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## Trinity County

### Mental Health Services Act

Annual Update, Fiscal Year 2022-2023

3-Year PEI Evaluation Report, FY 18-19, 19-20, 20-21

**FINAL APPROVED PLAN**



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**INTRODUCTION**

Trinity County is a rural County located in the far northwest corner of the State. It is known for its rugged beauty, mountainous terrain, the Trinity River and Trinity Alps. Trinity County is roughly 3,208 square miles with 28 square miles being water but is occupied by only approximately 12,285 individuals. According to U.S. Census Bureau Statistics the population of the county has decreased by about 10.9% from April 2010 through July 2019. Communities in the county are widely spaced and the two most populated towns are Weaverville with approximately 3,600 residents and Hayfork with approximately 2,368 residents. Travel through the county is done on three, 2-lane highways: Highway 299 that runs East and West; Highway 36 that runs East and West, and Highway 3 that runs North and South. Travel in the winter is often hazardous due to snowstorms; and, often during the summer and early fall, the county can be plagued with wildfires. Historically, Trinity County was a destination for prospectors and gold miners, and later home to a booming logging industry. The economy of the county has never recovered after two mill closings and a significant reduction of timber jobs. Currently, tourism is a key source of revenue for the county and more recently the marijuana industry.

Residents of Trinity County are predominately white and English speaking. The following is a breakdown of county demographics using U.S. Census Bureau data from April 2021.

<b>Race and Hispanic Origin</b>	<b>Trinity County</b>	<b>State of California</b>
White alone	86.2%	71.1%
Black or African American alone	0.7%	6.5%
American Indian/Alaska Native	5.3%	1.7%
Asian	2.1%	15.9%
Native Hawaiian/ Pacific Islander	0.2%	0.5%
Two or More Races	5.5%	4.2%
Hispanic or Latino	7.9%	40.2%
White Alone, not Hispanic or Latino	80.5%	35.2%

<b>Age and Sex</b>	<b>Trinity County</b>	<b>State of California</b>
Persons under 5 years	4.3%	5.7%

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Persons Under 18 Years	17.7%	22.4%
Persons 65 and Older	29.1%	15.2%
Female persons	48.3%	50%
Population Characteristics	Trinity County	State of California
Veterans 2016-2020	1,103	1,525,746
Foreign born person, percent	3.1%	26.6%

Health	Trinity County	State of California
Disabled under age 65 2016-20	11.3%	6.8%
Persons without Health Insurance	10.1%	8.9%

Income & Poverty	Trinity County	State of California
Median household income (in 2019 dollars)	\$41,780	\$75,235
Per Capita Income (12mo)	\$26,228	\$36,955
Persons in Poverty	18%	11.8%

Geography	Trinity County	State of California
Population per square mile 2020	5.1	253.7
Population per square mile 2010	4.3	239.1
Land area in square mile 2020	3,179.27	155,858.33
Land area in square mile 2010	3,179.25	155,779.22

<https://www.census.gov/quickfacts/fact/table/CA,trinitycountycalifornia#>

## MENTAL HEALTH SERVICES ACT OVERVIEW & PURPOSE OF MHSa THREE-YEAR PLAN

The Mental Health Services Act (MHSa), passed as Proposition 63 in 2004, and effective January 1, 2005, established the Mental Health Services Fund (MHSF). The MHSa is an act in California that provides funding, personnel, and resources to support county mental health programs. It also monitors the goal-oriented, mental health progress of children, youth, adults, the elderly, and families. With the passage of the initiative, earnings of more than \$1 million are subject to a 1% tax on personal income to provide funding for mental health services and programs.

The purpose of Proposition 63 is not only to attend to individuals with serious mental illness, but to also reduce the impact of untreated serious mental illness on individuals, families, and state and local budgets. Expansion of innovative and successful service delivery programs are carried out, which includes accomplished approaches for underserved populations. Not only is the available state funds' intent to provide services not covered by insurance or federally sponsored programs, but to also ensure that expenditures are cost-effective, and that provided services are following recommended best practices.

\*<https://www.mentalhealthca.org/faq-1>

The intent of the MHSa (Mental Health Services Act) 3-Year Plan is to provide the public with a projection regarding each of the components within MHSa: Community Services and Supports (CSS), including Permanent Supportive Housing; Prevention and Early Intervention (PEI); Workforce/Education and Training (WET); Innovation (INN); and Capital Facilities and Technological Needs (CFTN). In accordance with MHSa regulations, all County Mental Health Departments are also required to submit a program and expenditure plan, updating it on an annual basis, based on the estimates provided by the State and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847). This updated 3-Year Plan provides a progress report of TCBHS' (Trinity County Behavioral Health Services') MHSa activities for the previous year, as well as an overview of current or proposed MHSa programs planned for the next three fiscal years.

## COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

Community Stakeholder meetings were scheduled in February 2022 for the Fiscal Year 20222023 Annual Update. Both in person and virtual attendance options were offered, invites were sent via email, flyers were posted in the local newspaper, online and distributed in person. Despite the efforts of TCBHS staff, the stakeholder meetings were not well attended. Two of the four meetings had no community involvement. Below is a list of the stakeholder meetings with attendee information.

1. Weaverville Veterans Hall – February 23, 2022, 11:30am-12:30pm
  - a. In person and virtual attendance offered

- b. No attendees other than Behavioral Health Staff and the Advisory Board Chairperson
- 2. Southern Trinity Joint Unified School District in Mad River – February 24, 2022, 3:30pm-4:30pm
  - a. Virtual attendance offered, in person canceled due to weather conditions and illness
  - b. Staff from STJUSD attended, discussing their current Prevention and Early Intervention program and data. No other outside stakeholder or community member attendance
- 3. Hayfork Community Center – February 24, 2022, 11:30am-12:30pm
  - a. Virtual attendance offered, in person canceled due to weather conditions and illness
  - b. No attendees other than Behavioral Health Staff and the Advisory Board Chairperson
- 4. Zoom meeting only – February 25, 2022
  - a. One outside community member in attendance, along with BHS staff and Advisory Board Chairperson. Community member discussed recruitment for Behavioral Health Case Manager, indicating interest in the position and expressing her qualifications. Also discussed frustration with County online application. No other pertinent information regarding MHSa planning was brought up by this community member.

An online survey was also conducted during the month of February, which garnered responses from 15 stakeholders/community members. Below are the survey responses:

Question: What is your gender?

ANSWER CHOICES	RESPONSES
▼ Female	93.33% 14
▼ Male	0.00% 0
▼ Trans Female/MTF	0.00% 0
▼ Trans Male / FTM	0.00% 0
▼ Genderqueer	0.00% 0
▼ Uncertain	0.00% 0
▼ Decline to Answer	6.67% 1
▼ Other (please specify)	Responses 0.00% 0
<b>TOTAL</b>	<b>15</b>

Question: What is your age?

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ANSWER CHOICES	RESPONSES
0-17	0.00% 0
18-25	6.67% 1
26-39	13.33% 2
40-59	46.67% 7
60 +	33.33% 5
<b>TOTAL</b>	<b>15</b>

Question: What is your race?

ANSWER CHOICES	RESPONSES
White/Caucasian	86.67% 13
Black/African American	0.00% 0
Hispanic	0.00% 0
Asian	0.00% 0
Native American	6.67% 1
Other	6.67% 1
<b>TOTAL</b>	<b>15</b>

Question: What is your primary language?

ANSWER CHOICES	RESPONSES
English	100.00% 15
Spanish	0.00% 0
Other (please specify)	Responses 0.00% 0
<b>TOTAL</b>	<b>15</b>

Question: What is your sexual orientation?

ANSWER CHOICES	RESPONSES
Heterosexual / straight	66.67% 10
Bisexual	6.67% 1
Gay	0.00% 0
Lesbian	6.67% 1
Queer	0.00% 0
Uncertain	0.00% 0
Decline to answer	13.33% 2
Other (please specify)	Responses 6.67% 1
<b>TOTAL</b>	<b>15</b>

Question: What is your zipcode?

