

Trinity County Behavioral Health Mental Health Services Act Plan



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Trinity County Mental Health Services Act

Annual Update

Fiscal Year 2024/2025

Annual PEI Report FY 2022/2023



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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 15,818 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 updated from census data 3-18-24.

Race and Hispanic Origin	Trinity County	State of California
White alone	86.0%	70.3%
Black or African American alone	0.7%	6.3%
American Indian/Alaska Native	5.1%	1.7%
Asian	2.7%	16.3%
Native Hawaiian/ Pacific Islander	0.2%	0.5%
Two or More Races	5.3%	4.3%
Hispanic or Latino	7.7%	40.3%
White Alone, not Hispanic or Latino	80.5%	34.7%

Age and Sex	Trinity County	State of California
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Persons under 5 years	4.1%	5.5%
Persons Under 18 Years	17.4%	21.8%
Persons 65 and Older	30.6%	15.8%
Female persons	48.5%	49.9%

Income & Poverty	Trinity County	State of California
Median household income (in 2019 dollars)	\$47,317	\$91,905
Per Capita Income (12mo)	\$32,856	\$45,591
Persons in Poverty	16.8%	12.2%

<https://www.census.gov/quickfacts/fact/table/CA.trinitycountycalifornia/POP010220>

MENTAL HEALTH SERVICES ACT OVERVIEW & PURPOSE OF MHSA 3-year plan and Annual Update

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 was 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>

In March 2024, California voters passed Proposition 1, which significantly changes several components of the original Mental Health Services Act of 2004.

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. 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 PLANNING PROCESS

There were two scheduled Stakeholder Meetings in October and one in November 2023. There were 5 people in attendance at the Roderick senior center in Hayfork. In this meeting, the Trinity County Office of Education sent a counselor to seek reinstatement of Prevention and Early Intervention funding for the Mountain Valley Unified School District. The Roderick Senior Center offered their facility for a new Senior Support Group. There were 5 people in attendance at the community center in Mad River, Southern Trinity. Discussion included opening the school site to accommodate mental health services to adults in the community. The Department provided the Southern Trinity School with the TCBHS Referral form. Both Stakeholder meetings were held on the 26th of October in person and by zoom. There was also a meeting in Weaverville on November 9th. This meeting had three people in attendance, two in person and one by zoom. At this meeting we discussed the need for buildings at the Junction City and Douglas City school campuses to create space for behavioral health services. TCOE discussed the new grant funding they have been awarded and talked about not being sure they would need additional funding from TCBHS for the buildings due to ownership requirements. TCOE will inform us as the plan evolves and TCBHS will involve the MHSOAC, DHCS and county council to ensure we are following state laws, rules and guidelines.

To inform the community of these Stakeholder Meetings and to invite participation, flyers were posted county wide in every town. They were distributed via email to the schools, law enforcement agencies, and hand delivered to local businesses in the communities.

The Stakeholder Meetings that were held in October had more attendees than in past years, with approximately twice as many stakeholders attending. This could be due to having the meetings in the fall instead of the winter.

Attendance tends to vary from year to year. In general, the input garnered from the stakeholders during this year's round of groups was primarily focused on the need for confidential office space for schools to provide uninterrupted behavioral health evaluation, counseling and/or linkage to County Behavioral Health Services.

Trinity County Behavioral Health provides ongoing information about its programs on a bi-monthly basis at the Trinity County Behavioral Health Services Advisory Board meetings. When fully staffed, the advisory board is typically comprised of one member of the Trinity County Board of Supervisors, one representative from a partner agency and two to-four consumers and/or community members.

Advisory Board members continue to be interested in the impact that the MHSA programs are having on the community and targeted populations. This 5-person Advisory Board currently only has 3 active members, and the county has been actively recruiting more members in the 23-24 fiscal year. For this plan, the county has submitted this Annual update for review and approval by the Advisory Board members.

During the community planning process, the Annual Update projection of the ongoing programs was discussed. To address historically low attendance in the MHSA Stakeholder Meetings, the MHSA Coordinator actively sought greater Community Stakeholder participation across the county, and there was a slight increase in the Stakeholder attendees in 2023. It is planned in 2024 to use social media to attract and alert community members to the stakeholder process, and the MHSA Coordinator will join the TCBHS Mobile Crisis Stakeholder meetings to hold multiple dual-stakeholder meetings in 2024 and 2025.

