
Trinity County Behavioral Health
Mental Health Services Act Plan
FY 2022/2023 – 2025/2026



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**Trinity County Mental Health Services Act
Three-Year Program and Expenditure Plan
Fiscal Year 2023/2024 through 2025/2026
Annual PEI Report FY 2021/2022 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 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 from April 2020. Updated from census data 4-24-2023.

Race and Hispanic Origin	Trinity County	State of California
White alone	86.2%	34.3%
Black or African American alone	0.7%	5.3%
American Indian/Alaska Native	1.6%	0.2%
Asian	2.1%	15%
Native Hawaiian/ Pacific Islander	0.2%	0.4%
Two or More Races	5.5%	4.2%
Hispanic or Latino	7.9%	40.2%
White Alone, not Hispanic or Latino	80.5%	34.3%

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Age and Sex	Trinity County	State of California
Persons under 5 years	3.9%	5.5%
Persons Under 18 Years	16.3%	22%
Persons 65 and Older	27.8%	15.2%
Female persons	48.9%	50%

Income & Poverty	Trinity County	State of California
Median household income (in 2019 dollars)	\$42,206	\$84,907
Per Capita Income (12mo)	\$29,312	\$42,396
Persons in Poverty	22.5%	12.3%

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

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. 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 4 scheduled Stakeholder Meetings in February 2023. There were no attendees in person, due to snow conditions. There were 4 Stakeholder Meetings held in March 2023, with attendance from the schools, the Golden Age Center, and local high school youth.

To inform the community of these Stakeholder Meetings and to invite participation, flyers were published in the Trinity Journal newspaper, and were distributed via email to the schools, law enforcement agencies, and on local bulletin boards in outlying communities.

The Stakeholder Meetings that were held in March had more attendees than in past years.

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 21/22 and 22/23 fiscal years. For this plan, the county has submitted this 3-Year Plan for review and approval by the remaining Advisory Board members.

During the community planning process, the 3-year projection of the ongoing programs were 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 significant increase in the Stakeholder attendees in 2023.

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. In the event that the State modifies these components, 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.

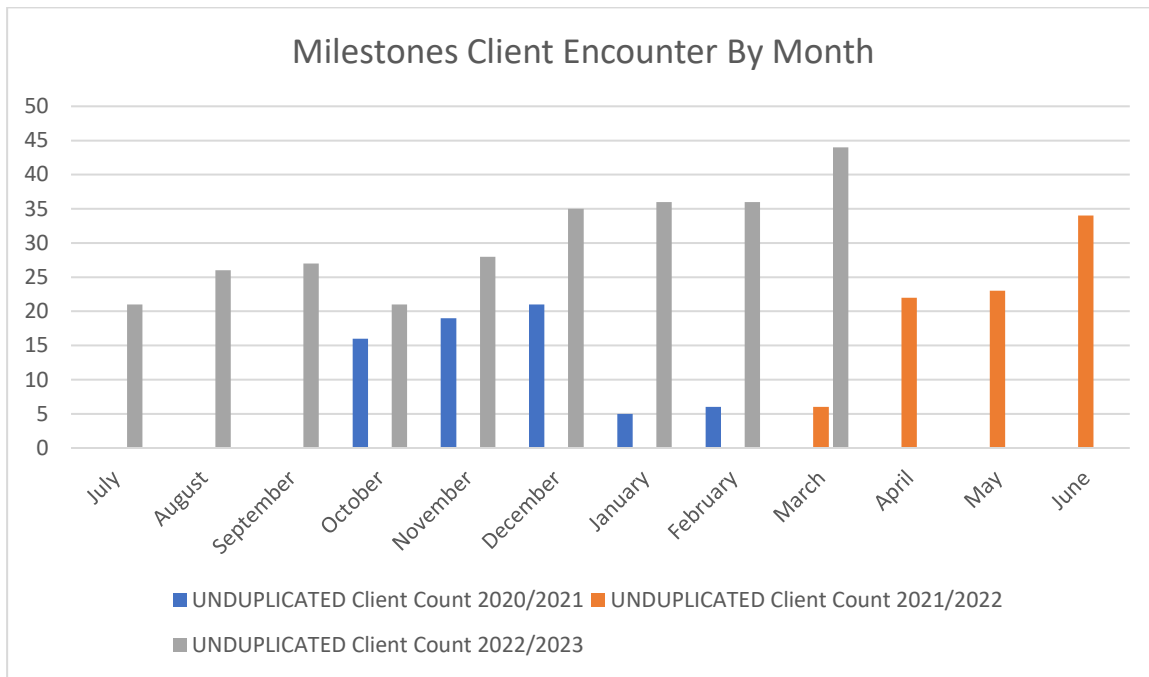
MILESTONES WELLNESS CENTER

The Milestones Wellness Center is open to all persons 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. Intensive 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 at 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, emergency clothing, 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, 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.