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96093 - Weaverville	7
96024 – Douglas City	2
96052 - Lewiston	2
95563 - Salyer	1
96041 - Hayfork	2
96053 Out of County	1

Question: How do you get information about local resources?

ANSWER CHOICES	RESPONSES
▼ Email	40.00% 6
▼ Text	26.67% 4
▼ Social Media (Facebook, Instagram, Twitter)	60.00% 9
▼ Word of Mouth	53.33% 8
▼ Local Radio	0.00% 0
▼ County Website	33.33% 5
▼ Newspaper	46.67% 7
▼ Brochures	26.67% 4
▼ Referral from other Agency	20.00% 3
▼ Behavioral Health Web Page	13.33% 2
▼ Other (please specify) <span style="float: right;">Responses</span>	20.00% 3
<b>Total Respondents: 15</b>	

Question: Which of these groups do you identify with?

ANSWER CHOICES	RESPONSES
▼ Youth Consumer	0.00% 0
▼ Adult Consumer	13.33% 2
▼ Family Member of Mental Health Consumer	33.33% 5
▼ Community Member	40.00% 6
▼ School Personnel	6.67% 1
▼ Law Enforcement	0.00% 0
▼ Social Services	0.00% 0
▼ Probation	0.00% 0
▼ Health Care Provider	6.67% 1
▼ Provider of Mental Health Services	0.00% 0
▼ Other (please specify) <span style="float: right;">Responses</span>	0.00% 0
<b>TOTAL</b>	<b>15</b>

Question: Are there any populations or groups that you believe are not being adequately served by the Behavioral Health Programs in Trinity County? (Please select all that apply)



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ANSWER CHOICES	RESPONSES	
▼ None of the above	6.67%	1
▼ Young Children (0-5)	20.00%	3
▼ Elementary Age Children (6-12)	26.67%	4
▼ Middle School / High School Aged Youth (13-17)	26.67%	4
▼ Transitional Age Youth (TAY 18-25)	26.67%	4
▼ Adults (26-59)	33.33%	5
▼ Older Adults (60 +)	46.67%	7
▼ Native / Tribal Communities	20.00%	3
▼ Immigrants / Refugees	13.33%	2
▼ Veterans	26.67%	4
▼ LGBTQ + Individuals	20.00%	3
▼ Persons experiencing homelessness	53.33%	8
▼ Persons experiencing domestic violence	40.00%	6
▼ Persons with disabilities	40.00%	6
▼ Criminal Justice Involved Individuals	33.33%	5
▼ Child Welfare Involved Families & Individuals	26.67%	4
▼ Parent/Caregivers	33.33%	5
▼ Single Parents	20.00%	3
▼ Other (please specify)	Responses 13.33%	2
<b>Total Respondents: 15</b>		

Question: What issues make it more challenging for consumers and their families to receive services?  
(Please mark all that apply)

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ANSWER CHOICES	RESPONSES
None of the above	0.00% 0
Do not know where to go for help	46.67% 7
Do not want help	20.00% 3
Embarrassed to ask for help	33.33% 5
Stigma around Mental Health / Mental Illness	46.67% 7
Isolation or unwilling to leave home	13.33% 2
Appointment times are not convenient	26.67% 4
Slow response time from Behavioral Health Department	46.67% 7
Services not available in my community	40.00% 6
Services are not culturally sensitive	0.00% 0
Level of Service does not match needs	33.33% 5
No Insurance	33.33% 5
Legal Concerns	13.33% 2
Safety Concerns	6.67% 1
Transportation	33.33% 5
No Child Care	13.33% 2
Other (please specify)	Responses 13.33% 2
<b>Total Respondents: 15</b>	

## Different Questions regarding MHSA Services in the County

	NOT VERY WELL	SOMEWHAT	MOSTLY	VERY WELL	I DON'T KNOW	TOTAL
How well do the MHSA Services meet the needs of the people in your community?	33.33% 5	46.67% 7	6.67% 1	13.33% 2	0.00% 0	15
How well do the MHSA Services work to help people in your community before the development of a serious mental illness?	60.00% 9	26.67% 4	0.00% 0	6.67% 1	6.67% 1	15
How well do the MHSA Services meet the needs of people in your community who are experiencing a mental health crisis?	53.33% 8	33.33% 5	0.00% 0	6.67% 1	6.67% 1	15
How well trained are the mental health providers in meeting the needs of the consumers?	26.67% 4	20.00% 3	13.33% 2	6.67% 1	33.33% 5	15
How well are job opportunities for clients and family members included into MHSA Services?	26.67% 4	13.33% 2	6.67% 1	6.67% 1	46.67% 7	15
How well do agencies coordinate referrals for mental health services?	46.67% 7	20.00% 3	0.00% 0	13.33% 2	20.00% 3	15

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Question: To what extent is the Mental Health Services Act achieving the following goals? (Please mark one response for each statement)

	NOT AT ALL	SOMEWHAT	MOSTLY	VERY WELL	I DON'T KNOW	TOTAL
Services offered are focused on wellness, recovery and resilience.	30.77% 4	15.38% 2	7.69% 1	7.69% 1	38.46% 5	13
Services offered respect the culture and language of consumers and their families.	23.08% 3	15.38% 2	7.69% 1	15.38% 2	38.46% 5	13
Consumers and families are involved in the design of mental health services.	26.67% 4	40.00% 6	0.00% 0	6.67% 1	26.67% 4	15
It is easy for consumers and family member to access mental health services.	53.33% 8	26.67% 4	0.00% 0	6.67% 1	13.33% 2	15
Members of the community are involved in the planning process for Mental Health Services.	46.67% 7	13.33% 2	13.33% 2	6.67% 1	20.00% 3	15

Question: What types of programs or services would enhance people's wellness and recovery?

1. Mental Health services that provides immediate assistance assuring patients have access to medication when needed and not having to wait.
2. Drug programs and crisis services.
3. Child Care, parent education, basic life skills, art, music, fitness.
4. Key words are Trinity County BHS. It's not Weaverville BHS. Any services in Hayfork or at least a behavioral health orientation group once a week in Hayfork would be nice. Like a pre-services group, to triage what type of services a consumer may need. Expanding the service to meet the need of the consumer and not make the consumer fit a service that doesn't work for them.
5. Too many to mention.
6. Have a licensed therapist available for regular counseling in Trinity County.
7. On the job training for volunteers if not already and an adult day care treatment and maybe a boarding home.
8. Trauma informed services. Family therapy or family level interventions.
9. In County treatment, quick response, quick pick up and hold for treatment of people manifesting problems.
10. Addiction, dealing with stress mental health in general.

Additional Questions or Comments:

1. Need qualified people to help those that need help and AOD services with more staff. People don't get help from that department at all.

2. When my husband went to the doctor to get meds for depression, he was referred to a counselor in Hayfork. That counselor was a trauma response counselor. We needed more than just trauma response and there was no regular Partnership Health approved therapist in Hayfork. My husband has still not received therapy as recommended.
3. I've been at Behavioral Health more than two decades since I've lived here. I have received excellent mental health care. Now that I am a senior and have both physical and mental disabilities, I'm still receiving excellent services.
4. Stress has a lot to do with mental health. Not everyone thinks the same. Everyone's opinion is different. Different ways of dealing with everything. Mental health is a serious issue. In the world.

Trinity County MHSa Staff intend on conducting additional online surveys for both MHSa and not MHSa related services.

The participation in the February 2022 Community Stakeholders meetings were very low due to weather, illness and the Covid-19 Pandemic. In August, there are plans for several more focus groups for Innovation.

