this Agreement. The work of the Subcontractor and any of its subcontractors and consultants shall be performed in accordance with high standards of professional skill.

SECTION 5. SUBCONTRACTOR TRAVEL

a) Travel ☒ is authorized under this Subcontract Agreement.

b) Travel ☐ is not authorized under this Subcontract Agreement.

Please refer to "Travel and Per Diem Reimbursement" provisions set forth in **Attachment B.**

SECTION 6. CONTRACT ADMINISTRATION DATA

6.1 Contractor Representatives:

The following individual is designated as AHP's Contracting Officer, and is authorized to direct or negotiate any changes in the SOW, modify or extend the period of performance, change the delivery schedule, authorize reimbursement to Subcontractor of any costs incurred during the performance of this Agreement, or otherwise change any terms and conditions of this Agreement:

Mr. Charles Galland, Chief Legal Counsel
Advocates for Human Potential, Inc.
490-B Boston Post Road, Sudbury, MA 01776
cgalland@ahpnet.com / (978) 443-0055 x425

The following individual(s) is/are designated for purposes of administering the contractual progress of the Agreement, and for purposes of providing technical direction and guidance:

AHP Direct Staff Contact: Deborah Werner, Project Director

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

131 N. El Molino, Suite 380, Pasadena, CA 91101
Tel: 818-999-6985 (o) / dwerner@ahpnet.com

6.2 Subcontractor Representatives:

The following individual is designated as Subcontractor's Contracting Officer and is authorized to conduct business, negotiate modifications and changes to any terms and conditions of this Agreement:

DocuSigned by:
Jayme Bottke Executive Director
E28E8F189E62493...
Name/Title

jayme.bottke@tchsa.net 530-527-8491 x3166
Email/phone

The following individual is designated as Subcontractor's Project Manager for purposes of administering this Agreement:

_____
Name/Title

_____
Email/phone

6.3 Compensation, Billing Instructions, and Payment

a) This is a Deliverables Based Subcontract Agreement, with a not to exceed ("NTE") amount of **Two MILLION Three HUNDRED Seventy One THOUSAND Five HUNDRED Ninety One DOLLARS ($ 2,371,591).** Subcontractor shall be paid in accordance with **Attachment D**. In addition, all Subcontractor costs are subject to allowability and reasonableness, and any restrictions contained in the Prime Contract.

b) Invoices shall be submitted per **Attachments C and D**, no more frequently than quarterly, submitted on letterhead, and shall provide sufficient detail, including at least the following information on each invoice:
   i. Subcontractor's Name
   ii. Subcontractor's TIN/EIN
   iii. Subcontract Agreement ID: **20456-CA BHBH- bhbh_632_bhbh_tehama_county**
   iv. Invoice No.
   v. Invoice Date
   vi. **AHP's Project & Billing Number(s) applicable to the tasks/deliverables invoiced, as per the SOW, attached.**
   vii. Amount Due on the Invoice.
   viii. Other substantiating documentation or information as may be requested by AHP.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ix. An original signature of an authorized official of Subcontractor, with the following certification: "I hereby certify that all payments requested are for appropriate purposes and in accordance with the terms and conditions set forth in the Agreement between the Parties."
x. Name/title/telephone number of the person to contact in case of questions about the invoice.
xi. Name, title, phone number, and mailing address of official to whom payment is to be sent.

c) The cost of overnight or courier delivery of invoices are not reimbursable under this Subcontract.

d) Invoices shall be sent electronically to: AP2@AHPNET.COM. Upon receipt of an Invoice, proper in form, and accepted and approved by AHP ***(approval of the Invoice shall mean that AHP's Project Director or assigned AHP staff has reviewed, accepted, and signed the Invoice)***, payment shall be remitted within fifteen (15) business days after receipt of undisputed invoice. All payment questions shall be addressed to AHP Accounts Payable at (978) 443-0055.

e) Subcontractor's right to payment shall be contingent upon AHP's review of the Invoices and backup documentation provided for in this Agreement, together with any attachments, and that the review shall demonstrate the achievement of satisfactory performance against the SOW in **Attachment C** and the BHBH Program Plan. Should Subcontractor's lack of satisfactory performance endanger Subcontractor's ability to complete the BHBH Program Plan and SOW, a cure notice shall be issued to Subcontractor. Subcontractor shall respond in five (5) business days with a plan to cure such notice. Should the cure not be feasible, or if the cure fails within the agreed upon time frame, AHP may terminate the Subcontract Agreement immediately upon written notice.

f) Supporting Documentation: Subcontractor shall provide such supporting documentation for invoices as may be requested by AHP, or as may be necessary for compliance with AHP's billing to the Client.

g) In satisfaction of the Subcontractor's obligation to complete the task(s) called for in **Attachment C, "Statement of Work,"** the Subcontractor shall provide the deliverable(s) specified within the period of performance of this Agreement. If, at any time, Subcontractor falls behind meeting the funding deliverables, disbursement of BHBH Program funds may be discontinued, and Subcontractor may not be entitled to any further disbursements of BHBH Program funds, at the sole discretion of DHCS.

h) Upon budget approval for all bridge housing infrastructure start-up costs, and an approved budget for BHBH Program Plan project, or any DHCS approved updates to those documents, AHP and DHCS may fund those costs based upon the two options described below:

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

i. Reimbursement for costs, submitted to AHP by invoice, incurred by Subcontractor that shall require approval by AHP. Subcontractor shall also submit reports and photos documenting the Program's progress; or

ii. Advance payments in accordance with the approved BHBH Program funds and milestone schedules set forth in Section 4, above. Funds shall be disbursed upon AHP receiving and approving a cost reimbursement form from the Subcontract, together with any other reasonable documentation requested by AHP.

6.4 Final Payment and Closeout

Subcontractor must invoice for all final costs within ninety (90) days following completion of this Agreement and will provide all documentation necessary for a timely closeout of this Agreement including the submission of a "Final Invoice," a "Release of Claims," "Assignment of Refunds," and/or other closeout documents as may be required or reasonably requested by AHP. Payment of the Final Invoice may be withheld, pending completion and acceptance by AHP of all work performed, submission of all required documentation and/or substantiation of all work performed or delivered, and submission of all required administrative forms and technical reports. These rights and obligations shall survive the termination of this Subcontract Agreement.

SECTION 7: CHANGES AND MODIFICATIONS

a) AHP may at any time make unilateral changes, within the general scope of this Agreement, in the definition, time of performance, or quantity of services to be performed; provided however, any determination made by AHP shall not impose a substantial burden on the Subcontractor.

b) If any change causes an increase or decrease in the budgeted cost for performance of any part of the work under this Agreement, Subcontractor shall propose a new budget. Upon AHP and DHCS' approval of the revised budget, AHP shall issue a notice to the Subcontractor containing that revised budget. Subcontractor must assert any claim for adjustment under this clause within thirty (30) days from the date of receipt. If the Subcontractor fails to assert a claim for adjustment within thirty (30) days or if the Subcontractor does not have any claims for adjustment to assert, then the DHCS approved revised budget shall be incorporated into this Subcontract by reference, as so amended and accepted, and the Subcontractor shall comply with the terms of that DHCS approved revised budget, as if set forth in the original budget and a part of the original Attachment to this Subcontract.

c) Failure to obtain approval under Section 7 of any adjustment on a timely request that is submitted within the thirty (30) day period allowed shall be deemed a dispute concerning a question of fact within the meaning of Section 13 of this Subcontract Agreement entitled "Disputes/Applicable Laws," below. Notwithstanding any failure to agree to any such adjustment, Subcontractor shall diligently proceed with the work as changed.

d) AHP and/or DHCS may request additional Subcontractor documentation, signatures, missing items, or omitted information during the response review process. AHP

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

and/or DHCS will advise the Subcontractor verbally, by fax, email or in writing of any documentation that is required and the submission timeline. Subcontractor's failure to submit the required documentation by the date and time indicated may cause AHP or DHCS to deem a response nonresponsive and eliminate it from further consideration.

e) The foregoing notwithstanding, should either Party desire during the term of this Agreement to change or modify a term, such changes or modifications shall be proposed in writing to the other Party, who will respond in writing within thirty (30) days of receipt as to whether the proposed change/modification is accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made consistent with the provisions of Section 7.

SECTION 8: CANCELLATION / TERMINATION

a) AHP may terminate this Agreement upon thirty (30) days' notice if the Prime Contract is terminated by DHCS, any breach under this Subcontract Agreement remains uncured per the provisions hereunder and/or AHP is directed by DHCS to terminate this Agreement.
b) Upon receipt of a notice of termination or cancellation from AHP, Subcontractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.
c) The Subcontractor shall be entitled to payment from all allowable costs authorized under this Agreement and incurred up to the date of termination or cancellation, including authorized non-cancelable obligations, provided such expenses do not exceed the stated maximum amounts payable. Upon termination of this Agreement for any reason, neither AHP nor DHCS shall be liable for any work that is not performed in accordance with this Agreement.

SECTION 9: SUBCONTRACTOR OBLIGATIONS

9.1 Subcontractor shall comply with all California and federal law, regulations, and published guidelines, to the extent that these authorities contain requirements applicable to Subcontractor's performance under this Agreement.

9.2 Subcontractor shall comply with all Program Requirements, including any related DHCS guidance, regulations, and/or subsequent additions or amendments thereto. Should these requirements change through state and/or federal statute or regulations, the Subcontractor shall maintain compliance with those requirements, as directed by AHP.

9.3 AHP may perform inspections, review procedures, documents pertaining to the SOW, the BHBH Program Plan and other elements of this Agreement, perform on-site visits, desk reviews to ensure Subcontractor's compliance with Sections 9.1 and 9.2, above, as well as protect against fraud, waste, and abuse.

9.4 In the event Subcontractor does not comply with Sections 9.1 and 9.2, above, AHP shall give notice in accordance with this Agreement and have all of the rights set forth in Section 8, above, and within the entirety of this Agreement.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

9.5 Upon AHP's request or upon a determination of DHCS', Subcontractor shall allow DHCS and AHP to review Subcontractor's records to ensure funds were properly charged.

SECTION 10: DATA COLLECTION AND PERFORMANCE

10.1 Subcontractor is subject to any data collection and reporting requirements set forth by the Prime Contract when conveyed to the Subcontractor by AHP. Subcontractor shall provide supporting documentation as may be requested by AHP, or as may be necessary for compliance with AHP's obligations to DHCS. Additionally, Subcontractor shall comply with all reporting and monitoring requirements set forth in the BHBH Program Plan and the Program Requirements. The foregoing data collection and reporting requirements as well as the reporting and monitoring requirements herein are in addition to, and not in substitution of, any and all requirements set forth in this Agreement and this Section 10.1 is not intended to limit or reduce such requirements previously set forth in this Agreement.

10.2 Monitoring and Site Inspection

a) The Subcontractor shall be subject to monitoring by AHP and/or DHCS for compliance with the provisions of this Agreement. Such monitoring activities shall include, but are not limited to, inspection of the Subcontractor's procedures, books, and records, as AHP and/or DHCS deem appropriate. AHP and/or DHCS may conduct monitoring activities at any time during the Subcontractor's normal business hours.

b) AHP and/or DHCS may conduct reviews of the Subcontractor's records to determine if any of the claimed expenditures were an improper use of funds.

c) The refusal of Subcontractor to permit access to physical facilities and/or inspection of any documents, files, books, or records necessary for AHP to complete its monitoring and inspection activities in accordance with this Section 10 constitutes an express and immediate material breach of this Agreement and will be a sufficient basis to terminate this Subcontract Agreement for cause pursuant to Section 8.

SECTION 11: ORGANIZATIONAL CONFLICT OF INTEREST

Subcontractor warrants to the best of its knowledge and belief at this time, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest ("OCI"), as defined in Federal Acquisition Regulations ("FAR") Subpart 9.5, or that Subcontractor has disclosed all such relevant information, and will disclose any actual or potential OCI that is discovered, including a description of activities that Subcontractor has taken or proposes to take, after consultation with the AHP Contracting Officer, to avoid the conflict. During the term of this Agreement, Subcontractor shall not enter into other contracts or arrangements or otherwise engage in work that will conflict with the Parties' relationship of trust and cooperation or that may otherwise conflict with the Subcontractor's obligations.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SECTION 12: INDEMINIFACTION

a) Subcontractor shall indemnify and hold harmless AHP and DHCS and their officers, employees and agents for any costs and expenses incurred, including reasonable attorneys' fees, judgments, settlements, or penalties, against all liabilities, claims, suits, demands or liens for damages to persons or property ("Claims," unless such Claims arise from the gross negligence or willful misconduct of AHP or DHCS), arising out of, resulting from, or relating to, the following:

   i. Any act, omission, or statement of the Subcontractor, or any person employed by or engaged under contract with the Subcontractor that results in injury (including death), loss, or damage to any person or property;

   ii. Any failure on the part of the Subcontractor to comply with applicable government requirements and requirements of law;

   iii. The failure to maintain the insurance policies required by this Subcontract Agreement, or the work performed, inclusive of Intellectual Property infringement, if applicable, under this Subcontract Agreement. Insurance coverage that may be required shall in no way lessen or limit the liability of Subcontractor under the terms of this obligation;

   iv. Any failure on the part of the Subcontractor to satisfy all claims for labor, equipment, materials, and other obligations relating to the performance of the work hereunder;

   v. Any injury to property or person occurring on or about the infrastructure or the property of Subcontractor;

   vi. Any actual or alleged direct or contributory infringement of, or inducement to infringe, any United States or foreign patent, trademark, or copyright, arising out of the performance of this Agreement, provided the Subcontractor is reasonably notified of such claims and proceedings; and

   vii. Any actual or alleged unauthorized use or disclosure of any trade secret, confidential information or other proprietary interest, work product, or other information owned by the Government, DHCS or AHP under the terms of this Agreement.

b) Subcontractor shall indemnify under this Section 12 for any of the above acts attributable to its employees, consultants, agents, and/or lower-tiered subcontractors/independent consultants engaged in performance of the work under this Agreement.

c) This indemnification shall survive the expiration or termination of the Agreement.

SECTION 13: DISPUTES/APPLICABLE LAWS

13.1 Disputes

Any dispute arising out of, or relating to, this Agreement that is not resolved by the good faith efforts of the Parties, shall be settled by submission to a panel consisting of one arbitrator under the Commercial Rules of the American Arbitration Association ("AAA").

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

The Parties shall bear equally the costs assessed by the AAA, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. Venue for the arbitration shall be in [ ] County, California. The decision of the arbitrator shall be final, conclusive, and unappealable, except in the event of fraud or the arbitrator's failure to disclose a material conflict of interest. The prevailing Party, in addition to any damages awarded by the arbitrator, shall be entitled to costs and reasonable attorneys' fees, the amount of which shall be determined by the arbitrator, in the event the Parties are unable to agree.

☐ Check-the-Box if Subcontractor is electing to institute a legal action or other court proceeding with respect to any dispute arising out of, or relating to, this Agreement that is not resolved by the good faith efforts of the Parties (herein, the "Dispute"). Upon such election, the Dispute shall be adjudicated in any court of competent jurisdiction over the matter in [ ] County, California. The prevailing party in a final, non-appealable judgement regarding the Dispute is entitled to receive, and the non-prevailing party shall pay, in addition to all other remedies to which the prevailing party may be entitled, the costs and reasonable attorneys' fees, the amount of which shall be determined by the court, in the event the Parties are unable to agree.

13.2 Applicable Laws

Subcontractor agrees to comply with the applicable provisions of federal, state, and local laws or ordinances, and all orders, rules, and regulations issued thereunder, and in such a manner that the name of the other party will not be discredited. Where a FAR provision or clause, or any other federal statute, regulation, or clause is incorporated in or applicable to this Agreement or work being performed under it, federal law shall govern the interpretation and application thereof. If federal law is not applicable, the appropriate law of the State of California shall apply, exclusive of that body of laws known as conflicts of law. This Section 13 shall survive the expiration or termination of the Subcontract Agreement.

a) If the Subcontractor fails to comply with federal statutes, regulations, or terms and conditions of this Agreement, AHP may impose additional conditions on the Subcontractor, including:

   i. Withholding authority to proceed to the next phase until receipt of evidence acceptable of performance within a given performance period
   ii. Requiring additional or more detailed financial reports;
   iii. Requiring technical or management assistance; and/or
   iv. Establishing additional prior approvals.

b) In the event AHP and/or DHCS determines that the Subcontractor's noncompliance cannot be remedied by imposing additional conditions, AHP may take one or more of the following actions:

   i. Temporarily withhold cash payments pending correction of the deficiency by the Subcontractor.

   ii. Disallow all or part of the cost of the activity or action not in compliance.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

iii. Wholly or partly suspend the Subcontract Agreement activities or terminate the Subcontract Agreement.

iv. Withhold further agreements.

v. Take any and all other remedies that may be legally available.

SECTION 14: CERTIFICATIONS

By signature to this Subcontract Agreement, Subcontractor makes the following Representations and Certifications:

a) Debarment and Suspension: Neither Subcontractor nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible nor voluntarily excluded by any Federal department or agency from participating in transactions. Any change in the debarred or suspended status of the Subcontractor during the life of this Subcontract Agreement will be reported immediately to AHP. Subcontractor shall incorporate this Debarment and Suspension certification into any subcontract that it may enter into as a part of this Subcontract.

b) Prohibition To Perform Duties: Subcontractor is not prohibited, precluded, or restricted from performing the duties required under the SOW and the BHBH Program Plan, due to previous employment obligations, restrictions, commitments, or agreements that Subcontractor has with any other federal, state, and local government agency.

c) Federal Civil Rights Act/Equal Opportunity: Subcontractor will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, and will not discriminate against any employee or applicant for employment because of age, race, religion, creed, color, sex, or national origin.

d) Labor Laws: Subcontractor certifies that it complies with all applicable labor laws, including, but not limited to, the Walsh-Healy Act and the Contract Work Hours and Safety Standards Act (41 U.S.C. 51-58) regarding overtime compensation.

e) Americans with Disabilities Act: Subcontractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act and Americans with Disabilities Act of 1973 as amended (29 U.S.C 794(d)) and regulations implementing that Act as set forth in in Part 1194 of Title 36 of the Federal Code of Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the ACT requiring accessibility of electronic and information technology.

f) Employee Compliance: Subcontractor will require all employees, entities and individuals providing services in connection with the performance of this Subcontract to comply with the provisions of this Agreement and with all Federal, State, and local laws and regulations in connection with this work.

g) Code of Ethics: Subcontractor has a Code of Ethics addressing at least the following areas: accurate accounting records and reporting; gifts and entertainment to Government customers; hiring of former government employees; protection of Government proprietary and source selection

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

information; extending and receiving business courtesies; and personal and organization conflicts of interest.

h) Age Discrimination Act of 1975 (45 CFR Part 90).
i) Section 1557 of the Affordable Care Act.
j) Trafficking Victims Protection Act of 2000 (22 USC 7104(G), as amended, and 2
k) CFR Part 175.
l) Clean Air Act (42 USC 7401-7671q) and the Federal Water Pollution Control ACT (33 USC 1251-1387), as amended.
m) Byrd Anti-Lobbying Amendment (31 USC 1352): The Subcontractor shall certify to DHCS that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an office or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. The Subcontractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal Award.
n) Confidentiality of Substance Use Disorder Patient Records: (42 CFR Part 2, Subparts A-E). The Subcontractor shall comply with the regulation set forth in 42 CFR Part 2, Subparts A-E, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

SECTION 15: RECORDS AND RECORD KEEPING

a) The Subcontractor shall retain all financial records, supporting documents, statistical records, and all other pertinent records in accordance with 45 CFR Section 75.361.
b) AHP, SAMHSA, the Inspector General, the Controller General, and DHCS, as applicable, or any of its authorized representatives, have the right to access any pertinent documents, papers, or other records of the Subcontractor, for the purpose of performing audits, examinations, excerpts, and transcripts. The right to access records also includes timely and reasonable access to the Subcontractor's personnel for the purpose of interview and discussion related to the requested documents.
c) The right to access records is not limited to the required retention period but lasts as long as the records are retained by the Subcontractor.

SECTION 16: EXPENSE ALLOWABILITY/FISCAL DOCUMENTATION

a) Invoices, received from a Subcontractor and accepted and/or submitted for payment by AHP, shall not be deemed evidence of allowable agreement costs under this Subcontractor Agreement.
b) The Subcontractor shall maintain for review and audit and supply to AHP upon request, adequate documentation of all expenses claimed pursuant to this Agreement to permit a determination of expense allowability.
c) If the allowability or appropriateness of an expense cannot be determined by AHP because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed, and payment may be withheld by AHP. Upon receipt of adequate documentation supporting a

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

d) Costs and/or expenses deemed unallowable are subject to recovery by AHP. See Section 17, "Recovery of Overpayments," below, for more information.

SECTION 17: RECOVERY OF OVERPAYMENTS

a) Subcontractor agrees that claims based upon a contractual agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by AHP by one of the following options:

   i. Subcontractor's remittance to AHP of the full amount of the audit exception within thirty (30) days following AHP request for payment; or
   ii. A repayment schedule which is agreeable to both AHP and the Subcontractor.

b) AHP reserves the right to select which option will be employed and the Subcontractor will be notified by AHP in writing of the claim procedure to be utilized.

c) Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the California State Treasurer's Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Subcontractor, beginning thirty (30) days after the Subcontractor's receipt of AHP's demand for repayment.

d) If the Subcontractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Subcontractor loses the final administrative appeal, the Subcontractor shall repay, to AHP, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Subcontractor's first receipt of AHP's notice requesting reimbursement of questioned audit costs or disallowed expenses.

SECTION 18: BEST EFFORTS

During the term of this Agreement, Subcontractor shall use Best Efforts in order to satisfy all the requirements of the Work to be performed under this Agreement, **Attachment C**, and the BHBH Program Plan.

THIS AGREEMENT CONSISTS OF EIGHTEEN (18) TYPEWRITTEN PAGES, TOGETHER WITH THE ATTACHMENTS IDENTIFIED BELOW ON PAGE 19 ("LIST OF ATTACHMENTS") AND COMMENCING ON PAGE 20 WITH ATTACHMENT A, STANDARD SUBCONTRACT TERMS AND CONDITIONS, AND ALL OF WHICH ARE HEREBY INCORPORATED INTO THIS SUBCONTRACT AGREEMENT.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

LIST OF ATTACHMENTS

TITLE	No. of Pages
Attachment A – Standard Subcontract Terms and Conditions	1
Attachment B – Special Terms and Conditions	25
Attachment C – Statement of Work	1
Attachment D – Rate Schedule	1
Attachment E – Intentionally Left Blank	1
Attachment F – Special Real Estate Requirements	7
Attachment G – Subcontractor Certification	7
Exhibit G – EO Sanction Notification	1

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT A-STANDARD SUBCONTRACT TERMS AND CONDITIONS

Headings: Headings are for convenience of reference only and shall in no way affect interpretation of this Agreement.
Independent Contractor: Subcontractor is engaged as an independent contractor, and this Agreement shall not be construed as creating any other relationship. Subcontractor shall comply with all laws and assume all risks incident to its status as independent contractor, and necessary to comply with specific requirements of this Agreement, including, but not limited to, payment of all applicable federal/state income taxes, associated payroll/business taxes, and licenses and fees, as applicable.
No Agency: Subcontractor, its employees, agents or assigns, shall not represent, act or purport to act, or be deemed to be an agent, representative, or employee of AHP, or commit or obligate AHP to any other person or party.
No Assignment: This Agreement, or any duties/obligations imposed shall not be assigned, delegated, or otherwise transferred.
Changes to be Made in Writing: Unless otherwise specified that AHP may make a unilateral modification, no understanding, agreement, modification, change order, or other matter affecting this Subcontract shall be binding, unless in writing, signed by both Parties' Contracting Officer. No handwritten changes shall be effective unless initialed by each Contracting Officer.
Limitation of Liability upon Termination: AHP's maximum aggregate liability to Subcontractor is limited to the total dollar amount of work properly performed by Subcontractor up to the effective date of termination, together with any *authorized* travel, or *authorized* expenses incurred under the Subcontract that cannot be canceled. AHP is not liable for any special, indirect, incidental, consequential, or punitive damages, nor for any loss of goodwill, profits, data, or loss of use arising out of, resulting from, or in any way connected with the performance or breach of this Subcontract, even if advised of the possibility of such damages.
Force Majeure: Neither Party shall be liable to the other for loss or damages due to failure or delay in rendering performance caused by circumstances beyond its reasonable control, if such failure could not have been overcome by the exercise of due diligence, due care, or foresight. Causes may include, but are not limited to, acts of God or a public enemy; wars; acts of terrorism; riots; fires; floods; epidemics; quarantine restrictions; labor disputes; strikes; defaults of subcontractors/vendors; failure/delays in transportation; unforeseen freight embargoes; unusually severe weather; or any law/order/regulation/request of a state or local governmental entity, the US Government, or of any agency, court, commission, or other instrumentality of any such governments. Times of performance under this Agreement may be appropriately extended for excused delays if the Party whose performance is affected promptly notifies the other of the existence and nature of such delay.
Scientific Misconduct: Subcontractor shall immediately report to AHP any instance of scientific misconduct or fraud related to performance of work under this Agreement.
Notices: Notices shall be in writing, sent by USPS Certified Mail-RRR, or any overnight delivery/courier service, and notice shall be deemed given when personally delivered, (or three (3) days after being sent by prepaid certified U.S. mail).
Litigation: Subcontractor shall provide written notice to AHP of any litigation that relates to this Subcontract, or that has the potential to impair its ability to fulfill this Contract, including but not limited to. Financial, legal, or other situations.
Publicity: Without prior written approval of the other, neither Party shall use the other's name or make reference to the other Party or any of its employees in publications, news releases, advertising, speeches, technical papers, photographs, sales promotions, or publicity purposes of any form related to this work or data developed hereunder, unless disclosure of such materials is required by legal, accounting, or regulatory requirements beyond the disclosing Party's reasonable control. Use of either Party's name may be made in internal documents, annual reports, proposals, etc. which may identify the existence of the project by title, principal investigator or project director, sponsor, period of funding, amount of award and brief abstract of the project. This section shall survive expiration/termination of this Subcontract Agreement.
Restrictions on Hiring: During the period of this Agreement, and for a period of two (2) years after its termination, neither Party shall directly or indirectly, induce or solicit (or authorize or assist in the taking of any such actions by any third party) any employee or consultant of the other Party to leave his/her business association with that Party. Parties are not restricted in the right to solicit or recruit generally in the media.
Survival: Except as otherwise stated, sections that by their terms impose continuing obligations or establish continuing rights shall be deemed to survive the expiration/termination of this Subcontract.
Validity and Waiver: The invalidity in whole or in part of any provision of this Agreement shall not affect the validity of other provisions. Waiver of a breach of any provision shall not constitute a waiver of any subsequent breach of that provision, or a breach of any other provision. AHP's failure to enforce any provision of this Agreement shall not be construed as a waiver. Only AHP's Contracting Officer has the authority to waive any term or condition of this Subcontract on behalf of AHP.
Interpretation: This Contract shall be interpreted and construed in accordance with its fair meaning, and not strictly for or against either Party, regardless of who may have drafted it or any specific provision.
Counterparts/Other Instruments: The Parties may execute this Contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. The Parties shall properly make, execute, and deliver such other and further instruments as may be reasonable, necessary, desirable, or convenient to give full force and effect to this Agreement.
Binding Effect: This Agreement shall be binding upon the Parties, their successors, and assigns.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Attachment B

Special Terms and Conditions

(Under DHCS Agreement No. 22-20456-BHBH)

Waiver of Terms and Conditions. It is understood that DHCS may, in its sole discretion, through AHP and the Subcontractor's BHBH Program Plan, waive, in whole or in part, in writing any of the terms and provisions of this Attachment B. Any such waiver shall be in writing and without prejudice to DHCS's rights in respect of any other terms or provisions therein. Except as specifically set forth in writing, no further waivers of any terms or provisions contained in this Attachment B shall be construed as a waiver of any subsequent terms or provisions herein.

1. Travel and Per Diem Reimbursement

2. Site Inspection

3. Intellectual Property Rights

4. Left intentionally blank

5. Confidentiality of Information

6. Documents, Publications and Written Reports

7. Subcontract Requirements

8. Left intentionally blank

9. Performance Evaluation

10. Progress Reports or Meetings

11. Progress Payment Withholds

12. Left intentionally blank

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

13. Legal Services Contract Requirements

14. Four-Digit Date Compliance

15. Prohibited Use of State Funds for Software

16. Insurance Requirements

17. Procurement Rules

18. Equipment/Property Ownership / Inventory / Disposition

19. Left intentionally blank

20. Suspension or Stop Work Notification

21. Public Communications

22. Audit and Record Retention

1. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with contract funds.)

Reimbursement for travel and per diem expenses from the Department of Health Care Services (DHCS) under this Agreement shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (CalHR), for non-represented state employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. Exceptions to CalHR rates may be approved by DHCS upon the submission of a statement by the Subcontractor indicating that such rates are not available to the Subcontractor. No travel outside the State of California shall be reimbursed without prior authorization from DHCS. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

2. Site Inspection

The State, DHCS or AHP, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Subcontractor or its location being funded by DHCS, Subcontractor, shall provide and shall require any of their Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

3. Intellectual Property Rights

a) Ownership

i. Except where DHCS has agreed in a signed writing to accept a license, DHCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement.

ii. For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

iii. For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

iv. In the performance of this Agreement, Subcontractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Subcontractor may access and utilize certain of DHCS' Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Subcontractor shall not use any of AHP's or DHCS' Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHCS. Except as otherwise set forth herein, neither the Subcontractor nor DHCS shall give any ownership interest in or rights to its Intellectual Property to the other Party. If during the term of this Agreement, Subcontractor accesses any third-party Intellectual Property that is licensed to DHCS, Subcontractor agrees to abide by all license and confidentiality restrictions applicable to DHCS in the third- party's license agreement.

v. Subcontractor agrees to cooperate with AHP and/or DHCS in establishing or maintaining DHCS' exclusive rights in the Intellectual Property, and in assuring DHCS' sole rights against third parties with respect to the Intellectual Property. If the Subcontractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Subcontractor shall require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Subcontractor or DHCS and which result directly or indirectly from this Agreement, or any subcontract entered into by Subcontractor.

vi. Subcontractor further agrees to assist and cooperate with AHP and/or DHCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce DHCS' Intellectual Property rights and interests.

b) <u>Retained Rights / License Rights</u>

i. Except for Intellectual Property made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement, Subcontractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Subcontractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Subcontractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Subcontractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

ii. Nothing in this provision shall restrict, limit, or otherwise prevent Subcontractor from using any ideas, concepts, know-how, methodology or

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

techniques related to its performance under this Agreement, provided that Subcontractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHCS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

c) Copyright

i. Subcontractor agrees that for purposes of copyright law, all works [as defined in Section a, subparagraph (2)(a)] of authorship made by or on behalf of Subcontractor in connection with Subcontractor's performance of this Agreement shall be deemed "works made for hire". Subcontractor further agrees that the work of each person utilized by Subcontractor in connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Subcontractor or that person has entered into an agreement with Subcontractor to perform the work. Subcontractor shall enter into a written agreement with any such person that: (i) all work performed for Subcontractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to DHCS to any work product made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement.

ii. All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement, shall include DHCS' notice of copyright, which shall read in 3mm or larger typeface: "© [Enter Current Year e.g., 2023, etc.], California Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Care Services." This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

d) Patent Rights

i. With respect to inventions made by Subcontractor in the performance of this Agreement, which did not result from research and development specifically, included in the Agreement's scope of work, Subcontractor hereby grants to DHCS a license as described under Paragraph b of this provision for devices or material incorporating, or made through the use of such inventions.

ii. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Subcontractor agrees to assign to DHCS, without additional compensation, all its right, title, and interest in and to such inventions and to assist DHCS in securing United States and foreign patents with respect thereto.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

e) Third-Party Intellectual Property

Except as provided herein, Subcontractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Subcontractor or third party without first: (i) obtaining AHP and DHCS' prior written approval; and (ii) granting to or obtaining for AHP and DHCS, without additional compensation, a license, as described in Paragraph b of this provision, for any of Subcontractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon these terms is unattainable, and AHP and DHCS determines that the Intellectual Property should be included in or is required for Subcontractor's performance of this Agreement, Subcontractor shall obtain a license under terms acceptable to AHP and DHCS.

f) Warranties

Subcontractor represents and warrants that:

i. It is free to enter into and fully perform this Agreement.
ii. It has secured and will secure all rights and licenses necessary for its performance of this Agreement.
iii. Neither Subcontractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Subcontractor.
iv. Neither Subcontractor's performance nor any part of its performance will violate the right of privacy of or constitute a libel or slander against any person or entity.
v. It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers, or releases from all authors of music or performances used, and talent (radio, television, and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.
vi. It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHCS in this Agreement.
vii. It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation, or maintenance of computer software in violation of copyright laws.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

viii. It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Subcontractor's performance of this Agreement.

ix. DHCS makes no warranty that the intellectual property resulting from this agreement does not infringe upon any patent, trademark, copyright, or the like, now existing or subsequently issued.

g) <u>Intellectual Property Indemnity</u>

i. Subcontractor shall indemnify, defend and hold harmless AHP and DHCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Subcontractor is a party to any pending or threatened litigation, which arise out of or are related to (1) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Subcontractor pertaining to Intellectual Property; or (2) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of DHCS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Subcontractor or DHCS and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this Agreement. DHCS reserves the right to participate in and/or control, at Subcontractor's expense, any such infringement action brought against DHCS.

ii. Should any Intellectual Property licensed by the Subcontractor to DHCS under this Agreement become the subject of an Intellectual Property infringement claim, Subcontractor will exercise its authority reasonably and in good faith to preserve DHCS' right to use the licensed Intellectual Property in accordance with this Agreement at no expense to DHCS. DHCS shall have the right to monitor and appear through its own counsel (at Subcontractor's expense) in any such claim or action. In the defense or settlement of the claim, Subcontractor may obtain the right for DHCS to continue using the licensed Intellectual Property; or replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, DHCS shall be entitled to a refund of all monies paid under this Agreement, without

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

restriction or limitation of any other rights and remedies available at law or in equity.

iii. Subcontractor agrees that damages alone would be inadequate to compensate AHP or DHCS for breach of any term of this Section 4 by Subcontractor. Subcontractor acknowledges AHP and/or DHCS would suffer irreparable harm in the event of such breach and agrees AHP and/or DHCS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

h) Federal Funding

In any agreement funded in whole or in part by the federal government, DHCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the Agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

i) Survival

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

4. Left intentionally blank

5. Confidentiality of Information

(a) The Subcontractor and its employees, agents, or subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Subcontractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.
(b) The Subcontractor and its employees, agents, or subcontractors shall not use such identifying information for any purpose other than carrying out the Subcontractor's obligations under this Agreement.
(c) The Subcontractor and its employees, agents, or subcontractors shall promptly transmit to the AHP all requests for disclosure of such identifying information not emanating from the client or person.
(d) The Subcontractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than AHP and/or DHCS without prior written authorization from the AHP, except if disclosure is required by State or Federal law.