For as long as the State of California funds these programs by the existing components, the following Plans by component are the intent of the Behavioral Health Department. When the State officially modifies these components under Proposition 1, the Department will develop a new Plan at that time.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Key components that comprise the TCBHS CSS plan:

- 1) The Milestones Wellness Center in Weaverville – which is responsible for outreach and engagement activities; and
- 2) Full-Service Partnership Program (FSP); and
- 3) Community Outreach and Engagement and the Community Planning Process; and
- 4) 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) WET and CFTN expenditures (up to 20% of annual MHSA CSS allocation per regulation); and
- 6) Services allowable under CalAim.

OUTREACH:

Extensive outreach efforts have been completed across the county, including:

- Outreach and establishment of a new support group at the Roderick Senior Center in Hayfork for suicide prevention and mental wellness.
- Outreach and establishment of a new support group at the Golden Age Center in Weaverville for suicide prevention and mental wellness.
- TCBHS was present at the Trinity County Fair, along with SUD Peer Specialists and the MHSA Coordinator to engage the public about mental illness and stigma. The children enjoyed answering questions, and it was a good learning experience for the public.
- Outreach for May is Mental Health Month: The MHSA Coordinator and Peer Specialists went to Weaverville, Hayfork and Junction City and handed out pamphlets, swag and information about mental illness and stigma reduction.
- Trinity Pride Picnic: The MHSA Coordinator, a Mental Health Clinician and the Crisis Manager attended the annual event and took the Mobile Crisis Vehicle to introduce the Mobile Crisis program to the community. Staff handed out program information and written information on LGBTQ youth services.
- Outreach to the Rancheria Tribal Health Fair and handed out Mobile Crisis information and suicide prevention materials. Also outreached to six veterans interested in Milestones Walk-In Wellness Center.
- TCBHS held our 2nd annual Adult and Older Adult Christmas party at the Veteran's Hall. There were two presentations, one on Mental Health and Aging: Breaking the Stigma. There was a pre-presentation questionnaire and a post-presentation questionnaire distributed to evaluate audience comprehension of the mental health stigma presentation. The second presentation was an overview of the Mobile Crisis Program. The community donated raffle prizes and Bingo prizes for this event and there was a tremendous amount of community support for this event.