### COMMUNITY SERVICES AND SUPPORTS (CSS)

Key components that comprise the TCBHS CSS plan:

- 1) The Horizons Wellness Mobile Outreach in Hayfork and the Milestones Wellness Center in Weaverville – responsible for outreach and engagement activities; and
- 2) Full-Service Partnership Program (FSP); and
- 3) Community Outreach and Engagement and the Community Program Planning Process; and
- 4) Use of CSS funding for SUD clients with co-occurring Mental Health Diagnosis, as allowed by Assembly Bill (ANB) 2265 that went into effect on January 1, 2021.; and
- 5) Use of CSS funds for WET and CFTN expenditures (up to 20% of annual MHSa CSS allocation per regulation); and
- 6) Expanded services allowable under CalAIM.
- 7) Potential New Care Court Program. Should the State require the provision of Care Court services to the Seriously Mentally Ill Homeless population, TCBHS will leverage all available funding in order to meet the intensive needs of this population. It is anticipated that these consumers will have both FSP and Non-FSP needs in addition to those needs met through our existing Medi-Cal program.

### **WELLNESS CENTERS**

The Wellness Centers perform a unique and important function in the communities in which they are located. To engage the unserved and/or underserved in the community, individuals can receive peer support and counseling regardless of Medi-Cal status. Intensive interventions and support are provided by Milestones Outreach and Support Team members. These interventions help individuals handle struggles across many life domains. This team is comprised entirely of peer staff who have a unique understanding gained through 'lived' experience regarding what it is like to deal with troubling symptoms, what it is like to be a consumer of the county mental health system, and who have also achieved personal recovery. In the past six (6) months, TCBHS has been able to hire 3 additional Peer Specialists, who will be working towards Peer Certification. Certification stipends will be offered through a participation agreement with CalMHSA, and other state funded opportunities. Workforce Education funding may also be used to ensure all Peer Staff at TCBHS can complete the Peer Certification Process. The plan for the Agency Peers is to provide support services to both Mental Health and Substance Use disorder clients.

The Mobile Outreach and Milestones Wellness Center represent a gateway to more traditional interventions offered through Trinity County Behavioral Health. A Peer Specialist can assist an individual they feel would benefit from services offered at the agency and will make referrals, as appropriate. Individuals are referred to other community agencies that may have additional supports and services to offer. The wellness centers often serve as a bridge to establishing healthy and positive roles in the community. Basic need items are provided to participants at the centers. Lunch is served three days a week when available, sleeping bags or tents for those who are homeless and living outdoors. In addition to addressing some of the most basic needs, activities at the center are geared toward improving social, emotional, and life skills, and assisting individuals who are applying for entitlement programs. Enriching pursuits include an exercise group, yoga group, arts and crafts, life skills group, W.R.A.P. (Wellness Recovery Action Plan) Group, and a leadership group offering a Peer developed curriculum. The Wellness Centers are continuing to play a pivotal role in welcoming and helping these individuals gain access to services.

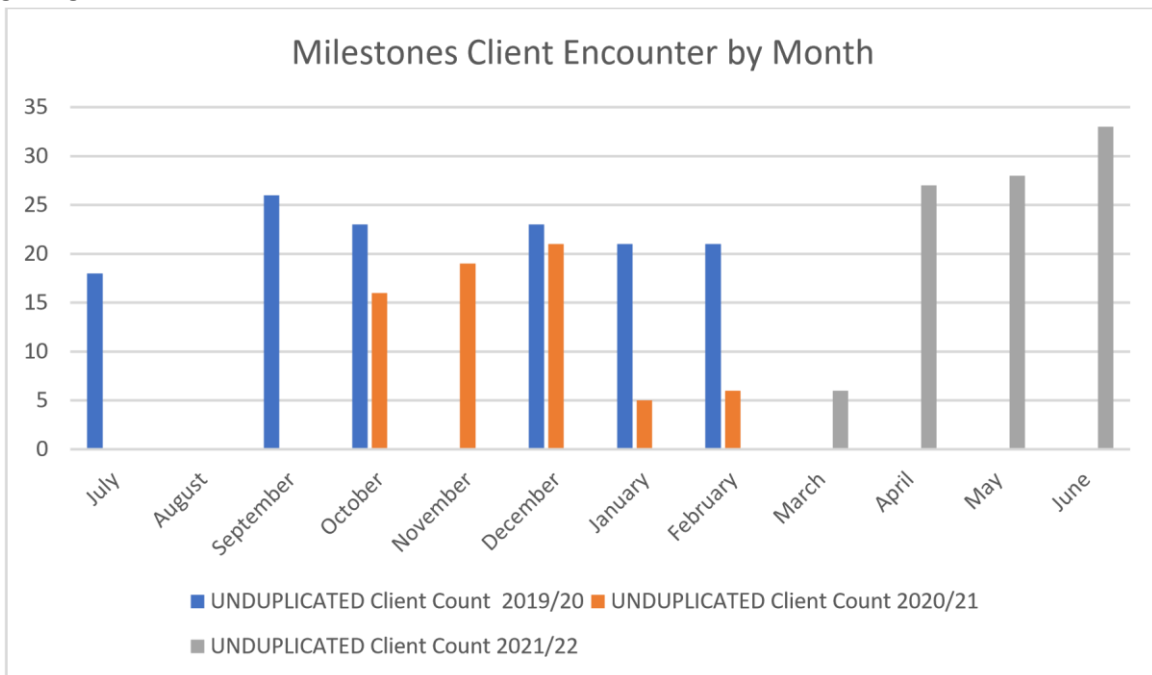
During the Covid-19 pandemic, the Wellness Center and Mobile Outreach were shut down for safety of staff and consumers. The Peer Staff were still available through phone and virtual meetings, holding zoom meetings three times a week or more to continue to support and engage consumers and community members. When necessary and appropriate, Peer Staff contacted consumers individually for additional support and assistance. In July 2021, Milestones opened back up to in-person services three days a week from 10am to 2pm. Peer Staff also provide outreach in the community in Hayfork. Horizon's

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Wellness Center is currently closed but if there is interest within the community in the future, there are plans to reopen the Wellness Center. In March of 2022, Milestones Wellness Center reopened for inperson services three days a week. Although Covid-19 continues to impact the communities In Trinity County, attendance per month is holding strong with safety precautions in place.

Peer specialists also participate in Community outreach with the MHSA Coordinator, such as May is Mental Health Awareness Month, Trinity County Fair outreach booth, and September is Suicide Awareness Month. There are four planned community events during the month of September to provide information and encourage engagement for community members, community partners, clients, family members and other stakeholders. In the coming fiscal year, our MHSA staff and Peer Specialists will be ramping up their efforts to reach more of the County's unserved and underserved populations.

The recovery focused programming and services at Milestones and Horizons are complimentary and support the more traditional interventions offered through the TCBHS agency. By utilizing the MHSA-CSS funds, TCBHS has created an adult 'wrap around' program for individuals who may have fallen through the cracks. It is the intent of TCBHS to continue to fund the wellness center and to support program growth.



### **FULL-SERVICE PARTNERSHIP (FSP) PROGRAM**

Similar in its focus to meet the needs of individuals in the county who have previously gone underserved or inappropriately served, is the Full-Service Partnership (FSP) Program. This program focuses on those in the community who are at high-risk and unable to access services through other means. It is the continuing goal of TCBHS to maintain FSP slots for children, transitional aged youth, adults, and older adults.

TCBHS continues to structure its FSP Program to reflect two tiers. The first tier will be those individuals who are experiencing an acute crisis, have a mental health diagnosis, and are experiencing a disruption in one or more other life domains. The first tier will allow individuals to regain stability in their lives and to transition out of the program. The second tier represents those individuals who are chronically mentally ill and who, without ongoing and intensive support, are likely to decompensate and need hospitalization. Though recovery is always the focus of services provided, these individuals will likely be long-term participants in the program.