(e) For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

(f) As deemed applicable by DHCS, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

6. Documents, Publications and Written Reports

(Applicable to agreements over $5,000 under which publications, written reports, and documents are developed or produced. Government Code Section 7550.)

Any document, publication, or written report (excluding progress reports, financial reports and normal contract communications) prepared as a requirement of this Agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

7. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

a) Prior written authorization will be required before the Subcontractor enters into or is reimbursed for any subcontract's entered into by Subcontractor for services costing $5,000 or more. Except as indicated in subparagraph d, herein, when securing subcontracts for services exceeding $5,000, the Subcontractor shall obtain at least three bids or justify a sole source award.

b) The Subcontractor must provide in its request for authorization all information necessary for evaluating the necessity or desirability of incurring such cost.

c) DHCS may identify the information needed to fulfill this requirement.

d) Subcontracts performed by the entities or for the service types listed below are exempt from the bidding and sole source justification requirements:

i. A local governmental entity or the federal government,
ii. A State college or State university from any State,
iii. A Joint Powers Authority,
iv. An auxiliary organization of a California State University or a California Community college,
v. A foundation organized to support the Board of Governors of the California Community Colleges,
vi. An auxiliary organization of the Student Aid Commission established under Education Code § 69522,
vii. Firms or individuals proposed for use and approved by DHCS'

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

funding Program via acceptance of a proposal for funding or pre/post contract award negotiations,

viii. Entities and/or service types identified as exempt from advertising and competitive bidding in State Contracting Manual Chapter 5 Section 5.80 Subsection B.2, and

ix. Entities whose name and budgeted costs have been submitted to DHCS in response to a competitive Invitation for Bid or Request for Proposal.

x. Agreements with governmental or public entities and their auxiliaries, or a Joint Powers Authority

e) If the total amount of all subcontracts exceeds twenty-five percent (25%) of the total agreement amount or $50,000, whichever is less and each subcontract is not with an entity or of a service type described in subparagraph (d)(i) through (x), above DHCS shall:

i. Obtain approval from the Department of General Services to use said subcontracts, or

ii. If applicable, obtain a certification from the prime Subcontractor indicating that each of the lower-tiered subcontractor's was selected pursuant to a competitive bidding process requiring at least three bids from responsible bidders, or

iii. Obtain attestation from the Secretary of the California Health and Human Services Agency attesting that the selection of the particular subcontractor(s) without competitive bidding was necessary to promote DHCS' program needs and was not done for the purpose of circumventing competitive bidding requirements.

f) When the conditions of subparagraph (a) apply, each of Subcontractor's subcontracts that is not with a type of entity or of a service type described in subparagraph (d) of Provision 7 herein, shall not commence work before DHCS has obtained applicable prior approval to use said subcontractor. DHCS shall inform the Subcontractor when DHCS has obtained appropriate approval to use said subcontractors.

g) AHP and DHCS reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Subcontractor to terminate subcontracts entered into in support of this Agreement.

h) Upon receipt of a written notice from AHP or DHCS requiring the substitution and/or termination of a subcontract, the Subcontractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by AHP and DHCS.

i) INTENTIONALLY OMITTED.

j) INTENTIONALLY OMITTED.

k) Actual subcontracts (i.e., written agreement between the Subcontractor and another subcontractor) of $5,000 or more are subject to the prior review and

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

written approval of AHP and DHCS. DHCS may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by DHCS.

l) Subcontractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by DHCS, make copies available for approval, inspection, or audit.

m) DHCS assumes no responsibility for the payment of Subcontractor's subcontractors used in the performance of the Agreement. Subcontractor accepts sole responsibility for the payment of any of its subcontractors used in the performance of this Agreement.

n) The Subcontractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.

o) When entering into a consulting service agreement with DHCS, the Subcontractor may be required to supply budget detail for each of its subcontractors and/or each major subcontracted activity under this Agreement.

p) Budget detail format and submission requirements will be determined by DHCS.

q) Methods of including budget detail in this Agreement, if applicable, will be determined by DHCS.

r) Any lower-tiered subcontractors budget detail displayed in this Agreement, or incorporated by reference, is included for information purposes only. Changes to a subcontractor's identity or budget detail shall not require the processing of a formal amendment to this Agreement.

s) The Subcontractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.

t) The Subcontractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

Subcontractor agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from DHCS to the Subcontractor, to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers, and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

u) Unless otherwise stipulated in writing by DHCS, the Subcontractor shall be its subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.

v) Subcontractor shall, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this **Attachment B**: 1, 2, 3, 5, 6, 7, 8, 11, 17, 18, 20, and/or other numbered provisions herein

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

that are deemed applicable.

8. Left intentionally blank

9. Performance Evaluation

(Applicable only to consultant service agreements.)

a) The Subcontractor's performance under this Agreement shall be evaluated at the conclusion of the term of this Agreement. The evaluation shall include, but not be limited to:
b) Whether the contracted work or services were completed as specified in the Agreement and reasons for and amount of any cost overruns.
c) Whether the contracted work or services met the quality standards specified in the Agreement.
d) Whether the Subcontractor fulfilled all requirements of the Agreement.
e) Factors outside the control of the Subcontractor, which caused difficulties in subcontractor performance. Factors outside the control of the Subcontractor shall not include a Subcontractor's poor performance.
f) The evaluation of the Subcontractor shall not be a public record.

10. Progress Reports or Meetings

(Applicable only to consultant service agreements.)

a) Subcontractor shall submit progress reports or attend meetings with state personnel at intervals determined by AHP to determine if the Subcontractor is on the right track, whether the project is on schedule, provide communication of interim findings, and afford occasions for airing difficulties or special problems encountered so that remedies can be developed quickly.
b) At the conclusion of this Agreement and if applicable, Subcontractor shall hold a final meeting at which Subcontractor shall present any findings, conclusions, and recommendations. If required by this Agreement, Subcontractor shall submit a comprehensive final report.

11. Progress Payment Withholds

a) Progress payments may not be made more frequently than monthly in arrears for work performed and costs incurred in the performance of the Agreement. In the aggregate, progress payments may not exceed Ninety percent (90%) of the total agreement amount, regardless of agreement length.
b) Ten percent (10%) may be withheld by AHP and/or DHCS from each invoice submitted for reimbursement, under the following conditions:
c) For services and costs associated with subcontractor and/or subcontractor performance that is considered to be of an ongoing nature or performed continuously throughout the term of the Agreement.
d) For individual services associated with a specific agreement deliverable that has not yet been received or completed in its entirety.
e) For individual and/or distinct tasks, work plans, or project activities that have not yet been completed in their entirety.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

f) Release of Amounts Withheld:
   i. As individual and/or distinct tasks, services, work plans, or project activities are completed in their entirety by either the Subcontractor or lower-tiered subcontractor performance and any scheduled/required deliverables or reports are delivered to AHP and/or DHCS; then any funds so withheld may be released to the Subcontractor upon acceptance and/or acknowledgement that all such items have been completed to the full satisfaction of AHP and/or DHCS.
   ii. Payment Requests Excluded from the 10 Percent (10%) Withhold: Ten percent (10%) payment withholds shall not be applied to reimbursements or periodic payment requests for direct costs associated with equipment purchases, media buys, operating expense items, and other procurements not directly associated with the Subcontractor's personal performance.

12. Intentionally left blank.

13. Legal Services Contract Requirements

(Applicable only to agreements involving the performance of legal services.)
The Subcontractor shall:

a) Adhere to legal cost and billing guidelines designated by AHP and/or DHCS.
b) Adhere to litigation plans designated by AHP and/or DHCS.
c) Adhere to case phasing of activities designated by AHP and/or DHCS.
d) Submit and adhere to legal budgets as designated by AHP and/or DHCS.
e) Maintain legal malpractice insurance in an amount not less than the amount designated by AHP and/or DHCS. Said amount shall be indicated in a separate letter to the Subcontractor.
f) Submit to legal bill audits and law firm audits if requested by AHP and/or DHCS. Such audits may be conducted by AHP, DHCS, State employees or their respective designees or by any legal cost control providers retained by AHP and/or DHCS for such purpose.

14. Four-Digit Date Compliance

(Applicable to agreements in which Information Technology (IT) services are provided to DHCS or if IT equipment is procured.)

a) Subcontractor warrants that it will provide only Four-Digit Date Compliant (as defined below) deliverables and/or services to AHP, DHCS, and/or the State, as applicable. "Four Digit Date compliant" deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries.

b) This warranty and representation is subject to the warranty terms and conditions of this Subcontract and does not limit the generality of warranty obligations set forth elsewhere herein.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

15. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

Subcontractor certifies that it has appropriate systems and controls in place to ensure that BHBH Program Plan funds will not be used in the performance of this Agreement for the acquisition, operation, or maintenance of computer software in violation of copyright laws.

16. Insurance Requirements

a) Automobile Liability Insurance

(Applicable if automobiles are purchased/reimbursed with BHBH Program Plan funds, furnished by DHC through AHP pursuant to, or if autos are used in performance under the terms of, this Agreement.)

i. The Subcontractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with BHBH Program Plan funds under the terms of this Agreement, to the Subcontractor and/or its subcontractor.
ii. The Subcontractor and/or its subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the AHP.
iii. The Subcontractor and/or its subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to AHP, DHCS, or the State, as applicable.
iv. The Subcontractor and/or its subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
v. The Subcontractor and/or its subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:
vi. The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to AHP and DHCS.
vii. AHP and DHCS, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for pursuant to the BHBH Program Plan under this Agreement and any extension or continuation of this Agreement.
viii. The insurance carrier shall notify AHP, in writing, of the Subcontractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to the Agreement number for which the insurance was obtained.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ix. The Subcontractor and/or its subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Subcontractor shall be notified by AHP and/or DHCS, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Subcontractor agrees that no work or services shall be performed prior to obtaining said approval.

x. In the event the Subcontractor and/or its subcontractors fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, AHP or DHCS may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

b) Commercial General Liability

(Applicable to agreements involving the performance of hazardous activities (i.e., transportation of persons or DHCS and/or State property, handling of toxic or hazardous substances, elevator maintenance, facility repair, and other agreements when stipulated by AHP and/or DHCS, etc.))

i. The Subcontractor must furnish to AHP either a certificate of insurance stating that commercial general liability insurance of not less than $1,000,000 per occurrence for bodily injury and property damage liability combined is presently in effect for the Subcontractor or proof of adequate self-insurance if the Subcontractor is a self-insured government and/or public entity.

ii. The commercial general liability insurance policy shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured agreement.

iii. The commercial general liability insurance shall apply separately to each insured against whom claim is made or suit is brought subject to the Subcontractor’s limit of liability.

iv. The certificate of insurance shall identify the AHP’s contract or agreement number for which the insurance applies. Paragraphs 16d, 16e, 16f, and 16g also apply to Commercial General Liability insurance.

c) Pollution Liability

(Applicable only when services involve the handling of toxic or hazardous substances.)

i. Subcontractor shall maintain Pollution Liability insurance covering the Subcontractor’s liability for bodily injury, property damage and environmental damage resulting from pollution and related cleanup costs incurred, all arising out of the work or services performed under this Agreement. Coverage shall be provided for both work performed on-site, as well as during the transport of hazardous materials. Limits of not less than $1,000,000 shall be provided. Paragraphs 16d, 16e, 16f, and 16g also apply to Pollution Liability insurance.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ii. The Subcontractor is hereby advised that copies of certificates of insurance and/or documentation of self-insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Subcontractor shall be notified by AHP and/or DHCS, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Subcontractor agrees that no work or services shall be performed prior to obtaining said approval. Each certificate of insurance shall identify the AHP contract or agreement number for which the insurance applies.

iii. The certificate of insurance must identify the agreement number for which the certificate of insurance applies and include the following provisions:

(a) The insurer will not cancel the insured's coverage without giving 30 days prior written notice to AHP and/or DHCS, and

(b) The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State of California under this Agreement.

iv. The Subcontractor agrees that the insurance required herein will remain in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, the Subcontractor agrees to provide, at least 30 calendar days before said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of this Agreement or for a period of not less than one year. New certificates of insurance may also be subject to the approval of DGS. The Subcontractor shall be notified by AHP and/or DHCS, in writing, if DGS approval of the certificate of insurance is required. If DGS approval of the certificate of insurance is required, the Subcontractor agrees that no work or services shall be performed prior to obtaining such approval. AHP and/or DHCS may, in addition to any other remedies it may have, terminate this Agreement for failure to comply with the insurance requirements of this Agreement.

v. AHP and/or DHCS will not be responsible for any premiums, deductibles, or assessments on any insurance policy.

d) Self-Insured Insurance Requirements:

(Applicable to agreements where Subcontractor has "Checked-the-Box" as self-insuring and subsections a through c, above, are inapplicable.)

☐ Subcontractor acknowledges and certifies that it is covered by and will maintain throughout the term of its BHBH Program Plan self-insurance in amounts and types sufficient to satisfy its contractual insurance requirements under the BHBH Program and its BHBH Program Plan, including without limitation, Special Events Liability Insurance Program ("SELIP") coverage. Subcontractor hereby:

i. Certifies that the Certificate of Consent to Self-Insure issued by the State of California Department of Industrial Relations upon execution of this Subcontract Agreement is currently in full force and effect; and

ii. Agrees to notify AHP in writing if A.M. Best notifies the Subcontractor that the financial strength and creditworthiness of such self-insurance coverage is under review with negative implications or a potential downgrade of the Subcontractor's A.M. Best self-insurance rating, within three (3) days of such notification from the rating agency.

17. Procurement Rules

(Applicable to agreements in which equipment/property, commodities and/or supplies are furnished by DHCS through AHP, or expenses for said items are reimbursed by DHCS through AHP, with state or federal funds provided under the Agreement.)

a) Equipment/Property definitions:
Wherever the term equipment and/or property are used, the following definitions shall apply:

i. **Major equipment/property**
A tangible or intangible item having a base unit cost of $5,000 or more with a life expectancy of one (1) year or more and is either furnished by AHP and/or DHCS or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

ii. **Minor equipment/property**
A tangible item having a base unit cost of less than $5,000 with a life expectancy of one (1) year or more and is either furnished by AHP and/or DHCS or the cost is reimbursed through this Agreement.

b) Government and public entities (including state colleges/universities and auxiliary organizations), whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment, and services related to such purchases that are required in performance of this Agreement.

c) Left intentionally blank.

d) Left intentionally blank.

e) In special circumstances, determined by AHP or DHCS (e.g., when AHP or DHCS has a need to monitor certain purchases, etc.), AHP or DHCS may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of dollar amount. AHP or DHCS reserves the right to either deny claims for reimbursement or to request repayment for any Subcontractor and/or lower-tiered subcontractor purchase that AHP or DHCS determines to be unnecessary in carrying out performance under this Agreement.

f) The Subcontractor and/or lower-tiered subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. AHP and/or DHCS reserves the right to request a copy of these documents and to inspect the purchasing practices of the Subcontractor and/or lower-tiered

subcontractor at any time.

g) For all purchases, the Subcontractor and/or lower-tiered its subcontractor must maintain copies of all paid vendor invoices, documents, bids, and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Subcontractor and/or lower-tiered its subcontractor for inspection or audit.

h) AHP and/or DHCS may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under subparagraph b of this Provision 17 by giving the Subcontractor no less than 30 calendar days written notice.

18. Equipment/Property Ownership / Inventory / Disposition

(Applicable to agreements in which equipment/property is furnished by DHCS and/or when said items are purchased or reimbursed by DHCS with state or federal funds provided under the Agreement.)

a) Wherever the term equipment and/or property is used in Provision 18, the definitions in Paragraph a of Provision 17 shall apply.

b) Unless otherwise stipulated in this Agreement, all equipment and/or property that is purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to the BHBH Program Plan under the terms of this Agreement shall be considered state equipment and the property of DHCS and/or the State of California.

i. Reporting of Equipment/Property Receipt

(a) AHP and/or DHCS requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by DHCS through AHP pursuant to BHBH Program Plan funds or purchased/reimbursed with funds provided through this Agreement.

(b) Upon receipt of equipment and/or property, the Subcontractor shall report the receipt to the AHP. To report the receipt of said items and to receive property tags, Subcontractor shall use a form or format designated by AHP Program Manager If the appropriate form (i.e., Contractor Equipment Purchased with DHCS Funds) does not accompany this Agreement, Subcontractor shall request a copy from the AHP or DHCS.

ii. Annual Equipment/Property Inventory

c) If the Subcontractor enters an agreement with a term of more than twelve months, the Subcontractor shall submit an annual inventory of state equipment and/or property to the AHP using a form or format designated by AHP. If an inventory report form (i.e., Inventory/Disposition

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

of DHCS-Funded Equipment) does not accompany this Agreement, Subcontractor shall request a copy from AHP. Subcontractor shall:

(1) Include in the inventory report, equipment and/or property in the Subcontractor's possession and/or in the possession of its subcontractor (including independent consultants).

(2) Submit the inventory report to AHP.

(3) Contact AHP to learn how to remove, trade-in, sell, transfer, or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by AHP.

d) Title to any equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.

c) Unless otherwise stipulated, AHP and/or DHCS shall be under no obligation to pay the cost of restoration, or rehabilitation of the Subcontractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.

d) The Subcontractor and/or its Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance, and preservation of state equipment and/or property.

(i) In administering this provision, AHP or DHCS may require the Subcontractor and/or its Subcontractor to repair or replace, to AHP's satisfaction, any damaged, lost or stolen state equipment and/or property. Subcontractor and/or its Subcontractor shall immediately file a theft report with the appropriate police agency, or the California Highway Patrol and Subcontractor shall promptly submit one copy of the theft report to the AHP and AHP's Program Manager.

(ii) Unless otherwise stipulated by this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to BHBH Program Plan under the terms of this Agreement, shall only be used for performance of this Agreement or another DHCS agreement.

e) Within sixty (60) calendar days prior to the termination or end of this Agreement, the Subcontractor shall provide a final inventory report of equipment and/or property to the AHP and shall, at that time, query DHCS as to the requirements, including the manner and method, of returning state equipment and/or property to DHCS and/or the State, as applicable. Final disposition of equipment and/or property shall be at DHCS and/or the State, as applicable expense and according to DHCS and/or the State, as applicable instructions. Equipment and/or property disposition instructions shall be issued by AHP immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, AHP or DHCS may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different DHCS agreement.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

f) Motor Vehicles

Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under this Agreement.)

i. If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to BHBH Program Plan funds under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Subcontractor and/or its subcontractor shall return such vehicles to DHCS and the State, as applicable, and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to DHCS or the State, as applicable.
ii. If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to BHBH Program Plan funds under the terms of this Agreement, the State of California shall be the legal owner of said motor vehicles and the Subcontractor shall be the registered owner. The Subcontractor and/or its subcontractor may only use said vehicles for performance and under the terms of this Agreement.
iii. The Subcontractor and/or its subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to BHBH Program Plan funds under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
iv. If any motor vehicle is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the Subcontractor and/or its subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the type and amount of automobile liability insurance as specified in the Automobile Liability Insurance requirements clause as set forth in this Attachment is in effect during the term of this Agreement or any period of contract extension during which any vehicle remains in the Subcontractor's and/or its subcontractor's possession.
v. The requirements specified in Provision 16, entitled, "Insurance Requirements" apply to vehicles purchased/reimbursed with agreement funds or furnished by DHCS through AHP pursuant to BHBH Program Plan funds under the terms of this Agreement.

19. Left intentionally blank

20. Suspension or Stop Work Notification

a) AHP or DHCS may, at any time, issue a notice to suspend performance or stop work under this Agreement. The initial notification may be a verbal or written directive issued by AHP. Upon receipt of said notice, the Subcontractor is to suspend and/or stop all, or any part, of the work called for by this Agreement.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

i. Written confirmation of the suspension or stop work notification with directions as to what work (if not all) is to be suspended and how to proceed will be provided within thirty (30) working days of the verbal notification.
ii. The suspension or stop work notification shall remain in effect until further written notice is received from AHP or DHCS. The resumption of work (in whole or part) will be at AHP's or DHCS' discretion and upon receipt of written confirmation.

b) Upon receipt of a suspension or stop work notification, the Subcontractor shall immediately comply with its terms and take all reasonable steps to minimize or halt the incurrence of costs allocable to the performance covered by the notification during the period of work suspension or stoppage.

c) Within ninety (90) days of the issuance of a suspension or stop work notification, DHCS through AHP pursuant to BHBH Program Plan funds shall either:
i. Cancel, extend, or modify the suspension or stop work notification; or
ii. Terminate the Agreement as provided for in the Cancellation / Termination clause of the Agreement.

d) If a suspension or stop work notification issued under this clause is canceled or the period of suspension or any extension thereof is modified or expires, the Subcontractor may resume work only upon written concurrence of funding Program's Contract Manager.

e) If the suspension or stop work notification is cancelled and the Agreement resumes, changes to the services, deliverables, performance dates, and/or contract terms resulting from the suspension or stop work notification shall require an amendment to the Agreement.

f) If a suspension or stop work notification is not canceled and the Agreement is cancelled or terminated pursuant to the provision entitled Cancellation / Termination, AHP and/or DHCS shall allow reasonable costs resulting from the suspension or stop work notification in arriving at the settlement costs.

g) AHP and DHCS shall not be liable to the Subcontractor for loss of profits because of any suspension or stop work notification issued under this clause.

21. Public Communications

a) Electronic and printed documents developed and produced, for public communications shall follow the following requirements to comply with Section 508 of the Rehabilitation Act and the Americans with Disabilities Act; and

b) Ensure visual-impaired, hearing-impaired, and other special needs audiences are provided material information in formats that provide the most assistance in making informed choices.

22. Audit and Record Retention

(Applicable to agreements in excess of $10,000.)

a) The Subcontractor and/or its subcontractor shall maintain books, records,

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes “records” for the purpose of this provision.

b) The Subcontractor’s and/or subcontractor’s facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

c) Subcontractor agrees that AHP, DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Subcontractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Subcontractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Government Code Section 8546.7, Public Contract Code (PCC) Sections 10115 et seq., California Code of Regulations Title 2, Section 1896.77) The Subcontractor shall comply with the above and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in PCC Section 10115.10.

d) The Subcontractor and/or its subcontractor shall preserve and make available his/her records (1) for a period of six years for all records related to Disabled Veteran Business Enterprise (DVBE) participation (Military and Veterans Code Section 999.55), if this Agreement involves DVBE participation, and three years for all other contract records from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (i) or (ii) below.

    i. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement; or

    ii. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.

e) The Subcontractor and/or its subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Subcontractor and/or its subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

f) The Subcontractor shall, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 (2014).

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT C

STATEMENT OF WORK

(Under DHCS Agreement No. 22-20456-BHBH)

[ATTACHED]

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT C

STATEMENT OF WORK

(Under DHCS Agreement No. 22-20456-BHBH)

Subcontractor Name: Tehama County Health Services Agency
Universal Unique Identifier: bhbh_632_bhbh_tehama_county

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
1 Year 1	**7524.01**	**YEAR 1 - JUNE 23, 2023- JUNE 30, 2024 - START-UP, PROGRAM IMPLEMENTATION AND REPORTING** **Behavioral Health Bridge Housing (BHBH) Program Plan** ♦ Subcontractor shall develop the BHBH Program Plan (BHBH Plan or just Plan) utilizing templates provided by Advocates for Human Potential (AHP). The Plan shall be based on the submitted County Behavioral Health Agency (BHA) BHBH Program proposal and submitted to AHP for approval within 30 days of contract execution. ♦ AHP will send back any revisions and County BHA shall submit any required revisions within ten business days from date of receipt and return the revised Plan to AHP for approval. DHCS shall grant final approval to the BHBH Program Plan via AHP, and no subsequent revisions may be made without DHCS approval. **BHBH Program Policies and Procedures** ♦ Subcontractor shall submit required policies and procedures for Rental Assistance, Participant Assistance Funds, Landlord Outreach and Mitigation funds, and/or Auxiliary Funding in Assisted Living to AHP for approval within 45 days of subcontract execution. Policies and procedures will include but not be limited to eligibility; allowable uses; methods of disbursement; prevention of fraud, waste, and abuse, documentation requirements and audit provisions. ♦ Rental Assistance Policies and procedures will include but not be limited to: • The calculation of rental assistance, which must be indicated and must use either Fair Market Rents (FMRs) or a rent reasonableness methodology to calculate allowable rental rates. Subcontractor may offer either shallow subsidies up to a specific dollar amount or a formula in which the individual pays a portion of the rent based on income. • Clear eligibility requirements for individuals and units for short-term and/or mid-term rental assistance. The requirements for both short- and mid-term assistance may be the same, or the	Upon execution of subcontract, first disbursement amount shall be twenty-five percent (25%) of subcontract grand total $2,371,591 **LESS** total start-up infrastructure costs calculated as follows: ($2,371,591–$457,000) x.25 = **$478,648**	June 30, 2024

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		Subcontractor may have fewer requirements for short-term assistance than for mid-term. • Fraud prevention, along with regular audits and clear documentation of all payments. • Requirements for payments to be made directly to property owners or managers. • Requirements to provide supportive services and resources to individuals who are receiving rental assistance, to remove barriers and help them obtain longer-term rental assistance or other affordable housing. • Requirements for participants to have access to onsite supportive services at the facility or through home visits. ♦ All required revisions to policies and procedures to be submitted to AHP within ten business days of receipt of Plan and return Plan as required by AHP. ♦ Implement the policies and procedures in the administration of Rental Assistance, Participant Assistance Funds, Landlord Outreach and Mitigation funds and/or Auxiliary Funding in Assisted Living and other BHBH program operations. **Delivery of Behavioral Health Bridge Housing and Operations** ♦ Deliver direct behavioral health bridge housing services including Shelter/Interim Housing, Rental Assistance, Auxiliary Funding in Assisted Living, and Housing Navigation as described in the BHBH Program Plan, including the service metrics and program requirements. ♦ Collect program and individual data as described in the BHBH Program Plan and as requested by AHP. ♦ Provide outreach and engagement services as described in the BHBH Program Plan and service metrics. **Participation in Monitoring and Technical Assistance and Training (TTA)** ♦ **Learning Collaborative Sessions** • Participate in statewide Learning Collaborative sessions on a quarterly basis at minimum; session schedule to be provided by AHP. • At least one staff member shall attend each quarterly Learning Collaborative. ♦ **Coaching Calls, Webinars/Trainings, Monitoring Reviews, and Site Visits** • At minimum, one staff member shall participate in monthly coaching calls with AHP; session schedule to be provided by AHP.		

