



TRINITY COUNTY

MHSA ANNUAL

UPDATE 2018-

2019

ABSTRACT

The 2018-2019 MHSA Annual Update details Trinity County Behavioral Health Services' ongoing programs and services funded through Proposition 63.

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Introduction

Trinity County is located in the far northwest corner of the State. It is renowned for the Trinity Alps which are a destination for individuals looking to explore unblemished wilderness. While the county is roughly the size of the state of Rhode Island it is very sparsely populated with just around 12,780 residents. There are numerous little hamlets spread throughout the county and two hubs. The county seat, Weaverville, is the largest of these hubs with about 3500 residents. Hayfork, which is to the south of Weaverville and roughly located in the center of the county, has approximately 2500 residents. Travel through the county offers a scenic treat but can be a challenge as only two highways meander through the county; Highway 299 and Highway 3. Travel can be seriously confounded by weather or by wildfire which the county, like the rest of California, is experiencing on a more frequent basis. Relics of the county's gold rush history is evidenced by tailing piles, water canons and old flume ditches. While the county was remarkably densely populated during the gold rush only the hardiest of souls remained after the boom faded. The county once enjoyed a robust logging industry and now is on the forefront of legalized marijuana cultivation and sales.

Similar to the days of prospectors and miners, individuals looking to strike it rich have arrived in the county looking to make their fortune through the newly minted marijuana industry. Due to this economic draw the ethnic makeup of the county is changing though the county has not yet reached threshold language status. The following is a brief overview of county statistics gathered for the U.S. Census Bureau.

Ethnicities:

- Caucasian-87.8%
- Latino- 7.3%
- Native American-5.1%
- African American-.6%
- Asian American-1.2%
- Pacific Islanders-.2%

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Population of Older Adults: 13.6%

Veterans: 1,554

Gender:

- Male-47%
- Female-53%

Average Median Household Income: \$35,270

Individuals Under 65 With Disabilities: 15.1%

Challenges for the Community

Residents of the county continue to struggle with transportation as those in the most remote areas of the county find it a challenge to access needed services and resources. The single provider of public transportation, Trinity Transit, continues to struggle with a lack of ridership and has therefore had to decrease the number of routes that it can run. Overall, residents have limited access to educational or employment opportunities. Domestic violence, substance abuse and rural poverty remain a constant in the county.

Purpose of the MHSA 2018-2019 Annual Update

The purpose of this document is to provide the community with a realistic projection regarding ongoing projects under each component of the MHSA. The components that will be discussed in this document will be Community Supports and Services (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET) and Innovation (INN). The use of the County's Prudent Reserve will also be addressed. It is required under MHSA regulations that each county produce and 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 and Institutions Code, 5847). This document represents a progress report of Trinity County Behavioral Health Services MHSA activities from the previous

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year, as well as an overview of current or proposed MHSA programs planned for the next fiscal year.

Title 9 of the CCR section 3300 requires that the MHSA 3-Year Integrated Plan and updates be developed with the participation of the stakeholder, and the description of the local stakeholder process be included in that plan or update. The community program planning process should build on previous and ongoing participation of the local stakeholders. The county is to conduct a 30-day public review period.

- I. Briefly describe the Community Program Planning Process for the development of all components included in the 2018-2019 MHSA Annual Update. Include all methods used to obtain stakeholder input.*

There were three focus groups held to invite stakeholder input. In the interest of gathering the most input from the varying communities in the county, the focus groups were held in three different areas. The first was held in Weaverville at the main clinic on Monday March 19, 2018. The second was held at the satellite clinic located in Hayfork on Monday April 9, 2018. The third focus group was held on Thursday April 19, 2018 in Southern Trinity. Each of these communities have a unique perspective regarding the wants and needs of the individuals residing in the community and in the county, as a whole.

In order to inform the community of these focus groups and to invite as much participation as possible; flyers were disseminated widely, to the Trinity County Office of Education, the Human Response Network, the Department of Health and Human Services, the Mountain Valley Unified School District, the Trinity County Probation Department, North Valley Catholic Social Services, the Southern Trinity Unified School District, at both county Wellness Centers, and at several ‘central’ community locations. The central locations included; the local grocery stores, the post offices, gas stations, the TCBHS agency in Weaverville, and the satellite office in Hayfork.

TCBHS provides ongoing information about its programs on a bi-monthly basis at the Trinity County Behavioral Health Services Advisory Board meetings. The advisory board is comprised of one member of the county board of supervisors, staff from the local non-profit social service agency, two consumers/family members, the patients-rights advocate and an interested

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community member. All members demonstrate an ongoing interest in how MHSA works in the county and the effectiveness of both proposed and established programs.

There are occasional meetings held by the department heads of the health and human service agencies that serves as a mechanism for feedback for existing and proposed MHSA programs. These include the Health Collaborative, the Homeless Coalition, the Therapeutic Court Collaborative.

During the community planning process, projection for the next fiscal year was discussed. Aside from a few suggestions to provide school-based counseling to high school students in the Mountain Valley Unified School District, the overarching feedback is to continue the programs that are in place. The current programs are providing services to meet the needs of certain populations that, prior to Proposition 63, were seriously going unmet.

ii. Identify the stakeholder entities involved in the Community Planning Process (i.e. the name, agency affiliation, population represented, age, race, ethnicity, client/family member affiliation, primary language spoken, etc.)

There are several formal venues where information about the 2018/19 MHSA Annual Update was shared and stakeholder input was gathered. This includes the Policy Council for Trinity County Health Children's System of Care which convenes bi-monthly, the agency's Quality Improvement Committee bi-monthly meeting, the Behavioral Health Services Advisory Board bi-monthly meeting and the three MHSA Focus Groups that are held every year to specifically address MHSA programming. This is not the only way the county gathers input about its plane. Often it is through more 'unofficial' means. The chart below speaks to how other stakeholders have added input and, perhaps more importantly, how the county plans to further engage underserved populations in order to include their input regarding MHSA programming.