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.*

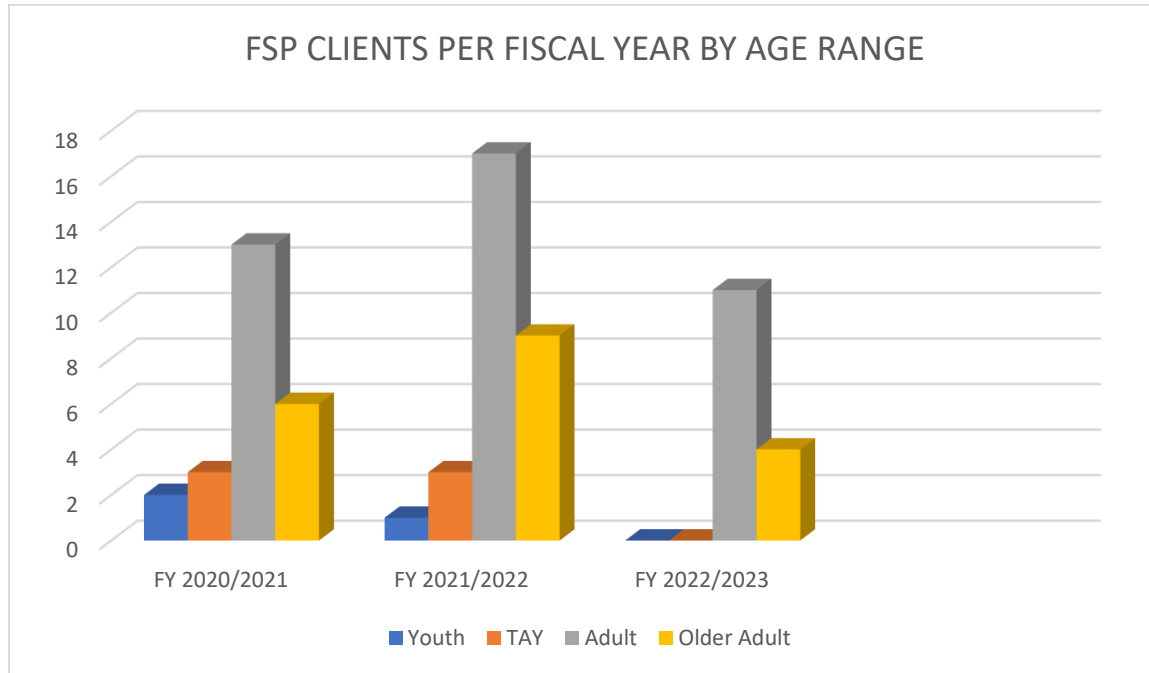
TCBHS will continue to offer its FSP Program to older adult individuals, keeping in mind that most TCBHS services are voluntary. This population is typically difficult to engage due to the stigma that is often attached to mental illness for individuals in this demographic. TCBHS will continue to work 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.

The following are three outcomes of the FSP program,

- 1: During FY 22-23 one FSP client that lived at the Alpine house was able to get a job so he could supplement his SSDI payments and eventually moved out into the community as a successful member of society no longer needing to be in the FSP program.
2. During FY 22-23 one FSP client living at the Alpine house was able to successfully stabilize and begin receiving SSDI monthly payments so he could begin renting his own place without the need for further FSP funds to supplement his income.
3. During FY 22-23 one FSP client has become stabilized through MH treatment and is in the FSP program that makes it possible for her to receive treatment due to Insurance problems. This client is able to be

successful volunteering in the community and thrive as a person in recovery. This person remains in the FSP program.



PREVENTION AND EARLY INTERVENTION (PEI)

For the fiscal years 2023-2026, 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.

***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 safety. 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 support that includes 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, Douglas City School, Junction City School, Lewiston Elementary, Trinity Center Elementary, and Weaverville Elementary/Trinity Prep from Kindergarten through 8th grade focusing on achieving expected academic social success in school and building or maintaining social emotional tools to succeed.