TCBHS is committed to enrolling Transitional Age Youth (TAY) who meet one or more of the following criteria:

- Have had multiple psychiatric hospitalizations.
- Have co-occurring disorders.
- Lack insurance and are exiting the social service system or are being released from probation.
- Are members of an underserved population due to cultural or linguistic isolation; and
- Are members of impoverished communities or communities that are geographically isolated.
- Are experiencing homelessness.

TCBHS will continue to enroll TAY into the FSP Program. Individuals in this group who are participating in the program will receive assistance to achieve appropriate housing, to stabilize symptoms, and return to the community from out-of-county placement. TAY enrolled in the FSP Program are assisted in accessing a variety of community resources suited to the culture and language needs of the individual. While a “whatever it takes” approach is used to support the TAY, the goal and focus is to move the individual toward self-sufficiency and independence. Linkage to other services, including mental health, medical care, education, employment, and housing, will help TAY avoid the label of ‘chronically disabled’ or ‘unemployable’. Efforts will support the TAY to navigate more successfully in the normal developmental stages appropriate for their age. Our goal is to provide an effective intervention for the TAY FSP to address the concerns of this age group.

Adult FSP enrollees are those individuals who are:

- Chronically mentally ill.
- Have had numerous psychiatric hospitalizations.
- May be struggling with a co-occurring substance abuse disorder.
- Are homeless or at-risk of becoming homeless.
- At risk of incarceration; and
- Members of an underserved population.

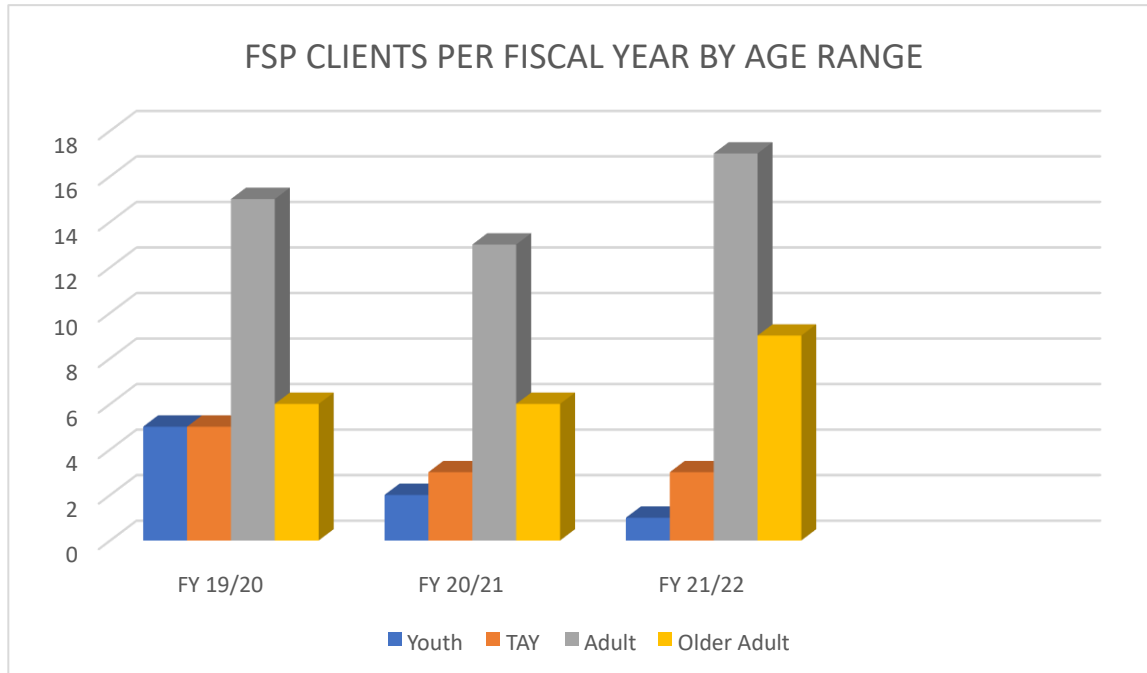
It is the intention of TCBHS to address the needs of these individuals in a manner that is culturally and linguistically competent, as well as focusing on individuals in the community who may be under-represented in the county mental health system. TCBHS is determined to identify more individuals as FSP's, and it is anticipated that the majority of those identified will fall into this age group. The stakeholder process that is completed every year prior to submission of the Annual Update, or this Integrated Plan, continues to reveal the need to include FSP clients in the FSP Program who are at a stage in their recovery that requires significant support.

Older Adult FSP enrollees are those individuals who are:

- Chronically mentally ill adults sixty years old or older.
- Struggling with acute chronic symptoms of mental illness and who are presenting with cooccurring diagnoses.
- Dealing with multiple functional impairments.
- Isolated, homebound, living in an institutional setting, and have limited resources.
- Are at-risk of becoming homeless (or are already homeless).
- At risk of a psychiatric hospitalization; and
- Struggling with co-occurring substance abuse disorder.

TCBHS will continue to expand its FSP Program to include older adult individuals. This population is typically difficult to engage due to the stigma that is often attached to mental illness for individuals in this demographic. TCBHS will continue to work toward partnering with both the Golden Age Center in Weaverville and the Roderick Center in Hayfork, providing outreach to this underserved population. The focus of this program will be to deliver culturally and linguistically competent services to seniors in the community and to assist older adults in achieving their maximum level of functioning while maintaining independence, if possible, in the community. Efforts will focus on decreasing isolation and minimizing the risk of suicide.





\*\*\*2021/2022 Data is only through June 30<sup>st</sup> of 2022\*\*\*

## PREVENTION AND EARLY INTERVENTION (PEI)

For fiscal year 2022-2023, TCBHS currently has 3 programs funded by PEI dollars. The 2022 Stakeholder meetings were not successful in getting community and stakeholder input, but in the prior year meetings, Prevention and Early Intervention within the schools was a high priority topic. Teachers, Probation Staff, and community members voiced their concern that funding would be cut, or services would be dropped. Their overall concern was that current programs need to stay in place, and additional programs needed to be created. It has been the overarching goal of TCBHS and its partner agencies to create Prevention and Early Intervention (PEI) programs to be delivered through the schools and other community agencies who regularly work with children and youth.

Below is the information and data submitted from the four (4) Prevention and Early Intervention programs that were funded in the 2021/2022 Fiscal Year.

## **MOUNTAIN VALLEY UNIFIED SCHOOL DISTRICT**

Originally the Link Center was one part of a two-part collaborative between Southern Trinity Health Services (STHS) and Mountain Valley Unified School District (MVUSD). The relationship between the two allowed shared ideas about program development and effective intervention strategies for school age youth. Mountain Valley Unified School District has since done away with this partnership and is a stand-alone program that is anchored at the Hayfork Elementary School and Hayfork High School.

The Prevention and Early Intervention services that are being provided include individual and group psycho-educational counseling to children who may be at-risk of school failure due to behavioral problems, family crisis, or social concerns that may interfere with concentration and learning. The school staff invite parents and family members of students to visit the on-campus site to promote healthy communication between the school and family. This strategy helps promote a more family-based community, earning loyal and strong community support. Key staff at the school's present curriculum that deals with the most common issues plaguing students, i.e., bullying, family issues, and anger management. The staff make efforts to meet and get acquainted with each student. This relationship building strategy has gone a long way to promoting a sense of trust in the children and youth and, in turn, their parents and caregivers.

Number of Participants served:

Students Enrolled in 18/19: 256 - 73% of enrolled students served.

Students Enrolled in 19/20: 292 - 72% of enrolled students served. Students

Enrolled in 20/21: 298 - 75% of enrolled students served.