Provided Input for MHSA Annual Update: Focus Groups	Provided Input into MHSA Annual Update: BH Services Board (specify)	Provided Input into MHSA Annual Update: Other (specify)	Have not Provided Input into MHSA Annual Update	County Plans to Encourage Future Contributions
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<p style="text-align: center;">X</p> <p>Adults and Seniors with severe mental illness: Staff from Milestones Wellness Center have conducted recent outreach efforts to the Golden Age Center participants. Horizons staff have a standing outreach activity at the Roderick Center in Hayfork. The Roderick Center is for older adults. Staff concentrated on delivering psychosocial education about depression and anxiety as well as suicide prevention material. The attendees of these outreach events were given an overview of the MHSA programs in the county and Trinity County Behavioral Health's (TCBHS) intent to use ongoing MHSA funds to sustain these programs. Feedback gathered from attendees was favorable especially in regard to suicide prevention efforts.</p>		
<p style="text-align: center;">X X</p> <p>Families of children, adults and seniors with severe mental illness: Family members of adults/older adults and children who may be struggling with a severe mental illness have expressed support for each iteration of the county's Innovation plan as well as the Full Service Partnership program to provide wraparound services for their loved ones.</p>		
<p>Family members of unserved/underserved populations: Ongoing efforts are being made to engage these populations and representatives from these two cultural groups did not participate in the focus groups nor did they offer feedback by any other means. Plans to engage these populations are underway. Staff is working with Cal MHSA to obtain Spanish language outreach material. The agency is still contracting with the Hmong Cultural Center of Butte County to conduct focus groups/needs assessment for the county's Hmong community.</p>	<p>X Latino and Hmong</p>	<p>(See comment)</p>
<p style="text-align: center;">X</p> <p>Consumers that reflect the cultural, ethnic, and racial diversity of Trinity County mental health consumers: Consumers that reflect the county's diverse population (rural poverty) participate on the QIC and also on the advisory board and offer feedback and support to the Annual Update.</p>	<p>X Latino Hmong</p>	<p>See Comment **</p>
<p style="text-align: center;">X</p> <p>Providers of services: There is not an abundance of private pay providers in the community however education on the purpose of MHSA programming has been provided to two of the three outside providers. Feedback gathered from these educative efforts has been in support of the MHSA 3-year Integrated Plan especially in regard to continuing to emphasize the importance of peer support and the idea of "lived experience".</p>		
<p>Law enforcement agencies (documented in narrative)</p>		
<p>Education (documented in narrative)</p>		
<p>Social services agencies: (documented in narrative)</p>		
<p>Veterans:</p>	<p>X</p>	<p>See comment</p>

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No input was gathered from this population. This continues to be a struggle in regard to successful outreach. A wellness center staff will be continuing to lead this effort. The agency will be hosting a military culture training in March which will help with future outreach efforts.		
Providers of Substance Use Disorder (SUD) Services (fka Alcohol & Other Drug (AOD) Services): Trinity County Behavioral Health is an integrated agency and as such the administrator of the Substance Use Disorder services is aware of and provides regular feedback regarding the county's MHSA programming and three integrated plan.		
Health care organizations: There is a monthly integrated health care meeting that allows opportunity for community partners to weigh in on the MHSA 3- year Integrated plan. In the past there have been meetings with hospital administrators where all aspects of services available at TCBHS are discussed. This opportunity may be re-established in the future.		

II. *Describe the methods used to circulate, for the purpose of public comment, the 2018/2019 MHSA Annual Update.*

The 2018/2019 MHSA Annual update presented to the community includes the following components: 1) Community Supports and Services (CSS); 2) Prevention and Early Intervention (PEI); Workforce Education and Training (WET) and 4) Innovation (INN). 5) Intended use of the Prudent Reserve. An announcement describing the purpose of the Mental Health Services Act (MHSA), as well as an invitation for interested community members to attend the public hearing on May 23rd, 2018 was published in the local newspaper. An official notice of the public hearing was posted on bulletin boards at the Weaverville and Hayfork clinic as well as on the TCBHS website. The notice was also sent to partner agencies in the community. Furthermore, in an effort to provide the community with as much information as possible the annual update in its entirety was posted on the TCBHS website.

A second article was printed in the Trinity Journal on June 13, 2018 that was specific to the use of the Prudent Reserve. After the plan was approved on May 23, 2018, the determination was made during the construction of the budget that some revenue from the Prudent Reserve would be needed in FY 2018/19, and a second public notice was posted on the Trinity County Behavioral Health Website on June 15, 2018 announcing a Public Hearing to be focused on the budget and the Prudent Reserve on July 18, 2018. These were also posted in

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the lobby at the Weaverville and Hayfork Clinics. This notice was also sent to Agency partners.

- III. *Include substantive comments received during the stakeholder review and public hearing responses to those comments and a description of any substantive changes made to proposed MHSA Annual Update that was circulated. If no substantiated comments were received.*

The board approved unanimously, by 6-0, vote to approve the expenditure of \$11,000 in WET funds spent in 2017/2018 for staff cultural competency training. This was an element first introduced in 2008. If unapproved before 6/30/2018, these funds would become subject to reversion.

The 2018/2019 MHSA Annual Update was reviewed and discussed. One change in the existing plan is that Horizons Wellness Center to be proposed to be closed in June of 2018, due to lack of utilization. One Hayfork board member acknowledged that utilization was low, and he understood why a new model would need to be developed. He suggested a mobile outreach model where the Peer Specialist could organize activities at the Roderick Senior Center and have scheduled activities at other locations in the community. Another Hayfork board member stated that the reason why utilization was low at the wellness center was due to the consumers not having a voice or choice.

The plan of moving the Wellness Center to Cedar Home was discussed. There seemed to be no real opposition about moving Milestones to Cedar Home, except some concern about managing the noise of Milestones members so as not to bother the neighbors. Staff pointed out that this is the fourth Milestones move and that we should remember this is a program and not a particular ‘place’. The hours of operation will be reduced to 10:00 AM until 4:00 PM Monday through Friday. This change will allow for the peer run center to offer wellness activities on business days and overnight resources for targeted persons seven nights a week. Cedar Home will be operated on an “on call” basis, with peer specialists being on paid “on call”, and when a crisis manager sees the need, activating the program.

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Cheryl Anderson reviewed the plan and made a series of proposed edits with some clarifying questions. This edited packet will be forwarded to the author of the plan Marlinda Butler, MSW and Marlinda will contact Cheryl in the coming week to discuss her observations. A sub-committee was created, including John Fenely, John Stokke, and Cheryl Anderson, who will review the final document. There will be interface with the director, so the plan can be submitted to the Trinity County Board of Services in on August 7, 2018. A report back to the larger advisory group will be held on July 18, 2018.