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		• Participate in webinars/trainings and working meetings on a quarterly basis at minimum; session schedule to be provided by AHP. • Respond to AHP requests for information, reviews, and site visits as indicated and described in the Subcontract Agreement. ♦ If applicable, conduct County BHA BHBH Program implementation and capacity-building activities as described in the BHBH Program Plan. **Reporting—Year 1** Subcontractor shall participate in data collection and submission of quarterly narrative, data, and financial reports. Reports will be submitted as directed by AHP. These reports will summarize progress in implementing the BHBH Program Plan; expending funds, including, without limitation, equipment purchases; subcontracting; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program. The reports must cover the following time frames and observe the following due dates: • Year 1, Quarter 1: July 1–September 30, 2023, due by November 15, 2023 • Year 1, Quarter 2: October 1–December 31, 2023, due by February 15, 2024 • Year 1, Quarter 3: January 1–March 31, 2024, due by May 15, 2024 • Year 1, Quarter 4: April 1–June 30, 2024, due by August 15, 2024 • Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.		
2 Year 1	**7524.01**	**SOLELY FOR THOSE BHBH PROGRAM PLAN PROJECTS WITH START-UP INFRASTRUCTURE, YEAR 1 (JUNE 23, 2023, TO JUNE 30, 2024)** **Submit budget and schedule for each individual BHBH Start-Up Infrastructure Project and include it in BHBH Program Plan for AHP/DHCS approval.** ♦ Implement the construction plan for each project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement including Attachment F. **Acquisition (if applicable)** ♦ Demonstrate site control as described in Section 4 of the Subcontract Agreement, including Attachment F. ♦ Establish an escrow account.	Start-up Infrastructure Costs shall be provided in payments as described in Section 4 of this subcontract. 90% of the Start-up Infrastructure Costs ($457,000) calculated as follows: .90 x $457,000 = **$411,300**	June 30, 2024

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		♦ Meet all requirements listed in Section 4 of Subcontract Agreement, including Attachment F. ♦ Obtain deed restriction as required, if applicable. **Complete Construction/Renovation (if applicable)** ♦ Demonstrate site control as described in Section 4 of the Subcontract Agreement, including Attachment F. ♦ Meet all requirements included in Section 4 of Subcontract Agreement, including Attachment F. ♦ Obtain deed restriction as required, if applicable. ♦ Provide required documentation and monitoring as described in BHBH Program Plan, budget, and schedule. **Other Approved Costs (if applicable)** **Start-Up Furnishings, Appliances and Equipment** ♦ Acquire all start-up furnishing, appliances and equipment included in BHBH Program Plan, budget, and schedule. ♦ Implement monitoring plan and ensure costs are allowable and compliant with local, state, and federal laws. ♦ Provide required documentation and monitoring as described in BHBH Program Plan, budget, and schedule. **Implement Construction Monitoring Plans; Participate in Monitoring and AHP Review Requirements (if applicable)** ♦ Provide a summary report on each individual project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement, including Attachment F and prior to submitting a request for payment. ♦ For each specific site, upon the completion of the site, provide a summary narrative and financial report and compliance documentation for each individual project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement, including Attachment F. ♦ Ensure that each start-up infrastructure site is available within one year of execution of Subcontract Agreement. **Reporting** ♦ Provide summary reporting on each BHBH Program Plan project and documentation of certificate of occupancy within one year of execution of Subcontract Agreement, as required by the BHBH Program Plan. ♦ Provide any necessary documentation requested by AHP for desk reviews and processing payment requests.		
		Year 1 Subtotal	**$889,948**	

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
3 Year 2	**7524.01**	**YEAR 2 - JULY 1, 2024, TO JUNE 30, 2025 - PROGRAM IMPLEMENTATION AND REPORTING** **BHBH Program Plan** ♦ Submit any updates to the BHBH Program Plan for approval utilizing templates provided by AHP and based on the submitted County BHA BHBH Program proposal. ♦ AHP will send back any revisions and County BHA shall submit any required revisions within ten business days from date of receipt and return the revised Plan to AHP for approval. DHCS shall grant final approval to the BHBH Program Plan via AHP, and no subsequent revisions may be made without DHCS approval. **BHBH Program Policies and Procedures** ♦ Submit any updates to previously approved policies and procedures for approval with quarterly reports as needed. ♦ Implement the policies and procedures in the administration of Rental Assistance, Participant Assistance Funds, Landlord Outreach and Mitigation funds and/or Auxiliary Funding in Assisted Living and other BHBH program operations. **Delivery of Behavioral Health Bridge Housing and Operations** ♦ Deliver direct behavioral health bridge housing services including Shelter/Interim Housing, Rental Assistance, Auxiliary Funding in Assisted Living, and Housing Navigation as described in the BHBH Program Plan, including the service metrics and program requirements. ♦ Collect program and individual data as described in the BHBH Program Plan and as requested by AHP. ♦ Provide outreach and engagement services as described in the BHBH Program Plan and service metrics. **Participation in Monitoring and TTA** ♦ **Learning Collaborative Sessions** • Participate in statewide Learning Collaborative sessions on a quarterly basis at minimum; session schedule to be provided by AHP. • At least one staff member shall attend each quarterly Learning Collaborative. ♦ **Coaching Calls, Webinars/Trainings, Monitoring Reviews, and Site Visits** • One staff member shall participate in coaching calls monthly with AHP; session schedule to be provided by AHP.	Upon approval of cost reconciliation report for first disbursement amount, second disbursement amount shall be twenty-five percent (25%) of subcontract total $2,371,591 **LESS** total start-up infrastructure costs calculated as follows: ($2,371,591–$457,000) x.25 = **$478,648**	June 30, 2025

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		• Participate in webinars/trainings and working meetings on a quarterly basis at minimum; session schedule to be provided by AHP. • Respond to AHP requests for information, reviews, and site visits as indicated and described in the Subcontract Agreement. ♦ If applicable, conduct County BHA BHBH Program implementation and capacity-building activities as described in the BHBH Program Plan. **Reporting—Year 2** ♦ Subcontractor shall participate in data collection and submission of quarterly narrative, data, and financial reports. Reports will be submitted as directed by AHP. These reports will summarize progress in implementing the BHBH Program Plan; expending funds, including, without limitation, equipment purchases; subcontracting; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program. The reports must cover the following time frames and observe the following due dates: • Year 2, Quarter 1: July 1–September 30, 2024, due by November 15, 2024 • Year 2, Quarter 2: October 1–December 31, 2024, due by February 15, 2025 • Year 2, Quarter 3: January 1–March 31, 2025, due by May 15, 2025 • Year 2, Quarter 4: April 1–June 30, 2025, due by August 15, 2025 ♦ Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.		
4 Year 2	**7524.01**	**SOLELY FOR THOSE BHBH PROGRAM PLAN PROJECTS WITH START-UP INFRASTRUCTURE, YEAR 2 (JULY 1, 2024, TO DECEMBER 31, 2024)** **Complete individual BHBH Start-Up Infrastructure Projects according to the budget and schedule included in the BHBH Program Plan.** ♦ Implement the construction plan for each project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement including Attachment F. **Acquisition (if applicable)**	Start-up Infrastructure Costs shall be provided in payments as described in Section 4 of the subcontract. 10% of total start-up infrastructure cost	December 31, 2024

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		♦ Demonstrate site control as described in Section 4 of the Subcontract Agreement, including Attachment F. ♦ Establish an escrow account. ♦ Meet all requirements listed in Section 4 of Subcontract Agreement, including Attachment F. ♦ Obtain deed restriction as required, if applicable. **Complete Construction/Renovation (if applicable)** ♦ Demonstrate site control as described in Section 4 of the Subcontract Agreement, including Attachment F. ♦ Meet all requirements included in Section 4 of Subcontract Agreement, including Attachment F. ♦ Obtain deed restriction as required, if applicable. ♦ Provide required documentation and monitoring as described in BHBH Program Plan, budget, and schedule. **Other Approved Costs (if applicable)** **Start-Up Furnishings, Appliances and Equipment** ♦ Acquire all start-up furnishing, appliances and equipment included in BHBH Program Plan, budget, and schedule. ♦ Implement monitoring plan and ensure costs are allowable and compliant with local, state, and federal laws. ♦ Provide required documentation and monitoring as described in BHBH Program Plan, budget, and schedule. **Implement Construction Monitoring Plans; Participate in Monitoring and AHP Review Requirements** ♦ Provide a summary report on each individual project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement, including Attachment F and prior to submitting a request for payment. ♦ For each specific site, upon the completion of the site, provide a summary narrative and financial report and compliance documentation for each individual project as described in the BHBH Program Plan, budget, and schedule, pursuant to this Subcontract Agreement, including Attachment F. ♦ Ensure that each start-up infrastructure site is available within one year of execution of Subcontract Agreement. **Reporting** ♦ Provide summary reporting on each BHBH Program Plan project and documentation of certificate of occupancy within one year of execution of Subcontract Agreement, as required by the BHBH Program Plan.	$457,000 calculated as follows: .10 x $457,00 = **$45,700**	

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		♦ Provide any necessary documentation requested by AHP for desk reviews and processing payment requests.		
		Year 2 Subtotal	**$524,348**	
5 Year 3	**7524.01**	**YEAR 3 - JULY 1, 2025, TO JUNE 30, 2026 - PROGRAM IMPLEMENTATION AND REPORTING** **BHBH Program Plan** ♦ Submit any updates to the BHBH Program Plan for approval utilizing templates provided by AHP and based on the submitted County BHA BHBH Program proposal. ♦ AHP will send back any revisions and County BHA shall submit any required revisions within ten business days from date of receipt and return the revised Plan to AHP for approval. DHCS shall grant final approval to the BHBH Program Plan via AHP, and no subsequent revisions may be made without DHCS approval. **BHBH Program Policies and Procedures** ♦ Submit any updates to previously approved policies and procedures for approval with quarterly reports as needed. ♦ Implement the policies and procedures in the administration of Rental Assistance, Participant Assistance Funds, Landlord Outreach and Mitigation funds and/or Auxiliary Funding in Assisted Living and other BHBH program operations. **Delivery of Behavioral Health Bridge Housing and Operations** ♦ Deliver direct behavioral health bridge housing services including Shelter/Interim Housing, Rental Assistance, Auxiliary Funding in Assisted Living, and Housing Navigation as described in the BHBH Program Plan, including the service metrics and program requirements. ♦ Collect program and individual data as described in the BHBH Program Plan and as requested by AHP. ♦ Provide outreach and engagement services as described in the BHBH Program Plan and service metrics.	Upon approval of cost reconciliation report for second disbursement amount, third disbursement amount shall be twenty-five percent (25%) of subcontract grand total $2,371,591 **LESS** total start-up infrastructure costs calculated as follows: ($2,371,591–$457,000) x.25 = **$478,648**	June 30, 2026

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		Participation in Monitoring and TTA ♦ **Learning Collaborative Sessions** • Participate in statewide Learning Collaborative sessions on a quarterly basis at minimum; session schedule to be provided by AHP. • At least one staff member shall attend each quarterly Learning Collaborative. ♦ **Coaching Calls, Webinars/Trainings, Monitoring Reviews, and Site Visits** • One staff member shall participate in coaching calls monthly with AHP; session schedule to be provided by AHP. • Participate in webinars/trainings and working meetings on a quarterly basis at minimum; session schedule to be provided by AHP. • Respond to AHP requests for information, reviews, and site visits as indicated and described in the Subcontract Agreement. ♦ If applicable, conduct County BHA BHBH Program implementation and capacity-building activities as described in the BHBH Program Plan. **Reporting—Year 3** ♦ Subcontractor shall participate in data collection and submission of quarterly narrative, data, and financial reports. Reports will be submitted as directed by AHP. These reports will summarize progress in implementing the BHBH Program Plan; expending funds, including, without limitation, equipment purchases; subcontracting; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program. The reports must cover the following time frames and observe the following due dates: • Year 3, Quarter 1: July 1–September 30, 2025, due by November 15, 2025 • Year 3, Quarter 2: October 1–December 31, 2025, due by February 15, 2026 • Year 3, Quarter 3: January 1–March 31, 2026, due by May 15, 2026 • Year 3, Quarter 4: April 1–June 30, 2026, due by August 15, 2026 ♦ Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.		
		Year 3 Subtotal	**$478,648**	

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
6 Year 4	**7524.01**	**YEAR 4 - JULY 1, 2026, TO JUNE 30, 2027- PROGRAM IMPLEMENTATION AND REPORTING** **BHBH Program Plan** ♦ Submit any updates to the BHBH Program Plan for approval utilizing templates provided by AHP and based on the submitted County BHA BHBH Program proposal. ♦ AHP will send back any revisions and County BHA shall submit any required revisions within ten business days from date of receipt and return the revised Plan to AHP for approval. DHCS shall grant final approval to the BHBH Program Plan via AHP, and no subsequent revisions may be made without DHCS approval. **BHBH Program Policies and Procedures** ♦ Submit any updates to previously approved policies and procedures for approval with quarterly reports as needed. ♦ Implement the policies and procedures in the administration of Rental Assistance, Participant Assistance Funds, Landlord Outreach and Mitigation funds and/or Auxiliary Funding in Assisted Living and other BHBH program operations. **Delivery of Behavioral Health Bridge Housing and Operations** ♦ Deliver direct behavioral health bridge housing services including Shelter/Interim Housing, Rental Assistance, Auxiliary Funding in Assisted Living, and Housing Navigation as described in the BHBH Program Plan, including the service metrics and the program requirements. ♦ Collect program and individual data as described in the BHBH Program Plan and as requested by AHP. ♦ If applicable, provide outreach and engagement services as described in the BHBH Program Plan and service metrics. **Participation in Monitoring and TTA** ♦ **Learning Collaborative Sessions** • Participate in statewide Learning Collaborative sessions on a quarterly basis at minimum; session schedule to be provided by AHP. • At least one staff member shall attend each quarterly Learning Collaborative. ♦ **Coaching Calls, Webinars/Trainings, Monitoring Reviews, and Site Visits** • One staff member shall participate in coaching calls monthly with AHP; session schedule to be provided by AHP.	Upon approval of cost reconciliation report for third disbursement amount, fourth disbursement amount shall be twenty-five percent (25%) of subcontract grand total $2,371,591 **LESS** total start-up infrastructure costs calculated as follows: ($2,371,591–$457,000) x.25 = **$478,647**	June 30, 2027

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Item	Billing Code	Deliverable Description	Amount	Deliver On or Before
		• Participate in webinars/trainings and working meetings on a quarterly basis at minimum; session schedule to be provided by AHP. • Respond to AHP requests for information, reviews, and site visits as indicated and described in the Subcontract Agreement. ♦ If applicable, conduct County BHA BHBH Program implementation and capacity-building activities as described in the BHBH Program Plan. **Reporting—Year 4** ♦ Subcontractor shall participate in data collection and submission of quarterly narrative, data, and financial reports. Reports will be submitted as directed by AHP. These reports will summarize progress in implementing the BHBH Program Plan; expending funds, including, without limitation, equipment purchases; subcontracting; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program. The reports must cover the following time frames and observe the following due dates: • Year 4, Quarter 1: July 1–September 30, 2026, due by November 15, 2026 • Year 4, Quarter 2: October 1–December 31, 2026, due by February 15, 2027 • Year 4, Quarter 3: January 1–March 31, 2027, due by May 15, 2027 • Year 4, Quarter 4: April 1–June 30, 2027, due June 30, 2027 ♦ Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required. ♦ Submit a final report by June 30, 2027.		
			Year 4 Subtotal	**$478,647**
			Subcontract Grand Total	**$2,371,591**

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT D

RATE SCHEDULE

(Under DHCS Agreement No. 22-20456-BHBH)

[ATTACHED]

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT D
PAYMENT SCHEDULE
SUBCONTRACTOR FUNDING/BUDGET

COUNTY NAME: Tehama County

Infrastructure Funding Usage Description	Budgeted Amount
Total Start-Up Infrastructure Funding	$457,000
Start-Up Infrastructure Budget Subtotal	**$457,000**
Non-Infrastructure Funding Usage Description	**Budgeted Amount**
Operating Bridge Housing	$1,830,604
Other Flexible Funding Categories (no Infrastructure)	$83,987
Budget Subtotal	**$1,914,591**
Total Budget	**$2,371,591**

Start-Up Infrastructure (SUI) Payment Schedule*

Invoicing Date Range	Invoice Description	Amount of Invoice
SUI Acquisition Invoice 1: **06/23/23 – 06/30/24**	Initial Advanced Payment of Acquisition Costs	Ninety Percent (90%) of Acquisition Subtotal
SUI Acquisition Invoice 2: **06/23/23 – 12/31/24**	Remainder of Acquisition Costs	Ten Percent (10%) of Acquisition Subtotal
SUI Renovation Invoice 1: **06/23/23 – 06/30/24**	Initial Advanced Payment of Real Estate Renovation Costs	Fifty Percent (50%) of Renovation Subtotal
SUI Renovation Invoice 2: **06/23/23 – 06/30/24**	Second Payment of Real Estate Renovation Costs Per Approved Cost Report Amount Submitted by Subcontractor	Up to Forty Percent (40%) of Renovation Subtotal
SUI Renovation Invoice 3: **07/01/24 – 12/31/24**	Final Payment of Real Estate Renovation Costs Upon Completion of AHP “desk review” of all previously submitted expenses	Ten Percent (10%) or Remainder of Renovation Subtotal
SUI Other Invoice 1: **06/23/23 – 06/30/24**	Advanced Payment of Initial Furnishings, Equipment, Appliances, Other or Indirect Approved Costs	Twenty-Five Percent (25%) of Initial Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Subtotal

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SUI Other Invoice 2: **06/23/23 – 06/30/24**	Second Installment Payment of Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Per Approved Cost Report Amount Submitted by Subcontractor	Twenty-Five Percent (25%) of Initial Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Subtotal
SUI Other Invoice 3: **06/23/23 – 06/30/24**	Third Installment Payment of Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Per Approved Cost Report Amount Submitted by Subcontractor	Twenty-Five Percent (25%) of Initial Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Subtotal
SUI Other Invoice 4: **06/23/23 – 12/31/24**	Final Installment Payment of Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Per Approved Cost Report Amount Submitted by Subcontractor	Twenty-Five Percent (25%) or Remainder of Initial Furnishings, Equipment, Appliances, Other or Indirect Approved Costs Subtotal

*** If a County BHA has more than one approved Start-Up Infrastructure Project as a part of their BHBH Plan – each project would be invoiced separately and denoted as invoice a, b, c. A customized invoicing template will be provided by AHP.**

Non-Infrastructure Payment Schedule

COUNTY NAME: Tehama County

Funding Usage Description	Budgeted Amount
Operating Bridge Housing	$1,830,604
Flexible Funding Categories (no Infrastructure)	$83,987
Total Budget	**$1,914,591**

Invoicing Date Range	Invoice Description	Amount of Invoice
Invoice 1: **06/23/23 – 06/30/24**	Initial Advanced Payment of Non-Infrastructure Program Funds for completion and initial implementation of BHBH Program Plan.	Twenty-Five Percent (25%) of Subcontract Grand Total

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Invoice 2: **07/01/24 – 06/30/25***	Second Installment Payment of Non-Infrastructure Program Funds Per Approved Cost Report Amount Submitted by Subcontractor for delivery of Bridge Housing as described in the BHBH Program Plan.	Up to Twenty-Five Percent (25%) of Subcontract Grand Total
Invoice 3: **07/01/25 – 06/30/26***	Third Installment Payment of Non-Infrastructure Program Funds Per Approved Cost Report Amount Submitted by Subcontractor as described in the BHBH Program Plan.	Up to Twenty-Five Percent (25%) of Subcontract Grand Total
Invoice 4: **07/01/26 – 06/30/27***	Final Installment Payment of Non-Infrastructure Program Funds Per Approved Cost Report Amount Submitted by Subcontractor as described in the BHBH Program Plan.	Twenty-Five Percent (25%) or Remainder of Subcontract Grand Total

***Invoicing may be expedited to an interval less than annually, but no more often than quarterly.**

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT E

_____ SCHEDULE

(Under DHCS Agreement No. 22-20456-BHBH)

[Intentionally Left Blank]

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

ATTACHMENT F

SPECIAL REAL ESTATE REQUIREMENTS

(Under DHCS Agreement No. 22-20456-BHBH)

The State of California through the Department of Health Care Services ("DHCS") is administering the Behavioral Health Bridge Housing Program ("BHBH Program") through noncompetitive predetermined funding to be awarded to county behavioral health agencies ("Behavioral Health Agencies" or "BHAs") to address the immediate housing and treatment need of people experiencing homelessness who have serious behavioral health conditions (such as a serious mental illness and/or substance use disorder) that prevent them for accessing help and moving out of homelessness.

In the event Subcontractor elects to expend up to twenty-five percent (25%) of its BHBH Program funds towards bridge housing start-up infrastructure (the "Infrastructure Project"), then the Special Real Estate Requirements set forth in this **Attachment F** (herein, "Program Funds") shall apply.

BHBH Program funding may be used for start-up costs and to make facilities more available to individuals with serious behavioral health conditions. Bridge housing start-up infrastructure funding is limited to seventy-five thousand dollars ($75,000) per bed. All bridge housing start-up infrastructure activities must be complete, and beds made available within one (1) year of execution of the Agreement.

These Special Real Estate Requirements shall become effective upon execution of the underlying Agreement and shall automatically expire concurrently with the expiration of the Prime Contract (the "Expiration Date") unless earlier terminated by AHP or DHCS (the "Term"). Terms not defined herein shall have the definitions ascribed in the Subcontract Agreement.

In the event Subcontractor was approved for the purchase of a facility or rehabilitation/renovation project, Subcontractor's plan to complete the project within one (1) year and Subcontractor's approved budget shall be incorporated herein by reference. Subcontractor further agrees that it shall be fully and solely responsible for any and all cost overruns of Subcontractor's project.

Article 1.

Conditions to Disbursement

AHP shall disburse the Program Funds to the Subcontractor for the amount of any reasonable, actual, and documented costs incurred in accordance with the Agreement, the SOW and the BHBH Program Plan for the Infrastructure Project upon satisfaction

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

of the requirements described in Section 1.1 below. Program Funds shall be disbursed for infrastructure construction costs only upon FULL satisfaction of the requirements in Section 1.1 and the additional requirements of Section 1.2, below. Program Funds disbursed for real property acquisition shall be disbursed only upon FULL satisfaction of the requirements in Section 1.1 and the additional requirements of Section 1.3, below. Program Funds to be disbursed for construction costs shall be disbursed only upon FULL satisfaction of the requirements of Section 1.1 and the additional requirements described in Section 1.4, below. Thereafter, Program Funds shall be disbursed to the Subcontractor for costs incurred for the Infrastructure Project within thirty (30) days of receipt of a complete request for Program Funds, provided such request for funds is approved by AHP or its designee.

1.1 **Subcontractor Obligations**

1.1.1 Subcontractor is responsible for ensuring that they and their subcontractors and other vendors meet all federal, state, and local requirements.

1.1.2 Subcontractor is responsible for ensuring that they and their subcontractors and all other vendors satisfy all requirements set forth in the RFA, the Agreement, and the BHBH Program.

1.1.3 Subcontractor shall comply with the terms of the provisions of these Special Real Estate Requirements and fully executed copies of the Agreement and this Attachment F.

1.2 **Requirements for Disbursement of Program Funds – Infrastructure Construction Costs**

1.2.1 No Program Funds shall be released to the Subcontractor for any Infrastructure Project costs until the Subcontractor submits, and AHP approves, the documents described below, and any additional supporting information, as may be required:

1.2.1.1 A construction monitoring plan that shall include, at a minimum:

1.2.1.1.a. Review of building and construction plans, contracts with general contractors and significant subcontractors, permits, and change orders;

1.2.1.1.b. Periodic site inspections by Subcontractor staff or designees, with pictures and certified reports to accompany invoicing to AHP;

1.2.1.1.c. Policies and procedures for addressing cost overruns and Subcontractor or any underlying subcontractor or vendors failure to perform;

1.2.1.1.d. Policies and procedures for implementing responsibilities for managing, processing, and distributing payments as

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

the Project's fiscal intermediary, including ensuring that each contracting party receives funding in a timely manner in pursuance of its contractual obligations entered into with the Subcontractor;

1.2.1.1.e. Mechanisms and processes to oversee and monitor ongoing compliance with contractual obligations, including infrastructure and rental assistance programs (see Section 1.5, below), that may require onsite visits and desk reviews, and all designed to protect against fraud and abuse throughout the term of the Agreement; and

1.2.1.1.f. Maintaining detailed records of accounts of all funds distributed and expended on the Project, by whom they were spent, and how the funds were utilized.

1.2.1.2 The Subcontractor's request for funds, with all required supporting documents appended thereto.

1.2.1.3 Certificates of insurance, or a certification of the Sponsor of self-insurance coverage if the Sponsor is self-insured, evidencing coverages required by the Agreement and naming AHP and DHCS as additional insureds, which shall be in the form and substance acceptable to AHP and DHCS.

1.2.1.4 Executed an access agreement allowing DHCS, or its designee, access to the facility or facilities funded by the Project Funds.

1.3 **Requirements for Disbursement of Program Funds – Property Acquisition Costs**. Expenditures that include contributing to the purchase of property will require site control, defined as ownership, an executed purchase and sale agreement, and/or other agreement that is legally enforceable to the satisfaction of AHP that satisfies site control. No Program Funds shall be released to the Subcontractor for any Infrastructure Project costs related to the acquisition of real property until the Subcontractor satisfies the requirements described in Section 1.1 above. The Subcontractor obtains and notifies AHP of receipt and AHP, at its sole discretion, may determine to review and approve any and all documents described in this Section 1.3, and any additional information as may be required by AHP. AHP reserves the right to request copies of any information provided herein. Program Funds disbursed for acquisition of real property will be deposited directly into an escrow account opened by the Subcontractor for the transfer of title of the real property with the appropriate title company, and the following documents produced:

1.3.1 fully executed purchase and sale agreement or other agreement evidencing the Subcontractor's site control over the property upon which the Project is to be constructed or operated, which shall be in the form and substance acceptable to Subcontractor.

1.3.2 A written appraisal report setting forth an opinion of fair market value of the real property upon which the Infrastructure Project is to be constructed or operated prepared by a certified general appraiser

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

licensed in the State of California ("Certified Appraisal Report"), which shall be in the form and substance acceptable to Subcontractor.

1.3.3 A current title report reflecting all existing liens, encumbrances, taxes owed, easements, covenants, or any other restrictions for the real property to be acquired. If the Subcontractor's interest in the real property to be acquired is a leasehold, then the Subcontractor shall provide a current title report for the leasehold interest and the fee interest. For tribal trust land, the Subcontractor shall provide a certified Title Status Report from the U.S. Department of the Interior Bureau of Indian Affairs or an attorney's opinion regarding chain of title and current title status. All of the foregoing shall be in the form and substance acceptable to Subcontractor;

1.3.4 Any acquisition of real property that requires a deed of trust shall also require a commitment from a title insurance company for an ALTA Lenders Title Insurance policy in a form acceptable to AHP in the amount of the Program Funds disbursed for purposes of acquiring the property. The condition of title, the insurer, the liability amount, the form of policy, and the endorsements shall be subject to AHP approval. The policy shall insure that the Subcontractor holds good and marketable title (fee simple or leasehold) and shall show the Declaration of Restrictions in the lien priority approved by AHP and only subject to such title exceptions as are approved by AHP, its designee, or DHCS.

1.3.5 Evidence of any additional funds necessary for the Subcontractor to acquire the property to be used for bridge housing if the Program Funds are not providing the full amount of the acquisition costs, which shall be in the form and substance acceptable AHP and DHCS.

1.3.6 Signed escrow instructions, providing for the following:

1.3.6.1 When applicable, a Declaration of Restrictions, as approved by AHP and/or including its designee or DHCS, shall be recorded at the close of escrow against the real property upon which the Project is to be constructed or operated; and

1.3.6.2 When applicable, a Deed of Trust, as approved by AHP and/or including its designee or DHCS, shall be recorded at the close of escrow against the real property upon which the Project is to be constructed or operated.

1.3.7 AHP may, at the direction of DHCS, waive the signed escrow instructions requirement as set forth in Section 1.3.6, above. In those cases, the Subcontractor shall execute a facility access agreement allowing AHP, DHCS, or its designee, access to the facility or facilities funded by the Project Funds, and requiring the Subcontractor to use the property, or portion of the property funded by the Project Funds for the intended purpose. In the event the Subcontractor violates the terms of the facility access agreement, AHP at the direction of DHCS or DHCS on its own shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

restriction or limitation of any other rights and remedies available at law or in equity.

1.4 **Requirements for Disbursement of Program Funds - Construction Costs**. No Program Funds shall be released to the Subcontractor for Infrastructure Project costs for construction activities until the Subcontractor satisfies the requirements described in Sections 1.1 and 1.2, above, and the Subcontractor obtains and notifies AHP of receipt and AHP, at its sole discretion, may determine to review and approve any and all documents described in this Section 1.4, and any additional information as may be required by AHP. AHP reserves the right to request copies of any information provided herein.

1.4.1 The Subcontractor and the Subcontractor's general contractor shall submit documentation certifying compliance with requirements related to public works projects pursuant to California Labor Code section 1720 *et seq.*, as well as all applicable federal labor and wage laws. AHP, at its sole discretion, has the right but not the obligation to review and approve any and all documents described in this Section 1.4 and any additional information or documents as may be required by AHP hereunder.

1.4.2 Plans and specifications for the construction work as identified in the SOW and BHBH Program Plan, which shall be in the form and substance acceptable to Subcontractor.

1.4.3 A construction contract that is based on construction plans, with a licensed general contractor for an amount consistent with the construction costs in the approved Infrastructure Project budget incorporated into the SOW, which shall be in the form and substance acceptable to Subcontractor, including execution of any construction contract rider, when applicable.

1.4.4 Copies of labor and material bonds and performance bonds for the construction work in an amount equal to one hundred percent (100%) of the cost of construction, which shall be in the form and substance acceptable to Subcontractor, naming AHP and DHCS as co-obliges on the bonds.

1.4.5 Copies of all required building, land use, and fire clearance or other required building permits or approvals for the Infrastructure Project, which shall be in the form and substance acceptable to Subcontractor.

1.4.6 The Subcontractor has submitted a written request for Program Funds on a form approved by AHP providing sufficient detail and with sufficient supporting documentation to permit AHP or its designee to confirm that the request is consistent with the terms of this Agreement and the Project budget.

1.4.7 When a disbursement is requested to pay any contractor in connection with the construction work, the written request must be accompanied by a certification by the Subcontractor's architect or project manager that the work for which disbursement is requested has been completed

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

(although AHP reserves the right to inspect or have its designee inspect the Project and make an independent evaluation); and (b) lien release and/or mechanics lien title insurance endorsements reasonably acceptable to AHP.

1.5 **Requirements for Disbursement of Program Funds – Rental Assistance**

To receive BHBH Program rental assistance funds, Subcontractor must submit for DHCS review related policies and procedures that address the following:

1.5.1 The calculation of rental assistance, which must be indicated and must use either Fair Market Rents (FMRs) or a rent reasonableness methodology to calculate allowable rental rates. Subcontractor may offer either shallow subsidies up to a specific dollar amount or a formula in which the individual pays a portion of the rent based on income.

1.5.2 Clear eligibility requirements for individuals and units for short-term and/or mid-term rental assistance. The requirements for both short- and mid-term assistance may be the same, or the Subcontractor may have fewer requirements for short-term assistance than for mid-term.

1.5.3 Fraud prevention, along with regular audits and clear documentation of all payments.

1.5.4 Requirements for payments to be made directly to property owners or managers.

1.5.5 Requirements to provide supportive services and resources to individuals who are receiving rental assistance, to remove barriers and help them obtain longer-term rental assistance or other affordable housing.

1.5.6 Requirements for participants to have access to onsite supportive services at the facility or though home visits.

1.6 **Waiver of Terms and Conditions**. It is understood that DHCS may, in its sole discretion, through AHP and Subcontractor's BHBH Program Plan, waive, in whole or in part, in writing any of the terms and provisions of this **Attachment F**. Any such waiver shall be in writing and without prejudice to DHCS's rights in respect of any other terms or provisions therein. Except as specifically set forth in writing, no further waivers of any terms or provisions contained in this **Attachment F** shall be construed as a waiver of any subsequent terms or provisions herein.

Article 2.

Notification to Proceed

In the event that Program Funds are used for the performance of construction on the Project, the Subcontractor shall submit an updated budget and schedule to AHP for its approval prior to the Subcontractor's issuance of a notice to proceed to its general contractor. The updated budget and schedule shall be consistent with the final plans and specifications for the Project. The Subcontractor shall not issue a notice to proceed

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

to its general contractor until AHP has approved the updated budget and schedule, if any.

Article 3.

Performance

The Subcontractor shall comply with the schedule set forth in the Performance Milestones and shall provide any certification when requested. The Subcontractor shall provide regular progress reports to AHP but in all events at least quarterly, including its progress toward meeting the Performance Milestones. The Subcontractor may apply to AHP for an extension of any Performance Milestones or an extension to submit any required certification, which AHP may approve based on a showing of good cause and acceptable assurances from the Subcontractor for timely completion of the remaining Performance Milestones as determined by AHP. Any extension granted by AHP shall not be effective unless granted in writing, and such writing shall be considered an amendment to this Agreement and incorporated herein.

Article 4.

Default

FAILURE TO SATISFY ANY ONE OF THE CERTIFICATIONS AND/OR PERFORMANCE MILESTONES (UNLESS SUCH PERFORMANCE MILESTONE IS EXTENDED) SHALL CONSTITUTE A BREACH OF THIS AGREEMENT AND ENTITLE AHP TO MANDATE THE SUBCONTRACTOR TO RETURN TO THE STATE OF CALIFORNIA ANY PROGRAM FUNDS DISBURSED; IN ANY SUCH INSTANCE, AHP MAY, WITH DHCS APPROVAL, ALSO CANCEL THIS AGREEMENT WITHOUT OWING ANY DAMAGES OR OTHER PAYMENT TO THE SUBCONTRACTOR.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Attachment G
Subcontractor Certification
(Under DHCS Agreement No. 22-20456-BHBH)

Subcontractor Certification Clause

CCC 04/2017

CERTIFICATION:

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Subcontractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Subcontractor/Bidder Firm Name	Federal ID Number
Tehama County Health Services Agency	94-6000543

By (Authorized Signature)

DocuSigned by:
Jayme Bottke
E28E8F189E62493...