*\*\*\*Not enough data was collected by MVUSD to report gender of students served. 12 adults were also served, in 2019/2020 15 adults were served and in 2020/2021 6 adults were served. 7 adults were also served in 2021/2022. Gender was also not identified.*

Counseling Services:

At the beginning of the 2020-21 school year, enrollment for MVUSD was at 308, currently the enrollment is 305. Between September 13, 2021, to June 15, 2021, 96 students utilized counseling services through the Link Center which represents approximately 20 % of MVUSD population receiving direct counseling services. Counseling was done in individual, group, crisis, and drop-in sessions. Topics covered ranged from anger management, coping strategies, social skills, family conflict, academic success, grief and loss, relationship conflict, and drug and alcohol issues.

### Prevention/Student Services:

1. The counseling technician facilitates the “Kindness Luncheon” program in grades K-3<sup>rd</sup>.
2. Small groups in grades 4-6 chose a project to work on as a team to build interpersonal skills and build relationships with peers.
3. After-school activities such as yearbook, academic tutoring, movie nights, park clean ups are all facilitated by the counseling technician.

### Education:

1. The Hope Rising social and emotional program has been implemented in grades K-8 which addresses topics such as: self-awareness, self-management, social awareness, responsible decision-making, and relationship skills. The lessons were delivered 1-2 times per week in each classroom.
2. Four-year plans were created for the 6<sup>th</sup>-8<sup>th</sup> graders and multiple career inventories were administered. Ninth grade orientation and high school schedules for the upcoming year were delivered by the district career counselor.
3. There were limited field trips that provided students with college and cultural experiences, along with other interest-based excursions that were offered.
4. An after-school program comprised of activities and sports was offered by the district.

### Referral to resources:

Children and their families were referred to various organizations for the following services: clothing, shoes, food, mental health services, dental services, as well as other medical needs.

1. Clothing, shoes, jackets, and blankets were distributed to all HES students through the Link Center.
2. Thirteen students were newly identified as McKinney-Vento through the Schools and were then afforded resources based on that identification. A total of 31 students district-wide accessed resources based on their McKinney-Vento identification.
3. Four referrals for mental health services were made to Behavioral Health in Weaverville.

### Testimonials:

*\*\*“I didn’t know how to ask for help from my teachers, so I practiced with the counselor.” -7<sup>th</sup> Grader*

*\*\*“We presented a lesson on how to treat each other with respect to the 1<sup>st</sup> graders.” -8<sup>th</sup> Grader*

*\*\*"I reached out to the counselor regularly to discuss the best strategies to use in my classroom, she gave me a lot of ideas and support in how to handle my students who are very traumatized." -2<sup>nd</sup> Grade teacher*

*\*\*"I was having a hard time readjusting my child to the school schedule, I met regularly with the principal and counselor, and they helped me with techniques to use at home. I was also introduced to the Love and Logic philosophy and that helped me discipline my child in a kind and consistent way." -2<sup>nd</sup> Grade Parent*

*\*\*"I like to play games with Mary, she is so nice." -2<sup>nd</sup> Grader*

*\*\*"My grandpa is sick, so I talk to Mary about how I feel angry." -4<sup>th</sup> Grader*

*\*\*"I met with my friends and the counselor and talked about how to be nicer to each other." -6<sup>th</sup> Grader*

*\*\*"When I came back to school, I was scared that I was going to get Covid, so I talked to someone about it." -5<sup>th</sup> Grader*

*\*\*"I like to play with my Legos and talk with Mrs. Patton." -1<sup>st</sup> Grader*

*\*\*"I try to ask for help when I am upset instead of yelling at my teacher." -3<sup>rd</sup> Grader*

*\*\*"The fires in Hayfork were really scary so I talked to Mary about how I felt." -6<sup>th</sup> Grader*

*\*\*"Our class presented the Hope Rising curriculum to the 3<sup>rd</sup> graders and they practiced how to control their emotions." -8<sup>th</sup> Grader*

### **TRINITY COUNTY OFFICE OF EDUCATION PEI COUNSELOR**

The purpose of the PEI program is to implement social emotional learning (SEL) strategies for K-8 students and to promote a culture of caring, respect, and safeness. This goal is accomplished in collaboration with multi-layered tiers of support. This includes class-wide and small group education such as anti-bullying, emotional resilience, substance abuse prevention along with social-emotional skill building. Identified students are offered supports that include individual early intervention counseling in collaboration with family education and support. As needed, referrals are made to Trinity County Behavioral Health Services (or private therapy) for ongoing mental health services.

#### Target Audience:

All students from feeder schools to Trinity High School, including Burnt Ranch Elementary, Coffee Creek Elementary, Douglas City School, Junction City School, Lewiston Elementary, Trinity Center

Elementary, and Weaverville Elementary/Trinity Prep from Kindergarten through 8<sup>th</sup> grade focusing on achieving expected academic social success in school and building or maintaining social emotional tools to succeed.

At Trinity County's return to school (August 2020), a collaborative effort was set forth to provide support to teachers and staff interested schools regarding self-care, avoiding burnout, and providing a clear pathway to helping students identified as needing emotional or mental health support. With two other colleagues, a presentation and offer of support was provided to Junction City Elementary, Weaverville Elementary, Trinity Alps Unified School District, Lewiston Elementary School, Burnt Ranch Elementary, Southern Trinity Joint Unified School District and, California Heritage Youth Build Academy.

### *Strategies/Objectives:*

- 1. Using class presentation, (tier 1) implementation goals are on improving social emotional values and best classroom practices with an observable measure of improved participation, focus and social emotional behavior. Following up from the COVID restrictions, improving social connectedness while employing safety and concern for others.*
- 2. Small group interaction (tier 2) places an emphasis on an identified problem such as reducing bullying behaviors, identifying, and improving poor decision making, and increasing positive social interactions. As an example, in this space, restorative justice may be introduced and implemented. Outcomes are measured by student report and teacher observation in class and during recreation periods.*
- 3. Use of individual counseling (1:1) This strategy encompasses both tier 2 and tier 3 interventions and is targeted on increasing self-awareness and minimizing unwanted behaviors, increasing sensitivity to staff and students regarding personal rights and boundaries, education, and support individually and with family as indicated. Improvement is measured by student, parent and teacher observation.*

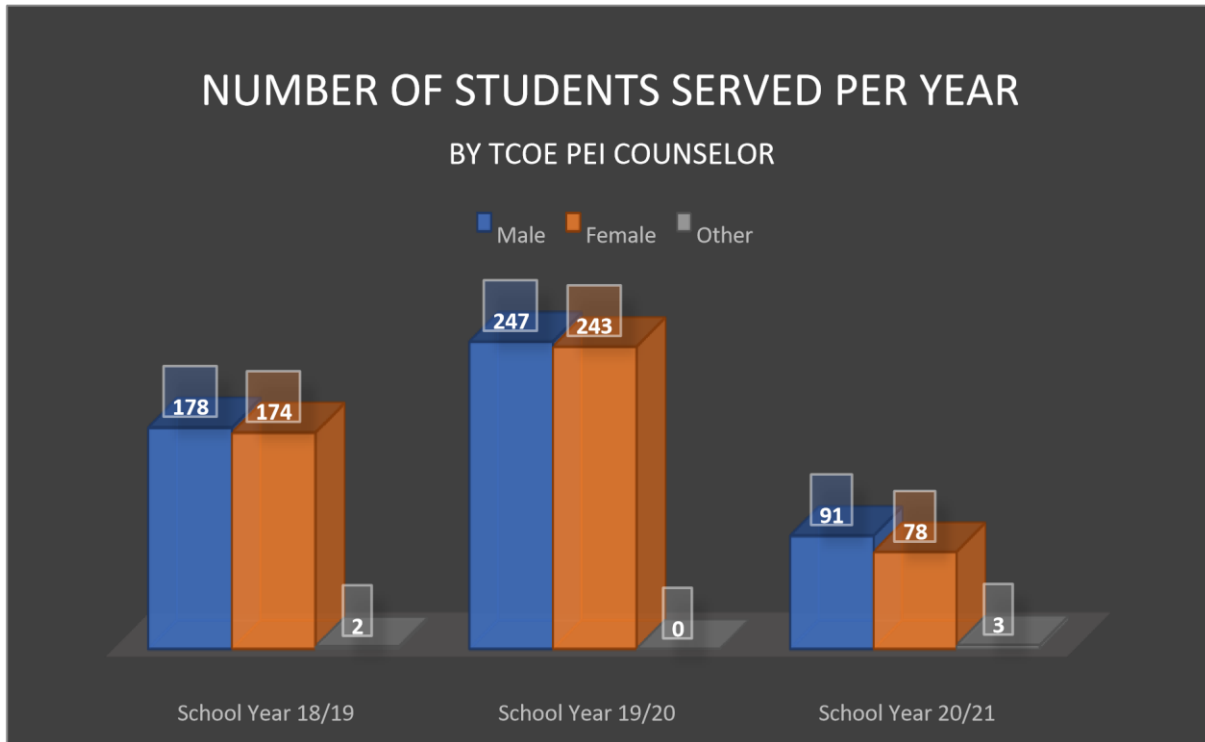
*Note: Given the impact of COVID masking, isolation, restrictions from interacting with classmates has had on students, it must be stated that the emphasis for this reporting period deals mainly with helping students feel safe, reasonably sure that life will resume normally, and normalizing anxiety and depression during a period of uncertainty and emotional upheaval.*