IV. *Introduction of components included in Trinity County's MHSA Annual Update.*

TCBHS has used its MHSA dollars to fund programs to meet the needs of the community. Prior to the implementation of MHSA programming, Trinity County's children and youth had gone with minimal intervention services. There was also a shortfall regarding any type of wrap-around service that would help an individual to address functional impairments in various life domains. The medical and deficit-based approaches were the treatment options for those who sought services. Mental Health Services Act dollars allowed for these insufficiencies to be addressed; adding depth and quality to the services being provided. It is apparent in Trinity County that there has been a paradigm shift in regard to the efficacy of wellness and recovery treatment. It is now embedded in the array of services offered through the county mental health system.

The general population of the county is predominantly Caucasian and English speaking. The Latino population in the community has increased to around 7.3% according to the latest statistics available through the U.S. Census Bureau. The Native American populations, primarily members of the Nor Rel Muk Tribe, a band of the larger Wintu Tribe, are indigenous to Trinity County and represent a small but important population. In the Hayfork and Southern Trinity communities, the Hmong population is increasing, this in large part due to the legalization of marijuana. This community is difficult to engage due to cultural and linguistic barriers as well as the insular nature of the county's smaller communities.

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There continues to be no threshold language in the county; however, over the past five or six years there has been a noticeable shift in the county demographics. The culture that is over-represented within the county is the ‘culture of poverty’. The issues that continue to plague this population are limited employment, educational opportunities, co-occurring mental health and substance use disorders. The human services agencies within the county are consistently searching for effective strategies that will help address these concerns in a consistent manner. To sustain this programming during the 2018/2019 fiscal year, TCBHS has used MHSA dollars to address these concerns throughout all plans within each component. The programs described for the 2018/2019 MHSA Annual Update have been in place since 2010, with the exception of the Innovation plan. Innovation has continued to focus on the efficacy of peer support in the improvement of services and/or outcomes. Sustainability is always an integral factor for the success of a given program and this is what TCBHS as strived to achieve. It has implemented strong programs based on the needs and continued input from the community. Hence, effective program monitoring has corrected areas needing improvement or re-focusing and has ultimately created programs which can be carried forward into the coming fiscal years.

Community Supports and Services (CSS):

There are two key components that comprise TCBHS’ CSS plan:

- 1) The Horizons Wellness Center in Hayfork and the Milestones Wellness Center in Weaverville -which are responsible for outreach and engagement activities. The model for Horizons will shift and become a mobile outreach instead of being anchored at the Hayfork Community Center.
- 2) Full Service Partnership Program (FSP).

Wellness Centers

The wellness centers perform a unique and important function in the communities in which they are located. Staff from the wellness centers perform outreach activities in order to engage unserved or underserved individual or groups in the community. The staff from the wellness centers also provide peer support and peer counseling at each center. These interventions help individual

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manage struggles across 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 navigate the county mental health system and who have achieved personal recovery. Most peer staff are peer specialists, but the Agency does have Rehabilitation Specialists who have lived experience.

The centers represent a gateway to more traditional interventions offered through TCBHS. A Peer Specialist can make contact with 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 back to establishing healthy and positive roles in the community. Basic need items are provided to participants at the centers. This includes a daily snacks, clothing and hygiene items, as well as, on occasion and when available, sleeping bags or tents for those who are homeless and living out-of-doors. In addition, to addressing some of the most basic needs, activities at the center are geared toward improving social and life skills, assisting those who are applying for entitlement programs and helping to build employment skills. Enriching pursuits include a variety of craft groups, art, seasonal crafts and Wellness Recovery Action Plan (WRAP). When enough members are interested staff present a pre-vocational/vocational skills group that focus on skills, including soft skills, that are needed to obtain and keep employment.

Individuals who are geographically isolated or extremely economically disadvantaged are under-represented in the county mental health system. The Wellness Centers are continuing to play pivotal role in welcoming and helping these individuals gain access to services. Ongoing efforts will continue to include members of the LGTBQ community in the membership and activities offered through the centers.

The recovery focused programming and services at Milestones and Horizons are complimentary to 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 that more traditional service delivery systems may have missed. It is the intent of TCBHS to continue to fund

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Milestones Wellness Center and Horizons mobile outreach. Resources within the Agency are more limited now than in the past, so even though the hours for Milestones are reduced, the Agency will attempt to concentrate the resources so the Wellness membership still finds multiple benefits by participating.

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 Program. This program focuses on those in the community who are 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.

Trinity County has chosen to structure its FSP program to reflect two tiers. Individuals who are identified as being in tier one are those individuals who are experiencing an acute crisis, have a mental health diagnosis and are experiencing a crisis 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.

For fiscal year 2018/2019, TCBHS will identify children from birth to age 18 that may benefit from services provided by the FSP program. Children enrolled in the FSP program will present as being emotionally disturbed or severely mentally ill. In addition, he or she may have experienced multiple psychiatric hospitalizations, have co-occurring disorders, are exiting the juvenile justice or social service system, are uninsured, are unable to function in a mainstream school setting, have parents with a serious mental illness and/or have a family that is homeless. In the recent past, TCBHS has been treating children with serious emotional disturbance but as an Agency we have been slow to identify these children as FSPs. In the coming year TCBHS will redouble our efforts to do so.

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Trinity County does not have a youth wrap-around service; however, the agency is continuing to work collaboratively with partner agencies to support a limited wrap-around program. TCBHS has utilized a portion of its PEI dollars to hire a Prevention Services Liaison. This liaison works within the Trinity County Probation Department, specifically with youth and families who are experiencing the juvenile justice system and who are at-risk of school failure. This liaison will have the continued opportunity to interact with children or youth who have been identified as an FSP. The liaison may play a key role in the identification of individuals who meet FSP criteria and will be able to make referrals to TCBHS after meeting with children or youth who are in need of intensive support.

Even though Trinity County has a limited number of children in out-of-home placements, it is the goal of TCBHS to address the needs of these children and to prevent further placements. The FSP program addresses a critical gap in the continuum of care that exists or has existed in Trinity County. TCBHS will continue to partner with the Health and Human Services Agency to be fully involved in the care of foster children, attending Child Family Team Meetings and ensuring that all foster children receive behavioral health interventions.