Printed Name and Title of Person Signing

Jayme Bottke Executive Director

Date Executed	Executed in the County of
4/19/2024	Tehama

SUBCONTRACTOR CERTIFICATION CLAUSES

STATEMENT OF COMPLIANCE:

Subcontractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

DRUG-FREE WORKPLACE REQUIRMENTS:

Subcontractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

(a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

(b) Establish a Drug-Free Awareness Program to inform employees about:

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

1. the dangers of drug abuse in the workplace;
2. the person's or organization's policy of maintaining a drug-free workplace;
3. any available counseling, rehabilitation, and employee assistance programs; and,
4. penalties that may be imposed upon employees for drug abuse violations.

(c) Provide that every employee who works on the proposed Agreement will:

1. receive a copy of the company's drug-free policy statement; and
2. agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Subcontractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Subcontractor has made false certification; or (2) violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

NATIONAL LABOR RELATIONS BOARD CERTIFICATION:

Subcontractor certifies that no more than one (1) final unappealable finding of contempt of court by a federal court has been issued against Subcontractor within the immediately preceding two-year period because of Subcontractors failure to comply with an order of a federal court which orders Subcontractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

SUBCONTRACTS FOR LEGAL SERVICES $50,000 OR MORE-PRO BONO REQUIREMENT

Subcontractor hereby certifies that Subcontractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1,2003.

Subcontractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the Agreement equal to the lessor of 30 multiplied by the number of full-time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any Agreement period of less than a full year or 10% of its Agreement with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services and may be taken into account when determining the award of future contracts with the State for legal services.

EXPATRIATE CORPORATIONS:

Subcontractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1 and is eligible to contract with the State of California.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

SWEATFREE CODE OF CONDUCT:

a. All Subcontractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works Agreement, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the Agreement have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The Subcontractor further declares under penalty of perjury that they adhere to the Sweat free Code of Conduct as set forth on the California Department of Industrial Relations website and Public Contract Code Section 6108.

b. The Subcontractor agrees to cooperate fully in providing reasonable access to the Subcontractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the Subcontractor's compliance with the requirements under paragraph (a).

DOMESTIC PARTNERS:

For agreements of $100,000 or more, Subcontractor certifies that Subcontractor is in compliance with Public Contract Code section 10295.3.

GENDER IDENTITY:

For agreements of $100,000 or more, Subcontractor certifies that Subcontractor is in compliance with Public Contract Code Section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

CONFLICT OF INTEREST:

Subcontractor needs to be aware of the following provisions regarding current or former state employees. If Subcontractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

a. Current State Employees (PCC 10410):

1. No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2. No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

b. Former State Employees (PCC 10411):

1. For the two-year period from the date, he or she left state employment, no former state officer or employee may enter into an Agreement in which he or she engaged in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the Agreement while employed in any capacity by any state agency.

2. For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into an Agreement with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed Agreement within the 12-month period prior to his or her leaving state service.

If Subcontractor violates any provisions of the above paragraphs, such action by Subcontractor shall render this Agreement void. (PCC 10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (PCC 10430 (e))

LABOR CODE/WORKERS COMPENSATION:

Subcontractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Subcontractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

AMERICANS WITH DISABLITIES ACT:

Subcontractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

SUBCONTRACTORS NAME CHANGE:

An amendment is required to change the Subcontractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

paid prior to approval of said amendment.

CORPORATE QUALIFICATION TO DO BUSINESS IN CALIFORNIA

(a) When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the Subcontractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

(b) "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate Subcontractor performing within the state not be subject to the franchise tax.

(c) Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

RESOLUTION:

A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

AIR OR WATER POLLUTION VIOLATION:

Under the State laws. the Subcontractor shall not be:(1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease-and-desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

PAYEE DATA RECORD FORM STD. 204:

This form must be completed by all Subcontractors that are not another state agency or other government entity.

Pursuant to Public Contract Code Section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew an Agreement with, a state agency with respect to any Agreement in the amount of $100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted, or the Agreement is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For Agreement executed or renewed after January 1, 2017, the Subcontractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Housing Act (Section 12960 of the Government Code); and

2. EMPLOYER DISCRIMINATION POLICIES For Agreements executed or renewed after January 1, 2017, if a con Subcontractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Subcontractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code).

Balance of the page intentionally left blank;
Signature pages to follow.

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Proposer/Bidder Name (Printed): Tehama County Health Services Agency EIN: 94-6000543

DocuSigned by:
Jayme Bottke
E28E8F189E62493...

By (Authorized Signature):

Jayme Bottke Executive Director

Printed Name and Title of Person Signing:

Executed in the County of: Tehama Executed in the State of California.

Date Executed: 4/19/2024

DocuSign Envelope ID: 391834F3-64D2-4328-8CCF-93CD1F2C735D

Exhibit G
EO Sanction Notification

State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

May 03, 2022

Charles Galland
Chief Operating Officer
Advocates for Human
Potential, Inc.
490B Boston Post Road,
Sudbury, MA 01776
Contract # 21-10368 A01

RE: Contractor and Grantee Compliance with Economic Sanctions Imposed in Response to Russia's Actions in Ukraine

Dear Charles Galland:

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (EO) regarding sanctions in response to Russian aggression in Ukraine. The EO is located at https://www.gov.ca.gov/wp-content/uploads/2022/03/3.4.22-Russia-Ukraine-Executive-Order.pdf.

The EO directs all agencies and departments that are subject to the Governor's authority to take certain immediate steps, including notifying all contractors and grantees of their obligations to comply with existing economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law.

This correspondence serves as a notice under the EO that as a contractor or grantee, compliance with the economic sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions).

Failure to comply may result in the termination of contracts or grants, as applicable.

Please note that for any agreements or grants valued at $5 million or more, a separate notification will be sent outlining additional requirements specified under the EO.

Administration
Office MS4200
1501 Capitol Ave, Sacramento, CA 95814
Phone: (916) 552-8006
Internet Address: http://www.DHCS.ca.gov

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

SCO ID:

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (if applicable)
21-NPLH-17340	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CONTRACTOR'S NAME
Red Bluff PSH Pacific Associates, a California Limited Partnership, County of Tehama, and Pacific West Communities, Inc.

2. The term of this Agreement is:

START DATE
Upon HCD Approval

THROUGH END DATE
Thirty (30) Years from Effective Date

3. The maximum amount of this Agreement is:
$2,721,998.00

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Authority, Purpose and Scope of Work	7
Exhibit B	Budget Detail and Payment Provisions	2
Exhibit C*	State of California General Terms and Conditions	GTC - 04/2017
Exhibit D	NPLH Program General Terms and Conditions	24
Exhibit E	Project-Specific Provisions and Special Conditions	3
	TOTAL NUMBER OF PAGES ATTACHED	36

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership,etc.)
See Attached

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
See Attached	See Attached	See Attached	See Attached

PRINTED NAME OF PERSON SIGNING	TITLE
See Attached	See Attached

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
See Attached	See Attached

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
Department of Housing and Community Development

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
2020 W. El Camino Ave., Suite 130	Sacramento	CA	95833

PRINTED NAME OF PERSON SIGNING	TITLE
Diana Malimon	Contracts Office Manager, Contract Services Section

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
Diana Malimon	03/13/2024

California Department of General Services Approval (or exemption, if applicable)

Exempt per; SCM Vol. 1 4.04.A.3 (DGS memo dated 06/12/1981)

Red Bluff PSH Pacific Associates, a California Limited Partnership
a California limited partnership

By: TPC Holdings IX, LLC
an Idaho limited liability company
Its: Administrative General Partner

By: Pacific West Communities, Inc.
an Idaho corporation
Its: Manager

By: _____ Date: March 11, 2024

Caleb Roope
President and CEO

By: Central Valley Coalition for Affordable Housing
a California nonprofit public benefit corporation
Its: Managing General Partner

By: Christina Alley Date: March 12, 2024

Christina Alley
Chief Executive Officer

Address:

430 E State Street, Suite 100
Eagle, ID 83616

County of Tehama
a California County

By: _____ Date: _____

Jayme S. Bottke
Executive Director, Tehama County Health Services Agency

Address:

P.O. Box 400
Red Bluff, CA 96080

CONTRACTOR

Red Bluff PSH Pacific Associates, a California Limited Partnership
a California limited partnership

By: TPC Holdings IX, LLC
an Idaho limited liability company
Its: Administrative General Partner

By: Pacific West Communities, Inc.
an Idaho corporation
Its: Manager

By: _____ Date: _____

Caleb Roope
President and CEO

By: Central Valley Coalition for Affordable Housing
a California nonprofit public benefit corporation
Its: Managing General Partner

By: _____ Date: _____

Christina Alley
Chief Executive Officer

Address:

430 E State Street, Suite 100
Eagle, ID 83616

County of Tehama
a California County
By: Jayme S Bottke Date: 3-12-24

Jayme S. Bottke
Executive Director, Tehama County Health Services Agency

Address:

P.O. Box 400
Red Bluff, CA 96080

Pacific West Communities, Inc.
an Idaho Corporation

By: _____ Date: March 11, 2024

Caleb Roope
President and CEO

Address:

430 East State Street, Suite 100
Eagle, ID 83616

EXHIBIT A

AUTHORITY, PURPOSE AND SCOPE OF WORK

1. Authority

Pursuant to the Government Code Section 15463, Part 3.9 of division 5 (commencing with section 5849.1) of the Welfare and Institutions Code, and Section 5890 of the Welfare and Institutions Code all as amended and in effect from time to time, the State of California (the "State") has established the No Place Like Home Program (the "Program"). Pursuant to Section 5849.5 of the Welfare and Institutions Code, the State has issued Guidelines governing the Program, as amended from time to time (the "Guidelines").

This Standard Agreement, STD 213, (the "Agreement" or "Contract") is the result of the Sponsor's application (the "Application") for funding under the Program pursuant to:

A. Section 5849.8 of the Welfare and Institutions Code.

B. The Program Guidelines dated October 23, 2020; and,

C. The Notice of Funding Availability (the "NOFA") for (as applicable):

1) Noncompetitive Allocation funds dated August 15, 2018, and as amended October 29, 2021, as may be further amended from time to time.

2) Competitive Allocation funds dated October 29, 2021, for Competitive Allocation funds, as may be further amended from time to time.

2. Purpose

In accordance with the authority cited above, Sponsor's Application was made to the State for financial assistance from the Program (the "Loan" or "Award"), for the purpose of assisting in the development, operation and maintenance of a Rental Housing Development (as defined in section 3 hereof) (the "Development) on certain real property (the "Property") as described in the Application and the Project Report. The Application, including all representations made therein, and the Project Report (as defined in section 3 hereof) are hereby incorporated in this Agreement by this reference.

EXHIBIT A

The financial assistance from the Program shall be in the form of a permanent loan to the County, Sponsor, or its approved affiliate (the "Borrower" as defined in section 3 hereof), as owner of the Development for the capital portion of the award, and (if applicable) in the form of a grant to the County, Sponsor, or its HCD approved affiliate under the direct control of the Sponsor (as set forth in Paragraph 8 below) for the portion of the award that is the Capitalized Operating Subsidy Reserve.

The purpose of the Award is to ensure that the Development is constructed, owned, managed, maintained and operated in accordance with the requirements of the Program, the requirements of the Guidelines, and the representations of the Application, and to ensure that certain residential units therein shall be occupied by eligible households at affordable rents as defined in the Guidelines for the full term of the Loan, regardless of sale or transfer of the Property or prepayment of the Loan. To further effect this purpose, if Sponsor or Borrower is an entity other than the Sponsor identified in the Application, HCD (as defined in section 3 hereof) may require the Sponsor to enter into a sponsor operating guaranty (the "Sponsor Operating Guaranty") as a condition of closing the Loan.

By entering into this Agreement and thereby accepting the Award of Program funds, the Sponsor agrees to comply with the terms and conditions of the Guidelines, the NOFA, this Agreement, the representations contained in the Application, the Project Report and the requirements of the authorities cited above.

3. Definitions

Capitalized terms herein shall have the meaning of the definitions set forth in the Guidelines, the UMR's and in this Exhibit A as follows:

A. "Agreement" refers to this Standard Agreement.

B. "Borrower", or "Ultimate Borrower" refers to the borrowing entity and owner of the Development. The Sponsor, or Development Sponsor, determined by HCD as having sufficient capacity and experience to develop, own and operate the Development, or its wholly controlled affiliate shall have continuing control of the Development. The Borrower structure shall not have more levels of organization than are allowed in accordance with UMR Section 8313.2.

C. "COSRA" refers to the COSR (as defined below) agreement governing the terms and conditions of the disbursement of the COSR.

EXHIBIT A

Capitalized Operating Subsidy Reserve" or "COSR" refers to the capitalized operating reserve provided under Section 209 of the Guidelines.

D. "Sponsor" or "Development Sponsor" refers to the entity or entities that made the Application to the Department for the Award for the Development (as defined below) and identified as "Contractor" on page 1 to this Agreement (STD 213). "Sponsor" also includes any affiliate or assignee of the Sponsor approved by the Department and undertaking all the obligations of the Sponsor hereunder (e.g., the Borrower). In the case of joint applicants, "Sponsor" shall refer to each applicant or the approved assignee of such applicant. Each joint applicant shall be jointly and severally liable for all obligations of a Sponsor as set forth herein.

E. Red Bluff PSH Pacific Associates, a California Limited Partnership ("LP") is an affiliate of Pacific West Communities, Inc ("Corp"). Corp was awarded the NPLH Loan funds pursuant to the award letter, dated June 28, 2022. The Department acknowledges that the LP will be considered the Ultimate Borrower of the NPLH Loan funds and as such will execute the NPLH Loan documents as described in section 39 of Exhibit D. For the purposes of this Standard Agreement, LP and Corp will be collectively referred to herein as "Sponsor". As such, the LP and Corp shall be jointly and severally liable for all the obligations of a Sponsor as set forth herein. Performance satisfactory to the Department by the LP of any duties and obligations under this Standard Agreement, and any other agreements as required by the Department, by either the LP or Corp will be deemed as performance by the Sponsor.

At a minimum, the sponsor-controlled general partner must solely perform the substantial management duties identified in Board of Equalization Rule 140.1(a)(10) as items (A), (H), (I) and (K).

F. "Department" or "HCD" refers to the Department of Housing and Community Development.

G. "Guidelines" refers to the NPLH Guidelines dated October 23, 2020.

H. "Project Report" refers to the HCD staff report presented to and approved by the Department's Internal Loan Committee. The Project Report sets forth the project criteria as approved by the Department at the time of the award of

EXHIBIT A

Program Loan funds. The information set forth in the project report may be amended only upon HCD's written approval.

I. "Performance Milestones" refers to the development schedule and/or milestones proposed by the Sponsor at time of application and as set forth in the Project Report.

J. "Program" refers to the No Place Like Home Program (NPLH).

K. "Rental Housing Development" (the "Development") refers to the residential rental "Affordable Housing Development" described in the Application and meeting the criteria set forth in the Project Report providing the affordable housing units, as described therein, in consideration of the No Place Like Home Loan (the "NPLH Loan"). The Rental Housing Development shall meet all criteria as set forth in the Guidelines.

L. "TCAC" refers to the California Tax Credit Allocation Committee.

M. Any reference to a specific "Section" or "section" of the Guidelines shall initially refer to that specific numbered section of the Guidelines adopted on and dated October 23, 2020. Notwithstanding, if and when the Department amends any portion of the Guidelines, all references herein to any such portion of the Guidelines shall be deemed to refer to the updated version of the Guidelines, either in whole or in part, as may be applicable. To the extent that any Guidelines section or sections (Section or Sections) provision is or are amended, and thereafter receive(s) a new Guidelines section number(s), any reference herein to the old Guidelines section(s) number(s) shall be interpreted to refer instead to the Guidelines section(s) that is (or are) intended to replace the content and substance of the former Guidelines section(s).

4. Scope of Work

The Scope of Work ("Work") for this Agreement shall consist of the development and construction of the Development identified in the Award Letter. The Development is to be developed and constructed by the Sponsor, or by a developer on behalf of the Sponsor, as provided in the Application and shall meet the criteria set forth in the Project Report.

Further, the Sponsor shall take such actions, pay such expenses, and do all things necessary to complete the Development as identified in the Award Letter and

EXHIBIT A

described in the Project Report in accordance with the schedule for completion set forth therein and the terms and conditions of this Agreement.

All written materials or alterations submitted as addenda to the original Application and the Project Report, and which are approved in writing by a Division of Financial Assistance Program Manager or higher Department official, as appropriate, are part of the Application and are hereby incorporated as part of the Agreement.

HCD reserves the right to review and approve all Work to be performed by the Sponsor in relation to this Agreement. Any proposed revision of the Work must be submitted in writing for review and approval by HCD. Any approval shall not be presumed unless such approval is made by HCD in writing.

5. Evidence of Point Generating Activities

Based on the points awarded to its Application, Sponsor assures the Department of the existence or planned aspects of all point generating activities as detailed in the Project Report.

At the request of the Department, Sponsor shall provide further and additional evidence sufficient to demonstrate the existence and/or completion of the items for which the Sponsor's Application received points. Failure to provide such evidence to the reasonable satisfaction of the Department may result in a reevaluation of the Application and the reduction or cancellation of the award, require repayments of any disbursed Program funds, and result in the disencumbrance of Program funds awarded.

6. Special Conditions

Sponsor shall ensure the completion of the special conditions (if any) set forth in the Project Report and in Exhibit E of this Agreement (if any), by the designated dates. Sponsor may apply to the Department for an extension on any timelines based on good cause shown and best efforts and assurances from the Sponsor for timely completion of the remaining any such special conditions.

EXHIBIT A

7. State Coordinator

The coordinator of this Agreement for the state is the Program Manager for the No Place Like Home, Division of Financial Assistance. Any notice, report, or other communication required by this Agreement shall be mailed by first class mail to the State Program Manager at the following address:

Department of Housing and Community Development
Division of Financial Assistance – NOFA Unit
P.O. Box 952054
Sacramento, California 94252-2054

8. Contract Coordinator(s)

The Sponsor(s) Contract Coordinator for this Agreement is listed below. Unless otherwise informed, any notice, report, or other communication required by this Agreement shall be mailed by first class or emailed to the contact at the following address:

Ultimate Borrower:	Red Bluff PSH Pacific Associates, a California Limited Partnership
Name:	Caleb Roope
Address:	430 E State Street, Suite 100 Eagle, ID 83616
Phone No.:	(208) 577-2247
Email Address:	calebr@tpchousing.com

Sponsor:	Pacific West Communities, Inc.
Name:	Caleb Roope
Address:	430 E State Street, Suite 100 Eagle, ID 83616
Phone No.:	(208) 577-2247
Email Address:	calebr@tpchousing.com

EXHIBIT A

County Applicant:	County of Tehama
Name:	Jayme S Bottke
Address:	PO Box 400 Red Bluff, CA 96080-2758
Phone No.:	(530) 527-8491 ext 3052
Email Address:	Jayme.bottke@tchsa.net

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. Terms of Award

A. Principal Amount

The principal amount of the Award shall be the lesser of:

1) the principal amount as stated in the Application; or,

2) the amount later approved by the Department as consistent with the requirements of the Guidelines.

B. Interest and Payment

The portion of the Award provided as a Loan shall bear interest at the rate and be payable as provided in section 200 of the Guidelines and under the terms of the Department's promissory note to be executed at loan closing. The Loan may not be prepaid without the prior written consent of the Department.

2. Invoicing and Payment

A. All loan proceeds used to finance capital costs of Assisted Units in the Development (the "Permanent Loan Proceeds") shall be disbursed through an independent escrow/title company. The Department shall prepare and submit instructions to the escrow holder, detailing the requirements for the release of Loan proceeds to the Borrower. The Permanent Loan Proceeds do not include funds awarded for a Capital Operating Subsidy Reserve (COSR) pursuant to Guidelines section 209.

B. The Permanent Loan Proceeds shall be released through escrow upon the Sponsor's, or its assignee's, submittal of the Request for Funds form and the satisfaction of the terms of the award letter and this Agreement. HCD reserves the right to retain 10 percent of the approved loan proceeds pending receipt and acceptance of the cost audit and any remaining loan closing checklist items.

EXHIBIT B

C. COSR proceeds, if awarded, will be held by the Department, and disbursed annually pursuant to Guidelines section 209.

EXHIBIT D

NPLH PROGRAM GENERAL TERMS AND CONDITIONS

1. Effective Date, Commencement of Work and Completion Dates

This Agreement is effective upon approval by all parties and the Department, which is evidenced by the date signed by the Department on page one, Standard Agreement, STD 213 (the “Effective Date"). The Sponsor agrees that the Work shall be completed as specified in this Agreement, the Project Report, incorporated herein by reference, and subject to the Agreement expiration date specified on page 1, number 2, of this Agreement (STD 213), unless a written request for an extension is submitted and written approval by the Department, is provided within 90 days prior to the termination date of the Agreement. Any extension to the termination date shall require an amendment to this Agreement executed by all parties.

Construction Loan Closing Deadline: Per Section 200(h) of the Guidelines, the construction loan closing shall occur no later than thirty-six (36) months from the date of the Department’s award letter [June 28, 2022].

Permanent Loan Closing Deadline: Per Section 200(i), the permanent loan closing shall occur no later than seventy-two (72) months from the date of the Department’s award letter [June 28, 2022].

The Department may extend the deadlines above a total of up to twenty-four (24) months in the aggregate where it is clear to the Department, that granting an extension will enable the Project to start construction or achieve ninety (90) percent occupancy of the Assisted Units.

2. Termination

The Department may terminate this Agreement at any time for cause by giving at least 14 days’ notice in writing to the Sponsor. Cause shall consist of violations by the Sponsor of any terms and/or special conditions of this Agreement, including but not limited to:

A. Failure of the Loan to close on or before the Loan closing deadline as stated under “Timing” in these General Conditions.

EXHIBIT D

B. Failure of the Sponsor to satisfy in a timely manner each of the conditions set forth in these General Conditions, Special Conditions set forth in Exhibit E of this Agreement and the award letter.

C. Determination by the Department that: (a) any material fact or representation made or furnished to the Department by the Sponsor in connection with the Application, or the award letter have been untrue or misleading at the time that such fact or representation was made known to the Department, or subsequently becomes untrue, or (b) the Sponsor shall have concealed any material fact from the Department related to the Application or the Development.

D. Filing a petition by Sponsor, or any affiliate or general partner of Sponsor, for relief under the Bankruptcy Code; the filing of any pleading or an answer by Sponsor, or any general partner of Sponsor, in any involuntary proceeding under the Bankruptcy Code; a general assignment by Sponsor, or any affiliate or general partner of Sponsor, for the benefit of creditors; or the filing of an application for the appointment of a receiver, trustee, custodian or liquidator of Sponsor or any of its property, or any affiliate or general partner of Sponsor or any of its property.

E. Failure of Sponsor, or any general partner of Sponsor, to effect a full dismissal of any involuntary petition under the Bankruptcy Code that is filed against Sponsor, or any general partner of Sponsor, or in any way restrains or limits Sponsor, or any general partner of Sponsor, or the Department regarding the Loan or the Development, prior to the earlier of the entry of any court order granting relief sought in such involuntary petition, or (30) thirty days after the date of filing of such involuntary petition.

F. Attachment, levy, execution, or other judicial seizure of any portion of the Development, or any substantial portion of the other assets of Sponsor, or any general partner of Sponsor, that is not released, expunged, bonded, discharged, or dismissed within (30) thirty days after the attachment, levy, execution, or seizure.

G. Pendency of any proceeding challenging the legal existence or authority of Sponsor, or any general partner of Sponsor, or any proceeding challenging the legality of the Development.

EXHIBIT D

H. Failure of Sponsor to close the Department approved construction financing on or before the date indicated under “Timing” in these General Conditions. Any reference in this Agreement to "construction" shall include rehabilitation construction, if applicable.

3. Timing

A. The Sponsor shall close the construction financing approved by the Department and commence construction of the Development in accordance with the development schedule set forth in the Project Report. Upon the Department’s request, the Sponsor shall promptly provide evidence of recorded deeds of trust for all construction financing, payment of all construction lender fees, issuance of building permits (a grading permit does not suffice to meet this requirement) and notice to proceed delivered to the contractor. If no construction lender is involved, and the project is receiving low-income housing tax credits, evidence must be submitted that the equity partner has been admitted to the ownership entity, and that an initial disbursement of funds has occurred.

B. This Agreement shall expire on date specified on page 1, number 2, of this Agreement (STD 213).

4. Disputes

Applicable law, including the Department’s and the Program’s statutes, rules, regulations, and Guidelines shall apply and be enforced in the event of any conflict that becomes apparent to the Department at any time, notwithstanding the Department’s preliminary prior review of Project documentation at the time of construction loan closing.

5. Consent

The parties agree that wherever the consent or approval of the Department or the Sponsor is required under this Agreement, such consent or approval will not be unreasonably withheld or delayed, unless the same is specified as being in that party’s sole discretion or other words of similar import.

EXHIBIT D

PRE-CONSTRUCTION LOAN REQUIREMENTS

Unless otherwise approved in writing by the Department, the following conditions require compliance prior to the close of the construction loan(s) for the Development (construction loan includes a rehabilitation loan):

6. Site Control

The Sponsor shall have 100% control of the land at time of application and through permanent loan closing, and such control shall not be contingent on the approval of any other party. The status and nature of the Sponsor's title and interest in the property shall be subject to the Department's approval. Site control may be evidenced by one of the following:

A. Fee title;

B. A leasehold interest on the project property with provisions that enable the lessee to make improvements on and encumber the property provided that the terms and conditions of any proposed lease shall permit compliance, prior to loan closing, with all Program requirements;

C. An enforceable option to purchase or lease which shall extend through the anticipated date of the Program award as specified in the NOFA;

D. An executed disposition and development agreement right of way, or irrevocable offer of dedication to a Public Agency;

E. An executed encroachment permit for construction of improvements or facilities within the public right of way or on public land;

F. An executed agreement with a public agency that gives the Sponsor exclusive rights to negotiate with that agency for acquisition of the site, provided that the major terms of the acquisition have been agreed to by both parties; or

G. A land sales contract or other enforceable agreement for the acquisition of the property.

H. Other forms of site control that give the Department assurance (equivalent to A-G above) that the applicant or developer will be able to complete the Project

EXHIBIT D

and all housing designated in the application in a timely manner and in accordance with all the requirements of the Program.

I. If the Sponsor's interest in the property is a leasehold, the lease must provide adequate security for the Program Loan and comply with the requirements of the Uniform Multifamily Regulations ("UMR"), Section 8316. The Sponsor shall provide a copy of the ground lease for the Department's approval and review of its compliance with UMR Section 8316. The lessor and lessee will be required to sign the Department's standard form Lease Rider and Estoppel Agreement, unless the lessor agrees to sign the Program Loan documents as required by the Department and encumber all its interest in the Development. Where the lessee and the lessor are affiliated or related private parties, both the lessee and the lessor must execute the Program Loan documents so as to encumber both the leasehold and fee interests in the Development.

7. Title Report

The Sponsor shall provide a current title report for the real property on which the Development is located. If the Sponsor's interest in the property is leasehold, then the Sponsor shall provide a current title report for the leasehold interest and the fee interest.

8. Site Inspection

The Department reserves the right, upon reasonable notice, to inspect the Development site and any structures or other improvements thereon to determine whether the Development site meets the requirements of the Program Guidelines and the criteria set forth in the Project Report. If the Department reasonably determines that the site is not acceptable for the proposed Development in accordance with the Guidelines, the Department reserves the right to rescind the Award and the Loan.

9. Adaptability and Accessibility

The Sponsor and the Development shall comply with all applicable federal, state, and local laws regarding adaptability and accessibility in the design, construction and rehabilitation of residential projects for persons with disabilities. In addition, NPLH projects shall comply with the accessibility requirements referenced in Section 213 (b) of the Program Guidelines.

EXHIBIT D

10. Physical Needs Assessment

If the Development involves rehabilitation of existing units, the Sponsor shall provide a post-rehabilitation physical needs assessment acceptable to the Department, in accordance with instructions provided by the Department.

11. Reserve Study

Upon request by the Department, Sponsor shall provide an independent, third-party replacement reserve study acceptable to the Department.

12. Development Budget

Unless otherwise approved in writing by the Department, prior to the close of any construction financing, the Sponsor shall provide to the Department for its review and approval, a copy of the construction lender(s)' approved development budget.

13. Reasonable Development Costs

Sponsor shall provide to the Department evidence that total development costs are reasonable and necessary for the proposed improvements. To verify cost reasonableness, the Department may require qualified third-party verification of costs, evidence of the competitive bidding of major trades and real estate appraisals. Where the Development is a component of a larger development, the Sponsor shall submit to the Department for its approval, a development cost sharing breakdown for the entire development which covers all development costs for each of the individual components of the entire development and includes a discrete development budget for the Development consistent with the budget in the Application and Project Report. Eligible costs for Developments are limited to costs as specified in Guideline Section 200(a) and (b).

14. Cost Savings

If, upon completion of the Development, the total development funding sources exceed the total development costs, the Department will share costs in accordance with UMR Section 8313.1.

EXHIBIT D

15. Sponsor Control of Development

Sponsor shall provide evidence satisfactory to the Department that the Sponsor identified in the Application and who demonstrated the requisite experience, pursuant to Section 202 of the Guidelines, in the application process, has and will retain full control over the development, construction, ownership and management of the Development through control of the borrowing entity by the Sponsor either directly as Borrower, or as a managing general partner of Borrower, or as the member/manager of the general partner of the Borrower. At a minimum, the sponsor-controlled general partner must solely perform the substantial management duties identified in Board of Equalization Rule 140.1(a)(10) as items (A), (H), (I) and (K).

The same control requirement applies to any Borrower organized as a limited liability company. The failure to demonstrate the requisite control of the borrowing entity by the Sponsor may result in significant delay in the processing, or potentially the cancellation, of the Program Loan. The Sponsor which demonstrated the requisite experience of owning and developing affordable rental housing, shall execute the Department's Sponsor Operating Guaranty to ensure that the Sponsor has the resources and experience to develop, own and manage the Development. The organizational structure of the Borrower, including the control and ownership by the Sponsor or Sponsors, and any changes thereto, must be reviewed and approved by the Department and must comply with all Program requirements.

16. Limited Partnership Agreement (LPA)

If the Borrower is a limited partnership, the Department neither approves nor disapproves the LPA, but may require changes, if necessary to ensure, among other Program requirements, appropriate sponsor control, and that the term of the LPA is equal to or greater than the term of the Department’s loan documents. In the event of any conflict between the LPA and the Department’s loan documents and regulations, the Department’s loan documents, Guidelines, and applicable statutes and regulations shall control.

EXHIBIT D

17. Relocation Plan

If there is or will be any residential or commercial displacement directly or indirectly caused by the Development, the Sponsor shall provide a relocation plan conforming to the requirements of State laws and the regulations adopted by the Department in California Code of Regulations, Title 25, Section 6000 et seq prior to the beginning of construction or any displacement (whichever is sooner). The Development budget shall contain sufficient funds to pay all costs of relocation benefits and assistance as set forth in the relocation plan approved by the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements.

18. Architect Contract

The Sponsor shall enter into a contract with an architect to provide professional services for the Development. The contract shall require an architect to supervise the construction work, conduct periodic site visits, prepare periodic inspection reports, verify the validity of the construction contractor's payment requests, prepare or review change orders, and, upon completion of construction, provide the certification described in paragraph 31 of these General Conditions.

19. Appraisals

If the property for the Development is being purchased, the Sponsor shall provide an appraisal acceptable to the Department of the as-is value of the property, prepared by a qualified, licensed appraiser who is approved by or otherwise acceptable to the Department.

20. Non-Department Financing

The Sponsor shall qualify for and obtain the financial assistance, loans and grants described in the Application for both the construction and permanent periods. Final terms and conditions of the non-Department financing must substantially conform to the terms and conditions of the Sponsor's Program Loan Application. The terms and conditions of all financing shall be subject to the Department's review and approval.

21. Senior Loan Terms and Disclosures

EXHIBIT D

The terms of loan(s) in a lien position senior to the Program Loan must comply with all the underwriting standards of UMR Sections 8310 and 8315, as may be modified by the Program Guidelines.

No subordination may limit the Department's remedies and must comply with UMR Section 8315.