Number of Participants served:

Students Enrolled in 18/19: 773 - 46% of enrolled students served.

Students Enrolled in 19/20: 742 - 66% of enrolled students served.

Students Enrolled in 20/21: 647 - 28% of enrolled students served.



#### Outcomes from 2020/2022

- 1. Class wide discussion/education of social emotional tools helped encourage students to increase a positive mindset. Classroom participation increased awareness in students of the impact bullying and negative behavior affects peers. Anti-bullying education was helpful in reducing attempts at bullying. Learning about social emotional principles has improving desire to foster more effective working relationships in all grade levels.*
- 2. Small group instruction/education of social emotional tools and intervention helped students improve behavior in class which has impacted other students' ability to focus and learn. These participants reduced out of class time (referral or refocus in the office) by approximately 40% as reported by staff.*
- 3. Individual 1:1 service targeted negative classroom/playground behavior, and situational stressors impeding focus at school. Outcomes show a reduction of out of class time such as students sent to the office and losing classroom instruction. Some show improved drive toward success. Grades for all students seen in 1:1 were increased or remained sufficient.*

### **SOUTHERN TRINITY SCHOOL COUNSELOR**

To create consistency among PEI Programs, TCBHS is funding a third school-based Counselor. This third program serves the Southern Trinity Joint Unified School District (STJUSD). As with the Counselor at Mountain Valley Unified School District and PEI Counselor with the Trinity County Office of Education, this Counselor provides educational counseling to students who are experiencing behavioral issues and who may be at-risk of school failure.

This Counselor will be working with youth from an extremely rural community. The counselor will be available to all children, both at the elementary and high school. Focus will be on children who have been identified as at-risk and may be struggling with issues that are interfering with their academic progress. The counselor will present curriculum that deals with the most common issues concerning students, i.e., bullying, family trauma, and anger management. Should a crisis arise, the Counselor will be able to meet one-on-one with the child and will follow-up with the parents/guardians. The Counselor will establish a relationship with the parents/guardians and families of children seen in crisis or those that have been referred by the school.

#### Strategies/Objectives:

1. *Be Seen & Heard (Erin's Law) Video for sexual abuse awareness for all grade levels.*
2. *Tobacco/Alcohol Prevention and Behavioral Intervention used at grades 3-12, using appropriate lessons.*
3. *Emotional support awareness, all grades with the help of wellness liaison.*
4. *Therapy dog - helps with emotional expression in all students no matter the age level.*
5. *Student Study teams to emotionally support students that have difficulty adjusting to school and home environments.*
6. *Behavioral Health referrals for students that need extra help.*
7. *Career Choices and Changes target 8<sup>th</sup> – 12<sup>th</sup> grade (seeing what their future could be and making good academic and personal choices for themselves)*

#### Number of Participants served:

Students Enrolled in 18/19: 104 - 100% of enrolled students served.

Students Enrolled in 19/20: 98 - 100% of enrolled students served. Students

Enrolled in 20/21: 92 - 100% of enrolled students served.

The following is anecdote submitted to the PEI Outcomes Report for this program.

*This student came to us this year with a background of watching siblings being abused with no way of helping them. They were trying to control every situation at school without success and leaning towards becoming a bully trying their darndest to control situations. We were able to help this student by being a supportive staff and giving skills to see they did not need to control everything, and that school is a safe environment to be in. We gave them a voice to ask for help when needed and skills to communicate with other peers and adults in their world. This person was also connected with behavioral health and has weekly therapy sessions. The progress for this wonderful kindhearted student is amazing with their new environment.*



# Trinity County MHSa Annual Update Fiscal Year 2022 -2023

On the following page are tables outlining the demographic data collected from our Prevention and Early Intervention partners.

	2018/2019 School Year			2019/2020 School Year			2020/2021 School Year		
	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
<b>Race</b>									
American Indian/Alaskan Native	39	5	5	38	5	8	4	3	9
Asian	7	31	2	5	42	2	4	35	0
Black/African American	5	3	1	7	3	1	3	4	3
Native Hawaiian/Pacific Islander	0	0	1	2	0	1	0	0	1
White	277	114	83	436	114	69	147	101	64
Latino	15	0	0	0	10	0	7	9	0
More than One Race	10	22	11	1	22	14	7	15	15
Decline to Answer	1	11	1	1	14	3	0	55	0
<b>TOTALS</b>	<b>354</b>	<b>186</b>	<b>104</b>	<b>490</b>	<b>210</b>	<b>98</b>	<b>172</b>	<b>222</b>	<b>92</b>
	Yearly Total		644	Yearly Total		798	Yearly Total		486
<b>Primary Language</b>									
	2018/2019 School			2019/2020 School			2020/2021 School		
	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
English	354	157	104	480	167	96	170	171	92
Spanish	0	2	0	10	2	0	0	2	0
Other	0	27	0	0	41	2	2	48	0
Decline to Answer	0	0	0	0	0	0	0	1	
<b>Totals</b>	<b>354</b>	<b>186</b>	<b>104</b>	<b>490</b>	<b>210</b>	<b>98</b>	<b>172</b>	<b>222</b>	<b>92</b>
	Yearly Total		644	Yearly Total		798	Yearly Total		486
<b>Disability</b>									
	2018/2019 School			2019/2020 School			2020/2021 School		
	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
Mental - not SMI	7	3	0	9	4	8	9	6	0
Physical	2	1	0	1	1	0	1	1	0
Chronic Health Condition	3	0	0	0	0	2	1	0	0
Optical	0	0	0	0	0	0	0	0	0
Hearing Impairment	0	0	0	1	0	0	0	0	0
Other	8	0	0	0	0	0	24	0	12
None	334	180	104	479	205	88	137	215	79
Decline to Answer	0	2	0	0	0		0		1
<b>Totals</b>	<b>354</b>	<b>186</b>	<b>104</b>	<b>490</b>	<b>210</b>	<b>98</b>	<b>172</b>	<b>222</b>	<b>92</b>
	Yearly Total		644	Yearly Total		798	Yearly Total		486

# Trinity County MHSA Annual Update Fiscal Year 2022 -2023

Referrals Made	*** no data collected from MVUSD								
	2018/2019 School			2019/2020 School			2020/2021 School		
	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
To TCBHS	9		14	8		4	5		4
To Other Providers	3		3	6		3	2		1
<b>Totals</b>	<b>12</b>	<b>0</b>	<b>17</b>	<b>14</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>5</b>
			29			21			12

Other Data Collected	2018/2019 School			2019/2020 School			2020/2021 School		
	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
Attempted Suicides	0	0	1	1	0	1	1	0	0
Completed Suicides	0	0	0	0	0	0	0	0	0
Incarcerations	0	0	0	2	0	0	0	0	0
School dropouts	0	0	0	0	0	1	0	0	0
Homeless youth	6	35	26	4	26	20	1	20	23
Youth removed by CWS	3	4	3	25	1	0	6	2	0

## **PEI STATEWIDE PROJECTS**

Statewide prevention efforts include large-scale campaigns like “Each Mind Matters” and “Know the Signs” that work toward reducing the stigma of mental health issues and creating awareness through education about suicide prevention. The “Each Mind Matters” campaign has several ways that it aids counties, and not the least of which is technical assistance and a network of resources to meet the variety of training needs for counties. “Know the Signs” has provided resources to counties that includes posters, handouts, and print ads that speak to the subtle signs people demonstrate when contemplating suicide. Trinity County Behavioral Health believes that education is an important way to both reduce stigma and end the chance for suicides, supporting and participating in these statewide efforts.