TCBHS is committed to enrolling children and transitional age youth (TAY) who meet 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 (i.e. Latino, Hmong or members of the Nor Rel Muk tribe); and
- Are members of impoverished communities or communities that are geographically isolated.

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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. This group is in particular need of continued support due to the frequent substance misuse issues and considerable lack of educational and employment opportunities. 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 development stages appropriate for their age. The Agency has received training in the First Episode Psychosis from the Felton Institute, and in the coming year it is the goal of the Agency to identify TAY youth as FSPs who are experiencing their first symptoms of psychosis.

Adult FSP enrollees are those individuals who are:

- Chronically mentally ill and one or more of the following;
- Have had numerous psychiatric hospitalizations;
- May be struggling with co-occurring substance abuse disorder;
- Are homeless or at risk of becoming homeless;
- At risk of incarceration; and
- Members of an underserved population (Latino, Hmong or members of the Nor Rel Muk tribe).

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 the

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submission of the annual update, or the integrated plan, continues to reveal the need to include FSP clients in the FSP program who 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 or older and one or more of the following;
- Struggling with acute chronic symptoms of mental illness and who are presenting with co-occurring diagnoses;
- Dealing with multiple functional impairments;
- Isolated, homebound, living in an institutional setting and have limited resources;
- Are homeless or are at the risk of becoming homeless;
- At risk of a psychiatric hospitalization; and
- Struggling with co-occurring substance abuse disorder.

TCBHS will continue to expand its Full-Service Partnership (FSP) program in order 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 appropriate 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.

Prevention and Early Intervention (PEI);

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For the fiscal year of 2018-2019, TCBHS has five programs that are funded under this component of the MHSA. During the initial stakeholder processes and during subsequent stakeholder forums, it was identified that the children and youth of Trinity County have historically been over-looked and under-served by the system. The overarching goal was 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. During the latest round of focus groups, it was stated at all three locations, that the prevention efforts anchored at the schools were effective in helping children develop social and emotional skills to support better functioning. It was noted from school administrative and teaching staff, that they no longer felt like children in need of mental health services and support were getting lost in between the education and mental health system.

Prevention Services Liaison:

Stakeholders identified youth in the community as individuals who often ‘fell through the cracks’. It was agreed that if PEI strategies were to be implemented, then the needs of these youth would be better met. While there was an overall gap in services for all children and youth in the county, it was also determined that youth experiencing the juvenile justice system were even more likely not to receive all the services they require to stabilize mental health issues or deal with dysfunctional behaviors. These youth have significant need for support in order to meet the conditions of their probation and to re-integrate successfully back into the school environment. The vision of TCBHS was to create the position of the Prevention Service Liaison, who is anchored at the Trinity County Probation Department. This individual has immediate and regular contact with youth who are either currently in juvenile hall or who have been recently released on probation. The liaison works to support these youth as they transition back into the school environment. In order for the liaison to accomplish this, they must have regular contact with schools in all districts located in the county and also must be able to establish functional and cooperative relationships with these youth and their parents.

Another key element in this program is for the liaison to provide support to the county elementary and high schools by providing educational presentations

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to the student body at each location. These presentations often focus on the negative consequences of poor choices i.e. possession and use of a controlled substance, driving while under the influence, or making threats of violence toward others. The liaison can also present on more generalized curriculum such as anger management, community involvement and the impact of substance abuse. The Prevention Service Liaison is also available to schools to handle crisis situations. School staff report that the presentation that discuss consequences have been particularly helpful for youth, especially those at risk of perpetuating troubling behaviors.

When identified by the liaison a referral process has been established for those youth who have a possible need for mental health services. When a referral is made to TCBHS, the Prevention Services Liaison is available to do appropriate follow up with the youth and family to ensure that the appointment has been made. The liaison then works closely with parents and caregivers to make sure that the appointment is kept as well as assisting with barriers that may prevent the youth or family from attending the appointment. The liaison works closely with staff funded by the Substance Abuse and Mental Health Services Administration (SAMSHA) grant as well as the Substance Use Disorder Services (SUDS) Services Prevention Team from TCBHS. The liaison attends the weekly SUDS Services Prevention meeting in order to provide the best possible intervention for the youth incarcerated in the juvenile hall and the youth released on probation who are also struggling with substance abuse issues.

An important prevention strategy that the liaison utilizes is establishing relationships with parents of the youth who are on probation or in juvenile hall. The key is to work both with the parents and the youth to address concerns regarding substance use and other behavioral issues. By having the liaison available to work closely with parents, as well as with the schools and the probation department, youth who would usually have a difficult time adhering to the terms of their probation, have successfully re-integrated back into the school environment and community life.

The Prevention Services Liaison attends the weekly meeting with the TCBHS Prevention Team. The liaison is in regular contact with the lead SUD Services Counselor in charge of facilitating the SAMSHA groups at the juvenile

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hall. These key individuals discuss plans for upcoming events directed toward youth in the community. There is also an open line of communication between these three-key staff regarding crisis intervention and adolescents in danger of violating the terms of their probation.

Another key element of this PEI project is the Prevention Services Liaison's relationship with the Trinity County Office of Education and schools located within the county's three districts. The liaison attends School Attendance Review Board meetings every month, as well as the meetings of the Local Coordinating Coalition. The liaison is in regular contact with the parents of youth, who are habitually absent from school. The liaison also assists the parent in identifying ways to address the behavior, including making referrals to partner agencies and TCBHS, when needed. Initial and ongoing outcomes show that the positive rapport that the liaison is able to build with youth, parents and the schools has been effective. The outreach performed, and the consistent follow-up has contributed significantly to the reduction of recidivistic behaviors and less re-involvement in the juvenile justice system.

Discussions during the focus group for this annual update illuminated an ongoing desire from all school districts in the county to continue to have the liaison in place to work with at risk adolescents. It is the hope of the administrative and teaching staff from all the districts to have the liaison as a more regular presence on campus, apart from the presentations the liaison currently facilitates. It is believed that having the liaison more regularly available has two benefits; 1) allows the youth to build relationship with the liaison; 2) it would act as a deterrent for inappropriate or violent behaviors, as the liaison is viewed by youth as being law enforcement.