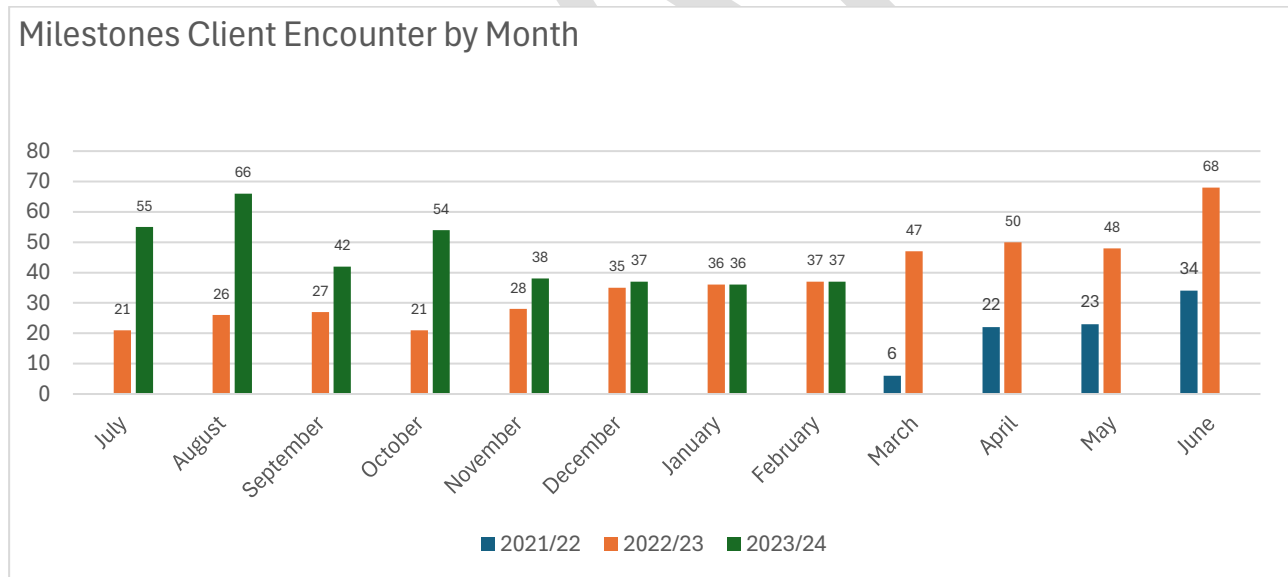
***MILESTONES WELLNESS CENTER**

The Milestones Wellness Center is open to all persons over the age of 18 and performs a unique and important function in Trinity County. To engage the unserved and/or underserved in the community, individuals can receive peer support and counseling regardless of Medi-Cal status. Linkages, interventions and support are provided by Milestones staff in a safe, welcoming, and inclusive environment. These interventions help individuals handle struggles across many life domains. The Wellness 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.

The Milestones Wellness Center represents a gateway to more traditional interventions offered through Trinity County Behavioral Health. A Peer Specialist can assist an individual they feel would benefit from the services offered by the agency and will make referrals, as appropriate. Individuals are also referred to other community agencies that may have additional support and services to offer. The wellness center often serves as a bridge back to establishing healthy and positive roles in the community. Basic need items may also be provided to participants at the centers, including a microwave meal and hygiene items. 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, arts and crafts, life skills 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.

The recovery focused programming and services at Milestones 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’ type of program for individuals who may have unmet needs and/or need additional community support. It is the intent of TCBHS to continue to fund the wellness center and to support program growth.



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

The Full-Service Partnership (FSP) program focuses on those in the community who are at high-risk and unable to access vital 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 meets one or more of the following criteria:

- Have or are experiencing a first psychotic episode.
- Are homeless.
- 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.

Individuals in the TAY group who are FSP eligible may receive assistance to achieve appropriate housing, to stabilize symptoms, and return to the community from out-of-county placement. TAY consumers 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 appropriate, as well as focusing on individuals in the community who may be underrepresented in the county mental health system. TCBHS expects to see the adult FSP population grow as the overall population ages, 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 having 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 offer its FSP Program to older adult individuals, keeping in mind that most TCBHS services are voluntary. 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 these efforts 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. A primary focus with the older adult population is decreasing isolation and minimizing the risk of suicide.

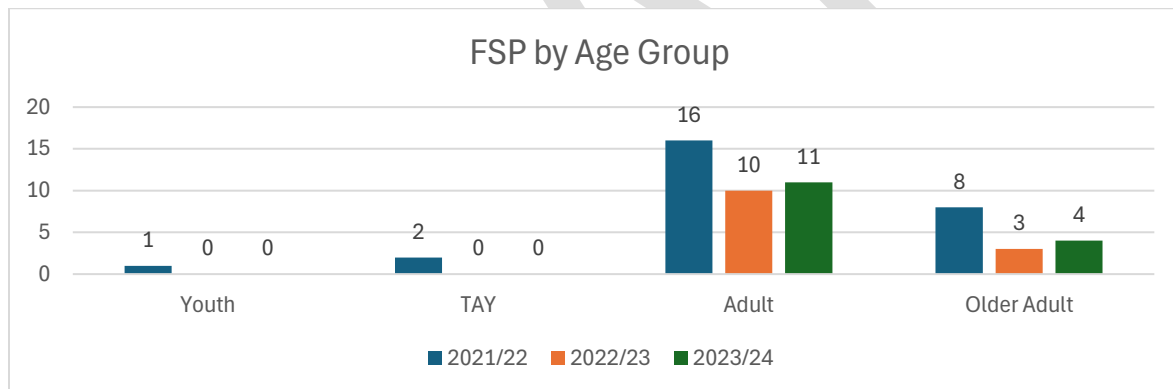
TCBHS will continue to fund the Alpine house FSP clients due to clients SSDI incomes being only a small percentage of what is needed to pay for room and board in the facility. The percentage paid through FSP funds is called a patch. This patch makes it possible for these clients to stabilize at the Alpine house in hopes of eventually moving on to a self-sufficient living situation.