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

Project Goals: X Anti-Bullying X Anti-Stigma X Anti-Suicide X Pro-Educational Expression-Friendship X Discrimination reduction X Good decision-making X Other Crisis intervention and stabilization

Strategies/Objectives:

- 1. Tier 1: Using class-wide presentation/education (such as Why Try), Choose Well, identifying preferred emotional behavior and improving social, and emotional values, and best classroom practices. Progress/concern is obtained via educator reports throughout the semester regarding the effectiveness and highlighting individuals who may require small group or individual counseling.*
- 2. Tier 2: Small group interaction with an emphasis on an identifying problem area 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.*
- 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 or self-harm. All are measured by student self-report, parent/caregiver report, and teacher report.*

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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.

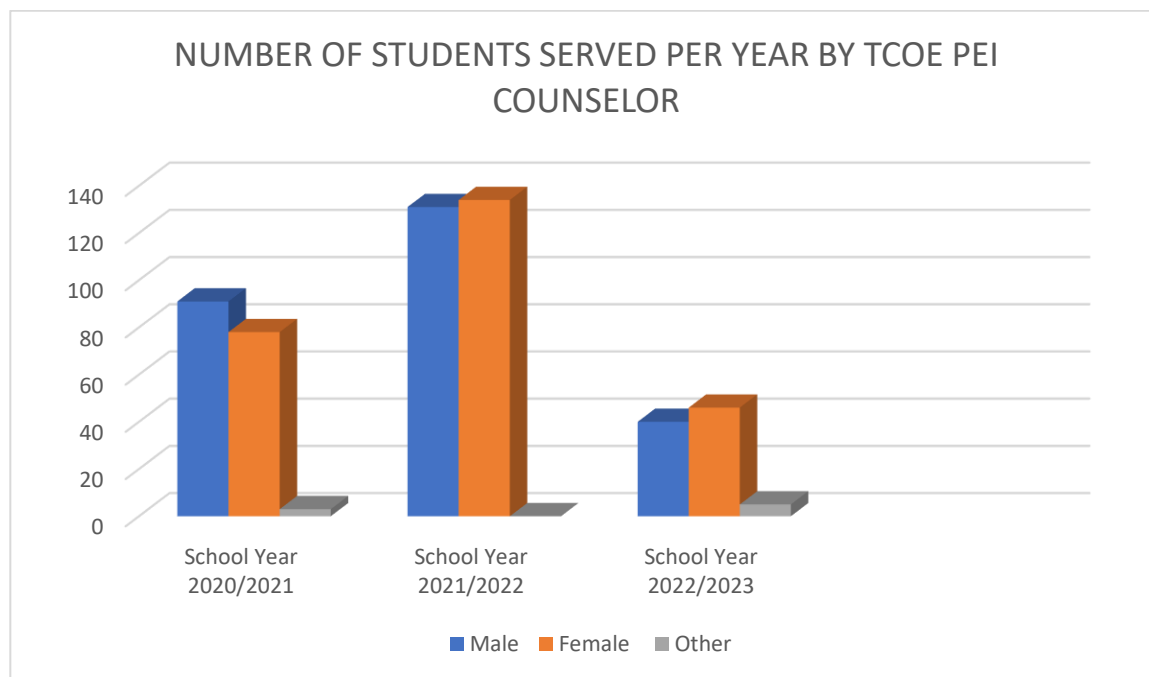
Number of Participants served:

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

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

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

- 22/23 ½ of school year reported.



Outcomes:

1. *Class wide education using social- emotional tools (specifically-how to get along with others, how to focus and participate in class, and how to manage emotional distress) helped encourage students to increase a better overall emotional stability.*

2. *Small group education using social - emotional tools and intervention helped students with specific peer interventions, navigating disputes and bullying, developing empathy, and bringing a growth mindset to help address life's difficulties.*
3. *Individual 1:1 service targeted the reduction of negative behavior and emotional stressors impeding the ability to focus at school. Outcomes demonstrated in 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.*

Two examples of successful interventions/success stories:

1. At the beginning of the school year, my focus was building relationships with schools, students, and staff. I provide class-wide interventions for the TK/K classroom to help manage behavior by implementing simple strategies like positive reinforcement and promoting relationship-building between teacher and the children's parents. This helped improve classroom management, helped parents feel welcome, and increased students' attendance.
2. I worked with the 6th grade teacher at one school to help her class understand the effect of bullying and how to recognize it when it is occurring. The 5th and 6th grade combination class identified what it means to be brave, and if they saw a student being bullied, they learn how to bring it to the attention of the teacher or staff member. This positive interaction was to help identify students who see bullying and stand up for those students. Both classrooms bullying behavior decreased over several weeks, with more students improving empathy.