The following is anecdotal information that appears in the last PEI Outcomes report submitted by the Prevention Services Liaison.

"In the fall of 2017, a juvenile truancy case was brought before probation through the Student Attendance Review Board (SARB). The individual had previous contact with the prevention liaison officer on two other occasions, one for truancy the previous school year and also alcohol consumption. However, this case had dramatically progressed to the minor refusing to attend school, running away from her parent, continued alcohol use

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which at times required hospitalization. The minor was in dire need of mental health services and the parent was pleading with many agencies requesting assistance.

With the prevention officer's involvement in both SARB and the Children's System of Care (CSOC) and having a clear understanding of the seriousness of the youth's need for services and no parental control, the liaison collaborated with Mental Health, Child Welfare, and the Office of Education. The liaison had a proactive approach to notify local law enforcement of the situation with the minor and notify probation, child welfare, or mental health pending on the current situation.

Less than two weeks after notifying local deputies, a situation occurred between the child and parent requiring the presence of law enforcement by a deputy with direct knowledge of the case and the other agencies involved. The child was legally brought to probation and is currently being assessed by the Juvenile Court in efforts to rehabilitate and provide her an education. The case is still pending. "

This anecdotal narrative demonstrates the efficacy of the support provided by the Prevention Services Liaison to promote outcomes for the youth and families with which the liaison works.

Link Center:

Originally, the Link Center was one part of a two-part collaborative between Southern Trinity Health Services and Mountain Valley Unified School District. The relationship between the two allowed shared ideas about program development and effective intervention strategies for school aged youth. The Link Center has since become a stand-alone program that is anchored at the Hayfork Elementary School.

The Link Center provides individual and group psychoeducational counseling to children who may be at risk for school failure due to behavioral problems, family crisis or social concerns that may interfere with concentration and learning. The Link Center staff invites parents and family members of students to visit the on-campus site as a way to promote healthy communication between school and family. This strategy helps promote a more family -based

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community, earning loyal and strong community support of the Link Center. Key staff at the center present curriculum that deals with the most common issues plaguing students; i.e. bullying, family issues and anger management. The social worker at the Link Center makes an effort to meet and to get acquainted with each student. This relationship building strategy has gone a long way to promoting a sense of trust in the children and, in turn, their parents and caregivers.

The following is anecdotal information extracted from the last PEI Outcomes Report submitted by the Link Center staff:

1. **Counseling Services:** *At the beginning of the 2017-18 school year, enrollment for MVUSD was at 254. Currently the enrollment is 262. Between August 23rd and December 22nd, 110 students utilized counseling services through the Link Center which represents approximately 25% 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.*
2. **Prevention/Student Services:**
 - a. *The website for the Link Center is now live (www.thetranquiltrail.com) and is overseen by the MVUSD counseling technician. Suicide prevention, district activities and community service projects are among some of the information provided.*
 - b. *The counseling technician facilitates the Second Step program in grades K-3rd.*
 - c. *After-school activities such as Anime Club, Constitution tutoring, movie nights, park clean ups are all facilitated by the counseling technician.*
 - d. *Pull-out academic services were offered through the Link Center to students identified as having academic challenges.*
3. **Education:**
 1. *Comprehensive guidance program has been implemented in grades K-8 which addresses topics such as: time and place, appropriate behavior, and academic success. The lessons*

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were delivered three times over the school year in every class, twice during the August-December months.

2. *Four-year plans were created for the 6th-8th graders and multiple career inventories were administered.*
 3. *Field-trips provide students with college and cultural experiences, along with other interest-based excursions as well.*
- 4. Referral to resources:** *Children and their families were referred to various organizations for the following services: clothing, shoes, food, mental health services, dental services, and other medical needs.*
- a. *Clothing, shoes, jackets, and blankets were distributed to 65 students through the Link Center.*
 - b. *Four students were newly identified as McKinney-Vento through the Link Center and afforded resources based on that identification. A total of 39 students district wide are able to access resources based on their McKinney-Vento identification.*
 - c. *Transportation was provided for sixteen students to access the Dental Van off-site.*

Five referrals for mental health services were made to Behavioral Health

Testimonials:

"Mary Elaine helped me pass my constitution test and worked with me and my friends on how to get along."

- *8th grader*

"I learned about manners and what I should do when people aren't nice to me."

- *2nd grader*

"I liked it when we reflected on quotes and set goals."

- *7th grader*

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"My class was fighting all the time and Mary Elaine helped us understand how to control our feelings so we don't yell at each other!"

- 6th grader

"The field trip to Shasta College was fun and I learned a lot about welding."

- 8th grader

"The counseling technician came to our class and we had a class discussion about how to be nicer to each other."

- 5th grader

"We watched the movie "Inside Out" and I learned how to stop yelling when I'm mad."

- 1st grader

"I was impressed with the academic guidance that the kids received on a regular basis. They set short and long-term goals."

- HES 7th grade teacher

"I have received a lot of support from the counseling technician, she uses the Second Step program to work with a group of students every day. She supports them in a compassionate and thoughtful way that enables them to be much more successful throughout the school day. I appreciate all that she does with the kids to give them a positive outlook on life and school". HES kindergarten grade teacher

Southern Trinity School Counselor

In an effort to create consistency among its PEI program, TCBHS is funding a third school-based counselor. This program serves Southern Trinity

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Joint Unified School District. As with the counselor at the Link Center this counselor provides educational counseling to students who are experiencing behavioral issues and who may be at-risk of school failures.

TCBHS is funding, in cooperation with Southern Trinity Unified School District, a school counselor who will serve all the schools located in that district. This counselor will be working with youth from an extremely rural community whose families likely struggle with poverty. 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 situation arise, the counselor will be able to meet one-on-one with the child and follow-up with the parents. The counselor will establish a relationship with the parents and families of children seen in the crisis or those that have been referred by the school.

For the 2018-2019 MHSA Annual Update, TCBHS intend to fund the Southern Trinity Counselor approximately \$22,000, which is the equivalent of approximately two days a week on campus for the duration of the school year.

The following is anecdotal information submitted in the PEI Outcomes Report for this program.