Fy 23-24 FSP Outcomes for 3 clients enrolled in the FSP program.

1, Client has been enrolled in the FSP program long term. The client has been able to remain stable with reduced psychiatric services and no need for psychiatric hospitalizations. Client has been able to function better in the community with stable housing and the quality of life has been improved.

2, Client has been enrolled in FSP program long term. The client has been able to function with reduced psychiatric hospitalizations. The client has been able to have reduced or no justice involvement and quality of life has been increased. The client has also been able to experience stable housing as an FSP client.

3, Client has been enrolled in the FSP program and has experienced a decreased need for psychiatric services. Client is experiencing the ability to connect socially to the community and volunteers in various programs that provide essential services to the community. The client is experiencing employment success and has a very increased family involvement as a FSP client.



In this Plan, TCBHS will partner with schools to establish office space to be built on school property to provide a private and safe place for students to receive behavioral health counseling and specialty mental health and/or substance use treatment via telehealth or in person. TCBHS will partner with the schools to provide reliable internet (i.e, Starlink) and office equipment to facilitate services.

TCBHS is currently partnering in planning and purchasing a portion of 2 new school buildings to be used for school based behavioral health services. Funds provided to the school will be commensurate with the TCBHS share of square footage, and two joint ownership agreements will be developed. TCOE is taking a lead role in this project in collaboration with TCBHS. The need for these buildings has been discussed as a solution to an ongoing problem on school campuses during the stakeholder meetings this year. Some of the campuses do not have adequate buildings for the PEI counselor to meet with the kids for mental health services. This

presents a problem with stigma and a confidential room to meet in. Dedicated buildings for this purpose are needed. TCOE will identify which campuses lack confidential rooms so the project can move forward.

PREVENTION AND EARLY INTERVENTION (PEI)

For the fiscal year 2023-2024, TCBHS continues its partnership with County Schools for Prevention and Early Intervention programs funded by PEI dollars. The overarching goal is to continue Prevention and Early Intervention (PEI) programs to be delivered through the schools and other community agencies who regularly work with children and youth. During the latest round of focus groups, it was stated that the prevention efforts anchored at the schools were effective in helping children develop social emotional skills to support better functioning.

As a result of growing demand and new State legislation, in fiscal year 2024-2025, TCBHS will bring PEI services in-house to serve the Jail and Incarcerated Youth populations, and to provide Housing services as required under the CalAIM Justice Involved Initiative and Proposition 1. TCBHS will continue to fund the Mountain Valleys School District and the Southern Trinity School District only.

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

Title of Project: _Prevention and Early Intervention 2023/2024

Brief Description: _ The PEI program is intended to implement social-emotional learning (SEL) strategies for students and to promote a culture of caring, respect, and safety. This is accomplished in collaboration with several tiers of support: Providing class-wide and small-group education in areas of bullying, violence, and substance abuse prevention along with empathy psychoeducation, social-emotional skill-building; identified students are offered individual early intervention counseling in collaboration with family education and support; as needed referrals are made to Trinity County Behavioral Health Services, one of the local medical clinics, or to an independent therapist for ongoing mental health services.

Target Audience: All students from feeder schools to Trinity High School, including Burnt Ranch Elementary, Douglas City School, Junction City School (JC declined services this year, using a CSW) Lewiston Elementary, Trinity Center Elementary, and Weaverville Elementary/Trinity Prep from Kindergarten through 8th grade focusing on achieving expected academic, social success in school.

Specific Age Group: X 0-5 years old X 6-15 years old 16-25 years old

Project Goals:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Anti-Bullying | <input checked="" type="checkbox"/> Discrimination reduction |
| <input checked="" type="checkbox"/> Anti-Stigma | <input checked="" type="checkbox"/> Good decision making |
| <input checked="" type="checkbox"/> Anti-Suicide | <input checked="" type="checkbox"/> Other: Crisis intervention |
| <input checked="" type="checkbox"/> Pro-Emotional Expression | |

Strategies/Objectives:

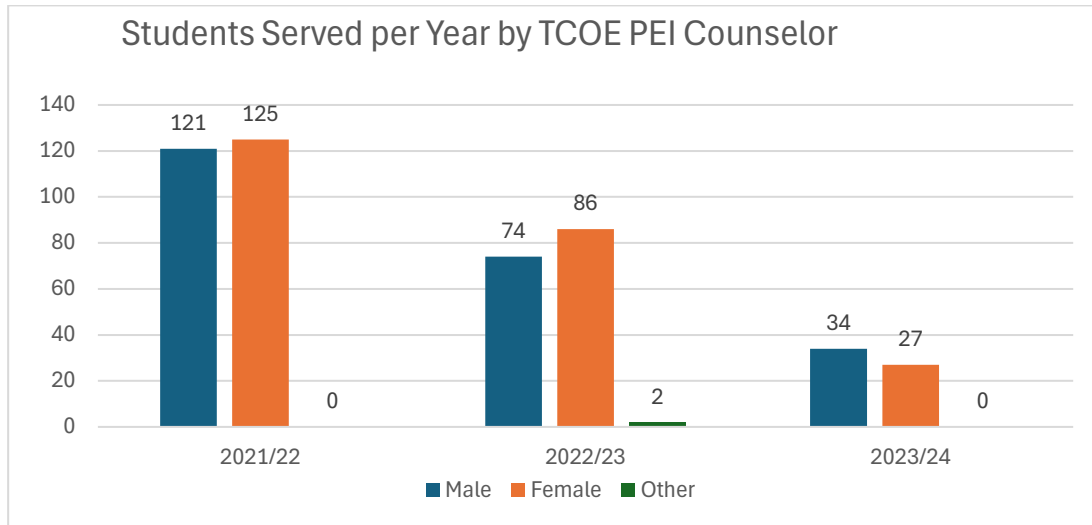
1. Tier 1: Using class-wide presentation/education such as Choose Well, anti-bullying, and friendship groups. Identifying socially preferred emotional behavior, improving social-emotional values, and best classroom practices. For young classes, used puppets to explain divorce, friendship, and kindness. Progress/concern is obtained via educator reports throughout the semester regarding the effectiveness and highlighting of certain individuals who may require small group or individual counseling. Liaisons did the majority of all-class, leading to more time for tier 2 and 3.
2. Tier 2: Small group interaction emphasizing identified problem areas such as reducing negative peer relationships or bullying, improving poor decision-making, and increasing positive social interactions are offered and measured by student reports and teacher observation in class. Used Hope City Restorative Chats, how to apologize, listen, and identify emotions. Identifying personal problems and how to rate and strategies on solving problems.
3. Tier 3: The use of individual counseling (1:1) is intended to increase student self-awareness, minimize unwanted behaviors, increase sensitivity to others regarding personal rights, respect, and boundaries, rekindle or establish respect for education, and address potential emergent situations that place students at risk for self-harm. Student self-report, parent/caregiver, and teacher reports measure all. CBT is used to rethink perceptions. Students with anxiety report positive interactions after several individual counseling sessions. Parent education and 1:1 work with parents in early intervention to identify emotions and respond with empathy and calming techniques.

Students Enrolled in 21/22: 707- 37.4% enrolled students served.

Students Enrolled in 22/23: 729- 8% enrolled students served.

Students Enrolled in 23/24: 677- 9% enrolled students served.

23-24 Only first half of fiscal year reported.



Outcomes:

1. Class-wide education using social-emotional tools (specifically- how to get along with others, focus and participate in class, and manage emotional distress) helped encourage students to increase overall emotional stability. Classroom participation also helped lessen the need for stricter measures regarding classroom management as their awareness of respect and positive regard for others increased. There was less need for all-class because liaisons took that role.
2. Small group education using restorative chats, social-emotional tools, and intervention helped students with specific peer interventions, navigating both disputes and bullying, as well as developing empathy and bringing a growth mindset to help address life's difficulties. Small groups also helped elevate playground bullying.
3. Individual 1:1 service targeted reduction of negative behaviors (with peers and teachers) and emotional stressors impeding the ability to focus at school. Outcomes demonstrated by parents, teachers, and students report improved grades, more completed assignments, increased class attendance, and reduced time spent in the office or being sent home.
4. Many 1:1 student service was targeted with an overall goal of helping alleviate growing anxiety, reduce depressive and destructive self-esteem, and shoring up overwhelming fears and lack of safety in their community and the world seen in the news and social media.
5. Many students have been identified as McKinney-Vento (**defines homeless: Lacking regular, and adequate nighttime residences**)