Balloon payments are not allowed on senior debt, except as provided pursuant to UMR section 8310. Senior loans are prohibited from including call option language in the terms of the loan other than is reasonable in case of default, nor may Sponsor be required to remarket Bonds prior to expiration of the senior loan. Financial instruments on senior loans (including but not limited to swaps, collars, and interest rate hedges) must extend for the full term of the senior loan and cannot be required to be renewed or extended prior to the end of the full term.

Sponsors must obtain an interest rate cap on any interest rate that is not fixed for the full term of the senior loan. The interest rate at the cap must not jeopardize project feasibility. Interest rate resets, renewals, extensions of letters of credit, or other senior loan provisions, must not require the Sponsor to re-qualify.

All payments, lender fees, bond fees, issuer fees, trustee fees, letter of credit fees, swaps fees, hedge fees, enhancement fees, credit facility and liquidity fees, and other fees, charges, and costs, in addition to principal and interest payments, must be fully disclosed to the Department in the loan closing transaction summary and in the operating budget.

The Department's lien shall not be subordinated to the liens of a lender affiliated with an entity that has an ownership interest in the Project unless a covenant, regulatory agreement, or similar instrument is recorded senior to the lender's documents that includes the provisions of UMR Section 8310(f), as may be modified by the Program Guidelines.

22. Environmental Conditions

The Sponsor shall provide a Phase I Environmental Site Assessment ("ESA") for the Development, in conformance with ASTM Standard Practice E 1527, evaluating whether the Development is affected by any recognized environmental conditions. In the event the Phase I ESA indicates evidence of recognized environmental conditions and the Sponsor desires to proceed with the Development, the Sponsor shall provide the Department with a Phase II report and such further reports as

EXHIBIT D

required by the Department in a form acceptable to the Department. Any remediation work to be performed shall be subject to Department approval. The Sponsor shall also provide an asbestos assessment and a lead-based paint report for the Department's approval if the Development involves rehabilitation or demolition of existing improvements.

23. Article XXXIV

All Projects shall comply with Article XXXIV, Section 1 of the California Constitution ("Article XXXIV"), as clarified by the Public Housing Election Implementation Law (Health & Safety Code, §§ 37000 – 37002). Prior to the award of funds by the Department, the Sponsor shall submit documentation which shows, to the Department's satisfaction, that the Project complies with or is exempt from Article XXXIV.

CONSTRUCTION PHASE REQUIREMENTS

24. Construction Phase Information

If requested by the Department, the Sponsor shall provide the Department information during the construction period including but not limited to all change orders and modifications to the construction documents, all inspection reports prepared by the Development architect and other consultants, and information relative to Development income, expenses, occupancy, relocation benefits and expenses, contracts, operations, and conditions of the Development. Upon written notice to Sponsor, Department may require its advance written approval of all future change orders and modifications. Deviations from the plans and specifications which have the effect of reducing the quality, life or utility of a specified item or system must receive the prior written approval of the Department. Should change orders be submitted to the Department for its approval, they shall be deemed accepted if not rejected in writing within (10) ten business days of receipt by the Department. Sponsor shall not authorize or approve any change orders rejected by the Department.

25. Inspection

The Department and any authorized representative of the Department shall have the right, during construction and thereafter, to enter upon and inspect the construction of the Development. Such right to inspect shall include, but shall not be limited to, the right to inspect all work done, all materials and equipment used or to be used, and all

EXHIBIT D

books and records, including payroll records, maintained in connection with the construction work. Such right of inspection shall be exercised in a reasonable manner.

The Department shall have no affirmative duty to inspect the Development and shall incur no liability for failing to do so. Once having undertaken any inspection, neither the Department, nor any representative of the Department shall incur any liability for failing to make any such inspection properly, or for failing to complete any such inspection. The fact that such inspection may or may not have occurred shall not relieve the Sponsor, the contractor, the construction lender, the architect, the structural engineer, the locality, or anyone else of any obligation to inspect the Development.

26. Updated Information

Sponsor shall provide the Department updated documentation for any change in the information previously provided relating to the Program Award, including updated sources and uses and income information. All changes shall be subject to Department approval. However, if the Development is changed in any way as to make it ineligible under the Guidelines, then the Program Award commitment will be cancelled, and all Program funds awarded to the Sponsor shall be disencumbered.

27. Evidence of Existence of Application Selection Criteria

Upon request, Sponsor shall provide to the Department evidence of the existence of the amenities, services, improvements, features and characteristics of the Development which were included in the Application and as set forth in the Project Report and awarded points under Section 205 of the Guidelines in the Department's rating of the Application.

28. Signage

Sponsor shall place signs on the construction site for the Work stating that the Department is providing financing through the NPLH Program in an appropriate location(s), typeface and size containing the following message:

The Bluff Community Housing

THIS PROJECT HAS BEEN MADE POSSIBLE
BY FINANCING FROM

No Place Like Home (NPLH), Balance of State Allocation – Round 4
NOFA Dates: 08/15/2018, as amended 10/29/2021 (Noncompetitive Allocation) and/or 10/29/2021 (Competitive Allocation)
Approved Date: 1/31/2022
Prep. Date: 9/15/2022

EXHIBIT D

**NO PLACE LIKE HOME PROGRAM
THROUGH THE
CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

The sign shall be maintained in a prominent location visible and legible to the public through construction completion. If the job sign includes the acknowledgment and/or logo of one or more other public lenders, the Department acknowledgment and logo shall also be displayed in a similar size and layout. Copies of the Department logo can be obtained by contacting the Department Contract Manager.

Upon installation of the sign, the Sponsor shall submit a digital photograph thereof to the Department to verify compliance with these signage requirements.

29. Photographs

The Sponsor will provide the Department, upon request, with copies of any photographs that may be taken of the Development by or on behalf of the Sponsor or the Development's architect. The Sponsor will provide an acceptable written consent and release agreement authorizing use of said photographs, all at no expense to the Department.

COMPLETION OF CONSTRUCTION

30. Relocation Plan Implementation Report

90 days prior to construction loan close or prior to any displacement, whichever is sooner, the Sponsor must comply with applicable local, state, and federal relocation requirements of Government Code section 7260 et seq. and California Code of Regulations, title 25, section 6000 et seq. including a relocation plan (if necessary) approved by the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements (90) ninety days prior to construction loan close or prior to any displacement, whichever is sooner. The Sponsor shall provide a report, in a form acceptable to the Department, summarizing the actions taken and identifying all Sponsors of relocation assistance and benefits, and the amounts paid, and benefits provided, to or on behalf of each Sponsor.

31. Architect Certification

EXHIBIT D

Where required by the Department, the Sponsor shall cause the Development architect(s) or other appropriate professional to certify to the Department, in form acceptable to the Department, that all construction is completed in accordance with the "as-built" plans and specifications and in compliance with all applicable federal, state, and local laws relating to disabled accessibility.

32. Cost Certification

At the request of the Department, the Sponsor shall submit a Development cost certification audited by an independent certified public accountant in accordance with the requirements of the Department and TCAC, if applicable. The Sponsor (and the developer or builder if there is an identity of interest with the Sponsor) shall keep and maintain records of all construction costs not representing work done under the construction contract and to make such records available for review by the Department.

33. Recorded Notice of Completion

The Sponsor shall provide to the Department a certified copy of any Notice of Completion for the Development recorded in the county in which the Development is located.

PROGRAM LOAN CLOSING REQUIREMENTS

The Department shall not be obligated to close or fund the Program Loan unless the Sponsor has complied with and satisfied all the terms and conditions of the Guidelines, the NOFA, this Agreement, representations made in the Application and the criteria set forth in the Project Report, all in a manner satisfactory to the Department in its sole discretion, on or before the earlier of the Program Loan Closing, the Program Loan closing deadline or such earlier time, all as indicated herein.

34. Development Construction

The Development shall be constructed in compliance with the plans and specifications, subject to any change order(s) accepted by the Department where such acceptance is required.

EXHIBIT D

35. Title Insurance

The Sponsor shall provide an updated title report and an ALTA As-Built Survey acceptable to the Department. The Sponsor shall provide a pro forma ALTA lender's policy of title insurance if requested by Department. The Sponsor shall ensure the issuance to the Department of an ALTA lender's policy of title insurance. The condition of title, insurer, liability amount, form of policy and endorsements shall be subject to the approval of the Department. Such endorsements shall include, but not be limited to a CLTA endorsement 100, and may include, but shall not be limited to, CLTA endorsements 105, 110.9 and 116 (modified for apartments). The policy shall insure that the Sponsor holds good and marketable fee simple title (or leasehold, if approved by Department) and that the Department holds a fee mortgage (or leasehold) lien on the Development, free and clear of all encumbrances, encroachments, other interests, and exceptions to title other than as shall have been previously approved in writing by the Department. The Department's Deed of Trust and Regulatory Agreement and the other loans indicated under "Permanent Funding" in the Application shall have the lien priority as indicated in the Application.

36. Sponsor's Status

The Sponsor shall provide the Department with copies of all organizational documents, including but not limited to, partnership agreements, operating agreements, corporate documents, and related documents and agreements, as required by the Department. As of the date of the Program Loan closing, the Sponsor and Borrower shall be a duly organized and validly existing limited or general partnership, corporation, limited liability company, nonprofit public benefit corporation, or other valid legal entity under California law. The Sponsor or Sponsor-controlled Borrower has and shall have the authority to enter into the Program Loan and related loan documents.

37. Prevailing Wage Compliance

Where applicable, prevailing wage rates shall be paid with respect to the construction work, as the term is defined in the Standard Agreement, performed in connection with the Development. Prior to closing the Program Loan, a certificate signed by the general contractor(s) and the Sponsor is required, certifying that prevailing wages have been, or will be, paid in conformance with Labor Code Section 1720 et seq., and that labor records shall be maintained and made available to any enforcement agency upon request.

EXHIBIT D

38. Insurance

The Sponsor shall obtain and maintain for the term of the Program Loan hazard and liability insurance for the Development in accordance with the Department's requirements, including flood insurance if applicable. The Department shall be named as a loss payee or an additional insured on all such policies. Such policies also shall provide for notice to the Department in the event of any lapse of coverage and in the event of any claim thereunder. The Sponsor shall provide evidence satisfactory to the Department of compliance with these insurance requirements.

39. Program Loan and Grant Documents

The Sponsor shall enter into this Standard Agreement with the Department, which shall govern the encumbrance by the Department of the funds to be used to fund the Program Award. In addition, the Sponsor shall enter into a Regulatory Agreement(s) with the Department, governing certain matters related to the use, operation, and occupancy of the Development, including, but not limited to, the imposition of certain low-income occupancy requirements, regulation of rents on the low-income units, audits and other financial controls and reserve requirements, management oversight by the Department, compliance with federal and state laws, and other Department requirements. In addition to the Regulatory Agreement(s), the loan shall be evidenced by a Promissory Note and secured by a Deed of Trust. The Regulatory Agreement shall be recorded prior to the Department's Deed of Trust. Finally, any award of the COSR shall be evidenced by a COSRA, which performance of the covenants and conditions thereof shall be secured by the Deed of Trust. The Sponsor shall execute and enter into additional agreements and documents, as the Department may deem reasonable and necessary to meet the NPLH requirements and the terms and conditions of this Agreement. The Sponsor and any affiliate of the Sponsor which demonstrated the requisite experience of owning and developing affordable rental housing, shall execute the Department's Sponsor Operating Guaranty to ensure that the Sponsor has the resources and experience to develop, own and manage the Development.

EXHIBIT D

40. Restrictions on Transfer and Change of Ownership

The Sponsor shall not, without the prior written approval of the Department: a) sell, transfer, convey, encumber, hypothecate or pledge any of the Development or the Development property, or any portion or interest in either of them; b) discharge or replace any general or managing partner if Sponsor is a partnership, or amend, modify or add to its partnership agreement except that the Sponsor may sell or transfer limited partnership interests without the Department's approval; c) if Sponsor is a limited liability company: change the manager(s), amend, modify or add to its operating agreement or management structure; d) wind up, liquidate or dissolve its affairs or enter into any transaction of merger or consolidation; or e) change the organizational structure of the Sponsor. Other requirements governing sales, transfers, and encumbrances in Section 216 of the Program Guidelines must also be satisfied.

41. Rental Subsidy Contract

The Sponsor shall provide the Department with complete copies of all contracts and amendments thereto, regarding rental subsidies to be provided to tenants residing in the Development.

42. Substitution of Rent or Social Service Subsidy

Sponsor may substitute a source of funding equivalent to the original rent or social service subsidy. The amount, terms, and conditions of the new source of funding must provide an equivalent or greater level of subsidy to the project, acceptable to the Department.

43. Final Certificate of Occupancy

The Sponsor shall provide a final certificate of occupancy (or an equivalent form of occupancy certification or approval) issued by the local agency having jurisdiction over such certificates.

44. Environmental Conditions Remedial Work

All remedial work on recognized environmental conditions shall be completed prior to loan. closing. The Sponsor shall provide the Department with an environmental update/operations and maintenance plan if remedial work was required with

EXHIBIT D

evidence of lead-based paint and/or asbestos-containing materials remediation if applicable.

45. Reserve Accounts

The Sponsor shall establish and maintain reserve accounts as required by the Department and as further described in the Regulatory Agreement. All withdrawals shall require prior written approval from the Department, as provided in the Regulatory Agreement.

46. Operating Reserve Account

The Sponsor shall fund an operating reserve account in accordance with Section 8308 of the UMRs and subject to the requirements thereof. The specific amount of the Operating Reserve Account shall be set forth in the Regulatory Agreement.

47. Replacement Reserve Account

The Sponsor shall establish a replacement reserve account in accordance with Section 8309 of the UMRs. The replacement reserve account shall be funded by monthly deposits from operating income, or a combination of operating income and development sources as indicated in the Regulatory Agreement. The amount of the monthly deposits may be adjusted, as determined by the Department, in its sole discretion, based on reserve studies performed by an independent third party at the Sponsor's expense as requested by the Department or as based on other reliable indicators of future reserve needs.

48. Capitalized Reserve Accounts

If Program funds are used to fund a reserve account, the Department shall disburse such funds in a manner to ensure the proper funding of the reserve. The proceeds of the Program Award may be used to capitalize only the operating reserve accounts and, in an amount, required by UMRs Sections 8308 and Section 209 of the Guidelines. Proceeds of the Program Award may not be used to capitalize rental subsidy reserves, except as authorized in accordance with the above-mentioned sections.

All reserves capitalized under Section 209 of the Guidelines shall be provided by the Department in the form of a grant and shall be evidenced by a COSRA, which shall be secured by a deed of trust recorded against the real property of the housing

EXHIBIT D

development in favor of the Department, for the purpose of securing performance of the covenants and conditions of (among other Program documents) the COSRA.

The lien will continue for the entire duration of the COSRA and shall be subject to the provisions of Section 209 and other applicable provisions of the Guidelines. The security for the grant agreement will be recorded junior only to such liens, encumbrances, and other matters of record approved by the Department and shall secure the Department's financial interest in the Project and the performance of the Applicant's Program obligations.

49. CalHFA and HUD Funded Projects

Projects subject to the HUD Section 811 and 202 programs or receiving a permanent loan from CalHFA shall not be subject to Program reserve requirements during the time such projects are regulated by HUD or CalHFA and the Sponsor complies with the applicable CalHFA or HUD reserve requirements.

50. Asset Management and Compliance Requirements

The Sponsor shall obtain the Loan Closing Checklist in the course of closing the NPLH loan, and must submit all documents required, for the Department's approval, including but not limited to the following (in a format provided or approved by the Department): a) a proposal for management agent with management agent's qualifications attached; b) a management contract; c) a management plan; d) a template residential tenant lease; e) an initial-year operating budget and Schedule of Rental Income (SRI); and f) property hazard and liability insurance in accordance with the then-current HCD Insurance Guidelines. Prior to close of the Program Loan, the Sponsor shall obtain the Department's review and approval of the above-mentioned items a) through f) and any additional documents required by the Department.

Furthermore, the Sponsor shall be provided links to HCD's Asset Management and Compliance webpage, which, in conjunction with the Regulatory Agreement, sets forth the obligations and requirements for the use, operation and occupancy of the Development, including but not limited to: annual reporting requirements which include but are not limited to budgets, SRIs, and supportive housing services plans; audit requirements; and other obligations as determined (and may be amended from time to time) by the Department and noted on the webpage.

EXHIBIT D

51. Supportive Services

The County shall ensure that the supportive service requirements of Section 203 of the Program Guidelines are met. The County must provide mental health services and coordinate the provision of or referral to other supportive services, including but not limited to substance use treatment services, to NPLH tenants for a minimum of (20) twenty years. The County's obligations pursuant to this requirement shall begin when a Project receives its certificate of occupancy, or other evidence of Project completion for Projects already occupied.

52. Tenant Referrals, Affirmative Fair Housing Marketing Plan, and Fair Housing Compliance

Sponsor shall be required to use their local homeless Coordinated Entry System, or other similar referral system for persons At-Risk of Chronic Homelessness, as set forth in Section 211 of the NPLH Guidelines and their Application. Sponsor shall develop and implement an affirmative fair housing marketing plan satisfactory to the Department. Appropriate aspects of the initial plan shall be incorporated into the ongoing management plan to ensure positive outreach and informational efforts to those who are least likely to know about and apply for assisted units in the Development. Sponsor is encouraged to refer to HUD's guidelines and other guidance for Affirmative Fair Housing Marketing Plans done with use of a Coordinated Entry System. Sponsor shall comply with all state and federal fair housing laws. At the Department's election, Sponsor must submit an attorney's opinion acceptable to the Department describing the intended occupancy restrictions and how they comply with the Unruh Civil Rights Act in the California Civil Code and the Fair Employment and Housing Act in the California Government Code. Occupancy restrictions must be carried out in a manner which does not violate state or federal fair housing laws. Any additional subpopulation targeting or occupancy preference for an NPLH Project beyond what is permitted under Section 206 of the Program Guidelines must be approved by the Department in writing prior to construction loan closing and must be consistent with federal and state fair housing requirements. The project integration requirements of Section 202 (e) of the Program Guidelines must also be satisfied.

Pursuant to Welfare and Institutions Code Section 5849.9 and Guidelines Section 211, Projects utilizing funds from a County's Noncompetitive Allocation shall prioritize persons with mental health supportive service needs who are Homeless or At-Risk of Chronic Homelessness.

EXHIBIT D

53. Identification of Elderly and Veteran Units

If applicable, Sponsor must submit a report that specifically identifies the number of units rented to the elderly. The report must also specifically identify the number of units rented to military veterans.

54. TCAC and Other Regulatory Agreements

The Sponsor shall provide the Department with a copy of the TCAC Regulatory Agreement if the Development budget includes tax credits and any other regulatory agreements pertaining to the Development.

55. Property Tax Exemption

Unless expressly waived in writing by the Department, Sponsor shall provide evidence of eligibility for property tax exemption for the Development and a copy of the tax exemption application to the local tax assessor(s).

56. Compliance with State and Federal Laws, Rules, Guidelines and Regulations

The Sponsor agrees to comply with all State and Federal laws, rules and regulations that pertain to construction, health and safety, labor, fair employment practices, equal opportunity, and all other matters applicable to the Development, the Sponsor, its Contractors or Subcontractors, and any loan activity.

57. Change of Conditions

The Department reserves the right to re-underwrite the Development based on new information or funding sources. Particular attention will be paid to the continued feasibility of the Development and the maintenance of the security position of the Program Loan. If the new information demonstrates a reduction or elimination of financing gap being addressed by the Program loan or grant, the Department will reduce the amount of the Award accordingly. If the Department has underwritten the Program Loan using CalHFA or HUD requirements and the Development subsequently does not utilize the CalHFA or HUD financing, the Program Loan will be re-underwritten by the Department using Program requirements. In the event the Department determines the Development is no longer financially feasible, the Award and any loan or grant commitment issued by the Department may be revoked.

EXHIBIT D

58. Investor Commitments

If the Development will be receiving an allocation of tax credits from TCAC, the Sponsor shall provide the Department with a copy of all tax credit investor commitments, including referenced financial projections and any amendments.

59. Restricted Units

All units designated in the Application approved by the Department as restricted units that are not also assisted units, shall be restricted on a long-term basis by a public agency at the income and rent levels shown in the Application. Similarly, all units designated in the Application as restricted units and that are not also assisted units, shall be restricted on a long-term basis by a public agency to the designated target population.

60. Asset Management Fees

Asset management, partnership management, and similar fees shall be in compliance with UMR Section 8314(a)(1)(B).

61. Sponsor Representations

A. Sponsor represents and warrants that as of the date of this Agreement, the Sponsor is a duly organized and validly existing entity under California law and the person signing this Agreement on behalf of Sponsor has the authority to act on behalf of and bind the Sponsor in accordance with the terms of this Agreement.

B. Sponsor represents and warrants that as of the date of the Program Loan closing, the Sponsor is a duly organized and validly existing limited partnership under California law and that such limited partnership will have the authority to enter into the Program Loan and related loan documents.

C. Sponsor further represents and warrants that as of the date of the Program Loan closing, the person(s) executing the Program Loan documents will have full authority to act on behalf of and bind the Sponsor in accordance with the terms of those documents.

EXHIBIT D

62. Survival of Obligations

The obligations of the Sponsor and any other entity designated to receive any COSR disbursements as set forth in this Agreement shall survive the Program Loan permanent closing, and these parties shall continue to cooperate with the Department and perform acts and provide documents as provided herein.

63. Litigation

If any provision of this Agreement, or an underlying obligation, is held invalid by a court of competent jurisdiction, such invalidity, at the sole discretion of the Department, shall not affect any other provisions of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are, and shall be, deemed severable. The Sponsor shall notify the Department immediately of any claim or action undertaken by or against it which affects or may affect this Agreement or the Department and shall take such action with respect to the claim or action as is consistent with the terms of this Agreement and the interests of the Department.

64. Obligations of Sponsor with Respect to Certain Third-Party Relationships

The Sponsor shall remain fully obligated under the provisions of this Agreement notwithstanding its designation of any third party or parties for the undertaking of all or any part of the Development with respect to which assistance is being provided under this Agreement. The Sponsor shall comply with all lawful requirements of the Department necessary to ensure the completion, occupancy and use of the Development in accordance with this Agreement.

65. Waivers

No waiver of any breach of this Agreement shall be held to be a waiver of any prior or subsequent breach. The failure of the Department to enforce at any time the provisions of this Agreement or to require at any time performance by the Sponsor of these provisions shall in no way be construed to be a waiver of such provisions nor to affect the validity of this Agreement or the right of the Department to enforce these provisions.

EXHIBIT D

66. Audit/Retention and Inspection

A. The Department, its representatives or employees, or its delegatee shall have the right to review, obtain, and copy all records pertaining to performance of the Agreement. Sponsor and any other entity designated to receive COSR disbursements shall provide the Department or its delegatee with any relevant information requested and shall permit the Department or its delegatee access to its premises, upon reasonable notice, during normal business hours for the purpose of interviewing employees and inspecting and copying such books, records, accounts, and other material. Sponsor and any other entity designated to receive COSR disbursements further agrees to maintain such records for a minimum period of four years after final payment under the Agreement, unless a longer period of records retention is stipulated.

B. At any time during the term of this Agreement, the Department may perform or cause to be performed a financial audit of any and all phases of the Development. At the Department's request, the Sponsor and any other entity designated to receive COSR disbursements shall provide, at its own expense, a financial audit prepared by a certified public accountant.

C. The audit shall be performed by a qualified State, Department, local or independent auditor. The Agreement for audit shall include a clause which permits access by the Department to the independent auditor's working papers.

D. If there are audit findings, the audited party(ies) shall submit a detailed response to the Department for each audit finding. The Department will review the response and, if it agrees with the response, the audit process ends, and the Department will notify the audited party(ies) in writing. If the Department is not in agreement, the audited party(ies) will be contacted in writing and will be informed as to the corrective actions required to cure any audit deficiencies. This action could include the repayment of disallowed costs or other remediation.

E. If so, directed by the Department upon termination of this Agreement, the Sponsor and any other entity designated to receive COSR disbursements shall cause all records, accounts, documentation, and all other materials relevant to this Agreement to be delivered to the Department as depository.

EXHIBIT D

67. Reporting Requirements

The County must satisfy the reporting requirements of Section 214 of the Program Guidelines as specified on forms provided by the Department. In addition, upon the Department's request, the Sponsor shall provide to the Department any and all necessary data that it is legally and factually able to provide that is required to be reported pursuant to the most recently adopted Program Guidelines.

68. Governing Law

This Agreement shall be construed with and be governed by the laws of the State of California. All references to codes refer to the California Codes.

EXHIBIT E

PROJECT-SPECIFIC PROVISIONS AND SPECIAL CONDITIONS

The following Special Conditions are applicable to this Standard Agreement:

1. Payee(s)

The authorized Payee(s) is/are as specified below:

Capital Loan Funds:

Competitive Amount: $2,721,998

Payee Name: Red Bluff PSH Pacific Associates, a California Limited Partnership

2. Special Condition(s)

1. The Sponsor who garnered the experience points at the application stage must be the Sponsor who controls the borrowing entity at construction, through permanent close of escrow, and into management and operation of the project. Organizational documents demonstrating that the experienced Sponsor has the authority to exercise control of the borrowing entity in compliance with Section 8301(s) of the Uniform Multifamily Regulations (UMR) must be submitted to the Department for review and approved by the Department prior to execution of the Standard Agreement.

2. Not less than 60 days prior to construction loan closing, the Applicant shall provide updated financial documents including, but not limited to the development budget, development sources and uses, schedule of rents and unit mix, operating budget and 15-year cash-flow analysis, which are acceptable to the Department and demonstrate compliance with all applicable Program regulations or guidelines and the Uniform Multifamily Regulations (UMR).

EXHIBIT E

3. All proposed changes to the project, including but not limited to project financing, rents and unit mix, scope of work to be performed or Borrower's organizational structure must be submitted to and approved by the Department in writing.

4. The Project has not fully satisfied all the NPLH Supportive Housing Project requirements specified in the NOFA and application. Prior to occupancy, the Sponsor shall submit for Department approval documentation, including, but not limited to, tenant selection procedures demonstrating compliance with UMR § 8305 and Housing First requirements as set forth in Welfare and Institutions Code § 8255(b) and documentation supporting supportive services plan sufficient to meet the needs of the target population.

5. Per Administrative Memo 2022-22 dated March 30, 2022, all projects have 24 months from the date of the NPLH award to close their construction loan. An extension, not to exceed six months, may be granted by the Director or his/her/their designee, at its sole discretion, only if the Sponsor has demonstrated to the Director or his/her/their designee's satisfaction that the failure was due to circumstances entirely outside the Sponsor's control and offers reasonable assurance that all financing can be secured within the extension period.

6. Article XXXIV. If additional NPLH funds are added or another program's funds are added to the project where there are more units added or stacking occurs, a brand-new Article XXXIV analysis is needed.

7. Relocation. Prior to construction loan close, the Sponsor must comply with applicable local, state and federal relocation requirements of Government Code section 7260 et seq. and California Code of Regulations, title 25, section 6000 et seq. including a relocation plan which shall be subject to the approval of the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements.

8. Environmental. Prior to permanent loan conversion and before funding the NPLH Loan, the Sponsor must demonstrate to the satisfaction of the Department, that the environmental conditions described in NPLH Guidelines Section 202(j), have been satisfied.

EXHIBIT E

9. Capacity to Contract. Contractor has the capacity and authority to fulfill the obligations required of it hereunder and nothing prohibits or restricts the right or ability of Contractor to carry out the terms hereof.

10. Authority and Resolution. Each party executing this Agreement represents and warrants to the Department that it is authorized to execute this Agreement. Each individual executing this Agreement on behalf of the entity, other than an individual executing this Agreement on his or her own behalf, represents and warrants that he or she is authorized to execute and deliver this Agreement on behalf of such entity, and that such authority is evidenced by a duly authorized resolution or other written evidence of authority from the authorizing entity. Each party hereby agrees that in the event the resolution or entity authorization providing such authority is determined by the Department, in its sole discretion, as being legally insufficient or incomplete, then within thirty (30) calendar days of demand, such entity shall provide the Department with a new resolution which meets the Department's requirements. In the event such new resolution is not timely provided to the Department, the Department may declare this Agreement null and void, in which event all funds provided by the Department hereunder shall be immediately returned to the Department by the recipient(s).

11. Final Executed Limited Partnership Agreement. The final executed limited partnership agreement shall ensure compliance with all Program statutes, regulations, and guidelines including appropriate terms establishing sponsor control. The revised final executed limited partnership agreement must be provided to the Department for review and approval.

12. The application has identified the Project has Department Assisted Units Targeting persons experiencing homelessness. AB 977 requires that Sponsors and Awardees who have been awarded Department funding in the NPLH Program enter Universal and common Data Elements as defined by HUD on the individuals and families served into the Homeless Management Information System (HMIS), for projects that will have completed the permanent conversion of Department funds effective January 1, 2023 and later.

13. Certificate of Good Standing: Sponsor shall provide Certificates of Good Standing dated within 6 months of closing date for all entities within the Projects organizational structure.

DocuSign Envelope ID: 8FEB3240-ADD2-4B7B-8D8C-B9E699A19A16

SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

SCO ID:

AGREEMENT NUMBER: 21-NPLH-17341

PURCHASING AUTHORITY NUMBER (if applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CONTRACTOR'S NAME
Red Bluff PV Partners LP, County of Tehama, and Palm Communities

2. The term of this Agreement is:

START DATE
Upon HCD Approval

THROUGH END DATE
Thirty (30) Years from Effective Date

3. The maximum amount of this Agreement is:
$2,314,665.00

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Authority, Purpose and Scope of Work	7
Exhibit B	Budget Detail and Payment Provisions	1
Exhibit C*	State of California General Terms and Conditions	GTC - 04/2017
Exhibit D	NPLH Program General Terms and Conditions	24
Exhibit E	Project-Specific Provisions and Special Conditions	3
	TOTAL NUMBER OF PAGES ATTACHED	35

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership,etc.)
See Attached

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
See Attached	See Attached	See Attached	See Attached

PRINTED NAME OF PERSON SIGNING	TITLE
See Attached	See Attached

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
See Attached	See Attached

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
Department of Housing and Community Development

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
2020 W. El Camino Ave., Suite 130	Sacramento	CA	95833

PRINTED NAME OF PERSON SIGNING	TITLE
Edona Evans	Contracts Office Manager, Contract Services Section

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
Edona Evans	6/26/2024

California Department of General Services Approval (or exemption, if applicable)

Exempt per; SCM Vol. 1 4.04.A.3 (DGS memo dated 06/12/1981)

DocuSign Envelope ID: 8FEB3240-ADD2-4B7B-8D8C-B9E699A19A16

CONTRACTOR

Red Bluff PV Partners LP
a California limited partnership

By: PC Red Bluff Developers LLC
a California limited liability company
Its: Administrative General Partner

By: Palm Communities
a California for- profit Corporation
Its: Manager

By: _____ Date: 5/9/24
Danavon L Horn
President

By: Northern Valley Catholic Social Service, Inc.
a California nonprofit public benefit corporation
Its: Managing General Partner

By: DocuSigned by: Erna Friedeberg 21F0056E3A7E460... Date: 5/10/2024
Erna Friedeberg
Executive Director

Address:

100 Pacifica Suite 203
Irvine, CA 92618

Palm Communities
a California for- profit corporation

By: _____ Date: 5/9/24
Danavon L. Horn
President

Address:

100 Pacifica, Suite 205
Irvine, CA 92618

DocuSign Envelope ID: 8FEB3240-ADD2-4B7B-8D8C-B9E699A19A16

CONTRACTOR

County of Tehama
a county

By: Jayme S Bottke Date: 5-22-24

Jayme S. Bottke
Executive Director

Address:

P.O. Box 400
Red Bluff, CA 96080

EXHIBIT A

AUTHORITY, PURPOSE AND SCOPE OF WORK

1. Authority

Pursuant to the Government Code Section 15463, Part 3.9 of division 5 (commencing with section 5849.1) of the Welfare and Institutions Code, and Section 5890 of the Welfare and Institutions Code all as amended and in effect from time to time, the State of California (the "State") has established the No Place Like Home Program (the "Program"). Pursuant to Section 5849.5 of the Welfare and Institutions Code, the State has issued Guidelines governing the Program, as amended from time to time (the "Guidelines").