## **NEW PEI PROGRAMS**

TCBHS is currently working on expanding the PEI program with new partners in the community. In recent months, we published a Request for Proposal for new Prevention and Early Intervention Programs. Unfortunately, we did not receive any responses. MHSA Staff have been reaching out to other agencies that provide services to our target population and we are hoping to partner with one or more to create a wider variety of Prevention and Early Intervention services within the Community. MHSA staff also plan on purchasing more desired items for community for outreach and engagement, such as sweatshirts, ball caps, shopping bags, and other swag items.

We are planning to develop a new Suicide Prevention Program. This program is in the beginning stages of development, and it will entail outreach and group discussions, as well as targeting our Older Adult population, our School-age Youth population, and will be available to our communities at large.

### **MHSA COORDINATOR**

The MHSA Coordinator is responsible for oversight and implementation of programs for all components of the MHSA. In terms of PEI, the MHSA Coordinator acts as the liaison for the CalMHSA statewide projects. The MHSA Coordinator will continue to act as a conduit for information regarding statewide anti-stigma and suicide prevention strategies. The role of the MHSA Coordinator will remain the same over the next three years (2020-2023). The focus will be on monitoring the progress of the projects, as well as to continuing to inform stakeholders and partner agencies about the outcomes of county-level programs and statewide offerings.

Local PEI Projects requires a limited amount of oversight, as they are well-established and have proven to be effective through qualitative reports. However, the Coordinator, from time to time, must work with key program staff to prevent a deviation away from the original focus. The school-based PEI programs must submit outcomes biannually and it is the job of the MHSA Coordinator to see that these are completed and submitted in a timely manner. Although, TCBHS will never have significant numbers in terms of statistics, the anecdotal evidence presented suggests that the programs are reaching the intended populations and are providing meaningful interventions.

### **WORKFORCE EDUCATION AND TRAINING (WET)**

Trinity County BHS will allocate a percentage of CSS dollars each fiscal year to the Workforce Education and Training component of MHSA Funding. TCBHS has joined the Superior Regional Workforce, Education, and Training Partnership along with fifteen (15) other counties. Working with the partnership, Trinity will be able to offer loan repayment stipends, education stipends, and Peer Specialist scholarships. The participants in this program must meet specific requirements in order to receive the funding. This partnership will be in effect through 2025. In the first round of applications through this partnership, TCBHS has been able to offer loan repayment stipends to four (4) County Behavioral Health Staff. In the second round of applications, TCBHS will be offering loan repayments, peer certification stipends, and scholarships for continuing education. These efforts are aimed at staff retention.

WET funding will continue to be utilized to provide culturally competent trainings to TCBHS staff and partnering agencies.

In addition to the Peer Certification, office etiquette, and communication trainings will be provided to the peer staff at the Wellness Centers.

Should the State make the use of existing, prior or current year MHA funding (regardless of component) available or allowable under the WET program, TCBHS will pursue one-time total student Loan Forgiveness for Behavioral Health employees as a means for staff retention.

Should the State make the use of existing, prior or current year MHA funding (regardless of component) available or allowable, TCBHS may use funds to develop employee housing or property with RV hookups as a mechanism for staff recruitment and retention, to address the lack of housing and rentals in Trinity County and mitigate this barrier to new professionals.

### CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

As noted in the 2020-2023 Three Year Plan, TCBHS has updated our servers, installed fiber connections, and increased our internet capabilities. Computers and all necessary accessories have been purchased and TCBHS will continue to utilize CFTN funding to purchase additional items needed to stay up to date on technological needs. Per regulations, TCBHS will continue to utilize up to twenty (20) percent of CSS dollars to upgrade and stay current with technological and/or facility needs of the department to ensure efficient delivery of services to our consumers.

In addition, over the next 2 years, TCBHS will utilize existing, prior, or current year MHA funding (regardless of component) as allowed for Behavioral Health Facilities, if such a building or property can be found. Per Welfare and Institution Code Section 5892 and State guidelines below, TCBHS will pursue the purchase of an existing building or property, infrastructure development, construction, remodel, and comprehensive facility set-up for an integrated, county-owned Behavioral Health Clinic in an accessible location.

#### **WIC § 5892**

(b)(1) In any fiscal year after the 2007-08 fiscal year, programs for services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal years pursuant to this section.

#### **Allowable Expenditures**

The County may utilize Capital Facilities funds to:

- Acquire and build upon land that will be County-owned.
- Acquire buildings that will be County-owned.
- Construct buildings that will be County-owned.
- Renovate buildings that are County-owned.
- Establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds and/or personnel cost directly associated with a Capital Facilities Project, i.e., a project manager.
- The County may utilize Capital Facilities funds to renovate buildings that are privately owned if the building is dedicated and used to provide MHSA services.

### **Specific Requirements**

- Funds shall be used for land and buildings, including administrative offices, which enable the County and/or contract provider to provide programs/services, as set forth in the County's Three-Year Program and Expenditure Plan.
- Capital Facilities funds shall only be used for those portions of land and buildings where MHSA programs, services and administrative supports are provided; consistent with the goals identified in the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components of the County's Three-Year Plan.
- Land acquired and built upon or construction/renovation of buildings using Capital Facilities funds shall be used to provide MHSA programs/services and/or supports for a minimum of twenty years.
- All buildings under this component shall comply with federal, state and local laws and regulations including zoning and building codes and requirements; licensing requirements, where applicable; fire safety requirements; environmental reporting and requirements; hazardous materials requirements; the Americans with Disabilities Act (ADA), California Government Code Section 11135 and other applicable requirements.
- Capital Facilities funds may be used to establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds. The reserve will be controlled, managed, and disbursed by the County.
- The County shall ensure that the property is updated to comply with applicable requirements, and maintained as necessary, and that appropriate fire, disaster, and liability insurance coverage is maintained.
- Under limited circumstances Counties may "lease (rent) to own" a building. The County must provide justification why "lease (rent) to own" is preferable to the outright purchase of the building and why the purchase of such property, with MHSA Capital Facilities funds, is not feasible.
- For purchase of land with no MHSA funds budgeted for construction of a building or purchase of a building (i.e., modular, etc.), the County must explain its choice and provide a timeline with

expected sources of income for the planned construction or purchase of building upon this land and how this serves to increase the County's infrastructure.

(b) (1) In any fiscal year after the 2007–08 fiscal year, programs for services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal years pursuant to this section. This is what the MHSOAC recommended we add to the end of your added input to the CFTN part of the Annual Update.