Summary Narrative of Outcomes

Please provide two (2) Examples of successful interventions/success stories:

Narrative One: A teacher working in a rural school with 24 middle school students was experiencing professional struggles due to stress in the workplace and their personal lives. These stressors made it hard to focus and be present with students at work. After listening to their issues, such as not feeling heard, supported, or appreciated, along with complaints of pain and anxiety, we discussed that their former coping skill (running and exercising) was not possible due to an injury. However, staying busy and distracting themselves from issues instead of feeling all the hurt and frustration was only adding to the anxiety and pain. After agreeing to use meditation as an intervention and working on sitting with their feelings instead of running from them, the client reported feeling less anxious and more optimistic about their job the following week. At the third week check-in, the teacher reported less physical pain as well. While most of my time is spent with children aged 4-14, supporting the teachers/staff/parents is crucial because they have a dramatic impact on a wide scale.

Narrative Two: A kindergartner was struggling with appropriate classroom behavior. The teacher reported that he “couldn’t keep his hands to himself, smacking kids in the arm and squeezing other kids.” The teacher also reported that he would yell and throw things in the class when asked to do a nonpreferred activity, such as tracing letters and numbers. The teacher also described him as very smart with an extensive vocabulary. The teacher worked on preparing the student with lots of prompts and tools to express himself before losing control, and I worked with the mom on what was going on in the home that was causing her son to feel angry. Working as a team, we have been able to keep the student in class, give the mom support to be successful at home, and continue to use strategies for expressing emotions and behavior strategies to replace unwanted behavior. I taught the mom and her son grounding and breathing techniques to help identify feelings and wait for big emotions to pass. I continue to work with them to cope with former trauma and being present and mindful of intrusive thoughts. I also referred the family to TCBHS, but they have been unable to make it because of distance.

***MOUNTAIN VALLEY UNIFIED SCHOOL DISTRICT**

On 10-26-23 during the Stakeholder meeting held at the Roderick Senior Center in Hayfork, The Trinity County Office of Education sent a representative on behalf of the Mountain Valley Unified School District to seek restoration of PEI funding that stopped due to contract requirements not being met. TCBHS assured that the Mountain Valley Unified School District funding could be restored next fiscal year 24-25 if they met the reporting requirements set forth in the contract between TCBHS and the MVUSD.

***SOUTHERN TRINITY SCHOOL COUNSELOR**

Specific Age Group: 0 – 5 years old
old

6 – 15 years old

16 – 25 years

Project Goals:

Anti-Bullying

Anti-Stigma

Anti-Suicide

Pro-Emotional Expression

Discrimination reduction

Good decision making.

Other Substance Abuse Reduction

Strategies/Objectives:

1. Emotional support awareness, target all grades with the help of wellness liaison.
2. Student Study teams emotionally support students have difficulty adjusting school and home environment.
3. Student help from Educationally Related Mental Health Clinician II (TCOE)
4. Behavioral Health referrals for students that need extra help.
5. Career Choices and Changes target 9th - 12th grade (seeing what their future could be, making good academic and personal choices for themselves)
6. Student anxiety therapy and support for students having high difficulty attending school.

To create consistency among its PEI Programs, TCBHS is funding a third school-based Counselor. This program serves the Southern Trinity Joint Unified School District (STJUSD). As with the 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.

Outcomes:

1. Emotional support and awareness for all students, families and staff that are in person and on independent learning. Working with behavioral health and TCOE Behaviorist for those that need extra assistance. Wellness liaison has been able to support using SEL lessons in classroom effort too.
2. Support for students in helping them to set goals for their future. Besides career choice support from counseling. Trinity Together has helped with this support also.

Number of Participants served:

Students Enrolled in 21/22: 97- 100% of enrolled students served.

Students Enrolled in 22/23: 95- 100% of enrolled students served.

Students Enrolled in 23/24: 95- 100% of enrolled students served.

- 23/24 ½ school year reported.

1. A student had been writing suicide notes and hiding them. Upon being found, the student received interventions and had an assessment done. They currently receive multi-layered counseling and group counseling with peers.