***SOUTHERN TRINITY SCHOOL COUNSELOR**

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.

Strategies/Objectives:

1. *Emotional support awareness, target all grades with the help of wellness liaison.*
2. *Therapy dog helps with emotional expression in all students no matter age level.*
3. *Student study teams to emotionally support students have difficulty adjusting to school and home environment.*
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.*

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

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

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

- 22/23 ½ school year reported.

Two examples of successful interventions/success stories:

1. A student has very high anxiety due to their past situations before arriving at this school. This year their anxiety levels have made it where the student is throwing up before school in the morning with other physical sicknesses when getting ready. Most of the anxiety levels come from certain classes that were triggering their PTSD. Along with referral to other counseling services and changing up classes to be served with other supportive adults, I am happy to say they are no longer throwing up in the morning and attend school all the time now. They still have concerns but at least attending school and completing work.
2. This student has been chronically ill for several months now and is showing signs of anxiety going to classes. Their grades have fallen dramatically in the past 2 years. The thoughts they are having shown to be mentally at risk. Connections to outside therapy and new medications have helped somewhat. Changing their schedule around to using online platform while still coming to school have helped with their stability and still allows for the normalcy in social life of being around others.

Below are tables outlining the demographic data collected from our Prevention and Early Intervention partners.

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	2020/2021 School Year			2021/2022 School Year			2022/2023 School Year		
Race:	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
American Indian/ Alaskan Native	4	3	9	58	4	9	61	0	12
Asian	4	35	0	28	50	0	26	0	0
Black/African American	3	4	3	4	1	4	4	0	4
Native Hawaiian/Pacific Islander	0	0	1	1	0	1	0	0	4
White	147	101	64	501	145	83	532	0	69
Latino	7	9	0	81	0	0	47	0	6
More than One Race	7	15	15	23	34	15	51	0	16
Decline to Answer	0	55	0	11	0	0	8	0	0
Totals	172	222	92	707	220	97	729	0	95
	Yearly Total 486			Yearly Total 1024			Yearly Total 824		
	2020/2021 School Year			2021/2022 School Year			2022/2023 School Year		
Primary Language:	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
English	170	171	92	692	171	97	719	0	95
Spanish	0	2	0	14	2	0	8	0	0
Other	2	48	0	1	48	0	2	0	0
Decline to Answer	0	1	0	0	0	0	0	0	0
Totals	172	222	92	707	220	97	729	0	95
	Yearly Total 486			Yearly Total 1024			Yearly Total 824		
	2020/2021 School Year			2021/2022 School Year			2022/2023 School Year		
Disability:	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
Mental- not SMI	9	6	0	15	6	0	12	0	0
Physical	1	1	0	2	0	0	1	0	0
Chronic Health Condition	1	0	0	3	0	1	1	0	2
Optical	0	0	0	0	0	0	0	0	0
Hearing Impairment	0	0	0	0	0	0	0	0	0
Other	24	0	12	77	0	12	92	0	12
None	137	215	79	610	214	84	623	0	81
Decline to Answer	0		1	0	0	0	0	0	0
Totals	172	222	92	707	220	97	729	0	14
	Yearly Total 486			Yearly Total 1024			Yearly Total 824		
	2020/2021 School Year			2021/2022 School Year			2022/2023 School Year		
Referrals Made:	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
To TCBHS	5	0	4	9	4	1	0	0	0
To Other Providers	2	0	1	6	0	0	0	0	5
Totals	7	0	5	15	4	1	0	0	5
	Yearly Total 12			Yearly Total 20			Yearly Total 5		
	2020/2021 School Year			2021/2022 School Year			2022/2023 School Year		
Other Data Collected	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD	TCOE	MVUSD	STJUSD
Attempted Suicides	1	0	0	2	0	0	0	0	0
Completed Suicides	0	0	0	1	0	0	0	0	0
Incarcerations	0	0	0	1	0	0	0	0	0
School Dropouts	0	0	0	0	0	0	0	0	0
Homeless Youth	1	20	23	4	31	0	46	17	0
Youth Removed by CWS	6	2	0	3	0	0	0	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 (2020-2023). 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 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. 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**

Another program TCBHS plans to implement in the Prevention and Early Intervention Program is Peer Support Services for Co-Occurring and Substance Use Disorder clients, with a focus on SUD intervention services. It is our intent to hire a Peer Specialist that will work with both co-occurring and Substance Use Disorder clients to offer support services. This new hire will be funded with PEI funds in FY 23-24. During FY 24-25 and FY 25-26 funding will be paid through PEI funds or through “other” available funds.