This Standard Agreement, STD 213, (the "Agreement" or "Contract") is the result of the Sponsor's application (the "Application") for funding under the Program pursuant to:

A. Section 5849.8 of the Welfare and Institutions Code.

B. The Program Guidelines dated October 23, 2020; and,

C. The Notice of Funding Availability (the "NOFA") for (as applicable):

1) Noncompetitive Allocation funds dated August 15, 2018, and as amended October 29, 2021, as may be further amended from time to time.

2) Competitive Allocation funds dated October 29, 2021, for Competitive Allocation funds, as may be further amended from time to time.

2. Purpose

In accordance with the authority cited above, Sponsor's Application was made to the State for financial assistance from the Program (the "Loan" or "Award"), for the purpose of assisting in the development, operation and maintenance of a Rental Housing Development (as defined in section 3 hereof) (the "Development) on certain real property (the "Property") as described in the Application and the Project Report. The Application, including all representations made therein, and the Project Report (as defined in section 3 hereof) are hereby incorporated in this Agreement by this reference.

EXHIBIT A

The financial assistance from the Program shall be in the form of a permanent loan to the County, Sponsor, or its approved affiliate (the "Borrower" as defined in section 3 hereof), as owner of the Development for the capital portion of the award, and (if applicable) in the form of a grant to the County, Sponsor, or its HCD approved affiliate under the direct control of the Sponsor (as set forth in Paragraph 8 below) for the portion of the award that is the Capitalized Operating Subsidy Reserve.

The purpose of the Award is to ensure that the Development is constructed, owned, managed, maintained and operated in accordance with the requirements of the Program, the requirements of the Guidelines, and the representations of the Application, and to ensure that certain residential units therein shall be occupied by eligible households at affordable rents as defined in the Guidelines for the full term of the Loan, regardless of sale or transfer of the Property or prepayment of the Loan. To further effect this purpose, if Sponsor or Borrower is an entity other than the Sponsor identified in the Application, HCD (as defined in section 3 hereof) may require the Sponsor to enter into a sponsor operating guaranty (the "Sponsor Operating Guaranty") as a condition of closing the Loan.

By entering into this Agreement and thereby accepting the Award of Program funds, the Sponsor agrees to comply with the terms and conditions of the Guidelines, the NOFA, this Agreement, the representations contained in the Application, the Project Report and the requirements of the authorities cited above.

3. <u>Definitions</u>

Capitalized terms herein shall have the meaning of the definitions set forth in the Guidelines, the UMR's and in this Exhibit A as follows:

A. "Agreement" refers to this Standard Agreement.

B. "Borrower", or "Ultimate Borrower" refers to the borrowing entity and owner of the Development. The Sponsor, or Development Sponsor, determined by HCD as having sufficient capacity and experience to develop, own and operate the Development, or its wholly controlled affiliate shall have continuing control of the Development. The Borrower structure shall not have more levels of organization than are allowed in accordance with UMR Section 8313.2.

C. "COSRA" refers to the COSR (as defined below) agreement governing the terms and conditions of the disbursement of the COSR.

EXHIBIT A

"Capitalized Operating Subsidy Reserve" or "COSR" refers to the capitalized operating reserve provided under Section 209 of the Guidelines.

D. "Sponsor" or "Development Sponsor" refers to the entity or entities that made the Application to the Department for the Award for the Development (as defined below) and identified as "Contractor" on page 1 to this Agreement (STD 213). "Sponsor" also includes any affiliate or assignee of the Sponsor approved by the Department and undertaking all the obligations of the Sponsor hereunder (e.g., the Borrower). In the case of joint applicants, "Sponsor" shall refer to each applicant or the approved assignee of such applicant. Each joint applicant shall be jointly and severally liable for all obligations of a Sponsor as set forth herein.

Red Bluff PV Partners ("LP") is an affiliate of Palm Communities ("Corp"). Corp was awarded the NPLH Loan funds pursuant to the award letter, dated June 28, 2022. The Department acknowledges that the LP will be considered the Ultimate Borrower of the NPLH Loan funds and as such will execute the NPLH Loan documents as described in section 39 of Exhibit D. For the purposes of this Standard Agreement, LP and Corp will be collectively referred to herein as "Sponsor". As such, the LP and Corp shall be jointly and severally liable for all the obligations of a Sponsor as set forth herein. Performance satisfactory to the Department by the LP of any duties and obligations under this Standard Agreement, and any other agreements as required by the Department, by either the LP or Corp will be deemed as performance by the Sponsor.

At a minimum, the sponsor-controlled general partner must solely perform the substantial management duties identified in Board of Equalization Rule 140.1(a)(10) as items (A), (H), (I) and (K).

E. "Department" or "HCD" refers to the Department of Housing and Community Development.

F. "Guidelines" refers to the NPLH Guidelines dated October 23, 2020.

G. "Project Report" refers to the HCD staff report presented to and approved by the Department's Internal Loan Committee. The Project Report sets forth the project criteria as approved by the Department at the time of the award of Program Loan funds. The information set forth in the project report may be amended only upon HCD's written approval.

EXHIBIT A

H. "Performance Milestones" refers to the development schedule and/or milestones proposed by the Sponsor at time of application and as set forth in the Project Report.

I. "Program" refers to the No Place Like Home Program (NPLH).

J. "Rental Housing Development" (the "Development") refers to the residential rental "Affordable Housing Development" described in the Application and meeting the criteria set forth in the Project Report providing the affordable housing units, as described therein, in consideration of the No Place Like Home Loan (the "NPLH Loan"). The Rental Housing Development shall meet all criteria as set forth in the Guidelines.

K. "TCAC" refers to the California Tax Credit Allocation Committee.

L. Any reference to a specific "Section" or "section" of the Guidelines shall initially refer to that specific numbered section of the Guidelines adopted on and dated October 23, 2020. Notwithstanding, if and when the Department amends any portion of the Guidelines, all references herein to any such portion of the Guidelines shall be deemed to refer to the updated version of the Guidelines, either in whole or in part, as may be applicable. To the extent that any Guidelines section or sections (Section or Sections) provision is or are amended, and thereafter receive(s) a new Guidelines section number(s), any reference herein to the old Guidelines section(s) number(s) shall be interpreted to refer instead to the Guidelines section(s) that is (or are) intended to replace the content and substance of the former Guidelines section(s).

4. Scope of Work

The Scope of Work ("Work") for this Agreement shall consist of the development and construction of the Development identified in the Award Letter. The Development is to be developed and constructed by the Sponsor, or by a developer on behalf of the Sponsor, as provided in the Application and shall meet the criteria set forth in the Project Report.

Further, the Sponsor shall take such actions, pay such expenses, and do all things necessary to complete the Development as identified in the Award Letter and described in the Project Report in accordance with the schedule for completion set forth therein and the terms and conditions of this Agreement.

EXHIBIT A

All written materials or alterations submitted as addenda to the original Application and the Project Report, and which are approved in writing by a Division of Financial Assistance Program Manager or higher Department official, as appropriate, are part of the Application and are hereby incorporated as part of the Agreement.

HCD reserves the right to review and approve all Work to be performed by the Sponsor in relation to this Agreement. Any proposed revision of the Work must be submitted in writing for review and approval by HCD. Any approval shall not be presumed unless such approval is made by HCD in writing.

5. Evidence of Point Generating Activities

Based on the points awarded to its Application, Sponsor assures the Department of the existence or planned aspects of all point generating activities as detailed in the Project Report.

At the request of the Department, Sponsor shall provide further and additional evidence sufficient to demonstrate the existence and/or completion of the items for which the Sponsor's Application received points. Failure to provide such evidence to the reasonable satisfaction of the Department may result in a reevaluation of the Application and the reduction or cancellation of the award, require repayments of any disbursed Program funds, and result in the disencumbrance of Program funds awarded.

6. Special Conditions

Sponsor shall ensure the completion of the special conditions (if any) set forth in the Project Report and in Exhibit E of this Agreement (if any), by the designated dates. Sponsor may apply to the Department for an extension on any timelines based on good cause shown and best efforts and assurances from the Sponsor for timely completion of the remaining any such special conditions.

EXHIBIT A

7. State Coordinator

The coordinator of this Agreement for the state is the Program Manager for the No Place Like Home, Division of Financial Assistance. Any notice, report, or other communication required by this Agreement shall be mailed by first class mail to the State Program Manager at the following address:

Department of Housing and Community Development
Division of Financial Assistance – NOFA Unit
P.O. Box 952054
Sacramento, California 94252-2054

8. Contract Coordinator(s)

The Sponsor(s) Contract Coordinator for this Agreement is listed below. Unless otherwise informed, any notice, report, or other communication required by this Agreement shall be mailed by first class or emailed to the contact at the following address:

Ultimate Borrower:	Red Bluff PV Partners LP
Name: Authorized Signer 1	Danavon L. Horn, President
Address:	100 Pacifica, Suite 203 Irvine, CA 92618
Phone No.:	949-878-9399
Email Address:	dhorn@palmcommunities.com
Name: Authorized Signer 2	Erna Friedeberg, MPA Executive Director
Address:	2400 Washington Ave, Redding, CA 96001
Phone No.:	530-345-1600
Email Address:	efriedeberg@nvcss.org

EXHIBIT A

Sponsor:	Palm Communities
Name:	Danavon L Horn
Address:	100 Pacifica Suite 203 Irvine, CA 92618
Phone No.:	(949) 878-9399
Email Address:	dhorn@palmcommunities.com

County Applicant:	County of Tehama
Name:	Jayme S Bottke
Address:	P.O. Box 400, Red Bluff, CA 96080
Phone No.:	(530) 527-8491 ext. 3166
Email Address:	jayme.bottke@tchsa.net

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. Terms of Award

A. Principal Amount

The principal amount of the Award shall be the lesser of:

1) the principal amount as stated in the Application; or,

2) the amount later approved by the Department as consistent with the requirements of the Guidelines.

B. Interest and Payment

The portion of the Award provided as a Loan shall bear interest at the rate and be payable as provided in section 200 of the Guidelines and under the terms of the Department's promissory note to be executed at loan closing. The Loan may not be prepaid without the prior written consent of the Department.

2. Invoicing and Payment

A. All loan proceeds used to finance capital costs of Assisted Units in the Development (the "Permanent Loan Proceeds") shall be disbursed through an independent escrow/title company. The Department shall prepare and submit instructions to the escrow holder, detailing the requirements for the release of Loan proceeds to the Borrower. The Permanent Loan Proceeds do not include funds awarded for a Capital Operating Subsidy Reserve (COSR) pursuant to Guidelines section 209.

B. The Permanent Loan Proceeds shall be released through escrow upon the Sponsor's, or its assignee's, submittal of the Request for Funds form and the satisfaction of the terms of the award letter and this Agreement. HCD reserves the right to retain 10 percent of the approved loan proceeds pending receipt and acceptance of the cost audit and any remaining loan closing checklist items.

C. COSR proceeds, if awarded, will be held by the Department, and disbursed annually pursuant to Guidelines section 209.

EXHIBIT D

NPLH PROGRAM GENERAL TERMS AND CONDITIONS

1. Effective Date, Commencement of Work and Completion Dates

This Agreement is effective upon approval by all parties and the Department, which is evidenced by the date signed by the Department on page one, Standard Agreement, STD 213 (the "Effective Date"). The Sponsor agrees that the Work shall be completed as specified in this Agreement, the Project Report, incorporated herein by reference, and subject to the Agreement expiration date specified on page 1, number 2, of this Agreement (STD 213), unless a written request for an extension is submitted and written approval by the Department, is provided within 90 days prior to the termination date of the Agreement. Any extension to the termination date shall require an amendment to this Agreement executed by all parties.

Construction Loan Closing Deadline: Per Section 200(h) of the Guidelines, the construction loan closing shall occur no later than thirty-six (36) months from the date of the Department's award letter [June 28, 2022].

Permanent Loan Closing Deadline: Per Section 200(i), the permanent loan closing shall occur no later than seventy-two (72) months from the date of the Department's award letter [June 28, 2022].

The Department may extend the deadlines above a total of up to twenty-four (24) months in the aggregate where it is clear to the Department, that granting an extension will enable the Project to start construction or achieve ninety (90) percent occupancy of the Assisted Units.

2. Termination

The Department may terminate this Agreement at any time for cause by giving at least 14 days' notice in writing to the Sponsor. Cause shall consist of violations by the Sponsor of any terms and/or special conditions of this Agreement, including but not limited to:

A. Failure of the Loan to close on or before the Loan closing deadline as stated under "Timing" in these General Conditions.

EXHIBIT D

B. Failure of the Sponsor to satisfy in a timely manner each of the conditions set forth in these General Conditions, Special Conditions set forth in Exhibit E of this Agreement and the award letter.

C. Determination by the Department that: (a) any material fact or representation made or furnished to the Department by the Sponsor in connection with the Application, or the award letter have been untrue or misleading at the time that such fact or representation was made known to the Department, or subsequently becomes untrue, or (b) the Sponsor shall have concealed any material fact from the Department related to the Application or the Development.

D. Filing a petition by Sponsor, or any affiliate or general partner of Sponsor, for relief under the Bankruptcy Code; the filing of any pleading or an answer by Sponsor, or any general partner of Sponsor, in any involuntary proceeding under the Bankruptcy Code; a general assignment by Sponsor, or any affiliate or general partner of Sponsor, for the benefit of creditors; or the filing of an application for the appointment of a receiver, trustee, custodian or liquidator of Sponsor or any of its property, or any affiliate or general partner of Sponsor or any of its property.

E. Failure of Sponsor, or any general partner of Sponsor, to effect a full dismissal of any involuntary petition under the Bankruptcy Code that is filed against Sponsor, or any general partner of Sponsor, or in any way restrains or limits Sponsor, or any general partner of Sponsor, or the Department regarding the Loan or the Development, prior to the earlier of the entry of any court order granting relief sought in such involuntary petition, or (30) thirty days after the date of filing of such involuntary petition.

F. Attachment, levy, execution, or other judicial seizure of any portion of the Development, or any substantial portion of the other assets of Sponsor, or any general partner of Sponsor, that is not released, expunged, bonded, discharged, or dismissed within (30) thirty days after the attachment, levy, execution, or seizure.

G. Pendency of any proceeding challenging the legal existence or authority of Sponsor, or any general partner of Sponsor, or any proceeding challenging the legality of the Development.

EXHIBIT D

H. Failure of Sponsor to close the Department approved construction financing on or before the date indicated under “Timing” in these General Conditions. Any reference in this Agreement to "construction" shall include rehabilitation construction, if applicable.

3. Timing

A. The Sponsor shall close the construction financing approved by the Department and commence construction of the Development in accordance with the development schedule set forth in the Project Report. Upon the Department’s request, the Sponsor shall promptly provide evidence of recorded deeds of trust for all construction financing, payment of all construction lender fees, issuance of building permits (a grading permit does not suffice to meet this requirement) and notice to proceed delivered to the contractor. If no construction lender is involved, and the project is receiving low-income housing tax credits, evidence must be submitted that the equity partner has been admitted to the ownership entity, and that an initial disbursement of funds has occurred.

B. This Agreement shall expire on date specified on page 1, number 2, of this Agreement (STD 213).

4. Disputes

Applicable law, including the Department’s and the Program’s statutes, rules, regulations, and Guidelines shall apply and be enforced in the event of any conflict that becomes apparent to the Department at any time, notwithstanding the Department’s preliminary prior review of Project documentation at the time of construction loan closing.

5. Consent

The parties agree that wherever the consent or approval of the Department or the Sponsor is required under this Agreement, such consent or approval will not be unreasonably withheld or delayed, unless the same is specified as being in that party’s sole discretion or other words of similar import.

EXHIBIT D

PRE-CONSTRUCTION LOAN REQUIREMENTS

Unless otherwise approved in writing by the Department, the following conditions require compliance prior to the close of the construction loan(s) for the Development (construction loan includes a rehabilitation loan):

6. Site Control

The Sponsor shall have 100% control of the land at time of application and through permanent loan closing, and such control shall not be contingent on the approval of any other party. The status and nature of the Sponsor's title and interest in the property shall be subject to the Department's approval. Site control may be evidenced by one of the following:

A. Fee title;

B. A leasehold interest on the project property with provisions that enable the lessee to make improvements on and encumber the property provided that the terms and conditions of any proposed lease shall permit compliance, prior to loan closing, with all Program requirements;

C. An enforceable option to purchase or lease which shall extend through the anticipated date of the Program award as specified in the NOFA;

D. An executed disposition and development agreement right of way, or irrevocable offer of dedication to a Public Agency;

E. An executed encroachment permit for construction of improvements or facilities within the public right of way or on public land;

F. An executed agreement with a public agency that gives the Sponsor exclusive rights to negotiate with that agency for acquisition of the site, provided that the major terms of the acquisition have been agreed to by both parties; or

G. A land sales contract or other enforceable agreement for the acquisition of the property.

H. Other forms of site control that give the Department assurance (equivalent to A-G above) that the applicant or developer will be able to complete the Project

EXHIBIT D

and all housing designated in the application in a timely manner and in accordance with all the requirements of the Program.

If the Sponsor's interest in the property is a leasehold, the lease must provide adequate security for the Program Loan and comply with the requirements of the Uniform Multifamily Regulations ("UMR"), Section 8316. The Sponsor shall provide a copy of the ground lease for the Department's approval and review of its compliance with UMR Section 8316. The lessor and lessee will be required to sign the Department's standard form Lease Rider and Estoppel Agreement, unless the lessor agrees to sign the Program Loan documents as required by the Department and encumber all its interest in the Development. Where the lessee and the lessor are affiliated or related private parties, both the lessee and the lessor must execute the Program Loan documents so as to encumber both the leasehold and fee interests in the Development.

7. Title Report

The Sponsor shall provide a current title report for the real property on which the Development is located. If the Sponsor's interest in the property is leasehold, then the Sponsor shall provide a current title report for the leasehold interest and the fee interest.

8. Site Inspection

The Department reserves the right, upon reasonable notice, to inspect the Development site and any structures or other improvements thereon to determine whether the Development site meets the requirements of the Program Guidelines and the criteria set forth in the Project Report. If the Department reasonably determines that the site is not acceptable for the proposed Development in accordance with the Guidelines, the Department reserves the right to rescind the Award and the Loan.

9. Adaptability and Accessibility

The Sponsor and the Development shall comply with all applicable federal, state, and local laws regarding adaptability and accessibility in the design, construction and rehabilitation of residential projects for persons with disabilities. In addition, NPLH projects shall comply with the accessibility requirements referenced in Section 213 (b) of the Program Guidelines.

EXHIBIT D

10. Physical Needs Assessment

If the Development involves rehabilitation of existing units, the Sponsor shall provide a post-rehabilitation physical needs assessment acceptable to the Department, in accordance with instructions provided by the Department.

11. Reserve Study

Upon request by the Department, Sponsor shall provide an independent, third-party replacement reserve study acceptable to the Department.

12. Development Budget

Unless otherwise approved in writing by the Department, prior to the close of any construction financing, the Sponsor shall provide to the Department for its review and approval, a copy of the construction lender(s)' approved development budget.

13. Reasonable Development Costs

Sponsor shall provide to the Department evidence that total development costs are reasonable and necessary for the proposed improvements. To verify cost reasonableness, the Department may require qualified third-party verification of costs, evidence of the competitive bidding of major trades and real estate appraisals. Where the Development is a component of a larger development, the Sponsor shall submit to the Department for its approval, a development cost sharing breakdown for the entire development which covers all development costs for each of the individual components of the entire development and includes a discrete development budget for the Development consistent with the budget in the Application and Project Report. Eligible costs for Developments are limited to costs as specified in Guideline Section 200(a) and (b).

14. Cost Savings

If, upon completion of the Development, the total development funding sources exceed the total development costs, the Department will share costs in accordance with UMR Section 8313.1.

EXHIBIT D

15. Sponsor Control of Development

Sponsor shall provide evidence satisfactory to the Department that the Sponsor identified in the Application and who demonstrated the requisite experience, pursuant to Section 202 of the Guidelines, in the application process, has and will retain full control over the development, construction, ownership and management of the Development through control of the borrowing entity by the Sponsor either directly as Borrower, or as a managing general partner of Borrower, or as the member/manager of the general partner of the Borrower. At a minimum, the sponsor-controlled general partner must solely perform the substantial management duties identified in Board of Equalization Rule 140.1(a)(10) as items (A), (H), (I) and (K).

The same control requirement applies to any Borrower organized as a limited liability company. The failure to demonstrate the requisite control of the borrowing entity by the Sponsor may result in significant delay in the processing, or potentially the cancellation, of the Program Loan. The Sponsor which demonstrated the requisite experience of owning and developing affordable rental housing, shall execute the Department's Sponsor Operating Guaranty to ensure that the Sponsor has the resources and experience to develop, own and manage the Development. The organizational structure of the Borrower, including the control and ownership by the Sponsor or Sponsors, and any changes thereto, must be reviewed and approved by the Department and must comply with all Program requirements.

16. Limited Partnership Agreement (LPA)

If the Borrower is a limited partnership, the Department neither approves nor disapproves the LPA, but may require changes, if necessary to ensure, among other Program requirements, appropriate sponsor control, and that the term of the LPA is equal to or greater than the term of the Department’s loan documents. In the event of any conflict between the LPA and the Department’s loan documents and regulations, the Department’s loan documents, Guidelines, and applicable statutes and regulations shall control.

17. Relocation Plan

If there is or will be any residential or commercial displacement directly or indirectly caused by the Development, the Sponsor shall provide a relocation plan conforming to the requirements of State laws and the regulations adopted by the Department in California Code of Regulations, Title 25, Section 6000 et seq prior to the beginning of construction or any displacement (whichever is sooner). The Development budget

EXHIBIT D

shall contain sufficient funds to pay all costs of relocation benefits and assistance as set forth in the relocation plan approved by the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements.

18. Architect Contract

The Sponsor shall enter into a contract with an architect to provide professional services for the Development. The contract shall require an architect to supervise the construction work, conduct periodic site visits, prepare periodic inspection reports, verify the validity of the construction contractor's payment requests, prepare or review change orders, and, upon completion of construction, provide the certification described in paragraph 31 of these General Conditions.

19. Appraisals

If the property for the Development is being purchased, the Sponsor shall provide an appraisal acceptable to the Department of the as-is value of the property, prepared by a qualified, licensed appraiser who is approved by or otherwise acceptable to the Department.

20. Non-Department Financing

The Sponsor shall qualify for and obtain the financial assistance, loans and grants described in the Application for both the construction and permanent periods. Final terms and conditions of the non-Department financing must substantially conform to the terms and conditions of the Sponsor's Program Loan Application. The terms and conditions of all financing shall be subject to the Department's review and approval.

21. Senior Loan Terms and Disclosures

The terms of loan(s) in a lien position senior to the Program Loan must comply with all the underwriting standards of UMR Sections 8310 and 8315, as may be modified by the Program Guidelines.

No subordination may limit the Department's remedies and must comply with UMR Section 8315.

EXHIBIT D

Balloon payments are not allowed on senior debt, except as provided pursuant to UMR section 8310. Senior loans are prohibited from including call option language in the terms of the loan other than is reasonable in case of default, nor may Sponsor be required to remarket Bonds prior to expiration of the senior loan. Financial instruments on senior loans (including but not limited to swaps, collars, and interest rate hedges) must extend for the full term of the senior loan and cannot be required to be renewed or extended prior to the end of the full term.

Sponsors must obtain an interest rate cap on any interest rate that is not fixed for the full term of the senior loan. The interest rate at the cap must not jeopardize project feasibility. Interest rate resets, renewals, extensions of letters of credit, or other senior loan provisions, must not require the Sponsor to re-qualify.

All payments, lender fees, bond fees, issuer fees, trustee fees, letter of credit fees, swaps fees, hedge fees, enhancement fees, credit facility and liquidity fees, and other fees, charges, and costs, in addition to principal and interest payments, must be fully disclosed to the Department in the loan closing transaction summary and in the operating budget.

The Department's lien shall not be subordinated to the liens of a lender affiliated with an entity that has an ownership interest in the Project unless a covenant, regulatory agreement, or similar instrument is recorded senior to the lender's documents that includes the provisions of UMR Section 8310(f), as may be modified by the Program Guidelines.

22. Environmental Conditions

The Sponsor shall provide a Phase I Environmental Site Assessment ("ESA") for the Development, in conformance with ASTM Standard Practice E 1527, evaluating whether the Development is affected by any recognized environmental conditions. In the event the Phase I ESA indicates evidence of recognized environmental conditions and the Sponsor desires to proceed with the Development, the Sponsor shall provide the Department with a Phase II report and such further reports as required by the Department in a form acceptable to the Department. Any remediation work to be performed shall be subject to Department approval. The Sponsor shall also provide an asbestos assessment and a lead-based paint report for the Department's approval if the Development involves rehabilitation or demolition of existing improvements.

EXHIBIT D

23. Article XXXIV

All Projects shall comply with Article XXXIV, Section 1 of the California Constitution ("Article XXXIV"), as clarified by the Public Housing Election Implementation Law (Health & Safety Code, §§ 37000 – 37002). Prior to the award of funds by the Department, the Sponsor shall submit documentation which shows, to the Department's satisfaction, that the Project complies with or is exempt from Article XXXIV.

CONSTRUCTION PHASE REQUIREMENTS

24. Construction Phase Information

If requested by the Department, the Sponsor shall provide the Department information during the construction period including but not limited to all change orders and modifications to the construction documents, all inspection reports prepared by the Development architect and other consultants, and information relative to Development income, expenses, occupancy, relocation benefits and expenses, contracts, operations, and conditions of the Development. Upon written notice to Sponsor, Department may require its advance written approval of all future change orders and modifications. Deviations from the plans and specifications which have the effect of reducing the quality, life or utility of a specified item or system must receive the prior written approval of the Department. Should change orders be submitted to the Department for its approval, they shall be deemed accepted if not rejected in writing within (10) ten business days of receipt by the Department. Sponsor shall not authorize or approve any change orders rejected by the Department.

25. Inspection

The Department and any authorized representative of the Department shall have the right, during construction and thereafter, to enter upon and inspect the construction of the Development. Such right to inspect shall include, but shall not be limited to, the right to inspect all work done, all materials and equipment used or to be used, and all books and records, including payroll records, maintained in connection with the construction work. Such right of inspection shall be exercised in a reasonable manner.

EXHIBIT D

The Department shall have no affirmative duty to inspect the Development and shall incur no liability for failing to do so. Once having undertaken any inspection, neither the Department, nor any representative of the Department shall incur any liability for failing to make any such inspection properly, or for failing to complete any such inspection. The fact that such inspection may or may not have occurred shall not relieve the Sponsor, the contractor, the construction lender, the architect, the structural engineer, the locality, or anyone else of any obligation to inspect the Development.

26. Updated Information

Sponsor shall provide the Department updated documentation for any change in the information previously provided relating to the Program Award, including updated sources and uses and income information. All changes shall be subject to Department approval. However, if the Development is changed in any way as to make it ineligible under the Guidelines, then the Program Award commitment will be cancelled, and all Program funds awarded to the Sponsor shall be disencumbered.

27. Evidence of Existence of Application Selection Criteria

Upon request, Sponsor shall provide to the Department evidence of the existence of the amenities, services, improvements, features and characteristics of the Development which were included in the Application and as set forth in the Project Report and awarded points under Section 205 of the Guidelines in the Department's rating of the Application.

28. Signage

Sponsor shall place signs on the construction site for the Work stating that the Department is providing financing through the NPLH Program in an appropriate location(s), typeface and size containing the following message:

Palm Villas at Red Bluff

THIS PROJECT HAS BEEN MADE POSSIBLE
BY FINANCING FROM
NO PLACE LIKE HOME PROGRAM
THROUGH THE
CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

EXHIBIT D

The sign shall be maintained in a prominent location visible and legible to the public through construction completion. If the job sign includes the acknowledgment and/or logo of one or more other public lenders, the Department acknowledgment and logo shall also be displayed in a similar size and layout. Copies of the Department logo can be obtained by contacting the Department Contract Manager.

Upon installation of the sign, the Sponsor shall submit a digital photograph thereof to the Department to verify compliance with these signage requirements.

29. Photographs

The Sponsor will provide the Department, upon request, with copies of any photographs that may be taken of the Development by or on behalf of the Sponsor or the Development's architect. The Sponsor will provide an acceptable written consent and release agreement authorizing use of said photographs, all at no expense to the Department.

COMPLETION OF CONSTRUCTION

30. Relocation Plan Implementation Report

90 days prior to construction loan close or prior to any displacement, whichever is sooner, the Sponsor must comply with applicable local, state, and federal relocation requirements of Government Code section 7260 et seq. and California Code of Regulations, title 25, section 6000 et seq. including a relocation plan (if necessary) approved by the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements (90) ninety days prior to construction loan close or prior to any displacement, whichever is sooner. The Sponsor shall provide a report, in a form acceptable to the Department, summarizing the actions taken and identifying all Sponsors of relocation assistance and benefits, and the amounts paid, and benefits provided, to or on behalf of each Sponsor.

EXHIBIT D

31. Architect Certification

Where required by the Department, the Sponsor shall cause the Development architect(s) or other appropriate professional to certify to the Department, in form acceptable to the Department, that all construction is completed in accordance with the "as-built" plans and specifications and in compliance with all applicable federal, state, and local laws relating to disabled accessibility.

32. Cost Certification

At the request of the Department, the Sponsor shall submit a Development cost certification audited by an independent certified public accountant in accordance with the requirements of the Department and TCAC, if applicable. The Sponsor (and the developer or builder if there is an identity of interest with the Sponsor) shall keep and maintain records of all construction costs not representing work done under the construction contract and to make such records available for review by the Department.

33. Recorded Notice of Completion

The Sponsor shall provide to the Department a certified copy of any Notice of Completion for the Development recorded in the county in which the Development is located.

PROGRAM LOAN CLOSING REQUIREMENTS

The Department shall not be obligated to close or fund the Program Loan unless the Sponsor has complied with and satisfied all the terms and conditions of the Guidelines, the NOFA, this Agreement, representations made in the Application and the criteria set forth in the Project Report, all in a manner satisfactory to the Department in its sole discretion, on or before the earlier of the Program Loan Closing, the Program Loan closing deadline or such earlier time, all as indicated herein.

34. Development Construction

The Development shall be constructed in compliance with the plans and specifications, subject to any change order(s) accepted by the Department where such acceptance is required.

EXHIBIT D

35. Title Insurance

The Sponsor shall provide an updated title report and an ALTA As-Built Survey acceptable to the Department. The Sponsor shall provide a pro forma ALTA lender's policy of title insurance if requested by Department. The Sponsor shall ensure the issuance to the Department of an ALTA lender's policy of title insurance. The condition of title, insurer, liability amount, form of policy and endorsements shall be subject to the approval of the Department. Such endorsements shall include, but not be limited to a CLTA endorsement 100, and may include, but shall not be limited to, CLTA endorsements 105, 110.9 and 116 (modified for apartments). The policy shall insure that the Sponsor holds good and marketable fee simple title (or leasehold, if approved by Department) and that the Department holds a fee mortgage (or leasehold) lien on the Development, free and clear of all encumbrances, encroachments, other interests, and exceptions to title other than as shall have been previously approved in writing by the Department. The Department's Deed of Trust and Regulatory Agreement and the other loans indicated under "Permanent Funding" in the Application shall have the lien priority as indicated in the Application.

36. Sponsor's Status

The Sponsor shall provide the Department with copies of all organizational documents, including but not limited to, partnership agreements, operating agreements, corporate documents, and related documents and agreements, as required by the Department. As of the date of the Program Loan closing, the Sponsor and Borrower shall be a duly organized and validly existing limited or general partnership, corporation, limited liability company, nonprofit public benefit corporation, or other valid legal entity under California law. The Sponsor or Sponsor-controlled Borrower has and shall have the authority to enter into the Program Loan and related loan documents.

37. Prevailing Wage Compliance

Where applicable, prevailing wage rates shall be paid with respect to the construction work, as the term is defined in the Standard Agreement, performed in connection with the Development. Prior to closing the Program Loan, a certificate signed by the general contractor(s) and the Sponsor is required, certifying that prevailing wages have been, or will be, paid in conformance with Labor Code Section 1720 et seq., and that labor records shall be maintained and made available to any enforcement agency upon request.