2. A student came to our school with a background that no child should have. They are being open and honest with trusted adults, working through skills they need to cope. They are involved in multi-layered counseling and group work. Working on skills for not taking on high risk activities.

		2021/22			2022/23			2023/24		
RACE	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	
American Indian/Alaskan Native	58	4	9	61	0	12	55	0	8	
Asian	28	50	0	26	0	0	24	0	4	
Black/African American	4	1	4	4	0	4	10	0	3	
Native Hawaiian/Pacific Islander	1	0	1	0	0	4	0	0	1	
White	501	145	83	532	0	69	495	0	73	
Latino	81	0	0	47	0	6	77	0	0	
More than One Race	23	34	15	51	0	16	52	0	0	
Decline to Answer/Other	11	0	0	8	0	0	4	0	1	
TOTALS	707	234	112	729	0	111	717	0	90	
PRIMARY LANGUAGE	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	
English	692	171	97	719	0	95	663	0	90	
Spanish	14	2	0	8	0	0	4	0	0	
Other	1	48	0	2	0	0	10	0	0	
Decline to Answer	0	0	0	0	0	0	0	0	0	
TOTALS	707	221	97	729	0	95	677	0	90	
DISABILITY	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	
Mental - not SMI	15	6	0	12	0	0	65	0	0	
Physical	2	0	0	1	0	0	3	0	0	
Chronic Health Condition	3	0	1	1	0	2	2	0	1	
Optical	0	0	0	0	0	0	0	0	0	
Hearing Impairment	0	0	0	0	0	0	0	0	0	
Other	77	0	12	92	0	12	6	0	0	
None	610	214	84	623	0	81	0	0	89	
Decline to Answer	0		0	0	0	0	0	0	0	
TOTALS	707	220	97	729	0	95	76	0	90	
REFERRALS MADE	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	
To TCBHS	9	4	1	0	0	0	0	0		
To Other Providers	6	0	0	0	0	5	2	0		
TOTALS	15	4	1	0	0	5	2	0	0	
OTHER DATA COLLECTED	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	
Attempted Suicides	2	0	0	0	0	0	0	0	1	
Completed Suicides	1	0	0	0	0	0	0	0	0	
Incarcerations	1	0	0	0	0	0	0	0	0	
School Dropouts	0	0	0	0	0	0	0	0	0	
Homeless Youth	4	31	0	46	0	0	55	0	11	
Youth Removed by CWS	3	0	0	0	0	0	4	0	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 aid 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 the chance for suicides and supports and participates in these statewide efforts.

***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 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 (2024-2026) The focus will be on monitoring the progress of the projects, as well as to continue informing stakeholders and partner agencies about the outcomes of county level programs and statewide offerings.

Local PEI Projects require 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. Anecdotal evidence presented suggests that the programs are reaching the intended populations and are providing meaningful interventions.

***PEER SUPPORT FOR SUBSTANCE USE DISORDER INTERVENTION SERVICES**

The Department has hired a Substance Use Disorders Peer Specialist for Co-Occurring and Substance Use Disorder clients, with a focus on SUD intervention services. This Peer Specialist is working with both co-occurring and substance use disorder clients to offer support services. This Peer will continue to provide these services and partner with the MHSA Coordinator to provide Senior Support Groups in Fiscal years 2024/25 and 2025/26.

WORKFORCE EDUCATION AND TRAINING (WET)

Trinity County BHS will allocate a percentage of CSS dollar each fiscal year to the Workforce Education and Training component of MHSA Funding, as allowed by the Department of Health Care Services. TCBHS continues to participate in the Superior Regional Workforce, Education, and Training Partnership along with fifteen (15) other Counties, however the funding available is minimal. Through the internal WET program, TCBHS will offer education loan repayment, education stipends and Peer Specialist scholarships. The participants in this program must meet specific requirements and/or commit to working in TCBHS for a predetermined period of time in order to receive this funding. During the remaining term of this 3-year plan, TCBHS may budget for unspent WET funding to support loan repayment, tuition and school cost stipends, incentive and encourage staff retention, and to support employee recruitment efforts.

Eligible candidates include permanent, non-probationary employees, probationary employees who are expected to pass probation and who commit to a term of TCBHS employment that includes the remainder of their probation period on top of the required work commitment, and Contract employees who agree to work at TCBHS and whose employers approve the work commitment contract as well.