WORKFORCE EDUCATION AND TRAINING (WET)

Trinity County BHS will allocate up to 20% percentage of CSS dollar each fiscal year to the Workforce Education and Training component of MESA 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, 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. During the term of this 3-year plan, TCBHS has unspent funding that will be drawn down to broaden loan repayment, to incentive and encourage staff retention, and to support employee recruitment efforts. (Any remaining funds will be used to update TCBHS facilities and infrastructure – see CFTN).

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)

Prior to, and during the onset of the COVID-19 pandemic, TCBHS began updating infrastructure and technological needs. The push to expand on this was fast tracked due to the pandemic. 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 the FY 2023/24 – 2025/26 Plan, TCBHS will partner with schools to establish office space, either stationary or mobile, that can reside 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 modular-type buildings to be used in school based behavioral services. Funds may be passed through to the school for the comprehensive management of this project, including but not limited to the purchase and installation of these buildings if allowed by the state. 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.

INNOVATION (INN)

The most recent Innovation Plan for TCHBS expired in June of 2020. Despite receiving a number of 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 MHSOAC.

After further submission of program concepts, the fate of the current Innovation Plan lies with the MHSOAC, and the Department awaits guidance in furthering this concept. Under the INN Plan, TCBHS will 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. It is planned to resubmit this plan now having Stakeholder support From Stakeholder meetings in September 2022 and March of 2023. Submission of plan will start in the FY 23-24 for county approval.

SUMMARY

Over the next three years (2023/24 – 2025/26), it is the goal of TCBHS to maintain and expand on programs that are currently being funded by the MHSA funds, as well as add new services as more input is received from the community regarding the Mental Health needs. 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 wanes. 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 MHSa Components and Programs.

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.

Trinity County 3-year Integrated Plan 2023-2026

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act							
Funding Summary							
ESTIMATES ONLY							
County:	TRINITY						
	MHSA Funding						
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Estimated FY 2023/24 Funding	1,915,382	478,846	126,012				
1. Estimated Unspent Funds from Prior Fiscal Years	5,949,313	763,625	438,661	0	0		
2. Estimated New FY 2023/24 Funding							
3. Transfer in	(442,500)			367,500	75,000		
4. Access Local Prudent Reserve in FY 2023/24	0	0					0
5. Estimated Available Funding for FY 2023/24	7,422,195	1,242,471	564,673	367,500	75,000		
B. Estimated FY 2023/24 MHSA Expenditure	2,011,154	316,396	420,000	367,500	75,000		
C. Estimated FY 2024/25 Funding	1,534,292	383,573	100,941				
1. Estimated Unspent Funds from Prior Fiscal Years	5,411,041	926,075	144,673	0	0		
2. Estimated New FY 2024/25 Funding							
3. Transfer in	(442,500)			367,500	75,000		
4. Access Local Prudent Reserve in FY 2024/25	0	0					0
5. Estimated Available Funding for FY 2024/25	6,502,833	1,309,648	245,614	367,500	75,000		
D. Estimated FY 2024/25 Expenditures	1,611,008	320,996	114,626	367,500	75,000		
E. Estimated FY 2025/26 Funding	1,547,493	386,873	101,809				
1. Estimated Unspent Funds from Prior Fiscal Years	4,891,825	988,652	130,988	0	0		
2. Estimated New FY 2025/26 Funding							
3. Transfer in	(442,500)			367,500	75,000		175,000
4. Access Local Prudent Reserve in FY 2025/26	0	0					0
5. Estimated Available Funding for FY 2025/26	5,996,818	1,375,525	232,797	367,500	75,000		
F. Estimated FY2025/26 Expenditures	1,609,394	356,200	155,841	367,500	75,000		
G. Estimated FY2025/26 Unspent Fund Balance	4,387,424	1,019,325	76,956	0	0		

Trinity County 3-year Integrated Plan 2023-2026

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: TRINITY

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

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

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)

Christine Gaffney 08/16/2023
Signature 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 7/6 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)

Christine Gaffney 08/16/2023
Signature Date

¹ 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)