EXHIBIT D

38. Insurance

The Sponsor shall obtain and maintain for the term of the Program Loan hazard and liability insurance for the Development in accordance with the Department's requirements, including flood insurance if applicable. The Department shall be named as a loss payee or an additional insured on all such policies. Such policies also shall provide for notice to the Department in the event of any lapse of coverage and in the event of any claim thereunder. The Sponsor shall provide evidence satisfactory to the Department of compliance with these insurance requirements.

39. Program Loan and Grant Documents

The Sponsor shall enter into this Standard Agreement with the Department, which shall govern the encumbrance by the Department of the funds to be used to fund the Program Award. In addition, the Sponsor shall enter into a Regulatory Agreement(s) with the Department, governing certain matters related to the use, operation, and occupancy of the Development, including, but not limited to, the imposition of certain low-income occupancy requirements, regulation of rents on the low-income units, audits and other financial controls and reserve requirements, management oversight by the Department, compliance with federal and state laws, and other Department requirements. In addition to the Regulatory Agreement(s), the loan shall be evidenced by a Promissory Note and secured by a Deed of Trust. The Regulatory Agreement shall be recorded prior to the Department's Deed of Trust. Finally, any award of the COSR shall be evidenced by a COSRA, which performance of the covenants and conditions thereof shall be secured by the Deed of Trust. The Sponsor shall execute and enter into additional agreements and documents, as the Department may deem reasonable and necessary to meet the NPLH requirements and the terms and conditions of this Agreement. The Sponsor and any affiliate of the Sponsor which demonstrated the requisite experience of owning and developing affordable rental housing, shall execute the Department's Sponsor Operating Guaranty to ensure that the Sponsor has the resources and experience to develop, own and manage the Development.

40. Restrictions on Transfer and Change of Ownership

The Sponsor shall not, without the prior written approval of the Department: a) sell, transfer, convey, encumber, hypothecate or pledge any of the Development or the Development property, or any portion or interest in either of them; b) discharge or replace any general or managing partner if Sponsor is a partnership, or amend, modify or add to its partnership agreement except that the Sponsor may sell or

EXHIBIT D

transfer limited partnership interests without the Department's approval; c) if Sponsor is a limited liability company: change the manager(s), amend, modify or add to its operating agreement or management structure; d) wind up, liquidate or dissolve its affairs or enter into any transaction of merger or consolidation; or e) change the organizational structure of the Sponsor. Other requirements governing sales, transfers, and encumbrances in Section 216 of the Program Guidelines must also be satisfied.

41. Rental Subsidy Contract

The Sponsor shall provide the Department with complete copies of all contracts and amendments thereto, regarding rental subsidies to be provided to tenants residing in the Development.

42. Substitution of Rent or Social Service Subsidy

Sponsor may substitute a source of funding equivalent to the original rent or social service subsidy. The amount, terms, and conditions of the new source of funding must provide an equivalent or greater level of subsidy to the project, acceptable to the Department.

43. Final Certificate of Occupancy

The Sponsor shall provide a final certificate of occupancy (or an equivalent form of occupancy certification or approval) issued by the local agency having jurisdiction over such certificates.

44. Environmental Conditions Remedial Work

All remedial work on recognized environmental conditions shall be completed prior to loan. closing. The Sponsor shall provide the Department with an environmental update/operations and maintenance plan if remedial work was required with evidence of lead-based paint and/or asbestos-containing materials remediation if applicable.

EXHIBIT D

45. Reserve Accounts

The Sponsor shall establish and maintain reserve accounts as required by the Department and as further described in the Regulatory Agreement. All withdrawals shall require prior written approval from the Department, as provided in the Regulatory Agreement.

46. Operating Reserve Account

The Sponsor shall fund an operating reserve account in accordance with Section 8308 of the UMRs and subject to the requirements thereof. The specific amount of the Operating Reserve Account shall be set forth in the Regulatory Agreement.

47. Replacement Reserve Account

The Sponsor shall establish a replacement reserve account in accordance with Section 8309 of the UMRs. The replacement reserve account shall be funded by monthly deposits from operating income, or a combination of operating income and development sources as indicated in the Regulatory Agreement. The amount of the monthly deposits may be adjusted, as determined by the Department, in its sole discretion, based on reserve studies performed by an independent third party at the Sponsor's expense as requested by the Department or as based on other reliable indicators of future reserve needs.

48. Capitalized Reserve Accounts

If Program funds are used to fund a reserve account, the Department shall disburse such funds in a manner to ensure the proper funding of the reserve. The proceeds of the Program Award may be used to capitalize only the operating reserve accounts and, in an amount, required by UMRs Sections 8308 and Section 209 of the Guidelines. Proceeds of the Program Award may not be used to capitalize rental subsidy reserves, except as authorized in accordance with the above-mentioned sections.

All reserves capitalized under Section 209 of the Guidelines shall be provided by the Department in the form of a grant and shall be evidenced by a COSRA, which shall be secured by a deed of trust recorded against the real property of the housing development in favor of the Department, for the purpose of securing performance of the covenants and conditions of (among other Program documents) the COSRA.

EXHIBIT D

The lien will continue for the entire duration of the COSRA and shall be subject to the provisions of Section 209 and other applicable provisions of the Guidelines. The security for the grant agreement will be recorded junior only to such liens, encumbrances, and other matters of record approved by the Department and shall secure the Department's financial interest in the Project and the performance of the Applicant's Program obligations.

49. CalHFA and HUD Funded Projects

Projects subject to the HUD Section 811 and 202 programs or receiving a permanent loan from CalHFA shall not be subject to Program reserve requirements during the time such projects are regulated by HUD or CalHFA and the Sponsor complies with the applicable CalHFA or HUD reserve requirements.

50. Asset Management and Compliance Requirements

The Sponsor shall obtain the Loan Closing Checklist in the course of closing the NPLH loan, and must submit all documents required, for the Department's approval, including but not limited to the following (in a format provided or approved by the Department): a) a proposal for management agent with management agent's qualifications attached; b) a management contract; c) a management plan; d) a template residential tenant lease; e) an initial-year operating budget and Schedule of Rental Income (SRI); and f) property hazard and liability insurance in accordance with the then-current HCD Insurance Guidelines. Prior to close of the Program Loan, the Sponsor shall obtain the Department's review and approval of the above-mentioned items a) through f) and any additional documents required by the Department.

Furthermore, the Sponsor shall be provided links to HCD's Asset Management and Compliance webpage, which, in conjunction with the Regulatory Agreement, sets forth the obligations and requirements for the use, operation and occupancy of the Development, including but not limited to: annual reporting requirements which include but are not limited to budgets, SRIs, and supportive housing services plans; audit requirements; and other obligations as determined (and may be amended from time to time) by the Department and noted on the webpage.

51. Supportive Services

The County shall ensure that the supportive service requirements of Section 203 of the Program Guidelines are met. The County must provide mental health services

EXHIBIT D

and coordinate the provision of or referral to other supportive services, including but not limited to substance use treatment services, to NPLH tenants for a minimum of (20) twenty years. The County's obligations pursuant to this requirement shall begin when a Project receives its certificate of occupancy, or other evidence of Project completion for Projects already occupied.

52. Tenant Referrals, Affirmative Fair Housing Marketing Plan, and Fair Housing Compliance

Sponsor shall be required to use their local homeless Coordinated Entry System, or other similar referral system for persons At-Risk of Chronic Homelessness, as set forth in Section 211 of the NPLH Guidelines and their Application. Sponsor shall develop and implement an affirmative fair housing marketing plan satisfactory to the Department. Appropriate aspects of the initial plan shall be incorporated into the ongoing management plan to ensure positive outreach and informational efforts to those who are least likely to know about and apply for assisted units in the Development. Sponsor is encouraged to refer to HUD's guidelines and other guidance for Affirmative Fair Housing Marketing Plans done with use of a Coordinated Entry System. Sponsor shall comply with all state and federal fair housing laws. At the Department's election, Sponsor must submit an attorney's opinion acceptable to the Department describing the intended occupancy restrictions and how they comply with the Unruh Civil Rights Act in the California Civil Code and the Fair Employment and Housing Act in the California Government Code. Occupancy restrictions must be carried out in a manner which does not violate state or federal fair housing laws. Any additional subpopulation targeting or occupancy preference for an NPLH Project beyond what is permitted under Section 206 of the Program Guidelines must be approved by the Department in writing prior to construction loan closing and must be consistent with federal and state fair housing requirements. The project integration requirements of Section 202 (e) of the Program Guidelines must also be satisfied.

Pursuant to Welfare and Institutions Code Section 5849.9 and Guidelines Section 211, Projects utilizing funds from a County's Noncompetitive Allocation shall prioritize persons with mental health supportive service needs who are Homeless or At-Risk of Chronic Homelessness.

EXHIBIT D

53. Identification of Elderly and Veteran Units

If applicable, Sponsor must submit a report that specifically identifies the number of units rented to the elderly. The report must also specifically identify the number of units rented to military veterans.

54. TCAC and Other Regulatory Agreements

The Sponsor shall provide the Department with a copy of the TCAC Regulatory Agreement if the Development budget includes tax credits and any other regulatory agreements pertaining to the Development.

55. Property Tax Exemption

Unless expressly waived in writing by the Department, Sponsor shall provide evidence of eligibility for property tax exemption for the Development and a copy of the tax exemption application to the local tax assessor(s).

56. Compliance with State and Federal Laws, Rules, Guidelines and Regulations

The Sponsor agrees to comply with all State and Federal laws, rules and regulations that pertain to construction, health and safety, labor, fair employment practices, equal opportunity, and all other matters applicable to the Development, the Sponsor, its Contractors or Subcontractors, and any loan activity.

57. Change of Conditions

The Department reserves the right to re-underwrite the Development based on new information or funding sources. Particular attention will be paid to the continued feasibility of the Development and the maintenance of the security position of the Program Loan. If the new information demonstrates a reduction or elimination of financing gap being addressed by the Program loan or grant, the Department will reduce the amount of the Award accordingly. If the Department has underwritten the Program Loan using CalHFA or HUD requirements and the Development subsequently does not utilize the CalHFA or HUD financing, the Program Loan will be re-underwritten by the Department using Program requirements. In the event the Department determines the Development is no longer financially feasible, the Award and any loan or grant commitment issued by the Department may be revoked.

EXHIBIT D

58. Investor Commitments

If the Development will be receiving an allocation of tax credits from TCAC, the Sponsor shall provide the Department with a copy of all tax credit investor commitments, including referenced financial projections and any amendments.

59. Restricted Units

All units designated in the Application approved by the Department as restricted units that are not also assisted units, shall be restricted on a long-term basis by a public agency at the income and rent levels shown in the Application. Similarly, all units designated in the Application as restricted units and that are not also assisted units, shall be restricted on a long-term basis by a public agency to the designated target population.

60. Asset Management Fees

Asset management, partnership management, and similar fees shall be in compliance with UMR Section 8314(a)(1)(B).

61. Sponsor Representations

A. Sponsor represents and warrants that as of the date of this Agreement, the Sponsor is a duly organized and validly existing entity under California law and the person signing this Agreement on behalf of Sponsor has the authority to act on behalf of and bind the Sponsor in accordance with the terms of this Agreement.

B. Sponsor represents and warrants that as of the date of the Program Loan closing, the Sponsor is a duly organized and validly existing limited partnership under California law and that such limited partnership will have the authority to enter into the Program Loan and related loan documents.

C. Sponsor further represents and warrants that as of the date of the Program Loan closing, the person(s) executing the Program Loan documents will have full authority to act on behalf of and bind the Sponsor in accordance with the terms of those documents.

EXHIBIT D

62. Survival of Obligations

The obligations of the Sponsor and any other entity designated to receive any COSR disbursements as set forth in this Agreement shall survive the Program Loan permanent closing, and these parties shall continue to cooperate with the Department and perform acts and provide documents as provided herein.

63. Litigation

If any provision of this Agreement, or an underlying obligation, is held invalid by a court of competent jurisdiction, such invalidity, at the sole discretion of the Department, shall not affect any other provisions of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are, and shall be, deemed severable. The Sponsor shall notify the Department immediately of any claim or action undertaken by or against it which affects or may affect this Agreement or the Department and shall take such action with respect to the claim or action as is consistent with the terms of this Agreement and the interests of the Department.

64. Obligations of Sponsor with Respect to Certain Third-Party Relationships

The Sponsor shall remain fully obligated under the provisions of this Agreement notwithstanding its designation of any third party or parties for the undertaking of all or any part of the Development with respect to which assistance is being provided under this Agreement. The Sponsor shall comply with all lawful requirements of the Department necessary to ensure the completion, occupancy and use of the Development in accordance with this Agreement.

65. Waivers

No waiver of any breach of this Agreement shall be held to be a waiver of any prior or subsequent breach. The failure of the Department to enforce at any time the provisions of this Agreement or to require at any time performance by the Sponsor of these provisions shall in no way be construed to be a waiver of such provisions nor to affect the validity of this Agreement or the right of the Department to enforce these provisions.

EXHIBIT D

66. Audit/Retention and Inspection

A. The Department, its representatives or employees, or its delegatee shall have the right to review, obtain, and copy all records pertaining to performance of the Agreement. Sponsor and any other entity designated to receive COSR disbursements shall provide the Department or its delegatee with any relevant information requested and shall permit the Department or its delegatee access to its premises, upon reasonable notice, during normal business hours for the purpose of interviewing employees and inspecting and copying such books, records, accounts, and other material. Sponsor and any other entity designated to receive COSR disbursements further agrees to maintain such records for a minimum period of four years after final payment under the Agreement, unless a longer period of records retention is stipulated.

B. At any time during the term of this Agreement, the Department may perform or cause to be performed a financial audit of any and all phases of the Development. At the Department's request, the Sponsor and any other entity designated to receive COSR disbursements shall provide, at its own expense, a financial audit prepared by a certified public accountant.

C. The audit shall be performed by a qualified State, Department, local or independent auditor. The Agreement for audit shall include a clause which permits access by the Department to the independent auditor's working papers.

D. If there are audit findings, the audited party(ies) shall submit a detailed response to the Department for each audit finding. The Department will review the response and, if it agrees with the response, the audit process ends, and the Department will notify the audited party(ies) in writing. If the Department is not in agreement, the audited party(ies) will be contacted in writing and will be informed as to the corrective actions required to cure any audit deficiencies. This action could include the repayment of disallowed costs or other remediation.

E. If so, directed by the Department upon termination of this Agreement, the Sponsor and any other entity designated to receive COSR disbursements shall cause all records, accounts, documentation, and all other materials relevant to this Agreement to be delivered to the Department as depository.

EXHIBIT D

67. Reporting Requirements

The County must satisfy the reporting requirements of Section 214 of the Program Guidelines as specified on forms provided by the Department. In addition, upon the Department's request, the Sponsor shall provide to the Department any and all necessary data that it is legally and factually able to provide that is required to be reported pursuant to the most recently adopted Program Guidelines.

68. Governing Law

This Agreement shall be construed with and be governed by the laws of the State of California. All references to codes refer to the California Codes.

EXHIBIT E

PROJECT-SPECIFIC PROVISIONS AND SPECIAL CONDITIONS

The following Special Conditions are applicable to this Standard Agreement:

1. Payee(s)

The authorized Payee(s) is/are as specified below:

Capital Loan Funds:

Competitive Amount: $2,314,665

Payee Name: Red Bluff PV Partners LP

COSR Grant Funds:

COSR Amount: $0.00

2. Special Condition(s)

1. The Sponsor who garnered the experience points at the application stage must be the Sponsor who controls the borrowing entity at construction, through permanent close of escrow, and into management and operation of the project. Organizational documents demonstrating that the experienced Sponsor has the authority to exercise control of the borrowing entity in compliance with Section 8301(s) of the Uniform Multifamily Regulations (UMR) must be submitted to the Department for review and approved by the Department prior to execution of the Standard Agreement.

2. Not less than 60 days prior to construction loan closing, the Applicant shall provide updated financial documents including, but not limited to the development budget, development sources and uses, schedule of rents and unit mix, operating budget and 15-year cash-flow analysis, which are acceptable to the Department and demonstrate compliance with all applicable Program regulations or guidelines and the Uniform Multifamily Regulations (UMR).

3. All proposed changes to the project, including but not limited to project financing, rents and unit mix, scope of work to be performed or Borrower's organizational structure must be submitted to and approved by the Department in writing.

EXHIBIT E

4. The Project has not fully satisfied all the NPLH Supportive Housing Project requirements specified in the NOFA and application. Prior to occupancy, the Sponsor shall submit for Department approval documentation, including, but not limited to, tenant selection procedures demonstrating compliance with UMR § 8305 and Housing First requirements as set forth in Welfare and Institutions Code § 8255(b) and documentation supporting supportive services plan sufficient to meet the needs of the target population.

5. Per Administrative Memo 2022-22 dated March 30, 2022, all projects have 24 months from the date of the NPLH award to close their construction loan. An extension, not to exceed six months, may be granted by the Director or his/her/their designee, at its sole discretion, only if the Sponsor has demonstrated to the Director or his/her/their designee's satisfaction that the failure was due to circumstances entirely outside the Sponsor's control and offers reasonable assurance that all financing can be secured within the extension period.

6. Article XXXIV. If additional NPLH funds are added or another program's funds are added to the project where there are more units added or stacking occurs, a brand-new Article XXXIV analysis is needed.

7. Relocation. Prior to construction loan close, the Sponsor must comply with applicable local, state and federal relocation requirements of Government Code section 7260 et seq. and California Code of Regulations, title 25, section 6000 et seq. including a relocation plan which shall be subject to the approval of the Department. Should a relocation plan not be required, Sponsor must provide documentation for Department approval that there are no relocation requirements.

8. Environmental. Prior to permanent loan conversion and before funding the NPLH Loan, the Sponsor must demonstrate to the satisfaction of the Department, that the environmental conditions described in NPLH Guidelines Section 202(j), have been satisfied.

9. Capacity to Contract. Contractor has the capacity and authority to fulfill the obligations required of it hereunder and nothing prohibits or restricts the right or ability of Contractor to carry out the terms hereof.

EXHIBIT E

10. Authority and Resolution. Each party executing this Agreement represents and warrants to the Department that it is authorized to execute this Agreement. Each individual executing this Agreement on behalf of the entity, other than an individual executing this Agreement on his or her own behalf, represents and warrants that he or she is authorized to execute and deliver this Agreement on behalf of such entity, and that such authority is evidenced by a duly authorized resolution or other written evidence of authority from the authorizing entity. Each party hereby agrees that in the event the resolution or entity authorization providing such authority is determined by the Department, in its sole discretion, as being legally insufficient or incomplete, then within thirty (30) calendar days of demand, such entity shall provide the Department with a new resolution which meets the Department's requirements. In the event such new resolution is not timely provided to the Department, the Department may declare this Agreement null and void, in which event all funds provided by the Department hereunder shall be immediately returned to the Department by the recipient(s).

11. The final executed limited partnership agreement shall ensure compliance with all Program statutes, regulations, and guidelines including appropriate terms establishing sponsor control. The revised final executed limited partnership agreement must be provided to the Department “no later than 90 days prior to permanent loan conversion” for review and approval.

TEHAMA COUNTY HEALTH SERVICES AGENCY

Mailing Address – PO Box 400, Red Bluff, CA 96080

VALERIE S. LUCERO
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE DIRECTOR
ADMINISTRATION

JAYME BOTTKE
ASSISTANT EXECUTIVE DIRECTOR
PROGRAM

RICHARD WICKENHEISER, MD
PUBLIC HEALTH OFFICER

ADMINISTRATIVE & FISCAL/DATA DIVISION
(530) 527-8491
FAX (530) 527-0240

CLINIC DIVISION
Vicky Reilly, Director
(530) 527-0350
FAX (530) 529-3881

DRUG & ALCOHOL DIVISION
(530) 527-7893
FAX (530) 527-0766

MENTAL HEALTH DIVISION
Betsy Gowan, LMFT
Director
(530) 527-5631
FAX (530) 527-0232
24-HOUR CRISIS UNIT
(530) 527-5637
FAX (530) 527-0249

PUBLIC HEALTH DIVISION
Minnie Sagar, MPH
Director
(530) 527-6824
FAX (530) 527-0362

CORNING OFFICE
(530) 824-4890
FAX (530) 824-8443

MEMORANDUM OF UNDERSTANDING
Between
Tehama County Health Services Agency
and
Rural Communities Housing Development Corporation (RCHDC)
for
Olive Grove Apartments
Corning, California

THIS MEMORANDUM OF UNDERSTANDING, hereinafter referred to as "MOU" or "Agreement," is made and entered into by and between the County of Tehama, a political subdivision of the State of California, through its Health Services Agency (hereinafter known as "County"), and Rural Communities Housing Development Corporation (RCHDC), which formed Olive Grove Associates LP, a California Limited Partnership (hereinafter known as the "Development Sponsor"). Property management will be provided by RCHDC. Together all the above entities shall be referred to hereafter as the "Parties."

WHEREAS, the Developer Sponsor proposes to develop Olive Grove Apartments a new construction, affordable housing development consisting of 32 one and two-bedroom units, and one-three-bedroom property manager's unit, at the corner of Highway 99W and Fig Lane, in the City of Corning, Tehama County. Fifteen one-bedroom units will be dedicated to house adults 18 years or older with serious mental health disabilities that are eligible under the Local Government Special Needs Housing Program (SNHP) and the No Place Like Home (NPLH) Program.

WHEREAS, the Local Government Special Needs Housing Program provides financing from the Mental Health Services Act and is administered by the California Housing Finance Agency, CalHFA, and the No Place Like Home Program (NPLH) is administered by the State Department of Housing and Community Development (HCD), both programs provide financing for the development of permanent supportive housing for individuals living with serious mental health disabilities who are homeless, chronically homeless, or at-risk of chronic homelessness. The supportive housing is required to be linked with supportive services. The services assist the tenant to retain housing, improve his or her health, and increase his or her self-sufficiency.

WHEREAS, the County, through its Department of Health Services Agency, administers the County of Tehama's SNPH and NPLH programs; and

WHEREAS, the County and Development Sponsor will seek approval from CalHFA and HCD to use capital funds for the development of permanent supportive housing; and

WHEREAS, the funding award will be made directly to the qualified Development Sponsor through agreements with CalHFA and HCD, the County shall commit to provide supportive services to SNHP and NPLH eligible residents for the term of the project loans (55 years); and

WHEREAS, CalHFA and HCD may request that any necessary updates to the supportive services plan or related documents, including fully executed written agreements between the

County, the Development Sponsor, and the Property Management, be provided prior to the beginning of the initial rent-up period or prior to the permanent loan closing.

NOW, THEREFORE, the Parties mutually agree as follows:

Section 1. Term

This MOU shall become effective upon the final execution and shall continue until the conclusion of the SNHP and NPLH permanent loans, (anticipated at fifty-five year terms), between the Development Sponsor and CalHFA and HCD, unless terminated early or extended, in whole or in part, to ensure that this MOU is in effect throughout the life of the permanent loans.

Section 2. Intent

The intention of this MOU is to outline the roles and responsibilities among all the Parties, including County, the Development Sponsor and Property Management, and for the Parties to coordinate their resources and efforts to provide permanent affordable housing to the SNHP and NPLH Housing Program target populations utilizing the supportive housing model. Supportive services are made available to SNHP and NPLH eligible residents who may benefit from such services, to help them maintain stable housing and/or achieve improvements in health, wellness, recovery, employment, income, socialization and quality of life.

Section 3. Guiding Principles

All Parties share the following common principals that will guide this housing project:

- All Parties shall work together, establish a foundation of trust and partnership, and provide seamless and high-quality services to each tenant, based on the tenant's individual needs.
- All Parties agree to provide permanent supportive housing that incorporates core Housing First Guidelines (CA Welfare and institutions Code, Section 8255).
- All mental health services shall be client-driven and coordinated with the needs and wishes of the tenant.
- On-site and off-site supportive services provided by the County will be available to SNHP and NPLH eligible tenants on a voluntary basis.
- Social Services Amenities provided by the Development Sponsor, linked with the Low-Income Housing Tax Credit program, will be available to tenants on a voluntary basis. A representative from RCHDC and/or contract provider will attend quarterly meetings for the duration of this service (*est. 15 years*).
- All Parties shall protect tenant privacy in the delivery of services.
- The supportive services shall include linkage to community services.
- The County shall organize and facilitate quarterly meetings with representatives from the Property Management to discuss emerging project issues.
- The Parties agree to establish key objectives regarding housing stability, increased skills or income, and self-determination as a means of evaluating the program. The key objectives may be reviewed at quarterly meetings, and whenever possible, will be assessed periodically for appropriateness.

Section 4. Scope of Services

A. Responsibilities of County: Lead Service Provider (LSP)-Tehama County Health Services Agency, Behavioral Health (TCHSA-BH).

1. <u>Tenant Referral, Outreach, Screening, and Communication.</u>

a. Upon notification by Property Management about upcoming vacancies, the County will access the Tehama County Continuum of Care's Coordinated Entry System (CES) community queue to refer the top three ranked eligible participants.

b. At the time of move-in, NPLH total household incomes shall not exceed the 30% Area Median Income limit as published by HCD.

c. Screen and document eligibility of a Serious Mental Disability by qualified mental health worker. Screening and documentation are to occur before applicants are approved to move into a SNHP and NPLH unit.

d. The County will work with referring agencies to document applicant's status of Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness as defined under the SNHP and NPLH Guidelines and incorporate procedures established by local Coordinated Entry System (CES). Documentation to occur before applicants are approved to move into a SNHP and NPLH unit.

e. Be responsible for monitoring the provisions of this MOU, including conducting quarterly administrative and programmatic collaborative meetings. These meetings will help to ensure that the Parties comply with this MOU, timely development of policies and procedures as issues emerge, and that units funded through the SNHP and NPLH Housing Programs are being fully utilized.

f. Ensure representatives from the County will participant in quarterly meetings with representatives of the Property Management, to discuss coordination of referrals, services, and vacancies. When needed, a Development Sponsor representative will attend meetings.

g. Provide Property Management with a list of County staff hours, schedules of when staff will be on-site, and ongoing supportive service events. Whenever possible, keep this list updated.

2. <u>Move-In and Ongoing Tenancy:</u>

a. Arrange for the provision of supportive services for the term of the SNHP and NPLH Permanent Loans.

b. Explain to new SNHP and NPLH tenants the roles and responsibilities of Property Management and the County. Obtain written permission from tenants, through a Release of Information form, for Property Management staff to contact the County should any behaviors occur that could place their housing in jeopardy (for example failure to pay tenant portion of rent or to follow terms and conditions of the lease or house rules).

c. At move-in, meet with tenants to provide an orientation of voluntary services that are available on-site and off-site, and to provide information about other community resources.

d. In collaboration with each SNHP and NPLH eligible tenant conduct a "needs assessment," and develop a recovery focused service plan. Supportive services may include, but are not limited, to the following:

- Mental Health Services
- Psychiatric Evaluations
- Case Management
- Physical Health Services
- Clinical Support
- Crisis Management
- Medication Support
- Linkage to Community-Based Services
- Nursing Support
- Substance Abuse
- Wellness and Recovery Action Planning (WRAP)
- Life Skills Training
- Peer Support
- Benefits Counseling
- Basic housing retention skills
- Educational Opportunities
- Employment/Vocational Services
- Budgeting & Financial Training
- Recreational and social activities
- Representative Payee Support
- 24/7 Consumer After-Hour Crisis Support

e. Conduct ongoing assessments/evaluations to monitor progress and provide appropriate interventions as needed. Update the SNHP and NPLH tenant's service plans at least annually.

f. Provide 24/7 response for crisis intervention, when needed, using various programs implemented by the County.

g. Coordinate and participate as needed (at least once a month) in case conferences with other members of the tenant's support team to discuss tenant's progress.

h. Collaborate with Property Management, weekly or as appropriate to ensure tenants obtain the support and services needed to maintain their housing.

3. Lease Violation Intervention/Eviction Prevention:

a. Act as a liaison between the Property Management and the tenant to facilitate the communication of concerns that could jeopardize a tenant's residency.

b. In collaboration with the tenant and Property Management, establish plans to help tenants obtain appropriate support and services they need to maintain their permanent housing in times of crisis.

c. Whenever possible, notify Property Management of any changes in the supportive services offered to tenants, and any changes and/or losses of funding that could affect availability of supportive services.

4. Reporting:

a. Meet all CalHFA (SNHP) and HCD (NPLH) outcomes reporting requirements.

b. In consultation with the Development Sponsor and Property Management collect, manage and submit data to demonstrate supportive service delivery and housing outcomes for SNHP and NPLH eligible tenants.

c. Collaborate with the Development Sponsor and Property Management to prepare and submit annual supportive services budget to CalHFA and HCD. The supportive services plan and budget may be amended from time to time between the County, CalHFA and HCD. The County will notify the Development Sponsor and Property Management of anticipated changes to plan and budget.

B. Responsibilities of Development Sponsor-Rural Communities Housing Development Corporation (RCHDC).

1. Development, Construction, and Property Management Contract:

a. Legally organize as Olive Grove Associates LP, a California Limited Partnership.

b. Have sole duties and responsibility for the successful development, operation and management of the project.

c. Ensure the design and construction of the project will meet ADA requirements for accessibility.

d. Comply with prevailing wage laws regarding the payment of prevailing wages, if required by the County, or other lenders. In addition to any other indemnification provision of this MOU, the Development Sponsor shall indemnify and hold County harmless from and defend County against any and all claims of liability for any failure by the Development Sponsor arising in part or in whole from its agents, contractors, or employees' failure to pay prevailing wages for work on the project or to comply with the duties proscribed by this section.

e. On an annual basis, execute a management contract with a bonded and licensed property management agent. The Development Sponsor shall ensure the management contract includes copies of the SNHP and NPLH Regulatory Agreements and are made a part of the contract.

f. The Development Sponsor will secure a Property Management contract with Rural Communities Housing Development's Property Management Department.

g. Monitor and provide oversight of Property Management and ensure compliance with applicable local, State, and Federal statutes and regulations governing Fair Housing and tenant's rights.

h. Provide a 30-day written notice to the County prior to change in property management. Any such change may need prior approval by the County, CalHFA, HCD, and other interested lenders. Please reference the SNHP and NPLH Regulatory Agreements.

2. Outreach, Application & Screening:

a. Dedicate fifteen (15) 1-bedroom units of the approximately 32 units to SNHP and NPLH eligible candidates of the County. The SNHP and NPLH units will be integrated and randomly mixed with non-SNHP and NPLH units within apartment complex. One three-bedroom unit will be available for the on-site property manager.

b. Develop Community Outreach and Marketing Plan for lease up of new affordable housing units. The Plan shall comply with applicable local, State and Federal Fair Housing regulations. This will include the incorporating the use of the Coordinated Entry System (CES) for SNHP and NPLH units for tenant referrals. Develop an on-site wait list for non-supportive housing units, which includes procedures to administer the wait list, and ongoing maintenance of the wait list.

c. Shall ensure Property Management provides written notice to County, if an applicant certified by County as eligible for SNHP and NPLH funded unit is denied tenancy.

3. Ongoing Tenancy:

a. Per provisions of the Low-Income Housing Tax Credit program, the Development Sponsor will provide on-site social services (service amenities), for a minimum period of 15 years, that enhance the County's supportive services to residents. Social services will include, but not limited, to the following:

- Service Coordinator and/or other Services Specialist
- Case Manager
- Finance/Budgeting Classes
- Income Tax Preparation
- Adult Education Classes
- Benefit/Entitlement Assistance
- Health and Wellness Services

b. Shall ensure Property Management notifies County staff, and local Coordinated Entry System Committee when new units under construction are placed into service and/or when vacancies occur in SNHP and NPLH funded units.

c. Develop and maintain a clear separation of responsibilities and duties between the Property Management and County.

d. Establish policies and procedures for resolving conflicts between Property Management and County when they cannot reach agreement on a course of action.

e. Comply with the necessary documentation and reporting requirements and guidelines as established by the County, CalHFA, HCD and other project lenders.

f. Whenever possible, assure regular training for on-site Property Management staff in advanced safety precautions, including first aid, crisis management, conflict de-escalation and other skills.