TCBHS will also utilize WET funding to continue to provide culturally competent training to TCBHS staff and partnering agencies.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

TCBHS will continue updating infrastructure and technological needs, including those to meet CalAIM requirements such as interoperability software, project management software, electronic health record upgrades and modifications, and data collection software. In accordance with applicable regulations, TCBHS will continue to utilize up to a percentage of CSS dollars to upgrade and stay current with the technological and/or facility needs of the department to ensure efficient delivery of services to our consumers.

INNOVATION (INN)

TCBHS submitted an Innovation Plan for approval several years ago to the MHSOAC, which has not been approved at this time, and the Department awaits guidance in furthering this concept. Under the INN Plan, TCBHS proposed to expand efforts to “take the services to the communities” by purchasing a Case Management & Telehealth mobile service that will make routine trips to outlying communities to provide greater access to support and specialty mental health and substance use disorder treatment to Adults, Older Adults, TAY and Youth Populations. TCBHS will wait for further direction from the Department of Health Care Services and/or the MHSOAC regarding Innovative programs in the future due to Proposition 1. TCBHS will prepare an updated MHSA Plan once state requirements are known.

SUMMARY

Over the remaining two years (2024/25 – 2025/26), it is the goal of TCBHS to maintain current programs to the extent possible, and to begin ramping up for Proposition 1 requirements. The Department will also begin providing Jail inmate case management services with a focus on suicide prevention in the next two years. The current programs in place 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 underserved populations in the county.

In the face of dire staff and facility space shortages, TCBHS is implementing new strategies to recruit and retain clinical and specialty staff so as to continue to provide critical Behavioral Health services to Trinity County residents. The CSS funded Wellness Center and FSP programs are in full operation as the Covid-19 pandemic has waned. TCBHS has been successful in maintaining programs that positively impact the community. TCBHS will continue outreach and engagement to boost the participation of our consumers, community, and partner agencies in the planning process for all MHS Components and Programs.

TCBHS strives to adhere to the MHS 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.

Mental Health Services Act Funding Estimates for FY 2024-2026

FY 2024-2025 Annual Update Mental Health Services Act Expenditure Plan							
Estimated Component Worksheet							
County:	TRINITY					Date:	4/15/24
CSS Dollars	Fiscal Year 2024/2025						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. FSP Alpine House Respite Bed	94,900.00						
FSP Outpatient Services not covered by other revenue sources	75,000.00						
3. Other FSP related Expenses	700,000.00						
Non-FSP Programs							
1. Trinity County Office of Education Buidlin	700,000.00						
2. Milestones Wellness Center	136,541.00						
CSS Administration							
CSS MHSa Housing Program Assigned Funds	0.00						
Total CSS Program Estimated Expenditures	1,706,441.00	0	0	0	0	0	
FSP Programs as Percent of Total	51.0%						
PEI Dollars	Fiscal Year 2024/2025						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
PEI Programs - Prevention and Early Intervention							
1. Mountain Valley Link Center	20,000	20,000					
2. Southern Trinity School Counselor	33,000	33,000					
3. Community Health Worker	81,788	81,788					
4. Peer Specialist	92,193	92,193					
5. MHSa Coordinator	25,000	25,000					
6. Statewide Project	16,500	16,500					
PEI Administration	40,272	40,272					
PEI Assigned Funds							
Total PEI Program Estimated Expenditures	308,753	308,753					
INN Dollars	Fiscal Year 2024/2025						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
INN Programs							
1. No Approved INN Plan	0	0					
INN Administration							
Total INN Program Estimated Expenditures	0	0					
WET	0						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
WET Programs							
1.	252,172.00	252,172.00					
WET Administration							
Total WET Program Estimated Expenditures	252,172.00	252,172.00					
CFTN	A						
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
CFTN Programs							
1. Apricot Social Solution	21,000.00	21,000.00					
2. IT Infrastructure Need	25,000.00	25,000.00					
3. Other CFTN Expenditures	20,000.00	20,000.00					
CFTN Administration							
Tota CFTN Estimated Expenditures	66,000.00	66,000.00					
Total 2024/2025 Estimed MHSa Expenditures	2,333,366.15	2,333,366.15					