"Case study #1: This student has improved greatly in academics. They are no longer on the D and F list this year. They have struggled socially and emotionally with in their short life. For the past 2 years they have done many at risk behaviors some of which have been online at-risk behaviors with the opposite sex. They are not always supported in the home environment and have come from an abusive past. For the most part they are not doing as many at risk behaviors do to individual counseling and group counseling; along with having another adult mentor available.

Case study #2: This student has had trouble socially and emotionally for the past 3 years I've been here. They tend to feel success and then sabotage themselves because they become afraid of the success. Test scores and school work when done shows that they have the skill set to be at their academic level; however, as soon as the grades are average or better all of a sudden, they

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are back to D's and F's with behaviors landing them in the office or suspended from school. I have made short term goals and reward system with their buy in and goes great for the 1st week or day if necessary; however, after the 1st reward it all goes south. The home environment is not the greatest, mom does not always provide emotional support. What has worked for the student is to have teaching aide beside them as a reminder of making good choices at school. After a suspension meeting with mom the school will try to provide a kind of mentor atmosphere for them at school as much as possible. The goal is to have mom take the student and have a behavioral assessment done so we can include them on the behavior specialist case load in the near future."

PEI Counselor

The stakeholder process identified a lack of services for children and youth countywide. A second PEI program was launched in the Trinity Alps Unified School District. This project, like the Link Center, is school based. The PEI Counselor for the Trinity Alps School District is located at the Trinity County Office of Education and therefore is available to serve within the elementary schools located within this district. The PEI Counselor travels from school to school on a set schedule and is available to facilitate individual and group psycho-educational counseling session. The counselor has established cooperative working relationships with school administrators in order to identify an address issues affecting the student body. In an effort to achieve a consistency across programs, the PEI Counselor from Trinity Alps School District is in regular contact with the social worker from the Link Center.

The PEI Counselor focuses on presenting curriculum that discusses anger management and building social skills. When a child is experiencing crisis at school this counselor is available to come to the campus to de-escalate the crisis situation. The PEI Counselor will act as a liaison for youth transitioning into high school to access ongoing support at this level.

The PEI Counselor establishes a relationship with the parents and families of children that are seen in crisis or those children who have been referred by the school. This relationship helps ease the referral process should one need to be made to another agency including TCBHS. In effect, the PEI Counselor acts as a liaison between parents and TCBHS in order to successfully initiate the intake process. For any referral made to TCBHS, the PEI Counselor will follow up in order to make sure that appointments are kept, and any barriers are

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identified. There is a collaborative relationship that has been established between the PEI Counselor and the TCBHS clinicians. The TCBHS clinical staff meets monthly with the PEI Counselor to discuss children who have been referred to services and to assist in the identification of children who may need a more intensive intervention than the PEI Counselor is able to provide.

The following is anecdotal information taken from the last PEI Outcomes Report submitted for this program:

Title of Project: Prevention & Early Intervention (PEI) Program

Brief Description:

The goals of the PEI program are:

- 1) To promote a culture of caring, respect and safeness.
- 2) To provide social-emotional skill building.
- 3) To deliver brief early intervention counseling services.
- 4) To deliver crisis intervention.
- 5) To provide bullying, violence, substance abuse prevention.

Target Audience: K-8 students attending five area schools - Weaverville Elementary school & Trinity Preparatory Academy, Douglas City school, Junction City school, Burnt Ranch school, Lewiston school.

Number of Participants served: 528 students or 68% of total student population in Trinity County.

Statistics: Ethnicity, Language, and Special Education

	American Indian or Alaska Native	Asian	Pacific Islander	Hispanic or Latino	African American not Hispanic	White Other	Declined to state	Language (English As a Second Language)	Special Education students
Weaverville Elementary school & Trinity Preparatory Academy	11	2	2	56	3	385	8	4	59
Douglas City school	21	4	0	20	0	142	0	0	10
Junction City school	12	0	3	6	0	49	0	1	5

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Burnt Ranch school	36	2	0	20	4	31	1	0	9
Lewiston school	2	1	0	0	0	60	0	0	6
Total	82	10	5	102	7	667	9	5	89

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Prevention Education & Interventions

August – December 2016				
School	Classroom wide Interventions (grade: student number)	Group Interventions (grade: student number)	Individual Interventions (grade: student number)	Total student Interventions
Weaverville Elementary school & Trinity Preparatory Academy	TK: 13 K: 54 1 st : 34 2 nd : 36 3 rd : 31 Total: 155		K: 1 1 st : 2 2 nd : 4 3 rd : 4 4 th : 1 5 th : 3 6 th : 2 7 th : 2 8 th : 2 Total: 22	
Total: 390				165

Douglas City school	1 st : 19 2 nd : 12 3 rd : 22 4 th : 24 5 th : 22 6 th : 27 7 th : 23 8 th : 23 Total students: 174	K: 2 Total: 172	1 st : 3 3 rd : 4 4 th : 4 5 th : 1 6 th : 1 7 th : 4 Total: 17	
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Junction City school	K-2 nd : 19 3 rd -5 th : 27 6 th -8 th : 22		K-2 nd : 2 3 rd -5 th : 5 6 th -8 th : 3	
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Total: 68	Total: 68		Total: 10	68
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Burnt Ranch school	K: 9 1 st -2 nd : 20 3 rd -4 th : 21 7 th -8 th : 17		K: 1 1 st : 1 2 nd : 2 3 rd : 1 4 th : 1 5 th : 1 6 th : 2 7 th : 2	Total: 11
Total: 91	Total: 67			70

Lewiston school	TK-1 st : 17 2 nd -4 th : 22	5 th -8 th : 12		51
Total: 56	Total: 39	Total: 12		

Total students: 779	501	14	60	528
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Goals and Objectives

Primary Goal: Students will expand in their knowledge of social-emotional learning curriculum.

Objective 1: Expand students' toolbox of specific social-emotional techniques and life skills through classroom wide social-emotional learning coursework, participation in groups and/or individualized consultations.

Objective 2: Support students to practice and integrate new social-emotional skills when resolving individual, group and/or classroom-wide problems.

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From September through December 2016, 501 students in five Trinity County, California K-8 schools received 30 minutes of weekly, bi-weekly, and/or monthly social-emotional learning curriculum. Classroom wide topics addressed grade specific, as well as classroom specific needs ranging from building self-regulation skills, social skills, communication skills, listening skills, teamwork skills, mindfulness skills, and/or problem-solving skills.