### INNOVATION (INN)

The most recent Innovation Plan for TCBHS expired in June of 2020. Despite receiving several recommendations and new program ideas from consumers, partner agencies, staff, and other community members during the 3-year community planning process, TCBHS has been unable to complete a new Innovation Plan as of November 2021 due to the pandemic and staffing levels. In September 2021 TCBHS submitted a concept paper and began the process of working with the Mental Health Services Oversight and Accountability Commission (MHSOAC) In November of 2021 the MHSOAC Coordinator resigned and the position was left unfilled until July 1, 2022. Now that we have a full time MHSOAC Coordinator, efforts have already begun to work on putting an Innovation Plan in place. There are currently four (4) community stakeholder meetings scheduled in August of 2022. All meetings will have both in person and virtual attendance via zoom offered. Meetings have been scheduled in Salyer, Trinity Center, Weaverville, and Hayfork. We are advertising in local newspapers, sending out email invitations and posting the meeting schedule online. TCBHS MHSOAC staff are hopeful that attendance will be fruitful, and information and ideas will be shared. It is the goal of TCBHS MHSOAC staff to have an Innovation Plan in place by Fiscal Year end.

### SUMMARY

During the current Fiscal Year (2022-2023) it is the goal of TCBHS to maintain and expand on the programs that are currently being funded by the MHSOAC funds, as well as add new programs as more input is received from the community regarding the Mental Health needs. The current programs are working to provide mental health services to clients using a strength-based and prevention-focused approach. TCBHS will continue to strive to provide outreach and engagement to the unserved and underserved populations in the county.

There have been significant challenges to this implementation due to the COVID-19 pandemic, and staffing shortages, however TCBHS is moving forward with implementing new strategies to continue to provide services to Trinity County residents. The CSS funded Wellness Centers and FSP program had been growing and expanding during 2017-2020. The COVID-19 pandemic impacted that growth and TCBHS is continuing to work hard to re-engage consumers to build those programs back up to prepandemic levels. TCBHS has been successful in maintaining programs that positively impact the community. TCBHS had a larger than average number of participants in the Community Program Planning Process in 2020 prior to the pandemic shutting down the state. It was much harder to garner participation in 2021 and 2022; however, TCBHS will continue outreach and engagement to boost the participation of our consumers, community, and partner agencies in the planning process not only for CSS and PEI programs, but for INN and WET programs as well.

TCBHS strives to adhere to the MHSA Plan by ensuring that services are delivered in a culturally sensitive manner, and that consumer and family member input is the “driver” behind the services offered. Emphasis is always placed on community collaboration, and the Recovery Model is the guiding force behind interventions.

**THREE-YEAR MHTSA EXPENDITURE PLAN ESTIMATES**

FY 22/23 Annual Mental Health Services Act Expenditure Plan						
Community Services and Supports (CSS) Component Worksheet						
County:	TRINITY					Date: 8/3/22
Fiscal Year 2022-2023						
CSS Dollars	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1.	826,180					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					



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12.		0				
13.		0				
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
<b>Non-FSP Programs</b>		762,628				
1.		0				
2.		0				
3.		0				
4.		0				
5.		0				
6.		0				
7.		0				
8.		0				
9.		0				
10.		0				
11.		0				
12.		0				
13.		0				
14.		0				

# Trinity County MHPA Annual Update Fiscal Year 2022 -2023

15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
<b>CSS Administration</b>		238,321					
<b>CSS MHPA Housing Program Assigned Funds</b>		0					
<b>Total CSS Program Estimated Expenditures</b>		1,588,809	0	0	0	0	0
<b>FSP Programs as Percent of Total</b>		52.0%					

<b>FY 22/23 Annual Mental Health Services Act Expenditure Plan</b>							
<b>Prevention and Early Intervention (PEI) Component Worksheet</b>							
County:	TRINITY					Date:	8/3/22
<b>PEI Dollars</b>		<b>Fiscal Year 2022-2023</b>					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>							
1.	MHPA Coordinator	20,000	20,000				
4.	Southern Trinity School Counselor	33,000	33,000				
5.	Trinity Office Of Ed PEI Counselor	136,000	136,000				
6.	State CALMHPA	25,000	25,000				

# Trinity County MHSA Annual Update Fiscal Year 2022 -2023

7.	New Community Partners	75,000	75,000				
8.	PEI Swag Purchases	2,500	2,500				
9.							
10.							
<b>PEI Programs - Early Intervention</b>							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
<b>PEI Administration</b>		43,725	43,725				
<b>PEI Assigned Funds</b>							
<b>Total PEI Program Estimated Expenditures</b>		335,225	335,225				

<b>FY 22/23 Annual Mental Health Services Act Expenditure Plan</b>							
<b>Innovations (INN) Component Worksheet</b>							
County:	TRINITY					Date:	8/3/22

# Trinity County MHSA Annual Update Fiscal Year 2022-2023

<b>INN Dollars</b>	<b>Fiscal Year 2022-2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1.	350,000	350,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						

# Trinity County MHSA Annual Update Fiscal Year 2022 -2023

20.						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>		350,000	350,000			
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>		0	0			

<b>FY 22/23 Annual Mental Health Services Act Expenditure Plan</b>						
<b>Workforce, Education and Training (WET) Component Worksheet</b>						
County:	TRINITY				Date:	8/3/22

<b>WET Dollars</b>	<b>Fiscal Year 2022-2023</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1.	35,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					

# Trinity County MHPA Annual Update Fiscal Year 2022-2023

9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
<b>WET Administration</b>		0					
<b>Total WET Program Estimated Expenditures</b>		35,000	0	0	0	0	0

<b>WET Administration</b>		0					
<b>Total WET Program Estimated Expenditures</b>		0	0	0	0	0	0

**FY 22/23 Annual Mental Health Services Act Expenditure Plan**

**Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County:	TRINITY					Date:	8/3/22
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<b>CFTN Dollars</b>	<b>Fiscal Year 2022-2023</b>					
	A	B	C	D	E	F

# Trinity County MHPA Annual Update Fiscal Year 2022 -2023

	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	50,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					

20.		0					
<b>CFTN Administration</b>		0					
<b>Total CFTN Program Estimated Expenditures</b>		50,000	0	0	0	0	0
<b>CFTN Administration</b>		0					
<b>Total CFTN Program Estimated Expenditures</b>		0	0	0	0	0	0

**MHSA COUNTY COMPLIANCE CERTIFICATION**



**MHSA COUNTY COMPLIANCE CERTIFICATION**

County: \_\_\_\_\_

<b>Local Mental Health Director</b>	<b>Program Lead</b>
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

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

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

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

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

\_\_\_\_\_  
Local Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

County: \_\_\_\_\_

Date: \_\_\_\_\_

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION**

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION**

County: \_\_\_\_\_

<b>Local Mental Health Director</b>	<b>County Auditor-Controller</b>
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
County Mental Health Mailing Address:	

I hereby certify that said County has complied with all fiscal accountability requirements as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act, including Welfare and Institutions Code sections 5891, 5892 and 5893 and Title 9 of the California Code of Regulations sections 3400 and 3410. Additionally, expenditures for Prevention and Early Intervention and Innovative Programs are consistent with any and all guidelines issued by the Mental Health Services Oversight and Accountability Commission (W&I 5846(a)).

\_\_\_\_\_  
Local Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Auditor Controller (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

County: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosure 1

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>**

County/City: TRINITY

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

<b>Local Mental Health Director</b>	<b>County Auditor-Controller / City Financial Officer</b>
Name: <b>Connie Smith</b>	Name: <b>Angela Bickle or Christine Gaffney</b>
Telephone Number: <b>530-623-1362</b>	Telephone Number: <b>530-623-1317</b>
E-mail: <b>csmith@trinitycounty-ca.gov</b>	E-mail: <b>abickle@trinitycounty.org</b>
Local Mental Health Mailing Address:	
<b>PO Box 1640, Weaverville, CA 96093</b>	

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

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Connie Smith  
Local Mental Health Director (PRINT)

  
Signature 08/16/2023  
Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated TBD for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Christine Gaffney  
County Auditor Controller / City Financial Officer (PRINT)

  
Signature 08/16/2023  
Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)