4. Communication and Reporting:

a. Provide on-site office space for County and community service agencies to conduct individual and confidential meetings with SNHP and NPLH tenants.

b. Cooperate with the County and Property Management to collect, manage and submit data for the SNHP and NPLH Housing Program Annual Self-Certification forms, to demonstrate supportive service delivery and housing outcomes for program eligible tenants.

c. Collaborate with County and Property Management to help SNHP and NPLH tenants resolve issues as they emerge. Whenever possible, have a representative attend quarterly administrative and programmatic meetings to ensure all Parties are in compliance with this MOU, and that SNHP and NPLH units funded through the SNHP and NPLH Housing Programs are being fully utilized.

d. Submit an annual audit prepared by a certified public accountant in accordance with commonly accepted accounting standards.

e. In consultation with County, Property Management to submit financial reports, annual operating budget, and an annual supportive services budget to CalHFA, HCD, and other project lenders.

C. Responsibilities of Property Management-Rural Communities Housing Development Corporation (RCHDC).

1. Outreach, Application and Screening:

a. The SNHP and NPLH Regulatory Agreements shall be made a part of the Property Management Contract.

b. Assist Development Sponsor to create the Community Outreach and Marketing Plans, and incorporate the Coordinated Entry System (CES) for lease up of the new SNHP and NPLH supportive housing units. All Plans shall comply with applicable local, State and Federal Fair Housing regulations. This will include the Coordinated Entry System, and development of an on-site wait list for non-supportive housing units, procedures to administer the wait list, and ongoing maintenance of the wait list.

c. Create admission, eviction, and appeals policies that are consistent with requirements established by Fair Housing laws, Housing First model, and regulatory agreements with all funding sources. These policies must include reasonable accommodations for the needs of the target population, particularly the needs of hard to serve individuals (i.e., individuals with histories of substance abuse as a co-occurring disorder, bad credit, behavior management issues and/or incarceration).

d. Work with County to have supportive service applicants sign an "Authorization of Release of Information" form to allow agencies to discuss their housing issues.

e. Document NPLH tenant total household income at the time of move-in shall not exceed 30% of the Area Median Income limit as published by HCD.

f. Assisted units shall be restricted to no more than the 30% Area Median Income Rent level or below as specified in the Project's NPLH Regulatory Agreement, except, per NPLH Guidelines, if at time of recertification a tenant household's

income exceeds the 30% AMI income level and this increase is based solely on the current SSI/SSP payment rate or cost-of-living adjustment, the household rent shall not exceed 30% of household income. These units shall continue to be designated as Assisted Units.

g. Collect and maintain documentation for SNHP and NPLH tenant eligibility:

    1. Serious Mental Health Disability.
    2. Status as Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness.
    3. Incorporate local Coordinated Entry System procedures in tenant selection process.

h. Refer all candidates seeking SNHP and NPLH set aside units, who apply directly to Property Management, to the County for enrollment in the local Coordinated Entry System.

i. Provide County and applicants with a copy of reasonable accommodation policies and request forms.

j. Be responsible for consistent application of tenant selection criteria that is in accordance with all applicable Fair Housing provisions and/or applicable project funder(s) requirements, such as utilizing the Housing First model, when considering tenancy for all SNHP and NPLH unit applicants.

k. Recertification of SNHP and NPLH tenant household's income.

l. Be responsible for creation of and maintenance of a housing wait list for non-supportive housing units.

2. Move-In Process:

a. Ensure each SNHP and NPLH Housing Program unit has a lease signed by all adult members of the household, and occupied by at least one SNHP and/or NPLH eligible resident.

b. SNHP and NPLH household income at the time of move-in shall not exceed the 30 percent AMI limit as published by HCD.

c. In writing, notify the County of the day and time of move-in and, if the formal introduction to the County staff has not occurred prior to this time, facilitate introduction.

d. Provide tenant and County with current copies of the lease and the community rules.

e. Provide an orientation of the lease and the community rules to new tenants to establish Property Management expectations in areas such as use of bathroom/kitchen, rent collection, maintenance requests, etc.

f. Orient new tenants to emergency procedures.

3. Ongoing Tenancy, Maintenance of Property, Safety and Security:

a. Maintain a system for identifying contact information for tenants' assigned case managers.

b. Have the capacity to respond to tenants' requests for services within seventy-two (72) hours, contingent on the nature of the request. This shall include providing facility and maintenance support to areas used for any onsite service provisions that is equivalent to the level of maintenance provided to tenants, not to include janitorial services.

c. Ensure that staff working in the housing site, including office staff, is introduced to County staff, and is aware of the roles and responsibilities of the County.

d. Provide County with written policies and procedures for maintenance requests, including any forms that must be completed to request maintenance work.

e. Maintain all common grounds of the project. This includes outside and inside fixtures, walls and other such common areas that are not regarded as part of or under the control of the occupant's possession.

f. Comply with all applicable licensing regulations.

g. Immediately notify County, in writing, in the event of SNHP and NPLH unit occupant leaving the project for any reason.

h. Provide regular trainings for tenants and staff on basic safety and evacuation procedures (provide County copies of evacuation procedures).

i. Ensure that all onsite staff is trained on when to call emergency medical personnel or the police, and when to communicate with their supervisors and/or supportive service staff in the event of an emergency.

j. Notify County and Development Sponsor immediately of any critical incidents at housing site that results in emergency services response or police action resulting in loss of life, serious bodily harm or major capital damage to buildings.

k. Report to County any unusual or uncharacteristic tenant behavior in a timely manner *(within two (2) business day after occurrence).*

4. Communication and Reports:

a. Establish policies and procedures ensuring the tenants have access to Property Management for routine business during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, and at any time for emergencies.

b. Establish policies and procedures that provide County and Development Sponsor access to a management representative twenty-four (24) hours per day, seven days a week, for emergencies.

c. In consultation with the County and Development Sponsor to collect, manage and submit data for the SNHP and NPLH Housing Program Annual Self-Certification form, to demonstrate supportive service delivery and housing outcomes for eligible tenants.

d. Collaborate with County and Development Sponsor to help supportive housing tenants resolve issues, as they emerge. Have a representative attend quarterly administrative and programmatic meetings to ensure all Parties are in compliance with this MOU, and that SNHP and NPLH units funded through the SNHP and NPLH Housing Programs are being fully utilized.

e. Comply with all CalHFA and HCD permanent supportive housing rules, regulations and reporting requirements for the entire term of this MOU.

f. Notify the County, Development Sponsor, and project lenders, in writing, 30-days prior to any potential changes to the regular operations of the housing site, or any potential changes or losses of funding that could affect the operations of the housing site.

D. General Responsibilities of All Parties

1. The County and Property Management will participate in regular joint meetings coordinated by County, on at least a quarterly basis. The purpose of this meeting will be to discuss coordination of services, referrals, and vacancies. When needed, a Development Sponsor representative will attend meetings.
2. Share with each other phone and contact directories of key staff to be involved with the housing development within their respective organizations (i.e., property managers, maintenance staff, supervisors, case managers, emergency contact phone numbers, etc.). The directory shall include e-mail, fax, office and cell phones numbers where available and appropriate. Periodically update and/or confirm contact information with each agency.
3. Share written policies, procedures, and forms for filing complaints, grievances, and incident reports related to owners, managers, or services, including an overview of the reporting structure within each organization.

4. Respect tenant confidentiality and share information about specific tenants only when they have signed an "*Authorization for Release of Information*" form. All parties agree that their intake and consent documents will disclose to tenants in writing that they live in a supportive housing site in which County, Property Management, Development Sponsor communicate confidential tenant information only when tenants have signed the above referenced authorization form. Will ensure separate files and staff are used for property management services and social services.
5. Whenever possible, conduct regular trainings for staff regarding maintaining client/tenant confidentiality, and include maintenance of client/tenant confidentiality as a work performance expectation for all appropriate job classifications.
6. Participate in regular joint meetings of management level staff coordinated by County. These meetings may occur at least two times per year, with the annual schedule established in advance.
7. Participate in data collection requirements of the SNHP, NPLH Housing Programs, and other project lenders, to include information specific to each Party's function (i.e., occupancy reports, and participation in services).

Section 5. Compensation for Services

There shall be no remuneration among the Parties hereto for services provided under this Memorandum of Understanding.

Section 6. Health Insurance Portability Act and Accountability Act HIPAA

A. All Parties included in this MOU are subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. All parties hereto agree to cooperate in accordance with the terms and intent of the MOU for implementation of relevant law(s) and/or regulation(s) promulgated under this law. All Parties further agree that they shall be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

All privacy complaints shall be referred to:
Tehama County Health Services Agency
Attn: Executive Director
P.O. Box 400
818 Main Street
Red Bluff, California 96080

B. All Parties agree to maintain the confidentiality of all mental health and/or substance abuse client information in accordance with all applicable Federal, State and local laws and regulations, and in accordance with the Business Associate Addendum, (Attachment 2), which is attached and incorporated into this Agreement by this reference. All Parties will ensure that name, addresses, phone numbers, and other individually identifiable information concerning mental health and/or substance abuse clients and the services

they may be receiving are kept confidential. Applicable confidentiality laws, include, but may not be limited to, California Welfare & Institution Code, Section 5328 through 5330, inclusive, 45 CFR Section 205.50, 42 CFR-Chapter 1-Part 2. The County will notify the County Compliance Officer of any breach of applicable confidential laws referenced herein.

Section 7. Financial Records

A. All Parties shall maintain financial, programmatic, statistical and other supporting records of its operation and financial activities in accordance with State and Federal requirements. All records shall be open to inspection and may be audited by the authorized representatives of County, and any State and/or Federal governing agencies. This provision shall survive the termination, expiration, or cancellation of this MOU.

B. All financial records, supporting documents, statistical records, and all other records pertaining to the use of the funds provided under this MOU shall be retained collectively by all Parties for a period of twenty five (25) years, at a minimum, and shall be made available for audit by County, State or Federal representatives as necessary. In the event of litigation, claim or audit, the records shall be retained until all litigation, claims and audit findings involving the records, have been fully resolved. The twenty-five (25) year period commences upon issuance of certificate of occupancy to Development Sponsor. Exceptions to the twenty-five (25) year retention period will be made if County, State, and/or Federal laws mandate a longer retention period.

Section 8. Termination of this MOU

Either County or Development Sponsor may terminate this MOU immediately upon breach of this MOU by the other Party. A written notice of such breach must be given, and if the noticed Party fails to cure such breach to the reasonable satisfaction of the notifying Party, within thirty (30) days of delivery of the notice of breach, or such extended period as is necessary to cure the breach. Such termination by the noticing Party shall be effective at the end of the cure period if no cure has been affected. In addition, the following occurrences will give County the right to terminate this MOU. In the event:

A. A petition for the adjudication of the Development Sponsor is filed for voluntary or involuntary bankruptcy, which is not dismissed within sixty (60) days.

B. If the Development Sponsor makes a general assignment, the Development Sponsor's interest hereunder is assigned involuntary or by operation of law, for the benefit of creditors.

C. Abandonment of the project by the Development Sponsor.

D. Project is terminated and terms of the MOU are not met after expiration of the applicable cure period.

Section 9. Changes to MOU

A. This MOU may be amended by mutual consent of the Parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the Parties hereto and approved in advance, in writing, by CalHFA, HCD and/or other interested lenders.

B. All notices to be given by the Parties hereto shall be in writing, served by depositing same in the United States Post Office, postage prepaid, return receipt requested or by overnight delivery service such as Federal Express.

Notices to County shall be addressed as follows:

Tehama County Health Services Agency
Executive Director
P.O. Box 400
818 Main Street
Red Bluff, California 96080
Tel: (530) 528-3216
Fax: (530) 527-0703

Alternatively, to such other location as the County directs.

Notices to **Development Sponsor** shall be addressed as follows:

Rural Communities Housing Development Corporation (RCHDC)
Chief Executive Officer
499 Leslie Street
Ukiah, CA 95482
Tel: (707) 463-1975, ext. 112
Fax: (707)463-2252

Alternatively, to such other locations as the Development Sponsor directs.

Notices to **Property Management** shall be addressed as follows:

Rural Communities Housing Development Corporation (RCHDC)
President/CEO
499 Leslie Street
Ukiah, CA 95482
Tel: (707) 463-1975, ext. 112
Fax: (707) 463-2252

Alternatively, to such other location as the Property Management directs.

Section 10. Miscellaneous Provisions

A. SEVERABILITY: If any provisions in the MOU are held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalid in any way.

B. DELEGATION AND ASSIGNMENT: Development Sponsor and Property Management shall not delegate its duties or assign its rights under this MOU, or both, either in whole or in part, without prior written consent of County, and any prohibited delegation or assignment shall be null and void.

C. ENTIRE AGREEMENT: This document and the documents referred to herein or exhibits hereto are the entire MOU between the Parties and they incorporate or supersede all prior written or oral Agreements or understandings.

D. COMPLIANCE and NON-DISCRIMINATION: All Parties warrants and certifies that, in the performance of the MOU, it shall comply with all applicable laws, rules, regulations and orders of the United States, the State of California, and the County of Butte, including the laws and regulations pertaining to labor, wages, hours and other conditions of employment. All Parties further warrants and certifies that it shall comply with new, amended, or revised laws, regulations and/or procedures that apply to the performance of the MOU.

Development Sponsor and Property Management shall not discriminate in employment practices or in the delivery of services on the basis of race, color, creed, religion, national origin, sex, age, marital status, sexual orientation, medical condition (including cancer, HIV, and AIDS) physical or mental disability, use of family care leave under either the Family & Medical Leave Act or the California Family Rights Act, or on the basis of any other status or conduct protected by law.

Development Sponsor and Property Management represents that the Development Sponsor and Property Management are in compliance with and agrees that Development Sponsor and Property Management shall continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. sections 12101, *et seq.*), the Fair Employment and Housing Act (Government Code sections 12900, *et seq.*), and regulations and guidelines issued pursuant thereto.

E. HOLD HARMLESS-INDEPENDENT PROJECT SPONSOR/DEVELOPER AND PROPERTY MANAGEMENT: It is understood and agreed by Parties that the Development Sponsor and Property Management are both independent entities and that no relationship of employer-employee exists between the Parties hereto outside or what is explicitly declared and outlined in this MOU. The Development Sponsor and Property Management shall not be entitled to any benefits payable to employees of County, including County Workers' Compensation Benefits. County is not required to make any deductions from the compensation payable to Development

Sponsor and Property Management under the provisions of the MOU; and as an independent entity, Development Sponsor and Property Management hereby hold County harmless from any and all claims that may be made against County based upon any contention by any third party that an employer-employees relationship exists by reason of this MOU.

F. CHILD SUPPORT COMPLIANCE PROGRAM: Development Sponsor and Property Management warrants that it is now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

G. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES: Development Sponsor and Property Management officers, employees, and agents, and subcontractors performing the work or services required by this MOU, shall obtain and maintain in effect all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, the County, and all other appropriate governmental agencies, including any certification and credentials required by County. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this MOU and constitutes grounds for the termination of this MOU by County.

H. CONFLICT OF INTEREST: Development Sponsor and Property Management officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or source of income that could be financially affected by or otherwise conflict in any manner or degree with the performance of the work or services required under this MOU.

I. SCOPE AND OWNERSHIP OF WORK: All work provided by the Development Sponsor and Property Management shall be the sole property of the County. Development Sponsor and Property Management shall have no proprietary interest in the programs or data they develop for the County or those programs or data developed during periods of time services are provided to the County. Development Sponsor and Property Management understand that work performed in the described manner is accomplished for the benefit of the County and becomes the sole property of the County. Development Sponsor and Property Management agree that the products of this work, its "Intellectual Property" are by rights the sole possession of the County. Intellectual Property is defined as "The ownership of ideas and control over the tangible or virtual representation of those ideas, including but not limited to program names and phone numbers.

J. DISCLOSURE OF OWNERSHIP:

1. Pursuant to 42 C.F.R. § 455.104, all County contractors, subcontractors, network providers must disclose ownership information set forth in in subsection 2(a).
2. Development Sponsor and Property Management shall submit updated disclosures to the County before entering into or renewing contracts, and within 35 days after any change in the Development Sponsor and Property Management ownership or upon request of the County.
    a) Disclosures to be Provided:
        i. The name and address of any person (individual or corporation) with an ownership or control interest in the Development Sponsor and Property Management. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

        ii. Date of birth and Social Security Number (in the case of an individual);

        iii. Other tax identification number (in the case of a corporation with an ownership or control interest in the Development Sponsor and Property Management, of 5 percent or more interest);

        iv. Whether the person (individual or corporation) with an ownership or control interest in the Development Sponsor and Property Management is related to another person with ownership or control interest in the same or any other contractor or provider of the County as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Development Sponsor and Property Management has a 5 percent or more interest is related to another person with ownership or control interest in the Development Sponsor and Property Management as a spouse, parent, child, or sibling;

        v. The name of any other disclosing entity in which the Development Sponsor and Property Management or subcontractor has an ownership or control interest; and

        vi. The name, address, date of birth, and Social Security Number of any managing employee of the Development Sponsor and Property Management.

Section 11. Insurance and Indemnification

A. The Development Sponsor and Property Management shall indemnify and hold County, its officers, agents and employees, free and harmless from any liability whatsoever, including wrongful death, based or asserted upon any acts or omission of the Development Sponsor and Property Management, relating to or in any way connected with or arising from the accomplishment of the work by the Development Sponsor and Property Management.

B. Without limiting Development Sponsor and Property Management indemnification of the County, Development Sponsor and Property Management shall procure and maintain for the duration of this contract, insurance against claims for injuries to persons or damages to property that may arise from, or be in connection with the performance of the work hereunder by Development Sponsor and Property Management, Development Sponsor and Property Management's agents, representatives, employees, and subcontractors. At the very least, Development Sponsor and Property Management shall maintain the insurance coverage, limits of coverage and other insurance requirements as described in Standard Insurance Requirements for County contracts (Attachment 1), which by reference is incorporated hereto. Certificates evidencing the maintenance of Development Sponsor and Property Management's insurance coverage shall be filed with County. Said certificates must be on file prior to services performed under this MOU.

Section 12. Jurisdiction and Venue

Should a dispute arise pertaining to this MOU, it is to be construed under laws of the State of California. All Parties agree to the jurisdiction and venue of the appropriate courts in the County of **Tehama**, State of California.

Section 13. Signatures

All Parties mutually agree to fully, and faithfully perform all applications set forth in this MOU. All parties agree to have their duly authorized signatories sign this MOU.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU in the County of Tehama, State of California.

Rural Communities Housing Development Corporation

By: Brad mc Donald
Brad McDonald, Chief Executive Officer

6/18-2020
Date

Olive Grove Associates LP, a California Limited Partnership

By: **Olive Grove Associates LLC, a California Limited Liability Company**
By: Pine Meadows Corporation, a California nonprofit public benefit corporation
Its sole member and manager

By: Brad mc Donald
Brad McDonald, Chief Executive Officer

6/18-2020
Date

County of Tehama

By: Valerie S. Lucero
Valerie S. Lucero, Executive Director
Tehama County Health Services Agency

6/11/20
Date

ATTACHMENT 1
STANDARD INSURANCE REQUIREMENTS

Before the commencement of work, Contractor shall submit Certificates of Insurance and Endorsements evidencing that Contractor has obtained the following forms of coverage and minimal amounts specified:

A. MINIMUM SCOPE OF INSURANCE

1) Commercial General Liability coverage (Insurance Services Office (ISO) "occurrence" form CG 0001 1185).

2) Automobile Liability Insurance – standard coverage offered by insurance carriers licensed to sell auto liability insurance in California. Construction contracts only - Insurance Services Office's Business Auto Coverage form number CA 0001 0187 covering "any auto" and endorsement CA 0029 1288 Changes in Business Auto and Truckers Coverage forms - Insured Contract.

3) Workers' Compensation Insurance - As required by the State of California with Statutory Limits and Employer's Liability Insurance with limits of no less than $1,000,000 per accident for bodily injury and disease.

4) Professional Liability Insurance - when the contract involves professional services such as engineering architectural, legal, accounting, instructing, and consulting, professional liability insurance is required. **(If not contracting for professional services, delete this paragraph.)**

B. MINIMUM LIMITS OF INSURANCE

1) **General Liability:** At least $1,000,000 combined single limit **per occurrence** coverage for bodily injury, personal injury and property damage, plus an annual aggregate of at least $2,000,000. If a general aggregate limit is used, then either the general aggregate limit shall apply separately to this project/location, or the general aggregate limit shall be **twice** the required per occurrence limit. The contractor or contractor's insurance carrier shall notify County if incurred losses covered by the policy exceed 50% of the annual aggregate limit.

2) **Automobile Liability:** At least $100,000 to cover bodily injury for one person and $300,000 for two or more persons, and $50,000 to cover property damages. However, policy limits for construction projects shall be at least $1,000,000 combined single limit per accident for bodily injury and property damage for autos used by the contractor to fulfill the requirements of this contract, and coverage shall be provided for "Any Auto", Code 1 as listed on the Accord form Certificate of Insurance.

3) **Workers' Compensation and Employer's Liability:** As required by the State of California with Statutory Limits and Employer's Liability Insurance with limits of no less than $1,000,000 per accident for bodily injury and disease.

4) **Professional Liability Insurance (If not contracting for professional services, delete this paragraph)** Professional liability insurance covering professional services shall be provided in an amount of at least $1,000,000 per occurrence or $1,000,000 or on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide at least a two-year extended reporting provision.

C. DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retention must be declared on certificates of insurance and approved by the County. At the option of the County, either the contactor shall reduce or eliminate such deductibles or self-insured retentions, as respects the County, its officers, officials, employees and volunteers, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

D. OTHER INSURANCE PROVISIONS

1. **General liability insurance policies shall be endorsed to state:**

   a) The County, its officers, officials, employees and volunteers are to be covered as additional insured as respects liability arising out of activities performed by or at the direction of the Contractor, including products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by Contractor. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees or volunteers.

   b) Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

   c) Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

2. **Construction contracts.** Construction contracts must also provide an endorsement for Automobile liability insurance, which includes the items listed in D1 above.

E. ACCEPTABILITY OF INSURANCE CARRIERS.

Insurance is to be placed with insurers who are licensed to sell insurance in the State of California and who possess a Best's rating of no less than A-: VII. If the contractor's insurance carrier is not licensed to sell insurance in the State of California, then the carrier must possess a Best rating of at least A: VIII. (For Best ratings go to http://www.ambest.com/)

F. VERIFICATION OF COVERAGE.

Contractor shall furnish the County certificates of insurance and original endorsements affecting coverage required by this clause. All certificates of insurance and endorsements are to be received by the County before work under the contract has begun. The County reserves the right to require complete, certified copies of all insurance policies required by this contract.

Certificates of insurance shall state that the insuring agency agrees to endeavor to mail to County written notice 30 days before any of the insurance policies described herein are cancelled.

Contractor agrees to notify County within two working days of any notice from an insuring agency that cancels, suspends, reduces in coverage or policy limits the insurance coverages described herein.

G. SUBCONTRACTORS.

Contractor shall include all subcontractors as insured under its policies or require all subcontractors to be insured under their own policies. If subcontractors are insured under their own policies, they shall be subject to all the requirements stated herein, including providing the County certificates of insurance and endorsements before beginning work under this contract.

ATTACHMENT 2

COUNTY OF TEHAMA
BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (Addendum) supplements and is made a part of the contract (Contract) by and between **County of Tehama** (COUNTY), a covered entity and **Rural Communities Housing Development Corporation**, BUSINESS ASSOCIATEs, and is effective as of the date of the Contract.

RECITALS

A. COUNTY wishes to disclose certain information to BUSINESS ASSOCIATE pursuant to the terms of the Contract, some of which may constitute Protected Health Information (PHI) as defined below.

B. COUNTY and BUSINESS ASSOCIATE intend to protect the privacy and provide for the security of PHI disclosed to BUSINESS ASSOCIATE pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, the Health Information Technology for Economic and Clinical Health (HITECH) Act, Public Law 111-005, and regulations promulgated there under by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require COUNTY to enter into a contract containing specific requirements with BUSINESS ASSOCIATE prior to the disclosure of PHI, as set forth in, but not limited to Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR") and continued in this Addendum.

Definitions

(a) Unless otherwise noted, the following terms used in this Addendum shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

(b) Business Associate. "BUSINESS ASSOCIATE" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Addendum, shall mean **Rural Communities Housing Development Corporation**.

(c) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this Addendum, shall mean the **County of Tehama (COUNTY)**.

(d) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

BUSINESS ASSOCIATE agrees to:

(a) Not use or disclose protected health information other than as permitted or required by the Contract or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Contract;

(c) Report to COUNTY any use or disclosure of protected health information not provided for by the Contract of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware. Reports are to be made by BUSINESS ASSOCIATE to COUNTY as follows: 1) by telephone within 24-hours of discovery of suspected breach or security incident; and 2) by written notice, in a form prescribed by the COUNTY, within three (3) business days of discovery of suspected breach or security incident.

BUSINESS ASSOCIATE agrees that COUNTY will be responsible for breach notification obligations resulting from BUSINESS ASSOCIATE'S breach of COUNTY's unsecured protected health information. BUSINESS ASSOCIATE agrees to assist COUNTY in responding to, providing notification of, and mitigating any negative consequences of BUSINESS ASSOCIATE'S breach of COUNTY'S unsecured protected health information. BUSINESS ASSOCIATE is to contact: Executive Director, Tehama County Health Services Agency regarding notifications, written communications, and breach response activities required by this Addendum.

This section shall apply only to COUNTY data under BUSINESS ASSOCIATE'S care, custody or control. BUSINESS ASSOCIATE will be responsible for breach notification obligations arising from the breach of BUSINESS ASSOCIATE'S protected health information.

BUSINESS ASSOCIATE agrees to defend, indemnify, hold harmless and release COUNTY, its officers, agents and employees from and against any and all actions, claims, damages, disabilities or expenses that may be asserted by any person or entity, arising out of or in connection with the negligent acts or omissions or willful misconduct by BUSINESS ASSOCIATE or BUSINESS ASSOCIATE'S officers, agents and employees, which results in a breach of COUNTY's unsecured protected health information;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of BUSINESS ASSOCIATE agree to the same restrictions, conditions, and requirements that apply to BUSINESS ASSOCIATE with respect to such information;

(e) Make protected health information in a designated record set available to the individual who is the subject of the protected health information or the authorized representative of the individual who is the subject of the protected health information, as necessary to satisfy COUNTY'S obligations under 45 CFR 164.524;

(f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the COUNTY pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy COUNTY'S obligations under 45 CFR 164.526;

(g) Maintain and make available the information required to provide an accounting of disclosures to the individual who is the subject of the protected health information or the authorized representative of the individual who is the subject of the protected health information, as necessary to satisfy COUNTY'S obligations under 45 CFR 164.528;

(h) To the extent BUSINESS ASSOCIATE is to carry out one or more of COUNTY'S obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the COUNTY in the performance of such obligation(s); and

(i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

(a) BUSINESS ASSOCIATE may only use or disclose protected health information as necessary to perform the services set forth in the Scope of Work included in the Contract.

(b) BUSINESS ASSOCIATE may use or disclose protected health information as required by law.

(c) BUSINESS ASSOCIATE agrees to make uses and disclosures and requests for protected health information consistent with COUNTY'S minimum necessary policies and procedures.

(d) BUSINESS ASSOCIATE may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity except for the specific uses and disclosures set forth below, to the extent those specific uses and disclosures are permitted by the Contract.

(e) BUSINESS ASSOCIATE may use protected health information for the proper management and administration of the BUSINESS ASSOCIATE or to carry out the legal responsibilities of the BUSINESS ASSOCIATE.

(f) BUSINESS ASSOCIATE may disclose protected health information for the proper management and administration of BUSINESS ASSOCIATE or to carry out the legal responsibilities of the BUSINESS ASSOCIATE, provided the disclosures are required by law, or BUSINESS ASSOCIATE obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies BUSINESS ASSOCIATE of any instances of which it is aware in which the confidentiality of the information has been breached.

(g) BUSINESS ASSOCIATE may provide data aggregation services relating to the health care operations of the COUNTY.

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

(a) COUNTY shall notify BUSINESS ASSOCIATE of any limitation(s) in the COUNTY'S notice of privacy practices under 45 CFR 164.520, to the extent that such limitation may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.

(b) COUNTY shall notify BUSINESS ASSOCIATE of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.

(c) COUNTY shall notify BUSINESS ASSOCIATE of any restriction on the use or disclosure of protected health information that COUNTY has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect BUSINESS ASSOCIATE'S use or disclosure of protected health information.

Permissible Requests by Covered Entity

COUNTY shall not request BUSINESS ASSOCIATE to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by COUNTY. BUSINESS ASSOCIATE is permitted uses and disclosures of protected health information for data aggregation or management and administration and legal responsibilities of the BUSINESS ASSOCIATE, if such uses or disclosures are permitted by the Contract.

Term and Termination

(a) Term. The Term of this Addendum shall be effective as of the effective date of the Contract, and shall terminate concurrent with the termination of the Contract, or on the date COUNTY terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

(b) Termination for Cause. BUSINESS ASSOCIATE authorizes termination of the Contract by COUNTY if the COUNTY determines BUSINESS ASSOCIATE has violated a material term of the Contract and BUSINESS ASSOCIATE has not cured the breach or ended the violation within the time specified by COUNTY.

(c) Obligations of Business Associate Upon Termination. Upon termination of the Contract for any reason, BUSINESS ASSOCIATE shall return to COUNTY (or, if agreed to by COUNTY in writing, destroy) all protected health information received from COUNTY, or created, maintained, or received by BUSINESS ASSOCIATE on behalf of the COUNTY, that the BUSINESS ASSOCIATE still maintains in any form. BUSINESS ASSOCIATE shall retain no copies of the protected health information.

If returning or destroying COUNTY protected health information is not feasible, and retention has been approved by the COUNTY in writing, or if the Contract authorizes BUSINESS ASSOCIATE to use or disclose protected health information for its own management and administration or to carry out its legal responsibilities and the BUSINESS ASSOCIATE needs to retain protected health information for such purposes after termination of the Contract, the following shall apply:

Upon termination of the Contract for any reason, BUSINESS ASSOCIATE, with respect to protected health information received from COUNTY, or created, maintained, or received by BUSINESS ASSOCIATE on behalf of COUNTY, shall:

1. Retain only that protected health information which is necessary for BUSINESS ASSOCIATE to continue its proper management and administration or to carry out its legal responsibilities;
2. Return to COUNTY (or, if agreed to by COUNTY in writing, destroy) the remaining protected health information that the BUSINESS ASSOCIATE still maintains in any form;

3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as BUSINESS ASSOCIATE retains the protected health information;
4. Not use or disclose the protected health information retained by BUSINESS ASSOCIATE other than for the purposes for which such protected health information was retained, and subject to the same conditions which applied prior to termination;
5. Return to COUNTY (or, if agreed to by COUNTY in writing, destroy) the protected health information retained by BUSINESS ASSOCIATE when it is no longer needed by BUSINESS ASSOCIATE for its proper management and administration or to carry out its legal responsibilities; and
6. BUSINESS ASSOCIATE shall obtain and return to COUNTY (or, if agreed to by COUNTY in writing, destroy or ensure the destruction of) all COUNTY protected health information created, received or maintained by any of BUSINESS ASSOCIATE'S subcontractors.

(d) Survival. The obligations of BUSINESS ASSOCIATE under this Section shall survive the termination of the Contract.

Miscellaneous

(a) Regulatory References. A reference in this Addendum to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(c) Interpretation. Any ambiguity in this Addendum shall be interpreted to permit compliance with the HIPAA Rules.

IN WITNESS WHEREOF, the parties hereto have duly executed this Addendum.

County of Tehama– Covered Entity	**Rural Communities Housing Development Corporation– Business Associate**
Signature: Valerie S. Lucero	Signature: Brad McDonald
Name: Valerie S. Lucero	Name: Brad McDonald
Title: Executive Director	Title: CEO
Date: 6/11/20	Date: 6/18 - 2020