Students that received either individual, group, and/ or classroom wide SEL curriculum were assigned home practice in order to help integrate and practice the new knowledge gained. New skills were reviewed and reinforced the next time that the class met. Students were encouraged to work together in pairs or teams to help each other be successful with the new knowledge.

Secondary Goal: Students will experience an increased level of social-emotional wellness.

Objective 1: Create and support classroom wide projects to foster a culture of kindness, caring, and respect for students themselves, in their class and school community.

Objective 2: Expand in students' self-awareness and self-care by providing home practice opportunities, as well as continued access to individual, group support, and classroom-wide intervention services.

From September through December 2016, individual, group and classroom-specific projects were created with the goal to expand and practice working in teams, communicating, and generating positive outcomes around expanding kindness and improving the positive working environment among students. Students were introduced to new concepts around expanding in their own self-awareness, as well as charged with home practices that would help them maintain school/life balance and a general sense of wellness.

Summary Narrative of Outcomes & Evidence of Outcomes

Case study: Weaverville Elementary school

Grade 3: Communication skills

At the beginning of the school year, third graders at Weaverville Elementary school began learning and strengthening communication skills. The class self-identified communication skills as an area in which they needed support. During classroom-wide interventions, students learned about the following communication components: Body language, Voice/ tone, Manners, and Apologizing. Students created and implemented various communication strategies to help themselves and support their classmates around various communication skills improving their classroom environment to be a more peaceful and productive place. Through periodic check-ins,

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students gave verbal feedback to their teacher about their steady positive progress around improved communication in the class.

Case study: Junction City Elementary school

Grade 6, 7 & 8: Stress management skills

The Middle school students at Junction City Elementary school have been learning about self-care, stress management, and self-empowerment tools. During classroom-wide interventions this cohort of students has expanded their knowledge on the following topics: the physiology of the stress response, the relaxation response, diaphragmatic breathing, tools for stress management, and developing an awareness of changes in your physical body when stress occurs. Students provided verbal feedback to their Homeroom teacher and the Prevention counselor about the positive impact that this skills set is making to help manage test anxiety, as well as athletic competition.

Case study: Douglas City Elementary school

Grade 5: Friendship skills

As part of the PATHS (Promoting Alternative Thinking Strategies) Social-Emotional Learning curriculum, fifth grade students at Douglas City focus a part of their learning on building and expanding friendship skills. Each classroom-wide intervention begins with a “compliment student” of the day, who sits at the front of the room and receives compliments from their peers, their teacher, gives a compliment to themselves, and from their family. Students learn the five types of compliments that you can give someone, and practice kindness and generosity with their peers. Students provided verbal feedback to their teacher and the Prevention counselor about the positive social difference that this exercise creates for both individual students, as well as the classroom environment.

Case study: Burnt Ranch school

Grades 1 & 2: Social skills

First and second grade students at Burnt Ranch school have been focusing on building and expanding positive relational and social skills. The curriculum has included listening to others, how to communicate when you would like someone to stop doing something that is bothering you, manners, sharing, and definitions of polite vs. rude. The teacher and Prevention counselor have observed that students have started to integrate these new skill sets and tools, while continuing to learn and practice new strategies as well. Expanded learning and strategies for navigating social situations are two of the positive, concrete outcomes of this intervention.

Case study: Lewiston school

Grades TK-1: Self-regulation skills

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Transitional Kindergarten, Kindergarten and first grade students at Lewiston school have been focusing their learning on body control and body awareness. This group of students have been practicing tools including belly breathing, gentle movement, gentle stretching, mindfulness, and visualization to help themselves to slow down, notice their emotions, and make good choices. The teacher and Prevention counselor have observed students' sense of improved body awareness (e.g. posture, if/ where hands & feet are moving, body language, etc.) thus far.

Due to staff leaving this position suddenly no data was submitted in December of 2017. Although this data is not the most up to date it remains representational of the overall demographics of the school, the interventions offered and continued focus of the program.

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 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 adds that speak to the often-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. For the fiscal year 2018-2019 Trinity County intends to contribute 4% of its PEI contribution which equates to approximately \$12,000 in order to help underwrite this project and to continue to benefit from the macro-level programs.

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MHSA Coordinator:

Over the past eight years the Agency has had the same MHSA Coordinator, so the continuity from year to year has been strong. Beginning in 18/19 that MHSA Coordinator has chosen to return to a direct provider of services role. Due to fiscal concerns, the Behavioral Health Director will oversee the key functions of the Coordinator, and the Quality Assurance and Contract Division will assist in fulfilling the many functions of the MHSA Program. The MHSA Coordinator has been responsible for oversight and implementation of programs for all components of the MHSA. In terms of PEI, the MHSA Coordinator acts as a 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 focus will continue to be on monitoring the progress of the projects, as well as to continue informing stakeholders and partner agencies about the success of county level programs and statewide offerings.

Trinity County's local PEI projects require oversight especially as the county moves forward in collecting more in-depth data to meet the standards outlined in regulation. The coordinator meets with key staff from each program to ensure that programs are staying on track but also changing as applicable to better meet the needs of the youth served. The school-based PEI programs must submit outcomes bi-annually and it is the job of the MHSA Coordinator that these are completed and submitted in a timely manner. Additionally, the coordinator is working one-on-one with each project contractor to support them in gathering granular data that is to be submitted to the MHSOAC annually.

The Coordinator is instrumental in assisting in the implementation of the county's Innovation program(s). A complete description of the new phase for TCBHS's Innovation Plan has been submitted and presented to the MHSOAC and has been approved by the commissioner as of March 22, 2018.

The MHSA Coordinator will work to link peer staff with educational opportunity that will increase their professional development, the coordinator will continue to play a key role in supporting and further developing a career

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ladder for peer staff wanting employment and advancement within the county mental health system.

In the coming new year, the Triage Crisis Manager, under the direct supervision of the Agency Director, will provide oversight to both wellness centers and the peer specialists employed there. The Triage Crisis Manager will ensure that recovery-oriented programing is being delivered at the Milestones Center, and that community centered activities are offered in Hayfork as a strategy to embed the Horizon Wellness Center in the homes and community gathering locations in Hayfork. Focus is on supporting peer staff to work with participants of the centers from the perspective of lived experience and consumer driven treatment. This peer support is working to reduce the instances of non-psychiatric crises. This support is assisting individuals to stabilize symptoms as well as re-establish meaningful roles in the community.

The wellness centers are central to outreach and engagement efforts in the county and as such, have an ongoing relationship with the Nor Rel Muk tribal leaders. Staff at the centers have established relationships with partner agencies and individuals in the community who are open to reducing stigma around mental health, as well as helping individuals reintegrate into the community. TCBHS encourages the Nor Rel Muk to utilize both the Milestones Wellness Center and the Cedar Home Peer Respite as is necessary to support tribal members

In the coming year a MHSA Team will be developed to be made up of Clinical, Fiscal and Quality Assurance Staff, under the direction of the Agency Director, to monitor areas like Flex Funding, FSP enrollments, the Wellness Center and Peer Respite utilization and to track PE&I Outcomes and the evaluation processes. Clinical staff who wish to have an individual enrolled in this program will refer to this team, and each referral will be reviewed. The Team will be evaluating the enrollment from the perspective of ‘whatever it takes’ support model that speaks to the stipulation of the legislation.

Workforce Education and Training (WET):

Trinity County has dedicated WET dollars for the purpose of educating staff and consumer/family members on the Recovery Model, cultural competency and the consumer culture and perspective. Emphasis has also been placed on consumer advocacy and empowerment. The MHSA Coordinator attends trainings that are pertinent to the Mental Health Services Act in order to keep Trinity County Behavioral Health Services apprised of current information. Whenever possible, staff will be encouraged to attend trainings that focus on cultural humility, wellness and recovery. Additionally, consumer/family members and members of the Trinity County Behavioral Health Advisory Board will continue to have the opportunity to attend trainings that focus on self-advocacy, empowerment and the Recovery Model, as well as peer driven services and goals. It is the intention of Trinity County to have staff and interested consumers attend trainings, which are relevant to ideals of the MHSA as are available. A goal that the county has been successful in achieving, is educating the community regarding the scope and purpose of the MHSA as well as the unique peer to peer support available at Milestones and Horizons (wellness centers). This is being achieved by speaking to all of the local service organizations and various other venues in the community and participating in countywide community events.

In this addendum to the 17/18 MHSA Plan, Trinity County has the intention of utilizing the remaining Workforce, Education and Training (WET) revenue in fiscal year 17/18 which amounts to \$11,000. All other WET dollars have been spent in prior years, and this remaining \$11,000 would be subject to reversion if left unused after June 30th, 2018. Trinity County has successfully arranged for culturally competency trainings and other trainings of value to the Agency throughout the course of 17/18 to fully utilize all of the revenue. Back up documentation is available to demonstrate what trainings have been offered and who attended the trainings. The revenue designated in the MHSA budget will be used to support administrative functions and the Cultural Competency Chair.

Prudent Reserve

During fiscal year 2017/18, TCBHS had some fiscal reductions. In preparing the Agency Budget for 2018/19, it became clear that the funding reductions from Department of Health Care Services and the Department of Finance to Trinity County are impacting Trinity County. In FY 2016-17, the Department of Finance and DHCS decided to modify the formula for the 2011 Realignment allocations. The formula was changed to take the number of Medi-Cal units of service into account. Because Trinity's level of Medi-Cal services is low in proportion to other counties, Trinity County's allocation was reduced by approximately \$125,000 annually. Another loss of revenue occurred due to a legislative decision to fund In-Home Support Services (IHSS) from 1991 Realignment Growth. This redirection of funds has cost Trinity County Behavioral Health a loss of approximately \$25,000. Finally, Trinity County applied for and received a three-year SB 82 Grant for FY 2013-14 through FY 2016-17. This grant funding expired after FY 2016-17 resulting in a loss of \$146,000 annually. Although BHS placed much effort into an application for a second SB 82 grant we were unsuccessful. The total approximate loss of State revenue from these sources is \$296,000. Additionally, not considered an actual reduction, TCBHS had a cost report settlement due from FY 2009/2010 in the amount of \$348,000. The combination of these fiscal setbacks has made it difficult for the Agency to maintain the level of services to the same number of beneficiaries as in past years. TCBHS has requested the use of a one-time drawdown of \$221,265 from the Prudent Reserve Fund for consumer use in FY 2018-19. If Trinity uses the portion of the prudent reserve requested, there will be a balance of \$287,460 remaining in the reserve. A Public Hearing is scheduled for 7/18/18 to vote upon this request.

Summary

Over the next year 2018/2019, it is the goal of TCBHS to maintain the programs that are currently being funded by MHSA dollars. The programs are working to provide holistic mental health services to clients using a strength-based and prevention focused approach. TCBHS will continue to strive to provide outreach and engagement efforts to underserved populations in the county.

There have been no significant challenges to implementation of MHSA programs apart from the ongoing challenge of maintaining a similar level of funding for each program during each fiscal year. There are some changes in the year to come; the closing of the Horizon physical facility in Hayfork in favor of community embedded services; the move of Milestones to the new Peer Respite Home, the reassignment of the MHSA Coordinator role to the Agency Director and the Quality Assurance Team.

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The CSS funded wellness centers and FSP program have been expanding over the last three years and it is anticipated that this trend has reached its peak, and that over the next fiscal year we will see some reductions in programming. One area that is unique is that the Agency will now have an On Call+Peer Respite Service, which is new to the service model of TCBHS. While not specifically a MHSA program, it will dovetail with the Weaverville Wellness Center, and offer overnight respite for persons who are at risk of inpatient hospitalization. This new program is recovery based and staff have received training in Intentional Peer Support. TCBHS has been successful in maintaining programs that positively impact the community, and it is to the stakeholders' credit for being key in providing substantive input and support for programs that are effectively serving the community. This is true across all MHSA components; Community Supports and Services, Prevention and Early Intervention and Workforce Education and Training.

The final change in the year to come will be the need to use a portion of the Prudent Reserve. The Agency will compose a plan to pay back the revenue to the Prudent Reserve in the years to come now that we have developed a reasonable budget to address our fiscal shortfalls.